

Summary Strategic Plan for 2014-2019



Executive Summary

The Royal Surrey County Hospital currently serves a local population of 320,000. As well as providing a full range of District General Hospital services we also provide key specialist services for a wider population of up to 2 million for Cancer, Oral and Maxillofacial and Ear, Nose and Throat surgery, Oesophageal surgery and Hepatobiliary disease.

Our strategy continues to be built around our 'best patient care, anywhere' vision and seeks to address the challenges of the health economy over the coming years.

Surrey's population is projected to rise over the coming decade, with notable increases in the number of older people in Waverley. This will have a major impact on service planning, as older people are more likely to experience disability and long-term-conditions and consume a disproportionate number of healthcare resources. The number of people with conditions such as diabetes, coronary heart disease and chronic obstructive pulmonary disease is also expected to increase over the next 5 to 10 years and reducing its prevalence is a priority for the local health economy.

The current health environment presents significant challenges to the development of a plan that is clinically, operationally and financially sustainable over the next 5 years. The pressure to consistently deliver high quality care, in more efficient ways, whilst continually improving the patient experience is significant given current expectations around the levels of nursing staff and consultant level medical input 24 hours per day 7 days per week. Transformational change is needed to address these challenges into the future.

To meet these challenges we have a number of short and long term strategic plans, the main three elements of which are:

- Merger with Ashford & St Peter's

By taking this partnership to a new level, the trusts believe that they have the opportunity to deliver substantial benefits for patients. Working together, the trusts have the opportunity to deliver a step change both in patient outcomes and experience by:

- Delivering a comprehensive portfolio of sub-specialist acute services which are fully compliant with emerging standards for 7 day working;
- Increasing the scale at which the Trusts deliver care, enabling the maintenance and growth of a comprehensive service portfolio and therefore providing patients with access to a greater range of high quality specialist services locally;
- Offering patients improved access to cutting edge treatments and innovative, "best in class" care pathways;
- Enabling a step change in both the effectiveness of care delivery and patient experience by accelerating the deployment of digital technology to deliver a functional Electronic Patient Record.

- Development of Integrated Care

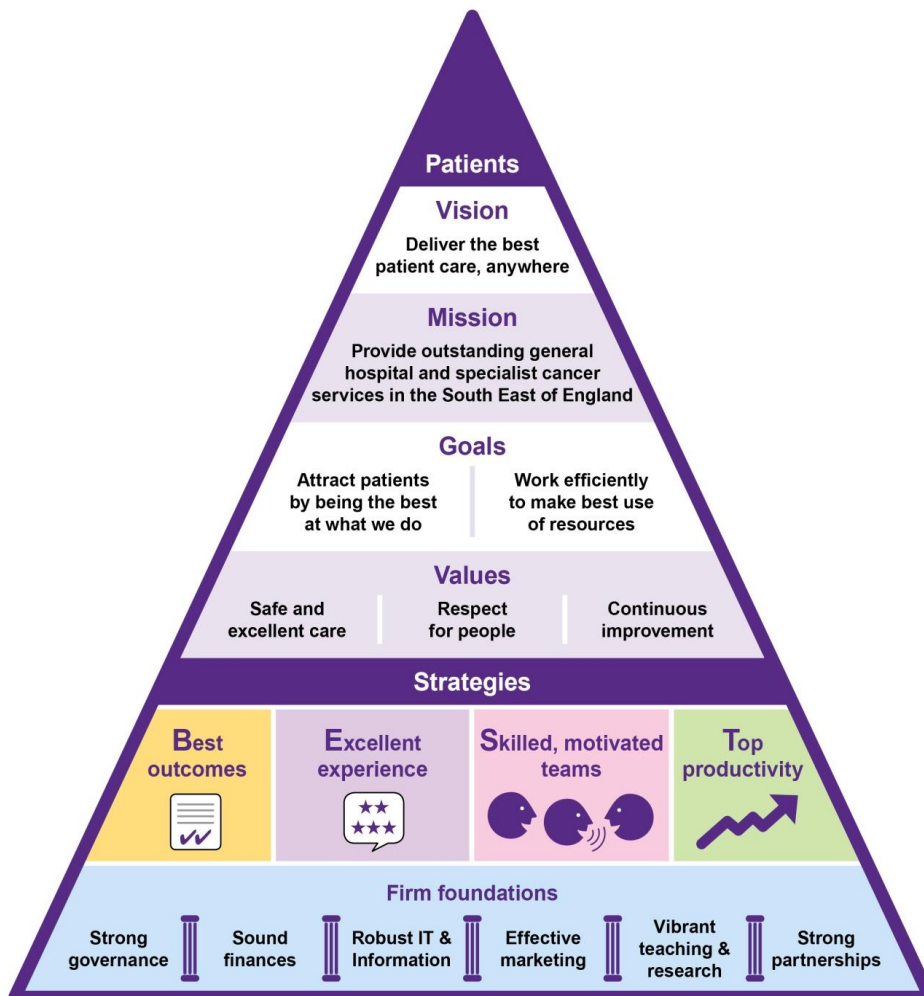
The Trust, ASPH, Virgin Care (provider of local community services) and Guildford & Waverley CCG share an ambition to integrate care delivery for the local population. As providers and commissioners, the organisations share a view that the combined health and care budget for the local population could go further than it does today. We believe that a new model of fully integrated care would enable the delivery of outstanding quality services and step change improvements in productivity and efficiency.

