

Strategic Plan Document for 2014-19

Lancashire Teaching Hospitals NHS Foundation Trust
FOR PUBLICATION

Strategic Plan Guidance – Annual Plan Review 2014/15

The cover sheet and following pages constitute the strategic plan submission which forms part of Monitor's 2014/15 Annual Plan Review.

The strategic plan must cover the five year period for 2014/15 to 2018/19. Guidance and detailed requirements on the completion of this section of the template are outlined in Section 5 of the APR guidance.

Annual plan review 2014/15 guidance is available [here](#).

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good strategic plan should cover (but not necessary be limited to) the following areas, in separate sections:

1. Declaration of sustainability
2. Market analysis and context
3. Risk to sustainability and strategic options
4. Strategic plans
5. Appendices (including commercial or other confidential matters)

As a guide, we would expect strategic plans to be a maximum **of fifty pages** in length.

As a separate submission foundation trusts must submit a publishable summary. While the content is at the foundation trust's discretion this must be consistent with this document and covers as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

Please note that this guidance is not prescriptive. Foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans (Years one and two of the five year plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Strategic Plan for y/e 31 March 2015 to 2019

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


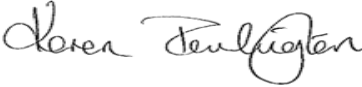


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Date	30 th June 2014

The attached Strategic Plan 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 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; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Stuart Heys (Chairman)	
Karen Partington (Chief Executive)	
Paul Havey (Finance Director)	
Carole Spencer (Strategy and Development Director)	

Contents:

1.2 Executive Summary

1.3 Strategic Plan

Appendices

Appendix A – CCG plan on a Page

1.2 Executive Summary

The Board has undertaken in depth analysis of the Lancashire health and social care economy and its own strengths and weaknesses. It continually reviews the Strategic Risk as part of the Board Assurance Framework.

The Trust has great opportunities to thrive as the major Acute Provider for Lancashire and is an active partner in the local economy drive towards out of hospital care for those people who can be better cared for outside of an acute care environment.

The activity and income base of the Trust will be increasingly be more orientated towards specialised care and complex acute care over the next 5 years and beyond. The key risks we face are:

- the optimum use for our hospital sites,
- Future provision of specialised services
- a replacement plan for our buildings,
- our ability to contain the ever increasing demand for urgent care with the capacity available
- our ability to generate modest surpluses within the national tariff framework
- our ability to grow and adapt our workforce

We feel confident that the Trust can respond well to clinical and workforce challenges. However the financial position of the Trust will become severely challenged throughout this 5 year period. Efficiency requirements to achieve a modest surplus between 2015-16 and 2018-19 would require a continued efficiency level of over 4.5% per annum. Between 2010/11 and 2013/14 the Trust achieved efficiencies of over £60m, an average of 4% per annum. This is now proving extremely difficult to sustain. The Trust's assessment is that realistically 2% per annum can be achieved by operational departments with this rising to 3% towards the end of the plan period as a result of service transformation across our two hospitals to drive further efficiencies. The Trust cannot foresee further internal transformation to achieve beyond the 3% and would require system change to support services.

The Trust must also prioritise the redevelopment of the deteriorating estate at the Royal Preston Site. It may be unaffordable if the financial challenge is not resolved.

In summary

LTH is a vibrant organisation with strength and depth in the majority of its specialties. It has set itself stretching targets in relation to clinical quality, OD and operational effectiveness. It sits perfectly positioned within Lancashire to grow its services for specialised care. The clinical and operational challenge can be met. The financial challenge remains outstanding

1.3 The Strategic Plan

1.3.1 The Trust – Who Are We

Lancashire Teaching hospitals NHS Foundation trust (LTH) is situated in the heart of Lancashire and has two main hospital sites, we serve a local population of around 390,000 and provide a number of specialised services to around 1.5 million people across Lancashire and South Cumbria. We balance the provision of highly rated specialist services with providing acute services to the local population of Greater Preston, Chorley and South Ribble localities.

We are also the Major Trauma Centre for Lancashire and South Cumbria and are the newly designated Vascular Centre for the region.

Most of our acute and specialist clinical services are provided from our two hospital sites – Chorley & South Ribble Hospital and Royal Preston Hospital. We also have as part of our portfolio of services a specialist mobility and rehabilitation service which is based in Preston, which is a regional service and is a nominated Military Veterans centre with established close links with the Fulwood Barracks Personnel Recovery Unit.

To support the delivery of the specialist services portfolio the Trust also provides a range of outpatient services at peripheral sites across the region including comprehensive renal dialysis services at Blackburn, Accrington, Burnley, Blackpool and Kendal.



Map showing location of Lancashire

1.3.2 Our Values

The Trust values have been developed in consultation with all our staff groups, patients and members and are being embedded in the organisation at all levels. The Trust values define the standards of behaviour we expect from all our staff to make sure every patient and their carers should expect to receive “*Always to provide excellent care with compassion*”

Our five values are

- Caring and Compassionate – *We treat everyone with dignity and respect doing everything we can to show we care*
- Recognising Individuality – *We respect value and respond to every person’s individual needs*
- Seeking to Involve – *We will always involve you in making decisions about your care and treatment and are always open and honest*
- Team working – *We work together as one team and involve patients*

- Taking personal responsibility – *We each take responsibility to give the highest standards of care and deliver a service we can always be proud of*

In addition, the Trust is fully committed to promoting equality, diversity, and positive community relationships with a principle of being a good corporate citizen and reducing unfair discrimination.

1.3.3 Our Purpose and Long term Aims

During 2013/2014 the Trust undertook engagement events and workshops with a cross section of clinical and non clinical staff, Trust Board, governors and foundation trust members along with a wider audience of key stakeholders including local clinical commissioning groups (CCGs) NHS England Local Area Team, County Council and Lancashire Care NHS Foundation Trust.

The aim of these events was to begin to create a strategy that would underpin the long term sustainability of services and access to healthcare for the region of Lancashire and South Cumbria.

In March 2014 our Board of Directors confirmed our purpose: *“Always to provide excellent care with compassion”*.

Underpinning this purpose are our aims shown in fig 1. These three corporate aims create the framework for the strategy for the sustainable future of Lancashire Teaching Hospitals NHS Foundation Trust.

Fig 1: Strategic Aims



We endeavour to grow our capability in complex and specialised services, research and education, whilst also supporting the transformation of the local economy out of hospital services.

