

**Strategic Plan Document**

**2013 - 2016**

**Burton Hospitals NHS Foundation Trust**

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

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

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Date

31 May 2013

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

**In signing below, the Trust is confirming that:**

**The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;**

**The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**

**The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;**

**All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.**

**Approved on behalf of the Board of Directors by:**

Name

(Chair)

Chris Wood

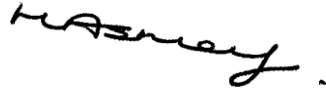
Signature



Approved on behalf of the Board of Directors by:

|                                  |              |
|----------------------------------|--------------|
| <b>Name</b><br>(Chief Executive) | Helen Ashley |
|----------------------------------|--------------|

Signature

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Approved on behalf of the Board of Directors by:

|                                   |              |
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| <b>Name</b><br>(Finance Director) | Antony Waite |
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Signature

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## Executive Summary

The strategic plan for Burton Hospitals NHS Foundation Trust (BHFT) is set within a changing landscape of healthcare delivery and a period of unprecedented change. Across the local health economy are a number of significant challenges relating to delivery of services, financial viability of provider organisations, increasing demand within a reduced financial envelope.

The organisation needs to respond to a range of challenges; financial pressures; changing demography; increased public expectations; advances in clinical treatments; all of which provide both great opportunity and challenge to how the organisation provides health care in the future.

The Trust will respond to these opportunities and challenges through a leadership model that reflects the very best in care and compassion, alongside a focus on excellence in strategy, vision, direction and engagement with our staff, patients and stakeholders. Care, compassion and respect from our staff will be liberated by a leadership team that has those values at its heart.

The strategy will provide a platform for the Trust to be in the best position to respond to the needs and demands of our patients, staff and community. The Trust will have an increased focus on how we provide care, as well as the services we provide.

To support the development of this strategy the Trust engaged in an external review, involving staff and key stakeholders, to explore the options around developing the services to ensure the Trust is able to deliver quality services for all patients over the medium term that are clinically and operationally sustainable and financially viable.

The plan will set out in detail the work that will take place over the next three years to deliver high quality sustainable services and will be focused on the following key areas:

- Delivering revised models of care with the intention of moving clinical services from 'good to great'
- Delivering a quality service that is effective, safe and provides a positive patient experience
- Delivering financial viability through the delivery of the revised clinical strategies, and operational productivity and efficiency improvements
- Developing a culture of care, compassion and respect with a leadership model to support and develop staff to deliver the objectives of the organisation

The Board has committed to the development of a leaner, more efficient acute site, enhancing and growing the number of partnerships for healthcare delivery with other providers. The clinical service model will focus on the complementary development of the following clinical strategies; acute model of care; elective model of care; and a community model of care encompassing the development of a strategy for the frail and older person. This reflects demographic pressures in the local health economy; enables care to be delivered in the most appropriate clinical setting, building on the Trusts principles of providing local healthcare and the best patient experience. These models of care will be underpinned by the development of non-clinical services to support clinical sustainability and viability and will be delivered over the lifespan of this strategy.

The Trust is organising itself around a single definition of quality: care that is effective, safe and provides as positive an experience as possible. Improving the quality of care for patients and service users is the driving force behind the changes taking place across the Trust, and will unite everyone around a common purpose. The Trust is clear that quality is everyone's responsibility through:

- Commitment to the quality of patient care at every level of the organisation
- Values and behaviours in every aspect of the work, that is truly focussed on quality and always places the interests of patients at the heart of service delivery
- Valuing the role patients and service users' play in the oversight and scrutiny, design and measurement of high quality services.

The Board recognises that the organisation is faced with a number of significant challenges over the next three years, and without the commitment and engagement of the staff success will not be guaranteed. The Trust is developing a comprehensive staff engagement strategy, underpinned by robust communication methods. The work will be designed to deliver a motivated workforce that is clear about the objectives of the organisation with a defined role to play in delivering high quality care.

To support delivery of operational sustainability and deliver levels of productivity and efficiency, we will implement a framework for delivery based on service line management (SLM). SLM will be the mechanism that shifts the organisation from top down control to locally led clinical business units, supported by the senior team to unblock issues that prevent great performance. Implemented well it will be empowering and will increase organisational agility.

Financial viability will be achieved as a direct consequence of delivery of the clinical strategies, operational productivity and efficiency improvements set out in this plan. The consequent scale of benefit opportunity as represented by the CIP, revenue generation and transformation programme totals £26m (15%) over the next three years, and is sufficient to deliver key financial targets consistent with the requirements of the Licence Enforcement Undertakings

Delivery of a secure financial position will provide a platform for the development of further plans to improve profitability, in order to generate cash surpluses to bolster liquidity, and to underpin future strategic change and service developments. The plan provides for minimum positive cash balances to be maintained across the three year period.

There has been wide scale engagement in producing the Strategy and the Trust is putting in place robust mechanisms to ensure it is successfully delivered. These include effective risk management, development of service line management, organisational development plan and a framework to ensure that delivery is embedded within the Trust's processes. We are developing a detailed implementation plan, outlining the actions that will take place over the next three years to support delivery of the plan and a sustainable, viable organisation.

The Strategy has been prepared with the help of Governors, staff and external stakeholders, as well as the Board itself and as a result there is a high level of support for the direction of travel described. This Strategy will provide the focus for the organisation for the next three years and will guide investment decisions in terms of clinical and managerial focus supported by a financial investment strategy.

The proposals being developed with partners and staff are exciting and will challenge our traditional approach to care. Achieving high quality services for patients remains the core ambition, which must be achieved alongside sound business planning and tight financial control if the Trust is to be sustainable into the medium and long term.

The strategic plan represents a fully integrated plan which focusses in equal measure on delivering high quality services, living within the resources available and creating the business processes which underpin future sustainability.

In conclusion, the leadership, ambition and behaviours displayed by the Board in response to the challenges will drive a necessary pace of change and success for the Trust in the future.

## Strategic Context and Direction

This strategic plan is set within a changing landscape of healthcare delivery and a period of unprecedented challenge in relation to the clinical and financial challenges healthcare providers face. Organisations are faced with rising demand for services particularly in relation to non-elective demand and the over 65 years age group, coupled with the need to deliver increased quality and efficiency and improve the experience for patients.

The intention of this strategic plan is to set out how Burton Hospitals NHS Foundation Trust (BHFT) will deliver clinical and operational sustainability and financial viability over the next three years. The plan has been developed taking account of a range of external assessments which have shaped the development of our key clinical strategies.

During 2012/13 the Trust set out its vision for the organisation with four strategic objectives, which are still applicable for this strategic plan. The vision is “to be the local healthcare provider of choice, delivering the best patient experience”. The four strategic objectives which underpin delivery of the vision are:

- Developing our services – we will be recognised by our customers as the first choice for the services we provide
- Delivering quality and safety – we will ensure the quality of care is right first time and we will reduce variation in practice
- Delivering financial sustainability – we will develop and deliver robust plans to ensure financial stability and sustainability
- Our people – the staff at BHFT will feel valued and have the opportunity to contribute effectively to our hospitals. Together we listen, care and celebrate our success.

The Trust has committed to a programme of self-assessment against the Board Governance Assurance Framework (BGAF) modules and Monitor Quality Governance Framework, which will be externally validated on a three-yearly basis.