- Expansion of Cancer Services

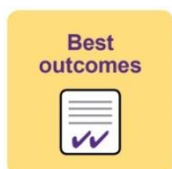
RSCH is the lead specialist centre for cancer patients in Surrey, West Sussex and Hampshire, serving a population of 1.2 million. The Trust for some surgical specialities is already providing these services for 2 million populations. The ambition of the Trust is to further grow its cancer catchment area in the next 5 years as well as meeting the changing demographic needs of our local population.

1. Summary of our strategic plans

The Trust’s overall strategic vision, summarised below, is to deliver “the best patient care, anywhere”. Five individual strategies support this overall vision – Best outcomes, Excellent experience, Skilled & Motivated teams, Top productivity, and Firm Foundations.



Linked to this strategy, we have identified a number of key principles which guide how we work, which are summarised below:



Working together with our partners, we will deliver outstanding care for our patients

- We will strive to deliver outstanding outcomes for our patients
- We will put safety at the heart of everything we do
- We will work with partner organisations to ensure that care is delivered seamlessly across the whole health system



We will treat our patients as we would wish to be treated ourselves

- We will treat our patients with courtesy and compassion
- We will focus on making sure that all aspects of our service are genuinely user-friendly
- We will listen to the views of our patients, their visitors and our staff, to improve what we do



We will ensure that everyone at Royal Surrey is working to their full potential to deliver our vision

- We will ensure that every one of our staff is focused and engaged in delivering our vision of best patient care, anywhere
- We will empower staff to lead their services by devolving accountability and decision making to the lowest possible level
- We will foster cohesive team based leadership and ensure that our clinicians play a central role in shaping and managing their services
- We will strive to attract the very best people and enable them to reach their full potential, recognising excellence and proactively addressing poor performance



We will continuously review what we do and how we do it, simplifying and standardising processes wherever possible

- We will simplify and standardise our processes, maintaining flexibility for clinicians to exercise their expert judgement and respond to the specific needs of individual patients
- We will continuously improve the way we do things, using lean management techniques to maximise efficiency
- We will seek to learn from others and ensure that we always follow best practice, tailored where necessary to meet our unique circumstances

A range of breakthrough initiatives have been identified to deliver the strategy and performance objectives identified. These reflect both major longer term strategic objectives and also a range of more focused clinical, operational and financial initiatives. These are summarised as follows:

Best Outcomes
Take forward ASPH partnership development
Deliver and embed outreach radiotherapy and Chemotherapy across the network
Develop Integrated Care Organisation proposition
Deliver 2014-15 CQUINs and other Trust quality goals
Deliver CQC Action plan