We utilise a set of key strategies that will deliver the changes we require in pursuance of our goals

Fig 2 Delivery strategies



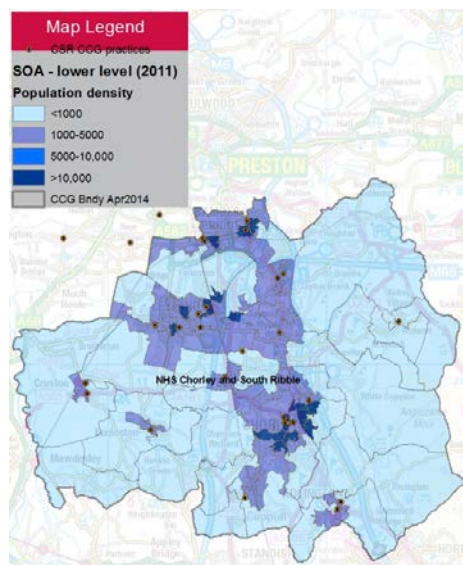
1.3.4 The people we serve:

1.3.4.1 Population - Chorley, South Ribble and Preston

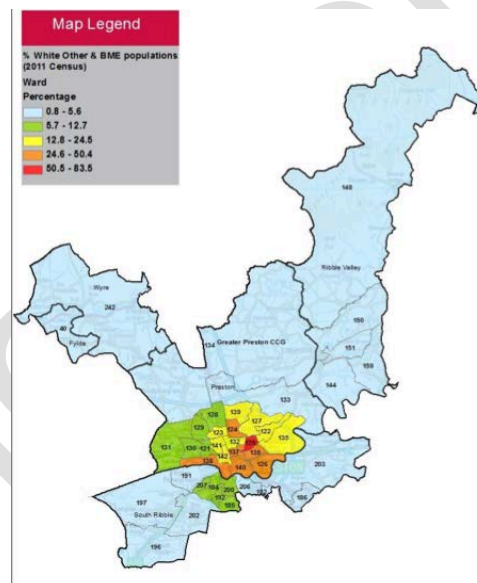
There are approximately 386,000 people living in the Chorley, South Ribble and Greater Preston areas. Whilst census data shown below shows c 3% natural population growth over the next 5 years, City and Town Council plans state that by 2019, there will be significant additional growth coming into the areas, due to extensive plans to build new housing and create new jobs in both Preston and Chorley. This planned economic change has not been translated into an estimate of real population growth by the Local Authorities, but we have assumed the majority will be young professionals and families.

Fig 3 : maps of CCG coverage

Chorley and South Ribble CCG



Greater Preston CCG



Census Population predictions for the two areas over the following 5 year period are detailed in the table below ;

Fig 4 Population growth estimates

	2014/15	2015/16	2016/17	2017/18	2018/19
Chorley & South Ribble	0.62%	0.62%	0.62%	0.61%	0.61%
Greater Preston	0.45%	0.45%	0.43%	0.41%	0.41%

1.3.4.2 Population – features

In Chorley and South Ribble 12.6% of the population are defined as being in deprivation quintile 1, the most deprived level in the county, but conversely, 19.2% are defined as the least deprived, at level 5. This differs to Greater Preston, where a third (30%) are defined as most deprived, and 22.5% are defined as least deprived.

1.3.4.3 Population- Health challenges

The health of people living in the Greater Preston area is seen to be generally poorer than the England average, and in Chorley and South Ribble people living in the more deprived areas tend to experience poorer health, leading to stark health inequalities.

There are also a number of specific health challenges that our population faces, which are broken down by individual CCG areas below.

In Chorley and South Ribble:

- The number of people suffering with respiratory problems is higher than the England average
- The number of people with dementia will increase by over 50% by 2025
- The number of women who smoke while pregnant is higher than the England average
- The number and length of hospital stays for conditions or harm caused by alcohol is higher than the England average
- In Chorley, the number of people diagnosed with diabetes is higher than the England average
- In South Ribble, alcohol specific hospital stays for those under 18 is higher than the England average

In Greater Preston:

- Deprivation is higher than the England average with around 6,000 children living in poverty
- Life expectancy for both men and women is lower than the England average
- There are more early deaths from heart disease, stroke and cancer compared to the England average
- In both adults and young people under 18, the number of hospital stays because of alcohol related harm is higher than the England average
- Smoking related deaths are higher than the England average
- The number of people with dementia will increase by almost 35% by 2025
- The number of people diagnosed with diabetes is higher than the England average

In common with much of the UK, there is a forecast growth in the percentage of the population who will be older adults in all three districts, with a 20% increase in the population who are in their 90s. Preston also has a higher than national average number of young adults (15-24 year olds), reflecting the popularity of its university and colleges. One third of the population served by Preston CCG lives in deprivation quintile 1 (the most deprived in the country), and 7000 children in greater Preston live in poverty. This correlates to higher levels of chronic disease and disability in the area than the English National Average.

Lancashire County Council's [Joint Strategic Needs Assessment](#) records that people in the most deprived areas of Lancashire are 7 times more likely to die of diabetes, four and a half times more likely to die of respiratory disease, and twice as likely to die of circulatory disease compared to people in the least

The following table summarises key demographics from Preston, Chorley and South Ribble

	Preston	Chorley	South Ribble
Overall population	140540	109100	109000
Growth over next ten years	3.7%	5.9%	7.1%
Concerns highlighted in the JSNA	Emergency bed days for long term conditions life years lost for women with health conditions considered amenable to healthcare rates of COPD	Emergency bed days for long term conditions Prevalence of cardiac problems Hours worked as unpaid carers	Emergency bed days for long term conditions rates of COPD Length of stay for neurological conditions

1.3.5 Services Provided

1.3.5.1 Local Services

Our key commissioners are Greater Preston CCG and Chorley and South Ribble CCG, who have recently published a joint operating plan which has been instrumental in drafting this strategy. Their key priorities and a summary of their plan can be found in appendix A.

The CCG plans identify a *“vibrant teaching hospital as a regional trauma centre and as a centre of excellence for specialist services”* as one of the four key enablers for the health economy. They have a particular strategic focus on:

- Ambulatory care
- Integrated teams
- Musculo-skeletal conditions
- Children
- Healthy Lifestyles
- Cancer
- Reducing unnecessary elective interventions
- Reducing unnecessary unplanned ED attendances and admissions

The CCGs have also expressed an intention to expand patient access to consultants working in specialist clinics in the community, for conditions including dermatology, diabetes and cardiology. Other community services will include community access to gynaecology, community IV therapies, and a tier two Urology service.

Community and mental health services are provided by Lancashire Care NHS FT. Lancashire Care FT offer the area served by our Trust a comprehensive portfolio of services which include support for a range of ambulatory care sensitive conditions, delivery of inpatient and community mental health care for adults, adolescents and children, dementia care and support to care homes.

The local health and social care stakeholders use the Clinical Senate as the forum to drive forward transformational change in urgent care, hospital care and primary care. Chief Executives and clinical leaders from all major organisations are members of the Senate. This strategy is aligned to the ambitions of the Senate, and activity change assumptions are modelled through in our scenarios.

We are members of the Central Lancashire Health and Social Care Whole System Transformation Programme, which has been launched to facilitate integration between primary and community care, hospital care and social care.

1.3.5.2 Specialised services

Specialised commissioning is coordinated by the Cheshire Warrington and Wirral Local Area Team. Their 5 year strategy is currently under review, and indications suggest the expected publication date for this is in the Autumn 2014. However, their Plan on a page has the following priority areas :

- Cancer IOG compliance
- Major Trauma capability
- Adult Neurorehabilitation capacity
- Vascular Centre
- Respiratory services
- Acute Kidney Injury
- Cystic Fibrosis capacity
- Inherited metabolic disorders
- Cardiac services
- Neonatal services
- Paediatric Neurorehabilitation

1.3.5.3 Other NHS England Commissioners

Other NHS England Commissioners of our services include the Lancashire Area Team who are responsible for the commission of Offender Health, which is of particular relevance given there are a number of prisons locally which access the Trust for acute and specialised services. Public Health England commission dental services and of population screening programmes including Diabetic Retinopathy screening and colposcopy.

1.3.5.4 Operational Delivery Networks

The Trust hosts two Operational Delivery Networks for Lancashire and South Cumbria these are the ;

- Critical Care and Major Trauma Network
- Neo Natal Network

1.3.6 Engagement

1.3.6.1 Staff Engagement

Our Trust has a strong commitment to staff engagement backed up by a two year strategy, due to be refreshed in 2015/16. The strategy puts considerable emphasis on supporting leadership at all levels, localising engagement so that all staff can be reached, and on centralising major engagement projects. The Trust will continue to use engagement as a way of driving up standards and taking service improvement suggestions on board, as well as maintaining morale.

