

Our five year strategic plan

- a summary

Our vision: We will constantly provide the highest possible standards of compassionate care and the very best patient and staff experience. We will listen to and involve our patients, staff and partners.

1. Better care together – our initial response to the strategy



Case for change

Over the last two years, we have continued to make sustainable improvements in the delivery of high quality services to patients through: significant investment in nursing and staffing levels, improved governance, and a strengthened Board and leadership.

We continue to work closely with key strategic partners across the health economy in the imminent submission of the Better Care Together Strategy for the implementation and delivery of the better care together programme.

Until a local health economy solution is in place, we will continue to face the following challenges:

- The delivery of sustainable, high quality clinical services
- The delivery of a financially viable acute Trust
- Recruitment and retention of staff
- Impending increases in local health care demands

a) Over next two years (2014/15 to 2015/16)

As reflected in the two year operational plan, we have planned a robust programme of activity to mitigate risk and ensure the maintenance of high quality sustainable services for our local population until better care together is realised. We will continue to build on and deliver:

- Transformational and traditional cost improvement programmes
- Implementation and delivery of key service developments building on the better care principles
- A Research and Development strategy with expanding portfolios

- The development and implementation of a commercial strategy – focusing on maximising non-NHS income in particular
- Maximising the benefits of the next phase of our electronic patient record (EPR) deployment using Lorenzo
- An innovative approach to recruitment, workforce and organisational development

Within our first phase of service developments, and in line in with better care together, we will aim to deliver the following potential ‘quick wins’ in partnership with our local commissioners:

- Urology - consolidation of non-elective and elective
- ENT – consolidation of non-elective and elective surgery
- Development of community paediatric services in North Lancashire
- Children’s urgent care pathway in North Lancashire
- Integrated urgent care model at Furness General Hospital
- Integrated COPD pathway in North Lancashire

During the transition period, from 2016 to 2019, we will focus on the implementation and delivery of the new models of service as outlined in the better care together strategic case, including:

- Out of hospital model
- In hospital service provision changes - centralisation and consolidation
- The development of new models of care - integrated core team
- Acute based services - emergency, elective and maternity
- Potential community specialist services
- Integrated models of services with community and social services which utilise access to the Better Care Fund

“Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.”

"Our performance drives our organisation.
Providing consistently safe high quality care is
how we define ourselves and our success."

2. Quality improvement strategic direction

Outlined below are the areas we will be focusing on in its continuous journey of quality improvement:

- Building on the previous work, there will continue to be a focus on reducing harm. We have previously focused on harms which occurred in hospital. Going forward, we need to start to understand potential risk factors which put patients at higher risk from harm whilst in the community which could result in patients being admitted to hospital. Examples of these would be pressure ulcers, falls, and C-Difficile infections
- Multi-professional mortality reviews will continue to be undertaken on a weekly basis. Themes will be identified and shared with clinical staff and the learning shared

3. Patient experience and outcomes

Patient experience and outcomes remains a high focus for us as a Trust and we will use the following tools to enable us to ensure our patients receive high quality outcomes built on a great experience.

- 'I want great care' (IWGC) is being used to allow us to be able to receive real time feedback from patients and carers who use our services. This system can provide general feedback about services and also has the ability for feedback on individual clinicians. This will be particularly important to support the revalidation process and appraisal. As the feedback is in real time, it will allow us to respond immediately to concerns raised as opposed to awaiting a letter of complaint
- Through IWGC and the complaints and compliments received, we are able to review themes. Where a service has fallen short, we can work to understand the root cause of the failure and ensure processes are enhanced to constantly reduce this and share learning across the organisation
- Where service standards are consistently high, we will work with teams to understand the contributing factors and share this with others across the Trust
- From a nursing perspective, the revalidation process is still at evaluation stage and will be potentially rolled out nationally in 2015. Once the process is confirmed, we will aim to ensure all nurses are revalidated in line with national guidance
- Development of an improvement academy to drive cultural change and deliver the strategy through key components, including:
 - Bringing together a skilled improvement team supported by AQUA
 - Adopting proven methodologies supported by a refocused project management office
 - Appointing patient safety champions - refocusing clinical leads
 - Expanding partnership opportunities with like-minded Trust(s) to continue to improve patient safety and governance across partner organisations

"Our patients will be treated with
compassion, dignity and respect.
Their experience is our most
important measure of achievement."

- Reduction in avoidable cardiac arrests is a focus of harm reduction. It is envisaged this reduction will be achieved via clear documentation in relation to ceilings of care and robust escalation plans for deteriorating patients
- The provision of seven day working by senior nursing staff and decision makers is essential if we are to reduce the current inequity of outcomes which are dependent on the day and time of a patient's admission

“Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.”

4. Workforce Strategy

A key focus of the Workforce Strategy over the course of the next five years is to build and embed an organisational culture that is focused on delivering **a great place to be cared for; a great place to work**. This recognises that consistently excellent patient services will only be delivered where we have a clear framework of our Trust’s vision, values and behaviours, setting out what we stand for as an organisation and the attitude and behaviours that our patients should expect from our employees.

The Board of Directors approved the Vision and Values in May 2014 and the Creating Better Care Together Organisational Development (OD) Strategy sets out a range of OD interventions to develop a common organisational culture which is patient-centred, safety-focused and built around patients as the first priority, receiving high quality, effective services from compassionate, caring and committed staff.