Excellent Experience
Further define cancer strategy, including scope, capacity, resource and finance required
Expand cancer catchment
General Hospital - develop and implement plans to increase OP outreach clinics
Transform customer service - deliver Outpatient Re-design using BEST
Transform customer service- car parking with new travel plan

Skilled & Motivated Teams
Strategic alignment - fully implement strategy deployment and other aspects of "Strategic Alignment" toolkit
Outsourcing – implement Hard FM outsourcing and embed Soft FM outsourcing
Resourcing - roll out resourcing plan to achieve 95% fill rate
Leadership/talent - implement effective leadership development and talent management processes
Medical Effectiveness project
Employee engagement - design and implement effective employee engagement processes

Top Productivity
Pharmacy homecare – design and deliver phase 2 of the plan
Expand Surrey Pathology Service
Achieving Excellence - roll out “Frontline Operational Excellence” toolkit across
Value stream redesign - refine and continuously improve end-to-end emergency processes (LOS)
Value stream redesign - review and redesign key oncology processes

Robust Foundations
ASPH partnership – establish clear road map to Electronic Patient Record
Consolidate finance foundations - complete redesign of core finance processes
Web-based reporting further phases - e.g. consultant scorecard, operational metrics, outcomes data
Consolidation IT foundations - delivery of core infrastructure projects
Refine & implement Estates Strategy including specific projects and ensure on-going effective maintenance
Introduce key clinical IT systems - Chemo e-prescribing

2. Market analysis and context

2.1 Healthcare Needs and Demographic Trends

Surrey's population is projected to rise over the coming decade, with notable increases in the number of older people in Waverley. This will have a major impact on service planning, as older people are more likely to experience disability and long-term-conditions and consume a disproportionate number of healthcare resources. Part of the challenge will be to ensure that the right preventative and support services are in place so that older people can remain independent for as long as possible.

The number of people with conditions such as diabetes, coronary heart disease and chronic obstructive pulmonary disease is expected to increase over the next 5 to 10 years and reducing its prevalence is a priority for the local health economy.

It is estimated that there are 12,760 carers in Guildford and 11,720 in Waverley. A large number of carers are over the age of 65. In Guildford an estimated 910 people over 65 provide care for more than 20 hours a week. In Waverley the estimate is 890. There may be as many as 12,000 young carers in Surrey. It is vital we have the right support services in place so that they can live a full life, do not miss out on education and remain mentally and physically well.

Surrey has the fourth largest gypsy/Roma and traveller community in the country. There is a significant gap in educational attainment and health outcomes in this group. In 2010 there were 5 "authorised" sites in Guildford and 9 in Waverley.

Fertility in Surrey is very similar to the national figure but there are variations between local authorities. Surrey has an above average number of women aged 35 years and over giving birth.

Estimates indicate that 21,000 women between 16-59 years old in Surrey could be experiencing domestic abuse each year. Evidence also suggests that numbers of children affected by domestic abuse are rising.

A third of visits to GPs and a fifth of all acute hospital admissions are related to neurological conditions. This can cause physical, sensory, cognitive, communication and psychosocial problems for the affected individual who is likely to require a range of services over time, to support their independence. The estimated number of Parkinson's disease sufferers in Surrey is 2,120 with an expected 232 in the diagnosis phase, 857 in the maintenance phase, 711 in the complex phase and 320 in the palliative care phase of the condition.

Guildford and Waverley CCG has the highest QOF (Quality and Outcomes Framework) disease prevalence for asthma in Surrey at 0.59%. This compares with England at 0.48%. Waverley has the highest prevalence of Surrey's boroughs and districts at 0.67% of its population.

A higher proportion of the Guildford and Waverley CCG population will be in the age group where they are developing chronic diseases including obesity and diabetes, hypertension and cardiovascular disease, and chronic obstructive pulmonary disease (COPD).

The Guildford and Waverley CCG over 65 and over 85 population is projected to grow at around the same speed as the national average, which means an increasing proportion of the population will be suffering from conditions requiring additional care needs, including:

- Dementia and depression
- Visual and hearing impairment
- Long term health conditions as a result of stroke
- Frailty and being prone to falls and consequent fractures (particularly hip fractures)
- Inability to manage domestic tasks, self-care, or mobility on their own

Additionally, this patient group is more likely to have multiple chronic diseases requiring poly-pharmacy, and to be in the later stages of the disease when complications have manifested.

