

**Strategic Plan Document for 2013-14**  
**Gloucestershire 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<sup>st</sup> 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)	Professor Clair Chilvers
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Dr Frank Harsent
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Sarah Truelove
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Signature

# **GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**

## **OUR THREE YEAR PLAN**

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

### **EXECUTIVE SUMMARY**

Welcome to the 3 year plan for Gloucestershire Hospitals NHS Foundation Trust. In the plan we set out our priorities for the next three years that will enable us to deliver appropriate, high quality and cost-effective services for our patients on a sustainable basis. achieve our vision and objectives. In arriving at our priorities we have taken into account the context in which we operate which, for the next 3 years is particularly challenging as we face rising demand and the need to deliver increased quality and efficiency and an improved experience of healthcare services for our patients.

Our priorities reflect our continuing commitment to quality and patient experience which is given a sharper focus as we consider our response to the recommendations of the Francis Report. Over the next three years key elements of our strategy will be;

- making sure we get the basics right to deliver good quality, compassionate care
- Investing in clinical leadership
  - Continuing to align our services between our sites to ensure we can deliver consistent quality of care
- Harnessing the benefits of information technology to improve the quality of care
- Developing our contribution to the wider NHS
- Seeking to expand the scope of the services we offer

Our investment plans are driven by these priorities and are set out in plan, but it is equally important that we continue to review what we currently doing to identify ways in which we can be more efficient within our existing resources. The drive for identifying these opportunities will come from our clinical teams, supported by a range of enabling projects, including the implementation of a clinical information system, and trust wide approaches to improving length of stay and productivity.

Our progress towards implementation of this plan will be closely monitored at service, divisional and board level and will inform the refresh of this 3 year plan in a year's time..

### **OUR STRATEGIC DIRECTION**

The Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute elective and specialist health care for a population of more than 612,000 people. Our hospitals are district general hospitals with a great tradition of providing high quality hospital services; some specialist departments are concentrated at either Cheltenham General or Gloucestershire Royal hospitals, so that we can make the best use of the expertise and specialist equipment needed.

Our Framework for the Future is made up of :

#### **Our Mission:**

“Improving health by putting patients at the centre of excellent specialist health care”

#### **Our Vision:**

“Safe effective and personalised care –every patient, every time, all the time”

#### **Our Goals**

Our goals are described in 4 core areas:

**Our Services:** to improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

**Our Patients:** to improve year on year the experience of our patients

**Our Staff:** to develop further a highly skilled and motivated and engaged workforce which continually strives to improve patient care and trust performance

**Our Business:** to ensure our organisation is stable and viable with the resources to deliver its vision

## Our Values

Our Values underpin everything we do and describe, in single words, the way we expect our staff to behave towards our patients and their families and carers, and colleagues. After listening to patients and staff the Trust has identified six core values, described here in the words of patients. These are:

**Listening** Patients said: "Please acknowledge me, even if you can't help me right now. Show me that you know that I'm here."

**Helping** Patients said: "Please ask me if everything is alright and if it isn't, be willing to help me."

**Excelling** Patients said: "Don't just do what you have to, take the next step and go the extra mile."

**Improving** Patients said: "I expect you to know what you're doing and be good at it."

**Uniting** Patients said: "Be proud of each other and the care you all provide."

**Caring** Patients said: "Show me that you care about me as an individual. Talk to me, not about me. Look at me when you talk to me."

## THE CHALLENGES WE FACE

### Market Share

The Trust continues to be the market leader for the provision of acute health services in Gloucestershire. In 2012/13 the Trust secured around 80% (£350 million) of the local available acute funding; from NHS Gloucestershire and the South West Specialised Commissioning Group. The trend over the next year is that this will continue, with a marginal transfer of some activity and income to other providers under Any Qualified Provider schemes. The market share trend is therefore expected to remain relatively static.