### Local Health Economy

The Trust sits within the Staffordshire locality, covering a catchment population of 360,000 across Staffordshire, South Derbyshire and Leicestershire, with East Staffordshire Clinical Commissioning Group (CCG) taking the role of lead commissioner.

The Staffordshire locality is currently facing a number of significant challenges across provider organisations in relation to their ability to continue to deliver clinical services, and be financially viable, with one organisation being subject to the Trust Special Administrator (TSA) process. There are financial challenges for the commissioners, with pressure to deliver continued growth in patient need within a reduced financial envelope to support development and delivery.

Across South Staffordshire there are projected increases in the elderly population over the next 25 years, with growth in the over 65 years age group expected to increase between 75% and 91%, with the associated impact on healthcare organisations. The growth in the over 65 years age group across the local population, combined with increases in long term conditions, is consistent with the challenges the Trust has faced over the last 12 months in relation to non-elective pressures. The ability of the Trust to manage this patient group safely and efficiently will be enhanced with the development of the acute care model, focused on delivering timely high quality care, and the development of the frail and older person strategy. Work is taking place with Staffordshire and Stoke on Trent Partnership NHS Trust (SSoTP), the provider of community services, to develop integrated pathways to ensure patients are managed outside the acute hospital if safe and appropriate to do so.

The Trust will work with other partners across the local health economy to deliver integrated services in relation to developments within the non-elective pathway. The Trust is looking to work as part of a cooperative with other partners in relation to the reconfiguration of services across Staffordshire, which will support the sustainability and viability across a range of services.

## Threats and Opportunities

As part of the development of this strategy, and to support identification of areas for development, analysis has been undertaken in relation to Strengths, Weaknesses, Opportunities, and Threats (SWOT).

|  |   |
|--|---|
| <b>Strengths</b> <ul style="list-style-type: none"><li>• Skilled/stable workforce</li><li>• Capacity to separate elective and non-elective activity</li><li>• Expanded catchment area aligned to community hospitals</li><li>• Supportive local CCGs</li><li>• Fully integrated Patient Information System</li></ul>   | <b>Weaknesses</b> <ul style="list-style-type: none"><li>• Difficulty recruiting to some key specialties</li><li>• Reduction in junior doctor numbers</li><li>• Ability to reduce costs at pace</li><li>• Ability to manage increasing non-elective demand</li><li>• Limited scope to further increase acute in-patient capacity</li></ul>   |
| <b>Opportunities</b> <ul style="list-style-type: none"><li>• Acquisition of two community hospitals providing development opportunity</li><li>• Ability to reduce estate footprint</li><li>• Repatriation of work from other providers</li><li>• Investment in updated IT system and use of technology</li><li>• Increased activity linked to future changes at Stafford</li></ul> | <b>Threats</b> <ul style="list-style-type: none"><li>• Moving care out of hospital and resulting in lost income</li><li>• Number of other acute providers in locality</li><li>• Financially challenged health economy</li><li>• Failure to maximise the benefits of an updated IT system</li><li>• Failure to manage non-elective demand</li><li>• Public perception linked to mortality review</li></ul> |

## Market share

With the anticipated changes to service provision across Staffordshire we are forecasting to increase our market share over the next three years by up to 4%. The increases are anticipated to be mainly in relation to elective services, which will build on the development of an elective care centre and the ability to create appropriate capacity to absorb the work at marginal cost thus supporting both clinical and financial viability. Through the development of service line management, incorporating market share intelligence, and working with the clinical teams, we will use the information to inform stakeholder engagement in relation to increasing activity and associated income opportunities within specific specialties.

The foothold in key markets presented by the Community Hospitals in Lichfield and Tamworth together with improved direct clinical engagement with commissioning GPs and the development of a strong brand is key to a successful increase in market share.

## Local Commissioning Intentions

Built into the local commissioning intentions for 2013/14 are a number of schemes designed to reduce non-elective admissions, move care into the community setting, focus on services for the frail and older person, and manage long term conditions utilising initiatives such as risk stratification. The ambition of the commissioners is to make the acute hospital the place of last resort. This is recognised as a coherent response to a growing and ageing population where demand for hospital services is increasing.

The clinical strategy being developed by the Trust, and detailed within this strategy, will build and support delivery of the change in care provision across the county.

Each aspect of the commissioning intentions has been built into the activity contract for this year with financial analysis undertaken to quantify the potential financial impact of the changes.

## Collaboration, Integration and Patient Choice

A key consideration contained within the review into our future clinical sustainability and financial viability is to explore and consider alternative ways to deliver services in the future, be they clinical or non-clinical. As a small District General Hospital (DGH) the Trust has a range of clinical networks as a means of

providing tertiary level advice and care to local patients. The Trust will work to develop new partnership models to support delivery of clinically sustainable services and will undertake a clinical review of networks to ensure they align to our models of care and ascertain if they provide opportunities to extend some clinical provision at BHFT to support delivery of financial viability.

### **Extended Collaboration and Partnerships**

The Trust has commissioned a joint piece of work with Derby Hospitals NHS Foundation Trust to explore opportunities for collaboration between both Trusts. The report will explore the benefits and opportunities that collaboration could bring to both organisations, it will identify the key enablers of collaboration and building strong partnerships. The opportunities will be based on four key areas; productivity and efficiency; integrated care; 'right size' hospitals, removing duplication and creating centres of excellence; and grow market share.

Within the Trust there are a number of examples of collaboration with partners to develop and deliver new services for BHFT:

- Cardiology – the Trust is working in partnership with a private provider to jointly deliver services through the newly opened cardiac catheterisation unit. This facility reduces the need for patients to travel to receive routine procedures
- Work is taking place with the Staffordshire Public Health team to explore a range of options to deliver services commissioned by Public Health within the community and to work towards becoming a Health Promoting Hospital as part of the World Health Organisation initiative. These are both consistent with the vision to become the local healthcare provider of choice.

### **Integration**

As part of the annual contracting process the Trust is working to develop an integrated pathway for non-elective patients as one of the local CQUINs. Known as 'Partnership for Patients' it is designed to facilitate an early safe discharge and reduce attendance, and will be designed and delivered in conjunction with SSoTP.

### **Patient Choice**

The vision for the Trust is to deliver the best patient experience and forms a cornerstone of the quality strategy. The trust has performed well in the Friends and Family Test, consistently delivering performance greater than 70%. To respond to increased demands and expectation from the public, the Trust will focus on delivering a number of initiatives to deliver the best patient experience:

- Patient experience groups and round table discussions – to provide patients with the opportunity to share examples of good practice and also their experience of the service they received. The initial focus will be on the inpatient areas and those areas associated with emergency medicine
- Deployment of kiosks across the Trust for patients to capture real time feedback to inform further actions required
- Feedback from patients attending the emergency department utilising both a paper based system along with access to web channels to identify areas for improvement
- Pro-active approach in relation to engaging patient organisations such as Healthwatch with the aim of improving engagement and communication
- Undertake an extensive base line assessment of the current perception of services within the Trust, to give a firm basis to support future service developments
- Engagement of patients and public in how future services are designed and delivered
- The Trust will continue to work with our Governors to ensure we secure the views of our members.