2.2 The Strategic Environment in Our Markets

Older patients account for the majority of health expenditure. Nearly two-thirds of people admitted to hospital are over 65 and this group accounts for nearly 70% of all hospital emergency bed days. When they are admitted to hospital, older people tend to stay longer and are more likely to be readmitted.

People with one or more long-term conditions are already the most important source of demand for NHS services. Those with more than one long-term condition have the greatest needs and absorb more healthcare resources. The 30% with one or more of these conditions account for £7 out of every £10 spent on health and care in England. In NW and SW Surrey there are currently estimated to be:

- 49,000 people living with a limiting long term illness
- 10,000 people living with dementia

Because older people are more likely to experience long term conditions and because of the ageing population, demand for healthcare is expected to continue to rise. Specifically we expect the number of frail elderly people with significant complex physical health, mental health and social care needs, to continue to rise.

This additional demand is placing substantial and increasing additional strain on the health and social care system, and in particular on acute hospital services.

Alongside increases in demand, providing healthcare is also becoming increasingly more expensive. New drugs, technologies, standards and treatments are typically more expensive than those they replace. Taken together, the impact of increasing costs and increasing demand is creating a ratcheting financial pressure for NHS providers.

There are a number of major trends in healthcare delivery emerging:

- Care closer to home
- Case management and integrated care systems
- Consumerism
- Self-care with expert advice and input
- Higher expectations of patient experience, environment and quality of care
- Transparency of information
- Greater choice for patients

A key area is the rise of consumer expectations from our core customers. The transformation in customer experience in all major service sectors has resulted at times in the NHS being left behind as other sectors improve their offering and level of flexibility and responsiveness. In particular access to appointments is a key area as well as the quality of information patients receive.

2.3 Capacity analysis based on estates, beds and staff availability

We have carried out an analysis of the current capacity of the trust and the future needs. There are a number of clear trends coming out of this analysis:

- We continue to experience significant demands on our A&E service, especially at peak times during the winter and during early evenings. The Trust will continue to examine ways of improving response times by changes to workforce structure and staffing, but also work with the CCG to reduce demand. A&E

configuration at Guildford will remain the same and there are no plans to propose development of MEC status given the size of the local population.

- The management of bed capacity remains important in ensuring hospital flow, particularly given limitations at peak times. We will continue to work closely with the CCG to repatriate patients as appropriate into the community. This in turn will provide space to accommodate step down beds for more complex surgery and cancer patients.
- Outpatients services will continue broadly as today although there will be some repatriation of services into the community and primary care under the CCG QIPP and Better Care Fund initiatives. Nevertheless, pressures on services like T&O and Ophthalmology will continue due to the growth in elderly and frail patients.
- Cancer will be a major growth area for the Trust with the development of new and existing services. The St. Luke's site at Guildford requires refurbishment to make it a more modern cancer centre but this will also improve capacity by better patient flows.
- We will need to continue to review all nursing areas to ensure safe and correct levels of staffing arising from the recommendations of the Francis Report. We also continue to review medical staffing in line with the Keogh recommendations on consultant cover and the 24/7 hospital.

2.4 Alignment with Local Health Economy Partners

We have shared the main aspects of our strategic plans with LHE partners, and indeed are developing key themes together. We are well aligned across the whole health economy in relation to the integrated care agenda, to the extent that we have a joint project group and have commissioned a joint piece of work in this area. Together we believe that our work will lead to significant changes in patient pathways, working across organisational boundaries and meet the challenges of the Better Care Fund. We will continue to work together to develop transformational pathways that will reduce cost to the whole Health economy by providing more care closer to home, reducing admissions and enabling faster discharge. This will benefit the Trust by reducing activity and length of stay thus allowing for the reconfiguration of the bed base and the reduction of costs. These plans are well developed but in the early stages of implementation, success factor will depend on all sectors of the Health Economy engaging in the programme.