1.3.6.2 Membership Engagement

Our Membership Management and Engagement Strategy, approved by both the Council of Governors and the Board of Directors, describes how we intend to manage our membership and sets the following membership objectives:

- to enable members to be actively involved in the planning and delivery of services so that they reflect the needs of patients and the local community
- to communicate to members information about the developments at the Trust ensuring that information received is tailored to their selected level of involvement
- to ensure that the membership is representative of the community it serves
- to enable members to stand for election to the Governing Council and to elect Governor representatives

1.3.6.3 Engagement with the community

We have an effective communication strategy which will be refreshed in the summer of 2014 which will align communication and engagement with the organisational aims and purpose. This entails developing an annual communication workplan of plans and campaigns aligned to corporate priorities, and developing and managing a range of communication channels and products that enable effective message delivery and facilitate two-way communication, including new and social media channels. We will be supporting our managers to become competent communicators by our senior team leading by example, providing a communication toolkit to facilitate good communication, and by developing communication skills training. We welcome and encourage the contribution made by our 700+ volunteers, who cover many areas on the two hospital sites. They give their time generously to support patients and their families. There is also a representative from our volunteers and also the local Councils for Voluntary Service on our Council of Governors.

1.3.7 Market Analysis: Clinical services

The most recent review of current levels of market share shows:

- Our local commissioners spend c75% of their acute spend with the Trust. This represents a fairly stable 43% of Trust income.
- Our share of local market for emergency care has remained stable
 - We expect emergency demand to reduce from our local CCGs over the next 5 years.

- We fully support this direction of travel and are working collaboratively with CCGs through the Clinical Senate
- The impact of this change is modelled in our financial projections
- Growth occurred in 2011 in major trauma HRGs to reflect the Trust's designation as a Major trauma Centre
 - The Trust is working with Specialised Commissioning to recognise this growth as a change in emergency baseline, in order that activity can be fully recompensed with income at 100% of tariff.
- Modest Elective care growth is being seen from Wyre and Fylde CCG and North Lancashire CCG
- Ramsey Healthcare represent c 12% of the value of elective commissioning from our local CCGs. Market share has moved noticeably to Ramsey over the last year in Neurosurgery Outpatients, General Surgery, Urology and Gynaecology. This will be a source of targeting for the Trust over this 5 year period. This movement was worth £11.5m income last year.
- Specialised Commissioners are undertaking a national review of provision. No change assumptions have been included in this plan and we are working closely with them. The Trust is in a strong geographical position to retain and grow its specialised service base.
- The Trust has been designated the Vascular Centre for the area. Over a three year period the Trust will incrementally grow its capacity to take on this service and will grow the market share for major vascular work accordingly

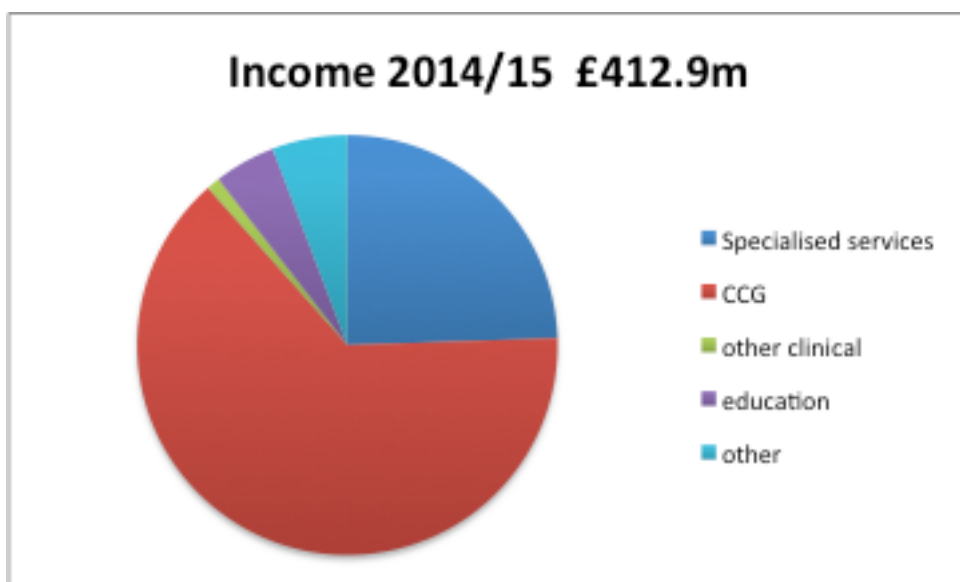


Fig 5: proportion of income earned by sector

1.3.7.1 Our Partners; Clinical

We have positive relationships with neighbouring trusts, which include

- University Hospitals of Morecambe Bay NHS Foundation Trust
- Southport and Ormskirk NHS Trust
- East Lancashire Hospitals NHS Trust
- Bolton NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Lancashire Care NHS Foundation Trust

1.3.7.2 Healthier Lancashire

The Local Area Team has created a process to provide a strategic review of services across the County. This is called 'Healthier Lancashire'. Over the next year it will form options for changes for both in hospital and out of hospital configurations, in order to maintain sustainability across the economy. We welcome the review and will play a full and active role.

1.3.7.3 Our Market: education, innovation and research

LTHT is committed to excellence in education, research and innovation. We provide teaching for year 4 and 5 medical students from Manchester University, with a 100% pass rate for the last 5 years, and are working with higher education providers to establish flexible approaches to training our workforce in the future. We have supported 200 research studies, involving 1500 patients, and have launched an innovation pathway to evaluate medical technologies in line with NICE methods. Our Chief Executive is also a member of the board for the North West Coast AHSN. We will be building on these successes in the coming years.

1.3.9 Scenarios for change

The Trust considered a set of scenarios that describe the capacity and financial impacts of differential scenarios of change.

Scenarios

Scenario 1: Do Nothing

The Trust continues to do everything it is currently doing. The population changes as forecast, but there are no major service developments or improvements.

Scenario 2: Do Minimum

The in train Critical Care expansion and Vascular Centre are developed. The CCG plans go ahead to build urgent care centres and have the forecast impact on attendances at ED, but not on admission. There is no other major development.

Scenario 3: CCG Urgent Care plans robust

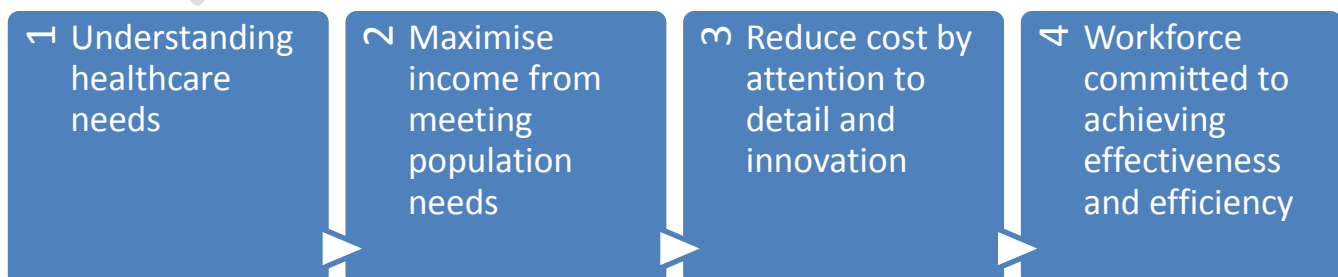
The urgent care plans included in the Clinical Senate plans are completed, and meet their forecast improvements to admissions and attendances, and provide community step up and down beds and integrated teams as well as enhanced tier 2 community services and access to consultants.