### Key Competitors

The independent and third sector in Gloucestershire is providing increasing levels of NHS funded treatment, although the level of provision (as a proportion of commissioning spend) remains relatively small. There are two private hospitals in the area, managed by Ramsay Healthcare and Nuffield Health. UKSH provides some elements of elective care at Cirencester Hospital. In 2012/13 the total percentage of NHS acute expenditure by NHS Gloucestershire on independent providers was around 1%. This proportion may increase slightly during 2013/14 with the start of Any Qualified Provider schemes for diagnostics and endoscopy. To date we have not experienced any major threats to our services as a result of the market opening up to new providers. Where services have been put out to tender we have been successful in retaining our existing services and in acquiring some new services.

Due to our geographical position and reputation, we are in a strong position in relation to Patient Choice. Overall we are a net 'importer' of patient referrals and patient choice. This is in part a consequence of our role as the main provider of cancer services for Gloucestershire, South Worcestershire and Herefordshire. Key strengths include our positive reputation and strong clinical relationships across the healthcare community. Pathways are stable and major shifts are not anticipated over the life of the plan.

The definition of a much wider range of services as specialised and the transfer for commissioning these services to NHS England provides opportunities for some services to be moved from a tertiary centres to hospitals like ours. However, the requirement to meet new more rigorous national specifications standards does present a potential threat for some of our existing services. A priority for us in the coming years will be to ensure we have service models that can meet these standards either alone or in partnership with other organisations.

## **Changes in the Population we Serve**

The ageing population of Gloucestershire is increasing at a higher than national average rate (13.6% compared to 10.9%). Over the next ten years the overall population will increase from 597,200 to 636,400. The county's population aged over 65 is projected to increase by at least 50% over the next twenty years. The risk of all major causes of early death and serious illness increases with age. This means that the numbers of people living with a long-term illness will rise much more quickly than the growth in the population. Over the next 20 years, those living in Gloucestershire with diabetes and stroke are projected to increase by over 30% and coronary heart disease by 50%. All of these conditions are at least partly associated with lifestyle factors such as obesity. If current obesity trends continue the number of obese adults in Gloucestershire will increase to 40% over the next 20 years. This will result in considerable increase in the demand for health and social care.

## **National Commissioning Intentions**

The national planning guidance for 2013/14, Everyone Counts, sets out 5 "offers" to the public that will be delivered through the new commissioning arrangements:

- NHS services, seven days a week
- More transparency, greater choice
- Listening to patients and increasing their participation
- Better data, informed commissioning, driving improved outcomes
- Higher standards, safer care

These priorities align well with our goals, although the expected pace of change may create pressures within the system.

In May 2012, the Department of Health published their 10 year strategy for transforming information for health and care, "The Power of information". Key elements of the strategy include patients being able to access and share their own records, connecting information between providers of care and a single portal to access all information on health, care, support and public health. Key to realising this vision is the development of electronic care records.

## **Local Commissioning Intentions**

*Your Health, Your Care* is the 5 year health and social care strategy for Gloucestershire. Published in August 2012, it describes four principal ways to achieve effective outcomes:

- Self care and wider support
- Supporting people in their communities
- Community access to specialist help
- Maintaining high quality specialist services

The implementation of this strategy is intended to develop community based services, reduce the dependence on hospital based services, and reduce the costs of healthcare in the county overall by around £18m during 2013/14. The strategy is supported by a Quality, Improvement, Productivity and Prevention Plan (QIPP)

Whilst we are very supportive of this direction of travel, the scale of the change required to both shift the balance of care and offset the increases in demand for our services, whilst reducing expenditure, is a key challenge and risk for us.

## **Changes in the Demand for our Services**

We have worked with GCCG to develop agreed planning assumptions in relation to emergency unscheduled and planned care activity. The demand model is driven by referral trends over a three year period and includes the activity needed to deliver waiting list targets. Specific growth rates have been calculated for all of our 16 specialty groups.

For unscheduled care the following increases are expected for 2013/14:

- A & E Attendances 3.2%
- Emergency Admissions 2.3%
- Birth rate 1.0%

For planned care the following growth is predicted:

- GP referrals 0.8%
- First outpatient attendances 0.6%
- Elective activity 0.8%

## Changes to the way our services are delivered

The drive is to deliver services closer to peoples' homes, whenever it is safe and efficient to do so. This means that we will continue to look for opportunities to develop community services, either by delivering them in communities ourselves or supporting others to do so.