Through the better care together programme, we will work with partner organisations to design and deliver an efficient, effective and safe workforce that is appropriate to deliver high quality, modern, flexible and patient-focused health and social care services to residents of Morecambe Bay.

The delivery of better care together is reliant upon an innovative system-wide workforce model that delivers optimum capacity, capability, flexibility, as well as maximises workforce efficiency and value for money. Importantly, this is hinged upon ensuring that the future workforce delivery model is based on **right person, right setting, right location, right time and right skills**.

This will require ‘joined-up’ professional practice across the current health and social care divides.

The workforce challenges which arise from delivering integrated health and social care are incredibly complex and cannot be resolved by any single organisation alone. Building partnerships between health and social care employers, our employees,

educators and workforce professionals, will provide the framework within which the healthcare economy will work with local government, industry and education institutions to bring innovative ways of meeting the health economy’s needs.

The strategy of integration requires a significant shift in emphasis from an acute hospital centred healthcare model to a fully integrated out of hospital model which combines health and social care.

We will continue to review our approach to recruitment and retention, working with local partner organisations to invest in the local community and give them opportunities for learning, development and employment. We will seek to optimise our University hospital status, growing our research and educational portfolios to ensure we are able to recruit, develop and retain the clinical staff to deliver the healthcare needs of our population.

5. Estates

We continue to invest in our three principal hospitals within the constraints of available capital finance. A risk-driven process allows us to prioritise between building schemes for new service development, building maintenance, new medical equipment and new IT schemes.

We have also developed an Estates Strategy to improve clinical adjacencies and respond to new clinical service developments that are planned. This strategy identifies investment of £165m over an extended period; this will be included in further iterations of our plans. Very little of this expenditure can be financed through our own depreciation-driven Capital Plan, which is set at circa £10m for each of the years from 2015/16 to 2018/19.

The Better Care Together Strategy will also require capital investment, an estimate for which has been included in the financial plans, pending finalisation of items to be included in the Estates Strategy.

“Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.”

6. Information Management and Technology (IM&T)

The better care together initiative is constructed to develop new healthcare models within the Morecambe Bay footprint which will enable an extended health community. It will also develop an integrated Informatics environment which would be able to proactively support healthcare delivery. The goal of the better care together Informatics work stream is to present a patient record view to clinicians at the point of care, i.e. at every patient contact point. The vision takes advantage of the significant progress made in each contributing organisation by adding a structured system interoperability layer able to ‘harvest’ patient information.

The Informatics vision will improve the patients’ care experience, improve clinical practice, and improve health in the local health community by:

- getting the information to where the patient and clinician are and improve the information that is available to patients
- getting the knowledge and guidance to where the clinician is
- developing standards against which to measure care against and capture the care delivery data to do it
- providing communications infrastructure to enable patient care information to flow between all agencies involved
- providing universally robust and secure infrastructure, enabling clinicians to access and input data from wherever they are, based on who they are

This vision recognises that informatics underpins the Morecambe Bay area healthcare organisations’ clinical and business objectives, and therefore any information systems investment must demonstrate quantifiable improvements in patient care and resource utilisation. Specifically, the Trust will be deploying across all areas: ePrescribing and medication administration, diagnostic requesting, completing the outpatient paper-lite project, and rolling out Business Intelligence capability to all areas.

7. Finance

The table below shows the forecast Income and Expenditure (I&E) position for the Trust over the five year planning period.

Table 1 - Forecast I&E 2014/15 – 2018/19
Forecast net surplus / (deficit) in £m

2014/15	2015/16	2016/17	2017/18	2018/19
(19)	(5)	(6)	(7)	(6)

The forecast assumes that a national efficiency of 4% will be required each year and that we will achieve a Cost Improvement Programme (CIP) in line with this requirement. In addition, the impact of forecast demographic changes has been estimated as a 1% increase each year and this has been built into the activity projections for the period. Assumptions around the potential changes resulting for the Better Care Together Strategy have also been included. No impact of seven day working has been included in the forecast as it has been assumed that funding for this will be made available through the tariff. Finally, in coming to the figures above it has been assumed that we will receive a local price modification based on the current configuration of services. This element will be dependent on the funding being made available to our commissioners.

As regards to capital spending, this is based on a maintenance level plus an estimated amount to support potential changes arising from the Better Care Together Strategy. The additional investment of £165m identified in our Estates Strategy is not included in this forecast and will be included through next iterations of the plan.

8. Conclusion

In conclusion, we do not underestimate the challenges we face moving from the current model of service and transforming to the new models outlined in better care together. We will focus on the delivery of sustainable, safe services whilst developing a robust, timely implementation plan for the ‘in hospital’ model of service and other opportunities that the better care together programme provides, such as the integrated core teams, access to diagnostics, and community based specialist care.

It is important to note that, despite the forthcoming challenges, we are in our strongest position for a number of years. We are on a credible platform from which to launch into our next phase – that of transformation to ensure a viable future in delivering services for the population across the Bay.

Whilst the overall strategy is now clear, there will follow a period of review and challenge by our local health economy partners, Monitor, and ultimately, NHS England. To this end, it is likely that the details contained herein are subject to change over the coming months. In the interim, it is imperative that we continue on our current journey of improvement and maintain that focus over what is likely to be a very challenging period.