Scenario 4: Increase the activity and income derived from Specialised Services

This is a declared long term aim of the Trust. Unlike activity arising from CCGs, change does not happen by patient choice but only by specific commissioner intent. We have agreed to work with Specialised Commissioning this year to agree the priorities for change over the next 5 years, and to ensure the Trust is aligned with Commissioner wishes. A model of the impact of these changes will be an output of the work. Examples of the changes we anticipate being assessed are:

- Expansion to the bed base and activity in neurosurgery and neuro-rehabilitation, including an extra theatre
- Review of paediatric service provision across the County
- Consideration of the demand for a Blackburn dialysis site
- The development of a model for outreach chemotherapy and radiotherapy centres and for chemotherapy at home services.
- Formal establishment of a specialist respiratory centre
- A single surgical site for Urology Cancer surgery across Lancashire

1.3.10 Financial Strategy –



The Trust's financial strategy is to maintain a financially viable organisation capable of delivering the needs of the future through:

- Understanding the healthcare environment
- Maximising income from meeting population needs
- Reducing cost by attention to detail and innovation
- A workforce committed to achieving effectiveness and efficiency

The financial strategy has focussed on the improvement to patient pathways and reduction to costs. There are activity and service changes included in the strategic plan however the biggest influence on the finances of the Trust are the continuing and significant resource and efficiency requirements driven by the national financial policy.

Efficiency requirements to achieve a modest surplus between 2015-16 and 2018-19 would require a continued efficiency level of over 4.5% per annum. Between 2010/11 and 2013/14 the Trust achieved efficiencies of over £60m, an average of 4% per annum. This is now proving extremely difficult to sustain. The Trust's assessment is that realistically 2% per annum can be achieved by operational departments with this rising to 3% towards the end of the plan period as a result of service transformation across our two hospitals to drive further efficiencies. The Trust cannot foresee further internal transformation to achieve beyond the 3% and would require system change to support services.

The plan is considered a worst case scenario that assumes national tariff deflation is maintained, expenditure inflation is exacerbated by the inclusion of an assessment for new technology, NICE guidance and CNST premiums and there is little financial impact from known service changes.

1.3.11 Key Delivery Strategies and priorities over the next 5 years

Our long term aims are being driven forward through key delivery strategies. Together they provide the focus and drive on clinical quality and long-term sustainability whilst informing local service planning and development priorities. All strategies have metrics associated with their delivery.

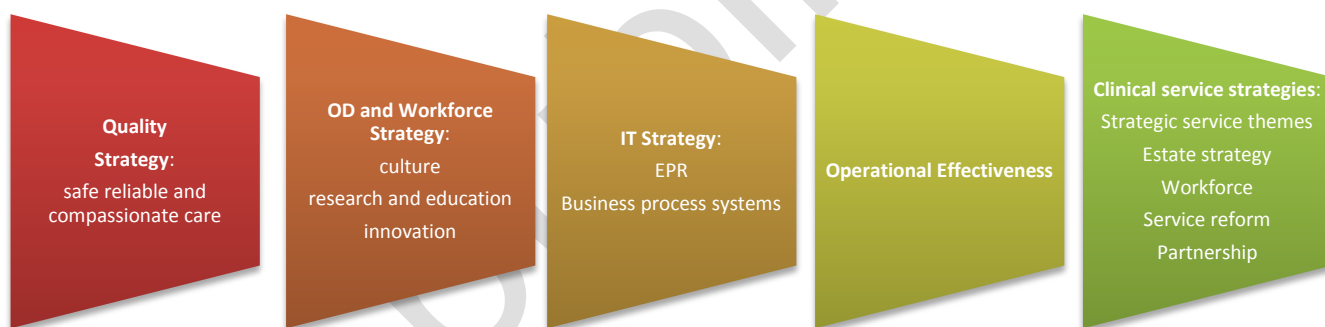
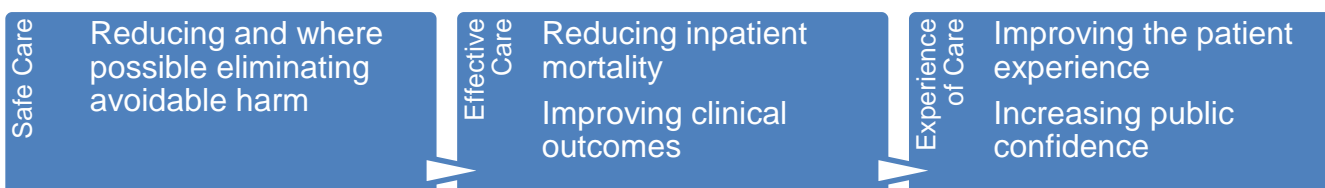


Fig 7 Key Delivery strategy diagram

The strategic plan of the organisation is delivered by translating the 3 long term aims into priorities that sit within each of the key delivery strategies. Key delivery strategies have specific goals 1-3 years ahead. The operational plan contains annual priorities. Actions are assigned from key delivery strategies to each individual, team, department and division, via specific goals. They are tracked for delivery through performance review. All objectives are risk assessed for delivery and captured within the Board assurance framework.(Appendix E)

1.3.11.1 Quality Strategy



“[Safe, Reliable and Compassionate](#)” sets out the Trusts ambitions and intention to deliver quality improvements in a transparent and measurable way. This strategy seeks to build on the important work undertaken in recent years. We recognise that we must continue to focus on those areas of improvement that remain fundamentally crucial to the delivery of safe, reliable and compassionate care. We also recognise that the healthcare landscape continues to evolve and that our strategy needs to be sensitive to and learn from the experiences of staff, patients and their families both here at Lancashire Teaching Hospitals and elsewhere.

The strategy has been developed in consultation with staff, governors and members, as well as with commissioners and Healthwatch. It is framed within evidence-based standards, utilising credible metrics, nationally benchmarked data, local and national audit data and staff and patient feedback to monitor progress. In developing the strategy, consideration has been given to Trust safety and quality priorities as they were described in the previous strategy. We have also considered the impact of the evolution of services within the Trust together with changes in the national focus and priorities as defined by significant investigations and reports such as those published by Keogh, Francis, and Berwick. Trust responses to these reports are included in the full version of “Safe, Reliable and Compassionate”

We will develop and sustain the necessary culture to support delivery of the highest standards of care and treatment. This will be achieved through:

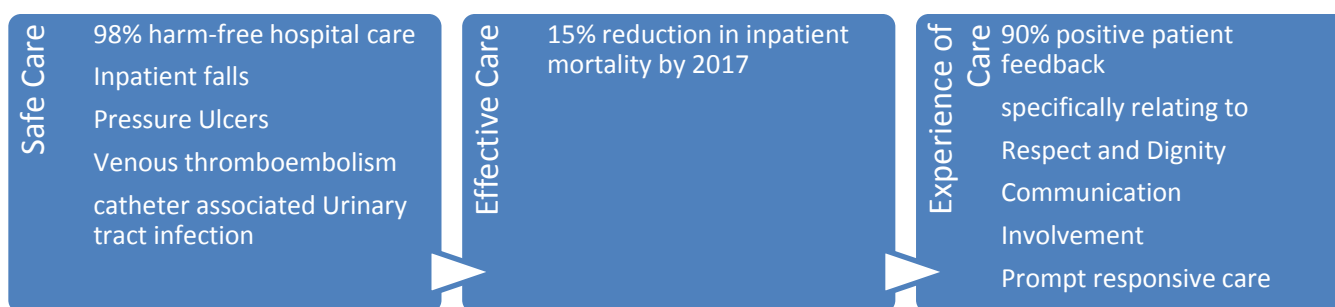
- The strengthening of shared purpose and values
- Further investment in effective leadership at all levels
- The establishment and embedding of clear principles of, and systems supporting, accountability
- The ongoing development of a skilled and knowledgeable workforce
- A strong organisational focus on improvement

Safety will be a key focus for the Trust, and our ambition is to build on our successes in reducing the number of incidents of harm and move to an explicit intention to not only reduce but also to eliminate avoidable harm where possible. Safe, Reliable and Compassionate sets out the details of how we will support and develop staff and provide them with the knowledge and skills to recognise risk and respond effectively to reduce harm. We will increase our network of safety champions to create a culture where safe care and continuous improvement are key parts of every member of staff’s job, whether or not they are directly involved in the delivery of clinical care.