For those services that rely on very specialised staff or equipment it is not possible to replicate these in multiple locations and maintain the quality and safety of those services. As the standards required of these services become more challenging, we will continue to review the number of locations we can safely deliver those service from. The Trust has a history of successful site and service changes for specialist services, including ophthalmology, interventional cardiology, maternity and stroke. All of these have been rationalised to one site and deliver improved outcomes for patients.

Together with our commissioners, we have announced new proposals for change in 2013 to the following services:

- Emergency and urgent medical care,
- Medical specialties (Gastroenterology & Hepatology, Cardiology and Respiratory Medicine)
- Paediatric day cases

Each of these proposals has been developed by clinicians working within the services and managers.

The public consultation process is currently underway with a view to implementation during the autumn of 2013

## OUR APPROACH TO QUALITY

WE define quality under three domains, **Safety** which provides a focus on preventing harm, **Effective** and reliable care with a focus on the provision of evidenced based clinically effective treatments and monitoring clinical outcomes and **Patients' experience** with a focus on listening carefully and responding to their comments and concerns.

Each year we ensure that the majority of our objectives and targets relate to improving the quality of our services. This is especially relevant this year given the focus of the Francis Report recommendations.

Specialties and Divisions monitor quality performance through a range of quality meetings which is brought together in a quarterly divisional quality report which is presented to the Trust Quality Committee and to the Trust Management Team (TMT which is the senior operational committee) The committees individually scrutinise Divisional performance through a series of detailed presentations exploring further areas of concern or good practice.

Our Main Board receives assurance about the quality of our services from our Quality Committee which is made up of clinical executives, non-executives, governors and a representative of our commissioners. Each quarter the committee receives a Directors' Assurance Statement created by the clinical executive directors. This incorporates a Quality Report providing quantifiable measures of quality across a range of indicators relating to safety, effectiveness and patient experience and a commentary on our level of compliance across the 16 quality outcomes from the Care Quality Commission.

More information on our approach to quality can be found in our Quality Account on our website.

## OUR PLANS FOR 2013/14 AND BEYOND

Taking all of these challenges into account, we believe that our size, the scope of our clinical services and our performance means that we are a sustainable organisation into the future. To maintain this position the key elements of our strategy will be:

- making sure we get the basics right to deliver good quality, compassionate care
- Investing in clinical leadership
  - Continuing to align our services between our sites to ensure we can deliver consistent quality of care
- Harnessing the benefits of information technology to improve the quality of care
- Developing our contribution to the wider NHS
- Seeking to expand the scope of the services we offer

We have identified our priority objectives for the coming year in each of the domains of our Framework for the Future. These have been identified through a process which brings together the ideas of our clinical teams. As an organisation we operate a clinical leadership model with four Chiefs of Service (senior doctors) accountable for the clinical, operational and financial performance of each clinical division and Specialty Directors (senior doctors and other clinical professionals), accountable for the clinical, operational and financial performance of groups of services which we call Service Lines. Our aim is to devolve more and more decisions and responsibilities to these service lines as their confidence and capabilities develop.

Each Service Line has a strategy document that defines the Service Line (services provided, workforce, budgets etc), Each service line reviews their performance drawing on relevant information held in our own business intelligence system and any relevant benchmarking information and identifies their strengths, weaknesses, opportunities and threats, and uses these to define the Service Line objectives for the next 2-3 years. These objectives are then summarised at a corporate level to create our corporate objectives. These are set out in the figure below. Many of the objectives are the same or similar to last year, representing substantial programmes of work which are likely to continue into subsequent years. The majority of our objectives are in the domains of improving our services and improving the experience of our patients reflecting our approach to quality.