## Approach taken to Quality

The approach the Trust will take in relation to delivery of a quality service is to organise itself around a single definition of quality: care that is effective, safe and provides as positive an experience as possible. Improving the quality of care for patients and service users is the driving force behind the changes taking place across the Trust, and will unite everyone around a common purpose.

The Trust is clear that quality is everyone's responsibility through:

- Commitment to the quality of patient care at every level of the organisation
- Values and behaviours in every aspect of the work, that is truly focussed on quality and always places the interests of patients at the heart of service delivery
- Valuing the role patients and service users play in the oversight and scrutiny, design and measurement of high quality services

The cornerstone of the approach the Trust will take during the first year is reflected in the current Quality Strategy which outlines the following key priority areas during 2013/14:

- Patient safety – ensuring that essential patient care is safe, effective, positively experienced and delivered to a consistently high standard
- Clinical effectiveness/outcomes – ensuring high quality of care for all people using the service
- Patient experience – continued development of the patient experience, with particular focus on the patient journey, and ensure effective communication between staff and all patients and carers.

The Director of Nursing will undertake a review of the strategy during 2013/14 in preparation for a revised strategy from 2014 which will reflect the priorities of the organisation in relation to the delivery of the quality aspiration and ensuring that all staff are committed to delivery.

The Board receives assurance on the delivery of the Trust Quality Strategy in two ways; the first through the report of the Chair of the Governance, Risk and Assurance Committee; and quarterly reports from the Director of Nursing and Medical Director against the annual strategic ambitions.

The Board has commissioned an external review against Monitor's Quality Governance Framework and has committed to a programme of self-assessment against the BGAF modules and Monitor Quality Governance Framework, which will be externally validated on a three-yearly basis.

The Trust has developed an internal quality governance framework which incorporates a process to monitor compliance in relation to delivery of CQC outcomes, and provides clarity in relation to responsibilities and accountabilities in relation to clinical and corporate governance.

The Trust is currently managing a number of significant risks that have the potential to either directly or indirectly impact upon the quality of care and treatment provided by the Trust:

- Mortality indicators
- Non-elective pressures and the acuity of patients
- Delivering equitable standards across all inpatient areas.

### *Mortality Indicators*

As a result of a high HSMR (Hospital Standardised Mortality Ratio) over a two year period the Trust is subject to an external assessment, initiated by the Medical Director of the NHS. The areas of concern are in relation to the following conditions:

- Respiratory medicine
- Colorectal cancers
- Septicaemia
- Secondary malignancies
- Intensive Care.

In response to concerns within specific services the Trust commissioned a number of external reviews which took place over the last 12 months. The outcomes and actions are overseen by a Mortality Advisory Group, which is chaired by the Chief Executive.

*Respiratory Medicine* - Respiratory medicine is a core specialty within acute medicine and must be both maintained and developed to ensure it consistently delivers a safe, high quality service for all patients requiring care. To facilitate the required changes the Trust has committed investment in an additional respiratory consultant to provide senior decision making and care delivery. Alongside that will be the development to make all ward managers supervisory. These changes will provide consistent focused clinical leadership and the development of an integrated multi-disciplinary team focused on delivering high quality care. The Trust is exploring the potential development of a Level 1 critical care facility, which would deliver care to respiratory patients requiring non-invasive ventilation as part of their care pathway

*Colo-rectal surgery* - Colorectal surgery is part of the core service of a DGH and has significant input into the management of the emergency patient within the Trust. It is essential to maintain a sustainable service so that support to other specialties is maintained for instance medicine, critical care, trauma & orthopaedics, and obstetrics. The Trust is progressing on providing enhanced day time provision for emergency and urgent surgery with the aim to deliver all emergency surgery, with the exception of life-threatening surgery, in the day time hours, thus supporting improvement in clinical outcomes. The provision of a level 1 critical care facility would also support colo-rectal surgery, and there will be a review of consultant provision over the life span of this plan

*Septicaemia* – The Trust will extend the care bundle for septicaemia across all inpatient areas, already adopted and audited for impact within the emergency department. Since its introduction the HSMR for septicaemia has evidenced a downward trend and is no longer an outlier in this respect

*Secondary Cancers* - The Trust is undertaking an extensive case note review, led by the Oncology clinical team, the outputs of which will inform the actions required. As per national recommendations an Acute Oncology Service has been established across the Trust, which has recently undergone an external peer review by the National Cancer Team, the outputs of which were very positive.

*Intensive Care* - the Trust has identified that there is a trend towards higher than expected mortality from the Intensive Care National Audit and Research Centre (ICNARC). The Trust has invited the Mid Trent Critical Care Network to undertake an external review of the Critical care service along the lines of the West Midlands Quality Review Service (WMQRS) format. This will take place in the next 3 months.

#### *Non-elective pressures and the acuity of patients*

The combination of increased non-elective activity and increased acuity of patients has created a significant challenge to the Trust. The Trust has put in place, with the support of the ECIST, an extensive programme of change to address the concerns and ensure that the Trust is able to provide a sustainable high quality service for all non-elective patients.

The Trust is working with other partners across the health economy to support care delivered in the community where safe and appropriate to do so, and to enable a timely safe discharge following an acute admission. The work will form the basis of a shared CQUIN, commissioned by the CCG, known as 'Partnership for Patients'.

The work taking place in relation to the development of an acute model of care will further support the ongoing delivery of a clinically safe and sustainable service, where patients receive treatment in the right place at the right time.

#### *Delivering equitable standards across all inpatient areas*

The Trust has recognised a variance in the quality of care across inpatient areas which are being addressed through work being led by the Director of Nursing and Medical Director. Specific areas of focus

during this year will be the introduction of a revised ward assurance programme, which replaces the previous ward metrics. The Board has committed to investing in the nursing workforce to ensure that the most senior nurse on an inpatient ward assumes a supervisory role and has time to develop staff, ensure patient care is at its optimum and to improve key performance metrics, which all support the delivery of high quality care for patients. This change will be supported by a Leadership Programme based on that provided by the Royal College of Nursing to support delivery.

### **Further actions to support delivery of a quality service**

In addition to the actions identified, the Director of Nursing will take the lead for a range of further initiatives to support delivery of a quality service for all patients:

- Introduction of the 15-steps challenge as the basis for the Board to Ward assurance programme and will be further supported by two unannounced visits per month undertaken by members of the Board. The outputs will support creating a method for positive improvements and dialogue about the quality of care.
- Review the process in relation to the reporting and monitoring of serious incidents to ensure that the Trust becomes a learning organisation in respect of areas highlighted within the investigation process, spotting of trends and sharing the learning across all areas.
- Continue work in relation to the Safety Thermometer, supported by a senior nurse. The Trust has consistently performed at 90% or above and this will continue to be developed as part of the National CQUIN for delivery during 2013/14.
- Develop the framework to deliver the culture of compassionate care, based on the 6C's; Care; Compassion; Competence; Communication; Courage; and Commitment. This framework will provide the basis for supporting the development of a culture where care, compassion and respect is at the heart of the care we deliver.

# Clinical Strategy

The Trust intends to develop and implement a clinical strategy that embraces the opportunities advances in clinical treatments will provide in the future. The clinical strategy will be implemented in such a way that consistent high quality care is provided at the right time and in the right place.

Successful implementation of the clinical strategy will support a sustainable and viable organisation from a clinical, operational and financial aspect over the medium term, and will enable specialties to move from 'good to great' in relation to delivery of their service.