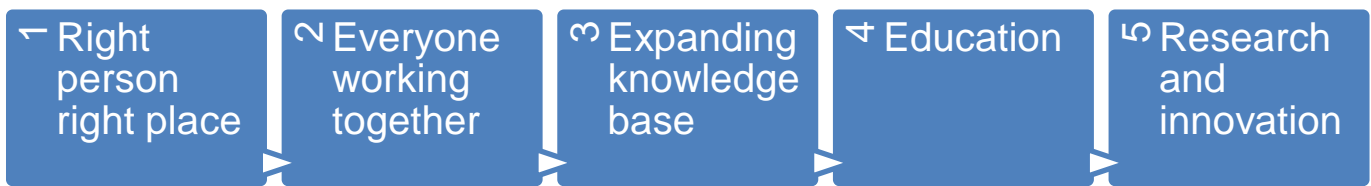
Clinical effectiveness is also an essential part of good quality care. Our ambitions are to improve clinical outcomes for patients and to reduce mortality. Over the life of the strategy, we will build on recent successes to further enhance and improve the effectiveness of clinical care and treatment in the Trust. Improvement programmes will involve the implementation of robust clinical pathways underpinned by Royal College and NICE guidance. We recognise the wealth of clinical expertise within the Trust and intend to fully utilise this in identifying the elements of care and treatment most likely to benefit patients and improve outcomes. With continuing engagement from clinical leaders within the Trust and partners from Primary, Community and Social Care, we will ensure the delivery of these pathways to patients in need.

The quality of the patient experience of hospital care has a potentially fundamental impact on a patient’s ongoing engagement and participation in their treatment and often on their clinical outcome. There is increased recognition within healthcare that the patient’s own perspective is just as important to the experience of care as clinical interventions are to the effectiveness of that care. We are committed to improve the experience of patients wherever possible. We will strive to provide consistently compassionate care and treatment, increasing public trust and confidence in Lancashire Teaching Hospitals and its staff. Improvement programmes will focus on developing a culture of excellence built on the highest standards of respect, honesty, communication and involvement.

Successful achievement of the ambitions described above will be demonstrated by:



1.3.11.2 Workforce and OD strategy



Any organisation is only as effective as the people it employs. The effective management of human resources is, therefore, key in ensuring organisational effectiveness. Any Human Resource Strategy needs to be concerned with:

- Employing the right people
- Developing people to deliver a quality service
- Providing needed support systems
- Retaining the best people

The vision for the Human Resource Strategy is that HR will be an organisational catalyst, increasing the success of every Trust employee by facilitating employee development; building fair, consistent, clear and innovative HR solutions; and providing accurate, practical, reliable and timely information to support decision making and employee management. It will maintain a dedicated focus on continuous improvement and customer service, providing strategic leadership, modelling excellence, honesty, integrity and teamwork in everything it does ensuring this impacts positively on our patients.

The HR/OD strategy for the next five years aims to ensure that there are effective workforce interventions in place which are aligned to the organisation's overall strategy and business objectives. This will include ensuring that effective workforce planning at divisional\director level takes place and is embedded into the business cycle and that effective workforce information and reporting systems are in place so that workforce information can be utilised to support safe and effective staffing levels and provide the Board with assurances relating to workforce KPI's and metrics and in response to Francis, Berwick and Keogh.

It is recognised that there are national and local shortages in some areas of the workforce in particular nursing, medical and pharmacy. A recruitment strategy and action plan has been produced in response to these difficulties and this is monitored by Trust Board. A number of initiatives have been delivered and there has been some positive impact, however the nursing workforce is growing and the Trust needs to be innovative in meeting these demands (both turnover and service development need). These will include the development of new roles and exploring the how the Trust might work in partnership with other organisations (both NHS and HEIs) to expand the nursing workforce.

Levels of absence remain a concern and the aim is to reduce absence levels to the national target within two years. A corporate absence management strategy is in development to include a range of interventions which will include managing cultural issues.

It is recognised that workforce can contribute to the Trust's productivity and efficiency programmes and a workforce utilisation board has been established to deliver on a number of workforce projects which support the divisions and directorates to deliver efficiency targets.

Staff engagement is central to the success of the Trust and our purpose of 'always providing excellent care with compassion'. A Staff Engagement Strategy has been developed which identifies our priorities and interventions to support this agenda for the next three years. This will be influenced and integral to the Organisational Development Strategy which will be refreshed in 2015. The current strategy builds on the successes for the past few years, including introducing the Trust values, a talent management strategy and the development and implementation of a wide range of leadership development programmes.

The Communications strategy aims to ensure our stakeholders are well informed about us and our services; have a positive perception of us and the have the opportunity to influence change

The Corporate Communication Strategy sets out what we need to do to become an organisation that communicates effectively and so enable us to achieve our communication aims. Over the next five years we will develop a strategic approach to communication whereby communication activity is aligned to our corporate priorities; develop a 'feel good factor' amongst staff and create an environment where staff have a shared sense of purpose; success is celebrated and people feel proud to work here, and develop and implement a range of internal communication channels to ensure our staff are well informed and have the opportunity to influence change.