## Our Objectives for 2013 / 14

### Our Business

#### To ensure our organisation is stable and viable with the resources to deliver its vision

- To deliver the financial plan to generate £3m for investment in the capital programme
- Maintain a financial risk rating of 3
- Embed Service Line Management
- To make progress towards our carbon utilisation target
- To improve capacity and capability to identify new markets and technologies and promote commercialisation
- To further improve the reputation of our organisation with our key stakeholders

### Our Staff

#### To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance

- To ensure all staff take part in an appraisal
- To ensure all staff complete mandatory training
- To improve staff communication and engagement
- To improve the health and wellbeing of all staff to enable sickness levels to reduce to below 3% and identify any barriers to achieving this within specific staff groups. (EDS\*)

### Our Services

#### To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

- To deliver our in year safety objectives (VTE, Safety Thermometer, sepsis 6, medicines management, acute kidney injury, COPD, C Diff target)
- To progress the Clinical Information Strategy (PACS implementation and SMARTCARE procurement, opportunities for Digital First or Telehealth) (EDS\*)
- To improve the emergency care pathway (to include engagement and implementation of changes to pathway through ED)
- To reduce our average length of stay
- To reduce the rate of readmissions following an emergency admission
- To improve care for patients with dementia
- To implement the vascular reconfiguration
- To create a paediatric day surgery facility at GRH
- To ensure clinical participation in the commissioning group's Clinical Programme Groups
- To implement satellite radiotherapy at Hereford

### Our Patients

#### To improve year on year the experience of our patients

- To implement the Friends and Family Test and secure above average performance across patient groups (EDS\*)
- To improve our discharge processes
- To improve our information for carers of people with dementia
- To improve aspects of personal care, in particular privacy and dignity and the extent to which patients are involved in decisions about their care
- To deliver national access targets

\* Equality Delivery System



## Developing our Services

There are four main ways in which we will expand the scope of the services we deliver.

- **Expanding current services into new areas:** We have a successful record in expanding services especially in relation to pathology services, and we now provide cytology services to Herefordshire and Worcestershire. We are in a partnership bidding to provide direct access pathology services for an extended population in the Midlands. We have also extended the reach of our aortic aneurysm screening services to cover the Swindon population, and during 2013/14 we will extend our vascular surgery service to cover Swindon and part of Wiltshire. During 2013/14 we will also look to extend the hours of availability of our primary percutaneous cardiac intervention service
- **Developing new services in our current market:** As part of our commitment to delivering care closer to home we will continue to develop the satellite radiotherapy service in Hereford. We have also introduced a primary care interface service for dermatology. Local GPs with a special interest work under the guidance of Trust consultants, providing a new model of care that improves the quality of secondary care referrals and keeps care closer to home. This approach will be extended to a wider geographical area in 2013/4 and be extended to include new services such as ENT. During the year we intend to enhance the range of specialised services delivered in Gloucestershire, including the introduction of Intensity Modulated Radiotherapy Treatment (IMRT), a medical thoracoscopy service and robotic surgery for urological condition
- **Developing new services and products through innovations:** Our clinical teams are continually looking for ways to improve their services. Some of their most innovative ideas will be showcased in June of this year at the event “Extraordinary Everyday” as part of the Cheltenham Science Festival. We have an extensive research portfolio and are continually looking for opportunities to extend the range of trials offered to our patients. A number of our staff are leading nationally funded trials bringing grant income into the organisation. We have a well established and developing structure for supporting innovation and exploring opportunities for the commercialisation of new products, particularly in the area of light therapy. We hope our membership of the West Of England Academic Health Science Network will enable us to expand this area further
- **Extending non clinical services:** We have a strong reputation as an effective ‘host employer’ and have recently won contracts to provide hosting services for GP trainees and Public Health trainees on behalf of the South West Deanery. The Trust also hosts ‘shared services’ which provide estates management and Information Technology support to other local organisations

## SUPPORTING OUR PLANS

### Developing our workforce

Workforce costs remain the single biggest expenditure in our organisation, representing about 65% of our total spend. In order to deliver our plan it is vital that we have an appropriately trained and motivated workforce and that our staffing levels are matched to the demands of the service.

We believe that decisions that impact on clinical services should be informed people delivering those services and we are committed to a developing a model of devolved clinical leadership. This continues a strategic journey of clinical engagement that began three years with the appointment of ‘Chiefs of Service’ (senior consultants) to lead our divisions. Specialty Directors have been appointed across the Trust to support the development of Service Line Management. The people in these posts have leadership time built into their working week and are accountable for the performance and development of their own areas. Individuals in these roles can access a range of educational and leadership development opportunities including specific programmes, coaching and mentoring.