During 2012/13 the Trust commissioned a number of external assessments to support the development of the three year strategy. The areas covered from a clinical perspective included; workforce challenges; future quality standards; indicators regarding critical mass; capacity modeling to inform the bed requirement; internal and external factors; and review of the emergency care pathway.

The outputs from the reviews have supported defining the clinical strategies and the development of a leaner, more efficient acute site, as supported by the Board. The clinical strategies have been specifically designed to facilitate a separation between elective work and non-elective work, which will ensure that patients receive their care in the most appropriate environment, supported by clinical staff skilled and experienced to deliver that care.

The clinical strategies will be designed around the following models of care:

- **Acute care model** – this will focus on non-elective patients; patients requiring complex elective surgery; or patients who will require a higher level of post-operative intervention for a period of time
- **Elective care model** – this will focus on the separation of elective work into a dedicated centre, which is protected from non-elective pressures. This will be delivered through the development of a stand-alone elective care centre, building on the recent expansion of the Treatment Centre into a 23-hour facility. This will enable the specialties to improve profitability and expand, linking in to local opportunities
- **Community care model** – this will focus on the development of a clinical strategy for the frail, older person; the future function of the two community hospitals and how they support pathway development; the continued development of the dementia strategy, the exploration of tele-medicine within residential and nursing homes, and the development of integrated models of care working with other partners across the health economy. This model will support a reduction of the pressure on acute services, drive productivity and efficiencies and provide opportunities to grow new revenue linked to local opportunities.

Wrapped around the clinical strategies will be a focus on how the non-clinical services can be aligned to support improved productivity and efficiency plus providing opportunities to generate new revenue opportunities and leverage the available assets.

Supporting delivery of the new clinical models will be the introduction of SLM which will, over time, move service delivery from top-down control to locally led clinical business units. The development of SLM will provide a framework to promote a culture of continuous improvement ultimately improving the quality of care and the patient experience.

## Clinical Sustainability

The Trust has defined the core services required to support each model of care and will undertake detailed service reviews across each specialty to identify the areas for change to deliver sustainable and viable services in the longer term. There are a small number of key areas which will require a change to their current model of delivery and the need to work with other partners to continue to deliver the level of service required into the future.

### *Stroke Services*

During 2012/13 a review took place across the Midlands of stroke services, encompassing the whole patient pathway from hyper-acute through to rehabilitation. Though the Trust currently provides the full

range of stroke services, the future requirements have resulted in the Trust determining that it will be unable to continue to deliver hyper-acute stroke due to the numbers of patients recommended to ensure delivery of the quality outcomes. Therefore the Trust is working with another NHS provider to develop a fully integrated stroke service across both providers which will support delivery of the service over the 7-day period and ensure patients receive the hyper-acute intensive phase in an appropriate setting, but complete their care at the Trust in a dedicated acute stroke unit. The plan is to integrate the clinical teams so skills are maintained across all elements of the patient journey, and working within a larger centre will also support future recruitment into this key clinical area, thus ensuring a safe, high quality, sustainable service.

#### *Pathology*

During 2012/13 the Strategic Health Authority initiated a review of pathology services, taking account of the recommendations within the Carter review. This review, along with the decision to undertake a competitive tender process for GP Direct Access work, has resulted in the Trust seeking a partner to deliver in-patient pathology services, as the future model will be neither clinically sustainable or financially viable.

The solution will include other providers, either from the NHS or private sector, delivering the service on our behalf in the future. There will continue to be a limited service on-site to support key areas of the organisation to support the patient pathway.

#### *Radiology*

Although there are no immediate sustainability issues within radiology concerns have been raised in relation to the timeliness of radiology reports, MDT attendance and difficulty with recruitment to senior clinical consultant radiologist posts. There have been several external reviews including National Benchmarking, review/analysis of work flows and an invited review by the Royal College of Radiologists. Currently not all of these reports are available, however any immediate concerns have been addressed and the Trust has a full complement of consultant radiologists in post. The Trust is developing a plan for radiology which includes strategies to ensure adequate sub specialty advice and sufficient out of hours cover for emergency work. This will help attract consultant staff to the department by reducing emergency work and ensuring that routine work and reporting is not interrupted or delayed by significant interruptions whilst on emergency duty. Radiology is a core service and must be maintained to ensure continuity of service for both elective and non-elective pathways and cancer patients.

#### *External Opportunities*

There are a number of potential opportunities for the Trust to develop clinical services across the Southern part of Staffordshire, thus supporting a sustainable clinical model for key services, whilst also supporting other core services to maintain critical mass.

### **Clinical Workforce Strategy**

The Trust will develop a culture where the focus is on care, compassion and respect; where staff have clarity regarding their roles and responsibilities; and staff are clear about the objectives of the organisation and the role they play in delivering high quality care.

Delivery of this ambition will be achieved through a number of initiatives focused on the following areas; people policies and procedures; development of leadership roles; training and development; and staff engagement and communication.

*People policies and procedures* – provides the framework to ensure all staff have clarity on their role and responsibilities in support of delivering high quality care:

- The Trust will implement a system for recruitment which enables staff to be recruited to values, rather than just ability
- The Trust will ensure that all staff have clarity regarding their role and responsibilities supported by a clear accountability framework
- The Trust will implement a revised system for annual appraisals which will build in the strategic objectives of the organisation and how the staff member has supported delivery of the objectives

- The Trust is in the process of reviewing the recruitment process for qualified nursing staff to reduce the need for temporary staff; this will have a positive benefit on the quality of care and the financial position.

*Development of leadership roles* – supports delivery of a clinically led service with leaders who have the skills and knowledge to deliver the Trust objectives:

- The Trust is currently part way through the first cohort of a medical leadership programme in conjunction with an external provider. The programme is designed to support consultants to hold prominent leadership roles, integrating the ownership of clinical, operational and financial performance to support the delivery of a sustainable and viable organisation. The Trust is planning to undertake a second cohort, again with medical consultants, during 2013/14
- The Trust is in the process of making the inpatient ward managers supervisory, which will give them the time to lead their area of responsibility with improvements expected across specific outcome measures, for example; improved communication with patients and relatives; improved management of patient pathways resulting in reduced length of stay; improved staff morale; increased levels of staff training and appraisals; reduced sickness levels; and reduced requirement for temporary staff. To enable this change the Trust will increase the numbers of junior qualified staff liaising with Higher Education Institutions to provide opportunities for newly qualified nurses
- Continue with the Board Development programme to ensure all Board members sustain the necessary knowledge and skills to effectively fulfill their individual and collective roles.

*Training and development* – ensures the Trust have staff who have the skills and competencies to undertake their role and delivery the objectives of the organisation:

- The Trust is introducing a development programme for Band 6 nursing staff, building on the programme currently in place for Band 7 nursing staff. This will prepare this level of staff for the next step in their career and support succession planning across the organisation.
- The Director of Nursing is developing a peripatetic rotation for nurses working in specialist areas, for example care of the elderly, which will ensure staff have an understanding of needs across the pathway, prepare staff to work in a non-acute environment, and also to make the posts attractive for staff applying to work at the Trust
- The Trust will work with other partners to provide opportunities for staff to gain experience of other aspects of the patient pathway
- The Trust is expanding the preceptorship programme into the workplace to ensure newly qualified nurses receive support in practice in addition to the formal education programme which has been in place for a number of years
- The Trust will be giving all first year student nurses the opportunity to work on the nursing bank at Health Care Assistant level. This supports one of the proposed recommendations within the Francis report and will give student nurses first hand practical experience in relation to patient care
- Training programmes will be developed for all levels of staff in relation to leading service improvement projects that support service change or delivery of cost improvement initiatives.