We have also been communicating with LHE partners regarding the proposed merger. We believe all understand the rationale and patient benefit case and we will need input from commissioners in particular as we take the planning forward to the full business case phase.

3. Sustainability

As described in section 2 the current health environment presents significant challenges to the development of a plan that is clinically, operationally and financially sustainable over the next 5 years. The pressure to consistently deliver high quality care, in more efficient ways, whilst continually improving the patient experience is significant given current expectations around the levels of nursing staff and consultant level medical input 24 hours per day 7 days per week. Transformational change is needed to address these challenges into the future.

Sustainability of clinical quality

Our current indicators of clinical safety and quality are good. Mortality and morbidity as measured by the Summary Hospital-level Mortality Indicator (SHMI), the preferred NHS indicator, is currently better than expected at 94 (around the 25th centile for all acute Trusts). This position has been maintained for many years and the Trust has put in place a comprehensive mortality and morbidity review meeting process. We deliver major tertiary surgical services and in recently published surgical outcomes data the outcomes of all surgical specialties were as expected. We have in place a robust investigative process for reported adverse events and prompt action is taken to investigate and to learn from any adverse events.

The Trust was inspected as part of the first wave of CQC inspections under the new regime last year. It achieved a good overall shadow rating with some areas being rated as outstanding. Based on this we would assess our risk rating and the measurement of clinical standards to be sustainable. Our Maternity unit was one of the areas rated as outstanding by the CQC and it currently has a CNST rating of 3. We have performed consistently well against CQUIN indicators and we expect this to continue in the future.

Taken together all of these indicators assure us of clinical sustainability into the future, though we recognise the higher levels of investment that will be needed to deliver this.

Sustainability of staffing

A key measure of our sustainability sits with the ability to provide safe staffing levels as identified by the Royal Colleges and others. Our nursing numbers on the wards are reviewed 6 monthly as required by the Department of Health however the challenge is in recruiting and retaining these staff. The ability to meet the increased staffing numbers that will be required to match increasing patient acuity may become progressively more difficult and if not addressed could lead to a less than optimal patient experience.

Plans for the implementation of Keogh seven day working are under consideration and it is anticipated that this will put pressure on medical staff, particularly medical consultant staff in smaller specialties who are expected to provide 24/7 cover (e.g. GI bleeds). We do not believe that we can achieve sustainable staffing models working as we do now on our own.

We are actively considering how closer working with ASPH would help to alleviate some of the difficulties in constructing compliant rotas. We are also working on a variety of plans to truly integrate care across acute, community and primary care with the aim of easing patient flow out of hospital and improving the sustainability of the acute medical take within the existing bed stock.

Operational Sustainability

In order to achieve operational stability and sustainability over the next 5 years we have a number of strategic objectives that will involve major changes to the organisation and how we deliver services. These initiatives are described in more detail in section 4.

Financial Sustainability

In common with all trusts, and in particular small and medium sized acute trusts, we face significant financial pressures over the planning period. The plan submitted reflects a slow erosion of profitability due to continued tariff deflation, consistent savings requirements and the impact of commissioning changes (in particular the Better Care Fund).

The Trust faces an efficiency requirement of around 5% every year for the foreseeable future (equating to between £60m and £70m over the next 5 years). Over and above this savings requirement we need to generate sufficient surplus funds to re-invest in areas such as a modern patient health record system. We do not believe that savings of this level can be delivered in our current form and we forecast that we will be in deficit by 2016/17. It is when this is taken with the demographic pressures we will face and the need to invest in ever higher quality of service standards and 7 day working that we reach the conclusion that the Trust is not sustainable in its current form.

4. Key Initiatives for the 5 year Planning Period

Despite the challenges described in previous sections we believe that there is a significant opportunity to change the way in which services are delivered to our population that will truly transform outcomes and the experience of our patients.

The Trust has both short and long term plans to address these challenges as part of its overall strategy. The realisation of the projects described below will lead to a step change in the operation of the Trust, providing new services, reconfiguring existing ones, and transforming patient and employee experience across the Trust.