In response to the Francis Report and after seeking the views of our staff, we have made an investment in our nurse staffing to free up time of our ward sisters to give them dedicated time to lead, supervise and monitor their team’s performance and to be the key patient contact for their ward. We will also reinforce our “kindness and respect” behaviors across all staff groups

Matching the right levels of staff to the demands of the service is key. To help us with this we use a range of benchmarking information. Within nursing, there is an annual exercise to benchmark funded nursing



staffing against national indicators, including ratios, skill mix and numbers. For 2013/14 we will be using the 'Keith Hurst' benchmarking database. This exercise has already been completed for two of our Divisions which show close comparisons to national averages. We also review our staffing numbers across all staff groups with a range of 'comparator' organisations (typically two site hospitals, within a similar staff and budget range as ourselves) and this comparison has given rise to a number of workforce work streams in the last two years where our numbers have looked to be different from comparator organisations. We know there are some areas where our medical workforce is lower than it should be. This is most notable in our emergency departments where the number of consultants and junior doctors is roughly half what we need to deliver safe sustainable services. As there is a national shortage of these doctors we cannot simply recruit to resolve the problem. This has led to our proposals to change the emergency pathway in the county which are currently the subject of a public consultation.

Getting the balance right between the permanent and variable workforce is also key. Patient outcomes are undoubtedly improved by consistency and continuity of care and so whilst the variable workforce is a vital component of being able to flex resources to increases/reductions in demand, changing the mix within the variable workforce between bank and agency workers (with reduced reliability on the latter) is a key element of our strategy. For some of our larger staff groups, such as nursing we will adopt an "anticipatory" approach to recruitment utilising a range of methods, including careers fairs and relationships with Universities, to promote the employment opportunities available in our organization.

We are committed to playing our part in the education and development of the workforce for the future. We will need to develop our relationships with the new infrastructure for commissioning and funding education. We are fortunate that our chief executive is a Board member of the newly formed Local Education and Training Board (LETB). We recognize the challenges in particular brought about through the implementation of 'Modernising Scientific Careers', in particular, structuring the workforce with a different type of trainee. We will be developing a non professional workforce of 'assistant practitioners' across a number of professions. We will be looking to develop in-house clinical courses underpinned with academic knowledge working in partnership with local higher education organisations WE will need to respond to the increasingly rigorous standards for doctors in training and maintain our relationship with the Severn Deanery to identify ways in which these can be accommodated with minimal impact on service delivery. As expenditure on staffing remains our single largest spend area, it is vital we continue to look for productivity improvements in the way in which our staff work. In response to the National Audit Office Report on Consultant productivity we are reviewing the job plans of all of our consultants to ensure these are aligned with our priorities.

## **Developing our Infrastructure**

**Information Technology** – our most significant commitment in this area is to introduce a clinical information system. We have called this our "SmartCare Programme" in recognition of the transformational impact it will have on quality of care we deliver. It will enable rapid communication of accurate information between staff and potentially with patients, it will reduce clinical risks and it will provide us with up to date information on the process and outcome of the care we deliver. In order to reduce the costs of such a system we are working in partnership with two other hospitals who have similar requirements to us, Northern Devon Healthcare Trust and Yeovil NHSFT. We anticipate being able to identify the best system for us early in 2014 with a view to it being operational in 2015.

In the meantime it is important to ensure that our technology platform is fit for the future. During the year we have developed a "technology blueprint" which provides us with a 3 year plan to upgrade our technology.

**Buildings and Equipment** – Each year we plan to create a financial surplus to enable us to maintain our capital programme. Priorities for our capital programme over the next 3 years include, in the satellite radiotherapy unit in Hereford, improvements to the clinical areas around the trust, new and replacement equipment and implementation of SmartCare and our technology blue print

**Communications** – high quality, timely and accurate communication with both our patients and our staff is key to maintaining the quality and reputation of our services. During the year we will implement our new Communications Strategy, with a particular emphasis on harnessing the potential of social media.