*Engagement and communication* – supports delivery of one of the Trusts strategic objectives, and to have staff who feel valued and listened to:

- Implement a staff engagement strategy that supports improved communication and engagement in the development of the organisation into the future
- Implement a communication system that incorporates the use of social media to share messages between the Board and members of staff
- Establish a leaders group to engage staff in the future direction and delivery of the strategic plan
- Establish staff forums giving staff the opportunity to hear updates and share areas of concern in relation to delivery of services
- Review the way the staff recognise and reward staff across the organisation in relation to their contribution to the success of the Trust.

In addition to the initiatives outlined, the Trust will take a proactive approach to ensuring there are sufficient staff numbers with appropriate skills, particularly across inpatient areas, to deliver the levels of care required with transparent mechanisms to monitor outcomes.

The Trust will work with commissioners on defining the 24/7 model of care with a view to increased consultant presence over the week-end period which is consistent with having a positive impact on outcomes of care. Alongside this where there are areas that are difficult to recruit junior medical staff; the Trust will explore alternative staffing models to support delivery of services.

## Productivity and Efficiency

A key element of this strategic plan is to ensure that the organisation is not only clinically sustainable and financially viable, but is also operationally sustainable, consistently delivering across all operational standards. An organisation that is agile and able to respond quickly to changes in service demand which put delivery of the business at risk or are the result of changes in patient need, and an organisation where specialties move their services from 'good to great' in terms of performance.

Delivery of operational standards proved a significant challenge to the organisation during 2012/13, with deteriorating performance in relation to 18-weeks referral to treatment, and the emergency department four-hour standard. These will continue to be a risk in the early part of 2013/14, until the benefits of some of the programmes of work can be realised. The Board is fully sighted on the risks and the actions to mitigate them wherever possible.

To enable delivery of excellence in performance, the Trust will develop the service line management framework to deliver operational service line management, focused on managing the short term challenges, moving into strategic service line management, to support the annual planning process in the Trust and the medium term strategic delivery, over the period of this strategy. It is recognised that there are four critical components to SLM working effectively; organisational structure; clear strategy; robust performance management; and robust information management.

To support effective implementation the Trust will put in place the following enablers to delivery:

- Provision of business information analysis to support decision making
- Effective management structures to improve organisational accountability and decision making;
- Individual goals and objectives for staff, underpinned by an effective appraisal process, to align individual performance with the vision and strategy of the organisation
- Board to ward business planning and performance management to properly align the organisation to successfully deliver its annual goals
- Appropriate people policies and procedures which support the organisation to deliver.

The framework will enable the senior team to hold the organisation to account whilst having an increased focus on system strategy and development of strategic partnerships. SLM is an opportunity to build out from the organisations heart into its customers and broader stakeholders to define the desired performance and set out to achieve it.

### Overview of potential productivity and efficiency gains

The Trust has undertaken a number of assessments in relation to; length of stay; bed occupancy; theatre utilisation; outpatient utilisation; and bed modeling based on demand and capacity analysis. The outputs from the analysis have shaped the approach the organisation will take to ensure maximum productivity and efficiency across services. The Trusts ambition is to move clinical specialties to a level of performance that delivers operational standards and delivers financial targets, with an aim to exceed this level of performance over the lifespan of this strategy.

#### *Length of Stay*

We have undertaken a series of benchmarking exercises to understand our performance in relation to length of stay (LOS). The work has indicated that for the majority of our pathways, we are performing in the upper quartile for LOS but there are some areas for improvement, particularly care of the elderly within both the acute hospital and the community hospitals, short stay facilities and cardiology.

With the recent opening of the cardiac catheterisation unit, a number of patients will no longer have to wait for a bed to become available at the tertiary centre. This will not only have the benefit of reducing the overall LOS for patients but should improve both patient and carer experience with not having to travel long distances for treatment.



A key strand of work within the ECIST programme is the development of short-stay models of care for non-elective patients. This will ensure that patients are treated in the most appropriate area; it will reduce 'deep' admissions, thus improving LOS, improve clinical outcomes, and reduce the potential for decompensation of patients. Over the winter period the Trust invested in the development of a short stay facility for frail older people, supported by social care, to minimise the potential for long stay admissions. We will extend this facility to further develop the short stay model over the next year.

#### *Bank and agency spend*

Over the winter period the Trust experienced an unprecedented increase in the use of temporary staff, as a result of increased bed capacity, higher than expected levels of sickness and higher than expected vacancy levels.

The Director of Nursing and Director of Operations, supported by Human Resources, are putting in place a range of initiatives in relation to the recruitment of substantive staff, to reduce the reliance on temporary staff in the future, and build resilience into the staffing model on a sustainable basis.

#### *Bed occupancy*

Over the winter months the Trust saw bed occupancy rates at above acceptable levels. The work taking place in relation to transferring elective care into a dedicated environment, and updating models of care in relation to acute care is expected to have a positive impact on reducing occupancy levels. We have set a target to reduce bed occupancy to 90% across acute care over the duration of this plan.

#### *Theatre productivity*

The Trust has undertaken a benchmarking review of its current theatre utilisation and opportunities for improvement. The Trust has invested in the creation of a 23-hour facility which is aligned to the future elective care model and will start to transfer inpatient activity from the acute site into this dedicated elective care environment. This will improve theatre productivity and release capacity to enhance the provision of dedicated emergency theatre provision during the day time period. This will also benefit a number of other clinical work streams, such as the reduction in LOS for non-elective patients, improved patient experience and improved quality outcomes.

### **Cost Improvement Programme Governance**

During 2012/13 the Trust delivered £10.8m (full year effect) cost improvement savings. During the year the Trust invested in permanent workforce and capacity to support delivery of quality, safety, and operational standards, across the following areas; increased consultant cover for emergency medicine and respiratory medicine; short stay bed capacity to enhance the non-elective flow with associated staff costs; and increased operational capacity. The impact of this investment is a greater efficiency target for 2013/14.

The Trust has invested in a best practice Programme Management Office (PMO) to drive delivery of the Cost Improvement Programme (CIP) and the Transformation Programme within a recognised governance framework.

All CIP schemes follow a gateway process, with the Medical Director and Director of Nursing confirming that there is a Quality Impact Assessment (QIA) undertaken to ensure the scheme will not adversely impact on the quality of care. The Trust has established a steering group, chaired by the Director of Finance, which reviews schemes for development and subsequently monitors delivery. There is a set of quality metrics in relation to CIP, which are reviewed at the Governance, Risk and Assurance Committee, to provide assurance to the Board that quality has not been adversely affected.

Progress against delivery from a Board perspective, is managed through the Finance and Investment Committee, and also forms a key element within the Finance report to the Board.

### **Cost Improvement Programme Profile**

The efficiency requirements for the Trust and the investments that have been committed to ensure delivery of operational and quality and safety standards, has resulted in the need to deliver a cost

improvement and revenue generation plan totaling; £9.9m (6%) in 2013/14; £6.8m (4%) in 2014/15; and £6.8m (4%) in 2015/16.