4.1 Merger with Ashford & St Peter's

ASPH and Royal Surrey County Hospital are two successful Foundation Trusts at the heart of Surrey with a good track record of clinical, operational and financial performance. ASPH and Royal Surrey County Hospital provide general hospital services to adjacent catchments which together cover a population of approximately 700,000 people, and deliver a portfolio of specialist services to a much larger population.

In November 2012, the Boards of the two Trusts established a Principal Partnership known as Surrey Health Partners. The purpose of the Principal Partnership was to enable the Trusts to jointly deliver clinical and support services in order to improve services for patients and maximise value for taxpayers. In May 2014 the boards of the two trusts considered an outline business case on the development of this partnership. Both boards accepted the recommendation to move to a full business case for merger.

By taking this partnership to a new level, the trusts believe that they have the opportunity to deliver substantial benefits for patients. Working together, the trusts have the opportunity to deliver a step change both in patient outcomes and experience by:

- i. Delivering a comprehensive portfolio of sub-specialist acute services which are fully compliant with emerging standards for 7 day working;
- ii. Increasing the scale at which the Trusts deliver care, enabling the maintenance and growth of a comprehensive service portfolio and therefore providing patients with access to a greater range of high quality specialist services locally;
- iii. Offering patients improved access to cutting edge treatments and innovative, "best in class" care pathways;
- iv. Enabling a step change in both the effectiveness of care delivery and patient experience by accelerating the deployment of digital technology to deliver a functional Electronic Patient Record.

The financial analysis included within the outline business case demonstrates that under the merger option whilst there is a significant cost of transition in 2014/15 and 2015/16 a merged organisation would then be in a position to deliver a sustainable surplus going forward.

In terms of wider health economy sustainability it is felt that a merger with ASPH is also advantageous to commissioners and others. It will:

- Support commissioners to achieve their ambitions for patients
- Result in more cost effective acute care, and ensure the continued provision of sustainable acute services for the population
- Provide a strong platform for the trusts to support and shape the medium term transformation of the health and social care system in Surrey and beyond

Risks and delivery

We recognise the statutory responsibility of the Competition and Markets Authority (CMA) to scrutinise Mergers or 'structural' changes in the market where there is a risk that competition may be reduced. We have engaged with the CMA to begin this process. We have also welcomed early engagement with Monitor in planning for the merger, and the process of approval, and have shared our outline business case with them.

We have analysed the risks of delivering a merger and have now commenced the process of preparing a full business case for the merger. The current timetable for the merger would enable a new merged organisation to form on 1 June 2015. Business as usual will retain sufficient focus and Executive leadership during the transition phase.

4.2 Developing Integrated Care

The Trust, ASPH, Virgin Care (provider of local community services) and Guildford & Waverley CCG share an ambition to integrate care delivery for the local population. As providers and commissioners, the organisations share a view that:

- The combined health and care budget for the local population could go further than it does today.
- A new model of fully integrated care would enable the delivery of outstanding quality services and step change improvements in productivity and efficiency

We have started a project to design and implement a fully integrated care system for the Guildford & Waverley population. We are a leading partner in this key strategic initiative and will work along with partners in the health economy.

The focus of this project is on the population aged over 65 (currently estimated to be over 37,000 people). It is for this population that there will be the greatest opportunity to improve both quality and efficiency through integrated care models. The current scope of the project includes both health and social care services for the Guildford & Waverley population.

This initiative is designed to address the clinical, operational and financial sustainability of both the trust and the wider health economy. Alone this population accounts for over £48m of the current contract value between Royal Surrey County Hospital and Guildford and Waverly CCG. In taking a leading role within an integrated care organisation to design new pathways of care for this population we aim to improve patient outcomes and experience, reduce pressure on the hospital and mitigate financial losses as a result of the better care fund.

Delivery

We have a two phased planning and implementation plan.

Phase 1: Planning and Preparation

By the autumn of 2014 we plan to have:

- a) Agreed a jointly developed concept and model for Integrated Care delivery for the Guildford and Waverley population.
- b) Developed a business case for the delivery of this Integrated Care model and an overall implementation programme plan.
- c) Begun work together on the improvement and redesign of key pathways, demonstrating the ability of the partners to deliver material improvements together, and testing the Integrated Care Organisation concept.