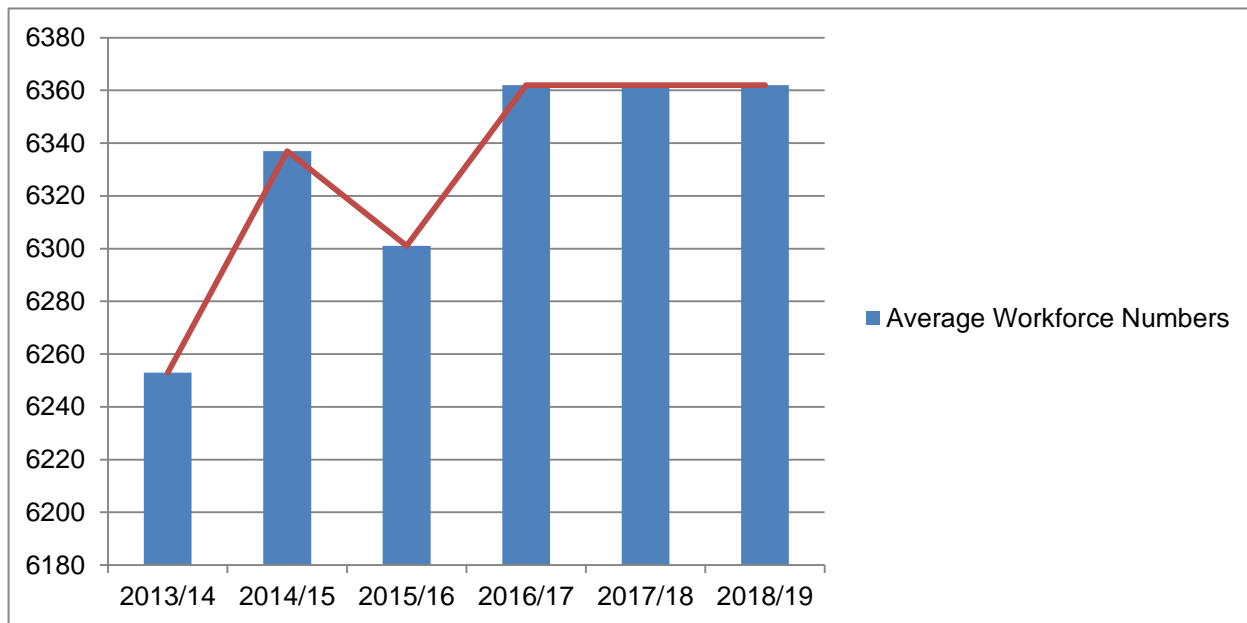


Fig 8 Average workforce numbers over the 5 year period

EDUCATION, RESEARCH AND INNOVATION

The training education and development of clinical and non clinical staff is integral to the core business of the Trust. As such the organisation places a clear and strong emphasis on the provision of a high quality education service that underpins the effective delivery of patient care.

The value placed on education within the organisation is demonstrated in the Trust's key aims.

Teaching Hospital Status places the organisation at the forefront of regional healthcare education delivery and Lancashire Teaching Hospitals Trust is therefore in a key strategic position for the delivery of commissioned education programmes.

For five years now all LTH based Undergraduate Medical Students have successfully graduated giving the UK 350 new trainee doctors. Lancashire Teaching Hospitals is in an extremely strong geographical position for providing medical education in the North West. Forty three specialist services on site with expansions planned in vascular, ICU, Cancer, Imaging and Midwifery makes the Trust an extremely attractive proposition for medical schools in the North of England and potentially farther afield. The Trust has the potential to become a strategically influential regional hub for education and training. Expansion of Medical Student education provision on site is high on the Trusts education agenda and one of the key five year aims is to have in place a marketing strategy that is fully operational and being used to bring on line new and innovative partnerships with private enterprises, UK and International Higher Education Institutes and CCG's. Teaching Hospital status is a widely recognised and well-respected symbol by patients and the public it is also highly valued by the organisation who fully reinvests Medical Education income onto delivering high quality care and excellent education. Expanding the Trusts Undergraduate Medical Education footprint can only enhance this further.

The Postgraduate Medical Education department provides high quality education programmes and support for junior doctors across the Trust, as well as within allocated community and regional placements, conscientiously promoting patient safety and continuous improvement. Our vision is to continue to provide excellence in education for doctors in training and further develop our education programmes to support increased numbers of trainees.

1.3.11.3 IT

The Trust has established a proactive clinically led IT programme that has an overarching vision

To ensure our information systems help to make our services safer more efficient and effective for patients . We will share appropriate information not just within our Trust but with other organisations' systems. We will care for patients using an electronic medical record and other enterprise wide systems that optimise patient and staff experience

To help the delivery of this vision the Trust has an established electronic patient record programme that is in the process of rolling out across all specialities. This EPR programme is the underpinning element to the IMT roadmap and includes strengthening the functionality of the core clinical system QCPR refining the use of a clinical portal and starting to introduce context management into operational delivery of services. The Trust has been successful in application to the NHS Tech fund for 14/ 15 and this additional resource will help support the delivery of our IMT aspirations over the future period. A 'roadmap' of progress towards a fully paperless patient record is shown below

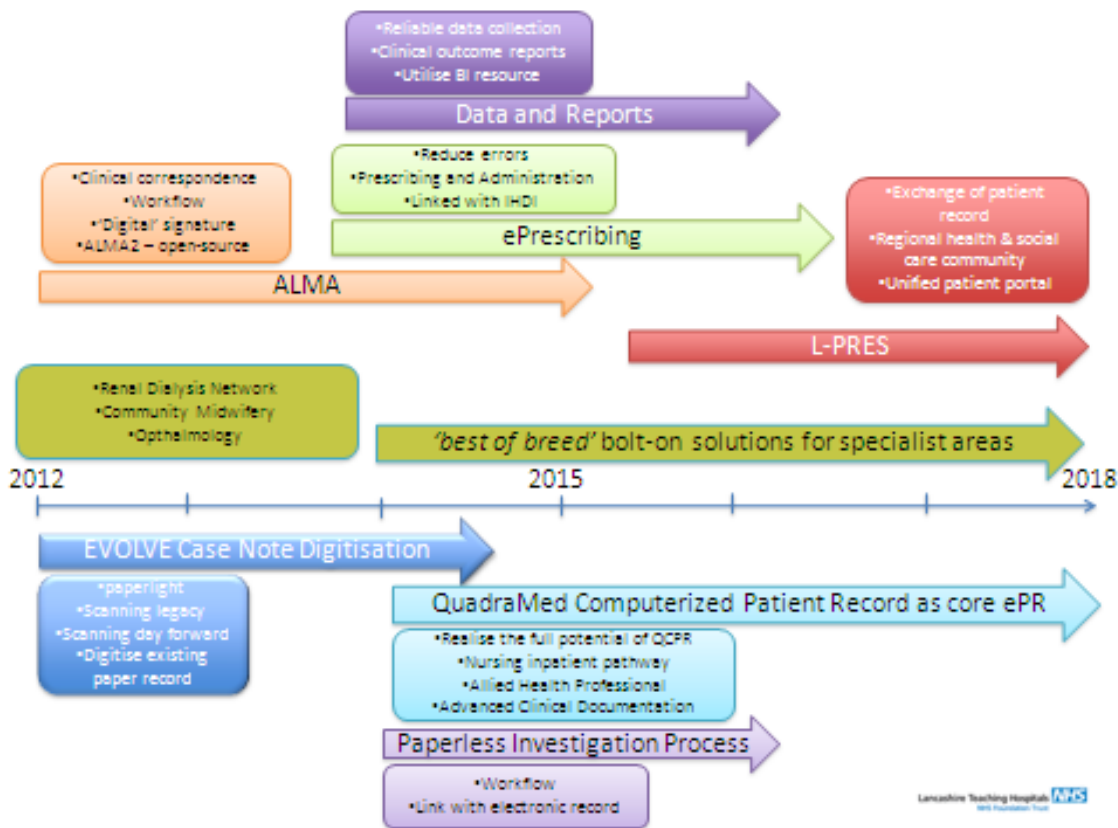


Fig 9 IT Electronic patient record 'Road map'

Throughout the next 5 years, the Trust will also review its business and corporate IT systems to ensure that they support improved patient experience, but are also cost effective

Clinical systems
Integrated care

Booking and
scheduling
Patient satisfaction

1.3.11.4 Operational Effectiveness Strategy

Operational management drives the effective and efficient use of resources in our hospitals. It helps clinicians to do their job by ensuring they have the services they need when they need them. It improves patient experience through effective communication, booking and scheduling. It ensures resilience in the delivery of governance targets through appropriate planning of capacity. It ensures the physical environment is welcoming, modern and clean.