The profile of CIP schemes covers expected cost efficiencies across the organisation, but with an expectation that the Transformation Programme will deliver a proportion of the identified savings. There are a significant number of CIP schemes that will support delivery of a financially viable organisation over the medium term. The schemes outlined in more detail within appendix 2 are those schemes thought to be high risk in relation to delivery:

- Procurement – we have set a challenging savings target over the three year period of £4.5m
- Pay and workforce – this is covered by a number of schemes within the main CIP schedule. This is high risk in relation to delivery due to the need to maintain staffing levels within the in-patient wards, maintain levels of patient care and safety, and deliver operational performance
- Pay – Terms and Conditions – this is deemed high risk due to a reliance on changes to national terms and conditions, which are outside the Trusts control. If these do not change there will be a need to find alternative schemes to cover the shortfall
- Transformation – the Trust has set out a comprehensive and challenging Transformation Programme, spanning two to three years. This will require significant changes to the way services are delivered
- Estate rationalisation – delivery of this scheme is partly reliant on the ability to change the way some clinical services are delivered, and enable maximum utilisation of capacity, to release elements of the estate.

### **Cost Improvement Programme enablers**

During 2013/14 the Trust will undertake to implement a significant upgrade to its integrated electronic patient administration system (Meditech). The focus for implementation during 2013/14 will be a safe, technical 'go-live' with the following years focusing on delivery of the benefits, building on an enhanced technical platform. The system will enable full integration of patient administration systems across all sites, supporting the development of services within the community hospitals.

The Trust has invested in a number of external reviews and assessments to support identification and delivery of the required CIP. The Trust will continue to support the organisation through the PMO, with access to external expertise for specific pieces of work where the skills and competencies do not currently exist or are only required for a short period of time.

The Trust has invested in technical capability to undertake granular modeling of activity, capacity and income, to enable improved alignment of operational and financial planning.

The Trust is developing a set of lead indicators to enable improved operational agility to respond to demand variation.

# Financial and Investment Strategy

Financial viability will be achieved as a direct consequence of delivery of the clinical strategies, operational productivity and efficiency improvements set out in this plan. The consequent scale of benefit opportunity as represented by the CIP, revenue generation and transformation programme totals £26m (15%) over the next three years, and is sufficient to deliver key financial targets consistent with the requirements of the Licence Enforcement Undertakings

Delivery of a secure financial position will provide a platform for the development of further plans to improve profitability, in order to generate cash surpluses to bolster liquidity, and to underpin future strategic change and service developments. The plan provides for minimum positive cash balances to be maintained across the three year period.

The scale of improvement is challenging and provides limited financial headroom. It is however, believed to be consistent with the maintenance of safe services and delivery of operational standards. The opportunity to stretch costs and revenue improvement opportunities beyond the levels identified is the subject of further work.

The plan in relation to capital investment is restricted to internally generated resources and totals £20m over the three year period. The capital investment plan will deliver the backlog maintenance requirement to secure safe and appropriate buildings, replacement of routine equipment, and an IT infrastructure replacement programme to support the continuity of services.

The plan is consistent with identified strategies to secure clinical and operational sustainability but does not include any further assumptions regarding significant service development, or transactions beyond the transfer of the two community hospitals.

## Current financial position

The Trust enters this next financial year having delivered its key financial targets in 2012/13, against a backdrop of significant operational pressures and increases in activity and capacity. The headline deficit of £3.1m (normalised deficit £1.1m) was better than plan; the Trust delivered a FRR of 2 in line with plan; a full year effect CIP of £10.8m in line with plan. Cash balances at the 31 March 2013 were £8m with underlying liquidity of c£4m. The prospective liquidity position is challenging. The Trust does not have a working capital facility, and which is necessary to underpin delivery of FRR 3.

Due to the significant level of investment made in 2012/13, to ensure safe services and delivery of key operational standards, the CIP and revenue generation requirement of £10m (6%) in 2013/14 is above the national efficiency target of 4%.

Significant CIP plans are in place which includes non-recurrent measures (£0.7m) and non-specific pay and workforce reductions (£1.1m) to be delivered through devolved management. These measures are believed necessary to cover the period pending the financial benefit of the Transformation Programme schemes coming to fruition, reflecting the lead times for delivery.

## Key risks to achieving the financial strategy and mitigations

There are a number of significant risks to the successful delivery of the financial plan, which include the following:

- A scale and pace of change required to be sustained over an extended period and which will impact on all areas of the organization
- Failure to deliver CIP schemes to scale and time
- Failure to deliver the Transformation Programme to scale and time

- Demand variation on Payment by Results (PbR) contracts which gives rise to income recovery below plan and an inability to reduce capacity and cost at a similar rate without compromise to safety and quality
- Demand variation which requires a step change in capacity at premium cost which is not covered by consequent additional income
- Failure to deliver key service standards with consequent compromise to income recovery
- Any requirement for significant transition costs which are not covered by additional strategic change income
- Any requirement for significant strategic capital investment which cannot be funded through alternative financing or joint venture arrangements
- An inability to secure an effective and value for money working capital facility
- The downside scenario indicates that without the delivery of CIP and transformation at scale and pace and without effective mitigation there is the potential for cash shortfall in the latter part of the 2013/14 financial year

### **Contingency and mitigation**

The plan includes contingencies of £3.9m across the period of the plan - £1.2m of income in 2013/14, £0.5m of expenditure in 2014/15, £0.7m of expenditure in 2015/16 and £1.5m of balance sheet contingency extant at 1 April 2013.

There is identified scope for working capital stretch to underpin cash availability of c£2m. Alternative sources of capital financing shall be routinely explored and which include leasing, managed service and commercial joint venture arrangements.

Specific investment in operational and change management capacity and capability is included in the plan to underpin CIP and transformation delivery.