## **The Key Risks to Delivery of Our Plan**

Each year when we have agreed our priorities we consider the risk to us achieving our plan. The most significant risks are then reflected in our Controls Assurance Framework and are regularly reviewed by the Main Board.

This year are key risks to delivery in each area of our framework are:

#### **Our Services**

- Inability to manage unscheduled attendances\admissions within the current
- Failure to meet the challenging national target for reduction in for hospital acquired cases of Clostridium Difficile
- Inability to meet quality standards across all of our services

#### **Our Patients**

- Failure to maintain 4 hour wait target in emergency departments
- Failure to discharge patients in a way which meets their expectations

#### **Our Staff**

- Failure to match the workforce profile with the clinical / service needs of the organisation
- Failure to engage appropriately with staff, leading to poor alignment of services and a demotivation of the workforce

#### **Our Business**

- Reduction in our income due to reduced demand, tariff changes, loss of services to competitors, or failure to agree appropriate contract levels through the new arrangements for commissioning specialised services
- Failure to deliver financial plans
- Failure to maintain the positive reputation of our organisation

## **MAKING THE BEST USE OF OUR RESOURCES**

### **The Trust's current financial position**

The Trust has had an improving financial position over the last 3 years. The Trust has a secure Financial Risk Rating of 3 and will remain a FRR of 3 under the risk assessment criteria that have recently been consulted on. The financial strategy of the Trust has been to ensure the continued steady move towards modest operational surpluses to allow reinvestment in the Trust equipment and estate whilst recognising the need to balance the challenging financial position against the desire to continue the delivery of safe and high quality services.

### **Productivity and Efficiency**

Over the past 3 years we have delivered a significant cost improvement programme (CIP). This has always been supported by a clear governance process overseen by our Finance and Performance sub-committee of the Board and our Programme Management Office with clear clinical leadership of the schemes. As can be seen in the table below, finding the scale of savings required is becoming increasingly difficult and external support has been sought to help with some programmes of work previously and will be a feature of our current plans. Non-achievement in the current year was particularly linked to the increased urgent care activity, which lead to an inability to make the planned reductions in the bed base of the Trust.

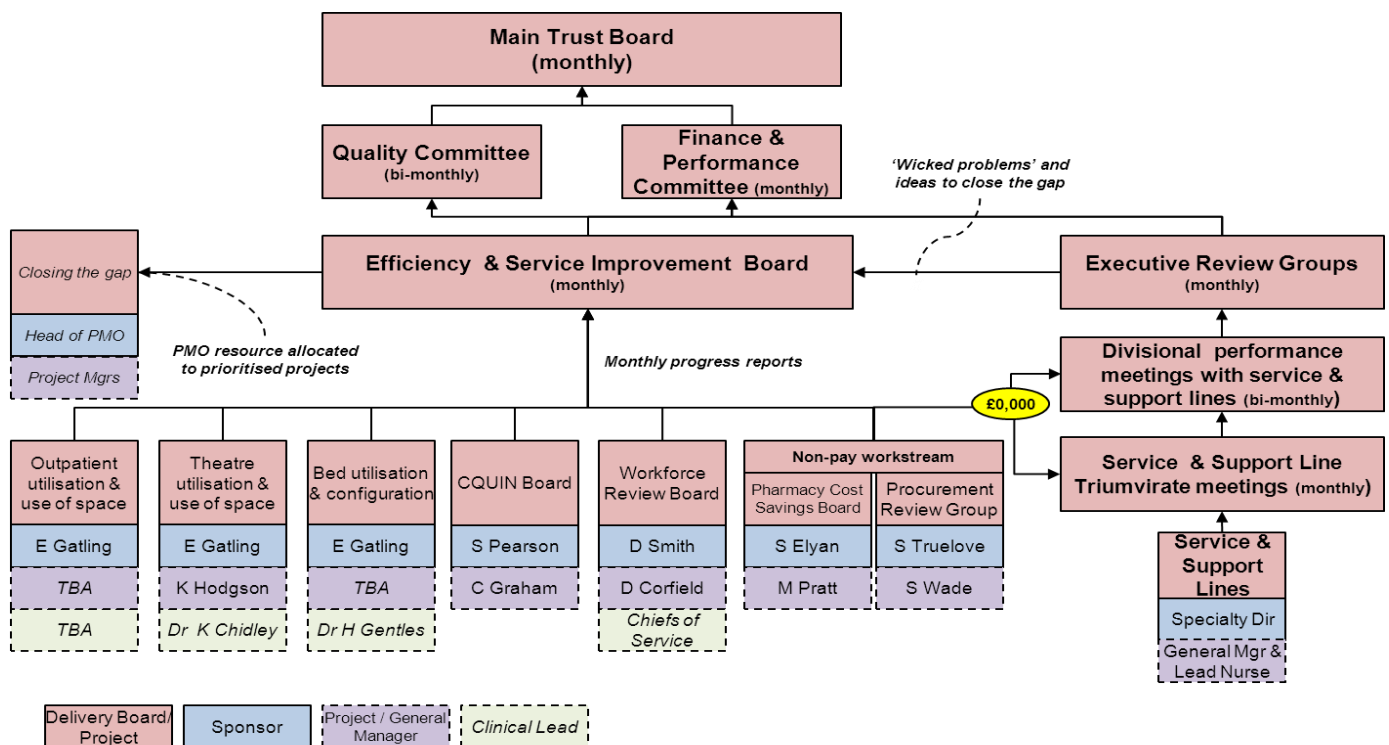
**Table 1: CIP performance 2010/11 to 2012/13**