At LTH we aspire to be amongst the best Trusts in the country for its effective hospital management and patient administration and have established a key delivery strategy to ensure its projects are given top priority. The domains we will be focussing on are:



Priorities for the next 5 years are:

Safe effective care pathways

We are proud of the quality of care that we offer at LTH. However the standards and expectations being placed on acute Trusts mean that we are likely to have increasing demand placed upon us over the next 5 years: eg

- The requirement to deliver 24/7 senior medical care in acute environments
- Medical advances increasing survival rates but adding demand for more capacity onto theatres and critical care
- Technological and diagnostic advances create growth in requirements for high tech machinery such as MRI machines
- Medical training and subspecialisation reducing flexibility across teams, and placing workforce pressures on acute rotas.
- The aging population bringing higher acuity levels onto general wards and creating a need for more nurses per ward/shift.
- The national commitment to provide care for older people and people with long term conditions in settings different to traditional hospitals creates uncertainty for the future role of a traditional 'District General Hospital'

We intend to embrace these issues as opportunities and work with our patient populations and commissioners to balance the increasing hospital based demands of highly complex care, with the decreasing hospital based demand for caring for older people and people with long term conditions. We will engage with our local populations to agree how we should maximise the use of both of our sites to achieve this aim.

Service Line Management

Over the life of this strategy, we will move from our current traditional NHS reporting and management structures to a service line management model.

The drive behind this project will be the drive to ensure that the Trust has a clear focus on delivering a planned surplus each year. All surpluses are reinvested back into the development of clinical services. If we are unable to deliver surpluses we will not be able to retain our financial resilience. The maturity of this project will produce a

greater clarity in the portfolio of services we offer, and the profitability we expect from each of them. Over time this will modify the approach we take to cost improvement, as we target surplus rather than cost reduction.

Capacity Management

The Trust will enhance its systems for planning and tracking the capacity required for each of its clinical pathways:

- Outpatients
- Elective Inpatients
- Daycase and ambulatory care
- Emergency Care
- Critical Care
- Theatres
- Specialised care

Several systems are already in place in the Trust to assist with proactive tracking of elective referrals, both for routine and for cancer referrals.

A bed and theatre modelling review is being undertaken to ensure that we have the right type of beds for our demand in the right place, and the right hours of theatre time available for our demand by site and by specialty. Critical Care is a known hotspot at Preston and plans for a build to expand the facility are actively being developed.

We have been designated a Vascular Centre. Over the next 12 months services will transfer from surrounding Trusts for major cases. Capacity is being put in place for theatres and beds to accommodate this change.

Activity projections

The Trust assumes that CCG urgent care plans will reduce demand for urgent care and outpatients, and modest population trends will cause some upward movement in elective care. The Trust will target selected services to re-gain market share in but this has not been placed in the activity projection

	Year ending 31-Mar-2015	Year ending 31-Mar-2016	Year ending 31-Mar-2017	Year ending 31-Mar-2018	Year ending 31-Mar-2019
Elective inpatients	13,854	13,854	14,574	14,614	14,653
Elective day case patients (Same day)	57,186	57,027	57,838	58,039	59,260
Non-Elective	48,668	48,668	46,005	46,201	46,339
Outpatients - first attendance	140,370	138,153	136,449	136,911	137,375
Outpatients - follow up	355,772	351,722	353,180	354,367	355,560
Outpatients - procedures	30,005	30,005	30,335	30,441	30,548
A&E	125,584	125,584	64,542	65,083	65,644

Estate and Site Re-Development

The Trust owns two main hospital sites, Chorley and South Ribble and Royal Preston Hospitals. Chorley is the smaller of the two sites and is in a good estate condition. There is also a smaller facility for the Specialist Mobility Rehabilitation Centre, which the Trust leases at Preston Business Centre, and a Child Development Centre in Leyland. Outreach facilities for chemotherapy and renal dialysis exist as part of a network of provision. Royal Preston Hospital is the larger site but now much more is expected of it than when it was opened in 1981. The site has developed incrementally over time but as a result the maintenance burden on the site has increased over the years and the clinical adjacencies are, in some instances, poor. The site is a key constraint to the efficiency and effectiveness of overall clinical service delivery. The site is constrained and the footprint occupies a significant proportion of the land with single storey buildings.

Chorley & South Ribble Hospital has the newer modern development opened in the 1990's. It is generally in a better condition than Royal Preston.

Both sites will have potential buildings becoming vacated by Lancashire Care NHS Trust.

A site development control plan (masterplan) will be developed during 2014/15. Work has commenced to appoint healthcare planning and architectural leadership. The Estate Strategy will ensure building services are maintained throughout the redevelopment period.

Both sites will be redeveloped into clinical zones based on aligning clinical activity across the sites into best practice clinical pathways.

At Royal Preston Hospital the approach will be based on rationalisation and development as the hospital site is constrained and has a high level of single storey buildings. At Chorley the development will provide a new Urgent Care Centre.

The development control plan will build in development areas within each zone to allow for growth in capacity without breaking the design for clinical adjacency.

We anticipate a mixed economy of approaches to funding the redevelopment process. We expect to take an incremental approach to each clinical zone, rather than a single major hospital rebuild so that:

- Hospital operational activities can continue
- Delivery of earlier zones will be within this 3-5 year period
- Commissioner led strategic reviews can refine our plans without preventing us making a start.
- The pace can be set and flexed according to affordability
- Each zone can have a clinical rigour applied to the model of care being delivered within it, and be targeted to achieve a return on investment

The plan will maximise use of the newer building stock in Chorley in ways that are most reactive to the needs of the population, as well as redeveloping the older stock in Preston. All buildings will meet statutory requirements to create a safe patient environment, and to minimise LTHT's carbon footprint and environmental impact. In addition, we will be looking to ensure both cost effectiveness and a built environment that reflects our ambitions to be a world class specialist centre and centre of excellence for research and innovation. There will need to be improvements in estates areas impacting on patient experience, for example improvements to the front entrances and to the car parking facilities. In addition we will pay attention to the aesthetic design and layout of the site and seek to create a pleasant, safe and high quality hospital environment, maintaining quality and safe care through a clean and well maintained built environment, that supports clinical staff in their role in maintaining privacy, dignity, and respectful care.

The master plan will be required to be phased in order to control the number of construction schemes on site and to meet the financial profile.

This work will run in conjunction with the development of the service delivery plan across both sites.

1.3.11.5 Clinical Service Strategies

Historically each of our service lines have developed a strategy, orientated by the Board's long term aims. During this next year The Board will provide increased Direction and we will concentrate our strategic attention into fewer areas. We will develop Strategies, not by each service line, but in several Strategic Clinical Services. The domains are shown in the two diagrams below.

1. **Specialised services**....we will organise our thinking into 4 domains, and work with specialised services and 'Healthier Lancashire' to determine what capacity we need in each of these domains, across service lines , to perform at the excellent standard we set for ourselves.

The 4 domains are:

- Cancer
- Major trauma
- Specialised medicine and surgery
- Women and childrens

The diagram below shows the high level priorities for each domain. This will be reviewed when specialised service commissioners publish their strategy later this year.

The key plans already underway are:

- New critical care unit
- Hybrid theatre for vascular centre development
- CT scanner for trauma centre
- Expansion in capacity for neuro-rehabilitation (adult)
- Operational focus on IOG compliance in all cancer services

Fig 10 :Strategic Clinical service areas : Specialised Services



2. Secondary care

Rather than simply designate secondary care services as either unscheduled care or scheduled care, we have chosen to create domains that reinforce the need to think radically differently about long term conditions and care of the frail elderly. These patients require neither unscheduled nor scheduled care *but anticipatory care*. This shift challenges the mind-set of clinicians in secondary care and GPs. We are signalling this as a critical strategic domain to support our physicians, but also to send the signal to our Clinical Senate and our CCGs about the level of support we have for this change.