To underpin this planning and concept development we have jointly commissioned a detailed analysis of this population, their current and future needs, and the services currently delivered to this population across health and social care. We have also arranged two day-long model of care design workshops which will engage clinicians, service users and others in the design of future integrated pathways of care for this population.

Phase 2: Mobilisation and Implementation

Following the winter of 2104 we will mobilise for the establishment of the Integrated Care system, including:

- a) Translating the new models of care and approach into contracts and operating models.
- b) Engaging with staff and stakeholders to improve services
- c) Delivering the implementation programme plan

The programme of work is overseen by a steering group meeting monthly which now includes representatives of all agencies within the local health economy.

4.3 Cancer Strategy

RSCH is the lead specialist centre for cancer patients in Surrey, West Sussex and Hampshire, serving a population of 1.2 million. The Trust for some surgical specialities is already providing these services for 2 million populations. The ambition of the Trust is to further grow its cancer catchment area in the next 5 years - which supports the changing demographics of our local population. We have developed a new Cancer Strategy made up of a number of initiatives including:

Outreach Cancer

The Trust is pursuing a number of conversations with other NHS trusts and commissioners around the opportunity to develop local outreach diagnostic and radiotherapy services, supported by the specialist

centre in Guildford. This strategy will both support diagnosis and treatment closer to home whilst also securing the right catchment populations for specialist cancer services to be delivered to the highest quality standards. This approach is based on our successful outreach service model already in operation at Redhill, East Surrey.

St Luke's cancer Alliance

The Trust has established a cancer alliance with partner trusts across our 1.3m population cancer centre catchment. This includes partner trusts in Basingstoke, Frimley Park, ASPH and Surrey and Sussex Healthcare Trust. An Alliance team are currently being recruited to ensure compliant services are maintained across the partners.

4.4 General Outreach Strategy

The government's agenda for bringing 'care closer to home' challenges the traditional model of delivering acute services in hospitals and there has been an increasing requirement to shift services into the community setting where clinically appropriate. The advantages to this approach are an improved patient experience as well as generating savings for the local health economy.

As a Trust we are focussing on developing our outpatient outreach services and have set up a dedicated focus group to lead on enhancing our existing outreach services and identify suitable locations to set up new outreach clinics to improve access for our patients. This supports the Trust's vision for 'Best care anywhere.' The Trust has been in discussion with local groups and trustees to consider how we can best deliver services in the community in locations such as Cranleigh and Haselmere.

4.5 Academic and Research Collaboration

The Trust entered into a formal collaborative agreement with the University of Surrey, ASPH and SABP to establish Surrey Health Partners. We have established a series of seven Clinical Academic Groups which are leading the acceleration of research, teaching and service improvement to improve patient care. Royal Holloway University has affiliate status. The partners are exploring a number of opportunities to improve the research infrastructure in Surrey including establishing the Surrey Cancer Research Institute.

4.6 Staffing

Staffing is another major strategic objective of the Trust to ensure the Trust has the right organisation and 'people capability' to deliver the strategy of 'best care, anywhere'. This means ensuring the hospital is staffed with the right people, at the right time, and with the right skills and motivation to deliver services. Aside from the issues on merger, which will involve establishment of a new leadership team, TUPE, and potential rationalisation, there are a number of key initiatives that are being progressed:

- Review of current operations, support structures and staffing to ensure effective organisation capability in the period prior to and during transition to merger. Additional resources have already been approved to improve the capability of our operational teams.

- Development of a resource plan to ensure 95% Permanent Establishment Fill by the end of the financial year. Key features of this are:
 - National and international campaigns for nurses across the Trust
 - Review of A&E Medical staffing and development of a more consultant led service
 - Review of Theatres staffing and in particular how a 6 day operation is sustained
 - Review of agency and bank staff usage

- The Acuity exercise on nursing has resulted in the planned recruitment of a further 15 nurses over the last 6 months.