| How this Priority underpins the strategy  | Key actions (2013 - 14)  | Key actions (2014 - 15)   | Key actions (2015 - 16)   |
|---|--|---|---|
| <p><b>Strategic Objective 1 – Developing our services</b></p> <p>We will be recognised by our customers as the first choice for the services we provide</p> | <p><b>Acute Care Programme</b></p> <ul style="list-style-type: none"> <li>Transform our emergency care pathway to ensure delivery of quality and operational standards in partnership with Commissioners and stakeholders</li> <li>Explore a Level 1 critical care facility to support delivery of acute care model and improved clinical outcomes</li> <li>Reconfigure acute stroke services to ensure with partners to ensure clinical sustainability</li> <li>Review respiratory medicine to ensure delivery of quality standards, reduced mortality</li> <li>Review and implement changes to gastroenterology, and radiology service to optimise clinical, operational and financial performance</li> <li>Reconfigure Pathology services with health economy partners</li> </ul> <p><b>Elective Care Programme</b></p> <ul style="list-style-type: none"> <li>Review and re-define the use of Treatment Centre and the transfer of appropriate elective work</li> <li>Maximise theatre utilisation to contribute to reduced length of stay</li> <li>Review clinical specialties and agree programme to identify opportunities to maximise clinical, operational and financial efficiencies</li> <li>Implement further efficiencies within the Ophthalmology service and review Private Patient services income development</li> </ul> <p><b>Community Care Programme</b></p> <ul style="list-style-type: none"> <li>Define and develop model of care for the frail and older person with partners</li> <li>Maximise efficiencies across all specialties within the community hospitals</li> <li>Review Community Hospital service model</li> <li>Review the model of care for End of Life, Dementia and Nursing Homes</li> </ul> | <p><b>Acute Care Programme</b></p> <ul style="list-style-type: none"> <li>Review implementation of emergency care pathway service reconfiguration</li> <li>Implementation of service reviews for Stroke, gastroenterology Respiratory medicine, and Critical care level 1</li> <li>Implement acute care bed model</li> <li>Implement reconfigured pathology service model and radiology service model</li> <li>Review programme for Acute medical specialties</li> <li>Position Trust to be agile to commissioning intentions for emergency care pathways</li> </ul> <p><b>Elective Care Programme</b></p> <ul style="list-style-type: none"> <li>Implement the plan for service transfer to the Treatment Centre</li> <li>Implement plans from private patient services to maximise income opportunities</li> <li>Review agreed clinical specialties to identify opportunities to maximise clinical, operational and financial efficiencies</li> <li>Review obstetric provision across all sites to ensure clinical and financial viability</li> </ul> <p><b>Community Care Programme</b></p> <ul style="list-style-type: none"> <li>Implement the frail and older persons model of care across the health economy</li> <li>Implement the commissioner agreed service model within the Community Hospitals</li> <li>Implement the revised End of Life service, Dementia and Nursing Homes service model</li> <li>Review and develop opportunities for the development of new health promoting services within the community</li> </ul> | <p><b>Acute Care Programme</b></p> <ul style="list-style-type: none"> <li>Review programme for Acute medical specialties</li> <li>Continue to update programme for acute medical specialties</li> <li>Position Trust to be agile to commissioning intentions for emergency care pathways</li> </ul> <p><b>Elective Care Programme</b></p> <ul style="list-style-type: none"> <li>Review clinical specialties to identify opportunities to maximise clinical, operational and financial efficiencies</li> </ul> <p><b>Community Care Programme</b></p> <ul style="list-style-type: none"> <li>Review and refine the model of care for the frail and older person</li> <li>Review and develop opportunities for the development of new services within the community</li> </ul> |

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|--|---|--|--|
|  | <p><b>Cross cutting Programmes</b></p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>• Develop integrated pathways with partners 'Partnership for Patients'</li> <li>• Review outpatient efficiencies to contribute to operational and financial delivery</li> <li>• Review clinical networks to identify opportunities to expand clinical provision and that they align with clinical strategies</li> <li>• Review job plans to ensure aligned to changes in service provision and new models of care</li> <li>• Develop plan for reconfiguration of bed base following changes to clinical model and to meet performance targets</li> <li>• Reducing length of stay across all models of care and bed occupancy to 90%</li> <li>• Support the outcome of service redesign from the Mid Staffs review</li> <li>• Undertake shared service review with Derby to identify opportunities for development of services</li> </ul> <p><b>Non Clinical</b></p> <ul style="list-style-type: none"> <li>• Implement and review the stakeholder engagement strategy to engage and communicate the objectives and outcomes around the Transformation programmes</li> <li>• Establish a Governance programme and supporting PMO process to provide effective monitoring and delivery of the Transformation programmes</li> </ul> | <p><b>Cross Cutting Programmes</b></p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>• Review clinical networks to identify opportunities to expand clinical provision and that they align with clinical strategies</li> <li>• Review job plans to ensure aligned to changes in service provision and new models of care</li> <li>• Implement any opportunities following potential reconfiguration of services from Mid staffs review</li> <li>• Implement reconfiguration of bed base</li> <li>• Reducing length of stay across all models of care and bed occupancy to 90%</li> </ul> <p><b>Non Clinical</b></p> <ul style="list-style-type: none"> <li>• Review stakeholder engagement programme</li> <li>• Review Governance of Transformation Programme</li> </ul> | <p><b>Cross Cutting Programmes</b></p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>• Review job plans to ensure aligned to changes in service provision</li> <li>• Implement Shared Service review</li> <li>• Review Stakeholder engagement programme</li> </ul> <p><b>Non Clinical</b></p> <ul style="list-style-type: none"> <li>• Review stakeholder engagement programme</li> <li>• Review Governance of Transformation Programme</li> </ul> |
|--|---|--|--|

| How this Priority underpins the strategy   | Key actions (2013 - 14)  | Key actions (2014 - 15)   | Key actions (2015 - 16)  |
|--|--|---|--|
| <p><b>Strategic Objective 2 – Delivering quality and safety</b></p> <p>We will ensure the quality of care is right first time and reduce variation in practice</p> | <p><b>Quality Governance</b></p> <ul style="list-style-type: none"> <li>Review and implement the recommendations from the Sir Bruce Keogh mortality review</li> <li>Review and implement the Quality Accounts across the organisation</li> <li>Review the current Quality Strategy and take account of changes to clinical models of care</li> <li>Review the process for reporting serious incidents, monitoring and sharing the learning and implement recommendations</li> <li>Review the complaint process and implement any recommendations</li> </ul> <p><b>Patient Experience &amp; Engagement</b></p> <ul style="list-style-type: none"> <li>Implement patient experience group</li> <li>Develop patient and public stakeholder engagement strategy</li> <li>Develop implementation plans to address the outputs from the national patient survey</li> <li>Undertake a survey of the local population to understand perceptions of service</li> <li>Extend the capture of 'real time' patient experience information</li> <li>Further develop and implement the 15-step programme in relation to improving the patient experience</li> <li>Deployment of kiosks across the Trust to capture real time patient feedback)</li> </ul> <p><b>Patient Safety - Effective &amp; Safe Care</b></p> <ul style="list-style-type: none"> <li>Implement commissioned CQUIN initiatives and monitor progress</li> <li>Implement revised ward assurance monitoring programme</li> <li>Embed internal CQC regulation system</li> <li>Implement revised role for ward managers to become supernumerary</li> <li>Develop the framework to implement the 6C initiative</li> </ul> | <p><b>Quality Governance</b></p> <ul style="list-style-type: none"> <li>Monitor the implemented recommendations from the Sir Bruce Keogh mortality review</li> <li>Review the Quality Accounts across the organisation</li> <li>Implement the revised Quality strategy <ul style="list-style-type: none"> <li>Continue to revise the quality strategy to reflect transformational changes to clinical service models</li> </ul> </li> </ul> <p><b>Patient Experience &amp; Engagement</b></p> <ul style="list-style-type: none"> <li>Review the patient and public engagement strategy and revise as findings indicate</li> <li>Develop implementation plans to address the outputs from the national patient survey</li> <li>Review with Trust governors our approach to responding effectively to the views of members</li> </ul> <p><b>Patient Safety - Effective &amp; Safe Care</b></p> <ul style="list-style-type: none"> <li>Develop implementation plans for CQUIN initiatives and monitor progress</li> <li>Position Trust to be agile to commissioning intentions for national and local CQUIN and quality schedules</li> <li>Ensure programmes delivering internal assurance are embedded into organisational culture</li> <li>Review the 6 C initiative across all sites</li> </ul> | <p><b>Quality Governance</b></p> <ul style="list-style-type: none"> <li>Ensure mortality rates benchmark well against peers</li> <li>Review the Quality Account and implement initiatives across the organisation <ul style="list-style-type: none"> <li>Review the Quality strategy to ensure aligned to clinical models of care</li> </ul> </li> </ul> <p><b>Patient Experience &amp; Engagement</b></p> <ul style="list-style-type: none"> <li>Develop implementation plans to address the outputs from the national patient survey</li> </ul> <p><b>Patient Safety - Effective &amp; Safe Care</b></p> <ul style="list-style-type: none"> <li>Position Trust to be agile to commissioning intentions for national and local CQUIN and quality schedules</li> <li>Review and revise internal assurance programmes</li> <li>Ensure 6 C initiative embedded across all organizational sites and services</li> </ul> |