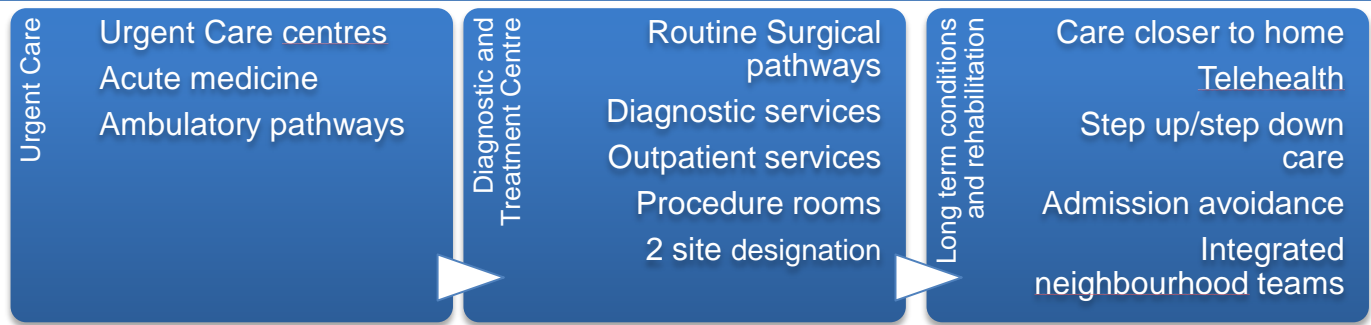
Domains are:

- Urgent Care
- Diagnostic and Treatment Centre
- Long term conditions and rehabilitation

Developments already underway are:

- Development of Urgent Care Centre at Chorley
- Review of best practice model of care in acute medicine
- Introduction of ambulatory care pathways in ED
- Reallocation model to ensure beds are assigned to the correct clinical speciality based on demand
- Increasing use of Chorley elective surgical facilities
- Working within the local economy to support the development of increased step up and step down care as alternative to hospital admission

Fig 11: Strategic Clinical service areas : Secondary care Services



1.3.11.6 Governance & Risk (BAF)

The Board Assurance Framework is attached as an appendix for information.

This is continually tracked by the Board and shows that our top risks are:

- Workforce supply and quality
- Decisions of Specialised Commissioners re location of specialised services
- Financial resilience
- Workforce resilience
- Physical infrastructure at Royal Preston Hospital

1.3.11.7 Conclusion

LTH is a vibrant organisation with strength and depth in the majority of specialties. It has set itself stretching targets in relation to clinical quality, OD and operational effectiveness. It sits perfectly positioned within Lancashire to deliver against its long term aims. It has innovative workforce strategies designed to ensure the best people work with us. We have a clear vision for the way our hospital services and buildings need to operate. The financial challenge remains outstanding and the Trust will work with all its partners and stakeholders to seek solutions and mitigate this risk.

Appendices:

APPENDIX A – CCG PLAN ON A PAGE AND PRIORITIES INFOGRAPHICS

Our journey



for public

NHS
Chorley and South Ribble
Clinical Commissioning Group

NHS
Greater Preston
Clinical Commissioning Group

Our Plan on a Page

Improve quality through more effective, safer services which deliver a better patient experience		Commission care so that it is integrated and ensures an appropriate balance of provision between acute and primary provision		Be a financially sustainable health economy		Ensure patients are integral to the planning and management of their own care and the voice is captured in the commissioning process		CCG seen as the system leader and will run clinical commissioning group			
Premature deaths – CVD and Cancer		High hospitalisation rates		Growth in working age population		Rising elderly population >75s		Economic pressures and financial constraints			
Context		Outcomes									
Clinical programmes		Initiatives		System wide governance and values							
Primary care	<ul style="list-style-type: none"> Locality based commissioning Practice quality improvement plans Primary Care Support scheme Local enhanced service review Integrated teams 	<ul style="list-style-type: none"> Enable GP networks Reduce variation across practices and best in class Ensure primary care IT interoperability with health economy systems Improved patient experience and satisfaction 	Overseen through the following governance arrangements: <ul style="list-style-type: none"> Clinical Senate providing system leadership and oversight of implementation of projects PMO structure in place to monitor delivery and performance Regular reporting to governing body Performance dashboard in place 							Measured using the following success criteria: <ul style="list-style-type: none"> Delivery of system objectives No provider under regulatory scrutiny due to performance concerns Improved Patient Reported Outcome Measures and Friends and Family Tests Qualitative and Quantitative measures around patient experience To aim to be best in class and achieve and sustain NHS Constitution targets 	
Collaborative care	<ul style="list-style-type: none"> Implementation of the Mental Health in-patient bed reconfiguration Lancashire wide hospital and out of hospital strategy Review of Stroke services Re-procurement of Community equipment 	<ul style="list-style-type: none"> Access to stroke ward within 4 hours 80% of stay on designated stroke ward 24 hours access for TIA Reduction in out of area long term Mental Health residential care 	System values and principles: <ul style="list-style-type: none"> Collaborative partnership working as a health and social economy to deliver improved outcomes 							Treating and caring for people in a safe environment and protecting them from avoidable harm.	
Mental health	<ul style="list-style-type: none"> Improve access to: <ul style="list-style-type: none"> IAPT service ADH service CAMHS service Review and develop single point of access 	<ul style="list-style-type: none"> Improved access to IAPT Reduction in length of hospital stays for Dementia patients Improved access to community Mental Health services Ensure high standards of care for patients on CPA Parity of esteem 	System values and principles: <ul style="list-style-type: none"> Collaborative partnership working as a health and social economy to deliver improved outcomes 							Treating and caring for people in a safe environment and protecting them from avoidable harm.	
Urgent care	<ul style="list-style-type: none"> Produce and implement ambulatory care strategy Redesign of ED front door Produce system wide capacity and demand planning Develop 7 day access Develop and implement Step Up/Step Down pathway Implementation of Integrated Neighbourhood Teams Develop support for Nursing homes End of life training for Primary Care 	<ul style="list-style-type: none"> Reduce in hospital admissions and length of stay Reduce in emergency admissions and readmissions Reduce in long term residential care Improve patient experience Increase in number dying at preferred location 	System values and principles: <ul style="list-style-type: none"> Collaborative partnership working as a health and social economy to deliver improved outcomes 							Treating and caring for people in a safe environment and protecting them from avoidable harm.	
Elective care	<ul style="list-style-type: none"> Development of Tier 2 services Renew/Referral Management services Develop and implement Direct to Test pathways Implement under 19s Admission Avoidance scheme Implement Community IV Therapy Re-procure MSK Community pathway 	<ul style="list-style-type: none"> 20% reduction in elective care admissions Deliver 18 week waiting times, 36 week max Reduce MRSA and Clostridium difficile prevalence Improved patient experience of care Reduce readmissions Improve length of stay Reduce intervention rates for surgery Improve PROMS for hip and knee 	System values and principles: <ul style="list-style-type: none"> Collaborative partnership working as a health and social economy to deliver improved outcomes 							Treating and caring for people in a safe environment and protecting them from avoidable harm.	
Clinical outcomes	Preventing people from dying prematurely.	Enhancing the quality of life for people with long term conditions.	Helping people recover from episodes of ill-health or following injury.	Ensuring people have a positive experience of care.						Treating and caring for people in a safe environment and protecting them from avoidable harm.	