- Additional human resource interventions to improve the effectiveness of the Trust:
 - Strategy deployment – all staff will have objectives that are aligned to the Trust strategy
 - Performance management – further development of appraisal processes and better management and exit of poor performers
 - Talent Development and succession plans
 - Leadership development in conjunction with ASPH
 - New employee engagement plans to remain in the top quartile of all Trusts in the UK

- Establishment of a Ward Excellence programme to improve both the quality of care and nursing staff effectiveness.

4.7 Emergency Care

We will maintain an unselected medicine take at the Royal Surrey site. Through partnerships with community providers there will be pathways developed to provide care to patients with the most appropriate clinical pathway not by location. We will also continue to work with commissioners and others to ensure patients are directed to the most appropriate healthcare professional.

To support the clinical pathway management of patients, the development of the integrated care agenda will support the delivery of care in the community not just in the emergency department or an acute medical bed. As a first step we have been integrating our discharge support team with that of the local community provider and will look to amalgamate teams more widely across health and social care services. We are asking staff to re-think the pathway management of patients as part of the seven day service strategy.

As a Trust we have faced significant challenges regarding A&E performance in the last 2 quarters. To ensure that our emergency care strategy is robust going forward we asked ECIST to review our arrangements. The outputs of this review have been built into our strategy, the delivery of which will ensure a more sustainable clinical and operational model to deliver compliance going forward.

4.8 Palliative Care

Palliative Care Services will be supporting a philosophy of care nearer to the patient's home as part of the End-of-Life Care strategy (EOLC). There is potential to provide outreach services in partnership with charitable trusts and existing hospice organisations.

5. Financial Plan

The Trust has modelled the future 5 year plan taking into account the factors described in this document. The result is that we anticipate falling into deficit, on a stand-alone basis, from 2016/17:

2014/15 - £2.5m surplus
2015/16 - £1.0m surplus
2016/17 - £1.4m deficit
2017/18 - £2.3m deficit
2018/19 – £2.4m deficit

The following assumptions have been built into our plan:

Income

We expect continued pressure on the prices we receive for the NHS activity we deliver. We expect these prices to continue to be deflated by 1.5% year on year. Overall activity growth in the plan is minimal, though we expect specialist activity to increase whilst more general activity reduces as a result of integrated care. This integrated care assumption includes the impact of local schemes to reduce hospital activity in 2014/15 amounting to £6.8m and then the impact of the Better Care Fund in 2015/16 (£11.6m, though we expect some of the funding to re-invested in services we will provide in different ways)

Expenditure

We have been experiencing a sustained period of wage restraint in the NHS. Going forward we anticipate further central limitations on levels of pay but expect continued cost pressures as a result on grade increment progression and small annual pay awards. Based on our projections our rate of non-pay inflation has been assumed as 2.4% in 2014/15 and 3% thereafter year on year.

Efficiency Programme

The Trust has worked hard to meet the challenge of the efficiency requirement for the NHS and has developed a comprehensive CIP programme. The CIP target for each of the 5 years is between £11m and £14.5m. In recognition of the difficulty of removing the full 5% requirement via local departmental schemes we have targeted from trust-wide and transformational schemes. These cross departmental schemes focus on reducing costs through redesigning patient pathways to reduce length of stay, or through increased efficiency in areas such as outpatients where this will increase throughput and hence income, or reduce the need for additional clinics.

Other major areas of focus are in procurement and non-pay spend reductions. These will be delivered through our programme to standardise the operations of the trust, establishing a Royal Surrey way of operating to improve both quality and efficiency. We have also targeted commercial income growth both through own schemes and in partnership with other organisations.

Finally our programme seeks to recognise the importance of the efficient use of our asset base. We will implement new facilities management services, take forward a programme of improved energy efficiency and are carrying out a full review of our estate.

Project Initiation Documents have been completed for all schemes that detail any enabling actions that are required, milestones for implementation and assign a RAG rating. We have also assessed schemes to ensure that there is no adverse impact on quality or safety. These assessments review the impact in terms of our wider aspirations under the BEST strategy and are completed by project leads where the scheme is either material in financial terms, involves an impact on front-line staff or where there is a specific concern.