| How this Priority underpins the strategy   | Key actions (2013 - 14)  | Key actions (2014 - 15)  | Key actions (2015 - 16)   |
|--|--|--|---|
| <p><b>Strategic Objective 3 – Delivering financial sustainability</b></p> <p>We will develop and deliver robust plans to ensure financial stability and sustainability</p> | <p><b>Financial Plan</b></p> <ul style="list-style-type: none"> <li>Implement plans to deliver CIP across all areas of the organisation for 2013/14</li> <li>Develop CIP plans for 2014/15</li> <li>Review and implement revised framework for annual business planning process</li> </ul> <p><b>Non Clinical Enabling Programme Estates</b></p> <ul style="list-style-type: none"> <li>Develop detailed plan to re-configure the estate</li> <li>Explore the benefits of developing a Strategic Estates Partnership to maximise commercial opportunities</li> </ul> <p><b>Technology</b></p> <ul style="list-style-type: none"> <li>Develop benefit realisation plan linked to implementation of IT system ie Meditech V6</li> <li>Technical implementation complete for IT system</li> <li>Develop a digital roadmap to support the wider use of technology across the organisation</li> </ul> <p><b>Corporate Governance</b></p> <ul style="list-style-type: none"> <li>Explore options for other types of organisational form and supporting services to support sustainable and viable Trust</li> <li>Review and implement accountability framework</li> <li>Develop approach for review of mid and back office functions and non-clinical supporting services</li> <li>Develop and implement service line management to support delivery of clinical, operational and financial performance</li> <li>Implement the recommendations from the external review of Trust Board Governance</li> </ul> | <p><b>Financial Plan</b></p> <ul style="list-style-type: none"> <li>Implement plans to deliver CIP across all areas of the organisation for 2014/15</li> <li>Develop CIP plans for 2015/16</li> </ul> <p><b>Non Clinical Enabling Programme Estates</b></p> <ul style="list-style-type: none"> <li>Implement plans for the reconfiguration of the estate following full implementation of new models of care</li> </ul> <p><b>Technology</b></p> <ul style="list-style-type: none"> <li>Commence implementation of benefits associated with new IT system to include both clinical and support functions</li> <li>Fully implement service line management across the organisation</li> <li>Detailed plans developed in relation to the digital roadmap</li> </ul> <p><b>Corporate Governance</b></p> <ul style="list-style-type: none"> <li>Implement agreed organizational form and approach to shared services</li> <li>Implement recommended approach for mid and back office functions</li> <li>Review Implementation of Trust Board Governance</li> </ul> | <p><b>Financial Plan</b></p> <ul style="list-style-type: none"> <li>Implement plans to deliver CIP across all areas of the organisation in 2015/16</li> <li>Develop CIP plans for 2016/17</li> </ul> <p><b>Non Clinical Enabling Programmes Estates</b></p> <ul style="list-style-type: none"> <li>Complete estates reconfiguration</li> </ul> <p><b>Technology</b></p> <ul style="list-style-type: none"> <li>Review Service Line Management</li> <li>Continue implementation of benefits associated and identified within digital roadmap</li> <li>Review and develop the opportunities presented by Meditech V6</li> </ul> <p><b>Corporate Governance</b></p> <ul style="list-style-type: none"> <li>Implement and review revised organisational forms</li> <li>Review Implementation of Trust Board Governance</li> </ul> |



| How this Priority underpins the strategy   | Key actions (2013 - 14)   | Key actions (2014 - 15)  | Key actions (2015 - 16)   |
|--|---|--|---|
| <b>Strategic Objective 4 – Our People</b><br>The staff at BHFT will feel valued and have the opportunity to contribute effectively to our hospital. Together we listen, care and celebrate success | <b>Training, Development &amp; Leadership programme</b> <ul style="list-style-type: none"> <li>Complete 1st cohort on medical leadership programme and evaluate. Commence 2<sup>nd</sup> cohort.</li> <li>Define and implement a revised leadership programme aligned to the new service models</li> <li>Nurse Development and 'leading service improvement' programme launch</li> <li>3m Culture Review. Implement agreed actions</li> <li>Continue with Board Leadership Programme</li> </ul><br><b>People policies and procedures programme</b> <ul style="list-style-type: none"> <li>Review the workforce and recruitment model to enable delivery of the revised models of care, support recruitment gaps reduce the levels of temporary staff</li> <li>Review the capacity and capability of the organisation to deliver the Trust objectives i.e. annual appraisals</li> <li>Develop workforce policies to support the objectives of the organisation i.e. T&amp;C's</li> <li>Review the capacity and capability of the organisation to deliver the Service and Governance reviews</li> <li>Review the ward establishment to ensure continued ability to deliver quality of care</li> <li>Review the structure of the organisation to reflect the future organisational design</li> </ul><br><b>Staff Engagement &amp; Communication programme</b> <ul style="list-style-type: none"> <li>Review and implement revised staff engagement strategy i.e. staff forums, rewards</li> <li>Develop and implement updated communication strategy incorporating the use of social media</li> <li>Develop plans to address outcomes from the national staff survey</li> <li>Develop new intranet site to improve sharing of information across the organisation</li> </ul> | <b>Training, Development &amp; Leadership programme</b> <ul style="list-style-type: none"> <li>Review and refine the leadership programme to meet needs of Service reviews</li> <li>Undertake evaluation of medical leadership programme to determine future requirements</li> <li>Review of development programmes</li> <li>Review impact of Culture review</li> </ul><br><b>People policies and procedures programme</b> <ul style="list-style-type: none"> <li>Review the capacity and capability of the organisation to deliver the revised services</li> <li>Review workforce to ensure clinical sustainability</li> <li>Undertake evaluation of the changes to the ward manager role</li> <li>Implement agreed supporting workforce policies and procedures</li> </ul><br><b>Staff Engagement &amp; Communication programme</b> <ul style="list-style-type: none"> <li>Develop and implement plans to address outcomes from the national staff survey</li> <li>Review new staff engagement strategy</li> </ul> | <b>Training, Development &amp; Leadership programme</b> <ul style="list-style-type: none"> <li>Undertake evaluation of the leadership programme to determine future requirements</li> <li>Implement next stage Training and development programme</li> </ul><br><b>People policies and procedures programme</b> <ul style="list-style-type: none"> <li>Review workforce to ensure ongoing clinical sustainability</li> <li>Review revised workforce policies</li> </ul><br><b>Staff Engagement &amp; Communication programme</b> <ul style="list-style-type: none"> <li>Develop and implement plans to address outcomes from the national staff survey</li> </ul> |