	2010/11		2011/12		2012/13	
Division	Target £,000	Achieved £,000	Target £,000	Achieved £,000	Target £,000	Achieved £,000
<b>Surgical</b>	2,897	2,897	5,900	5,298	6,558	2,709
<b>Medical</b>	1,878	1,878	4,000	3,800	5,654	2,510
<b>Diagnostic &amp; Specialties</b>	2,235	2,235	4,400	4,400	4,034	2,533
<b>Women &amp; Children</b>	827	827	1,300	1,102	1,489	1,374
<b>Estates &amp; Facilities</b>	1,177	1,177	2,900	2,155	2,757	3,460
<b>Corporate</b>	757	757	1,500	1,500	1,814	1,524
<b>Trustwide</b>	20,229	20,229				
<b>Total</b>	30,000	30,000	20,000	18,255	22,306	14,110
<b>% achieved</b>		100%		90%		63%

As we rise to challenge of reducing our expenditure it is important that we ensure that there are no unintended consequences on the quality of the services we offer. Our specialties, divisions and our Quality Committee regularly review indicators of quality across our organisation. For more information on these indicators please see our Quality Account on our website. All cost improvement schemes are risk assessed by the team putting them forward and are then reviewed by our nursing and medical directors. Any schemes impacting on the quality of care are delayed until proposals for the mitigation of that risk can be agreed.

### **Cost Improvement Plans for 2013/14**

The planning of the efficiency programme for 2013/14 is devolved to service line level with delivery managed through the Divisional structure. To support this overall approach there are a number of enabling workstreams which report into an Efficiency and Service Improvement Board. The governance structure is shown in the table below.



There are a number of Trustwide workstreams working to enable improved productivity. These each have an identified lead. The length of stay work is led by a senior clinician and is supported by improved ward monitoring and analysis of trends in what patients are waiting for. Each specialty has been set a length of stay target and this is part of the service lines accountability agreement that sets out the various parameters that the service line will operate within. These targets aim to deliver a 10% improvement in length of stay and actions being taken are both internally focussed and external. The external focus is managed through the community wide unscheduled care executive and is sponsored by the Gloucestershire Strategic Forum. The aim of this workstream is to both reduce length of stay to enable the closure of beds but also to improve the Trust's bed occupancy rate.

The focus on theatre productivity is seeking to enable the reduction in the number of day case facilities that the Trust operates from. This will be achieved by improving the productivity and utilisation of all theatre sessions. This is closely linked to work being carried out to try and improve the utilisation of community hospital theatres.

Outpatient efficiency is focussed on several areas:

- plans to reduce the numbers of follow-up appointments that patients have to attend, either through the expansion of one-stop services or through the introduction of more open access follow-up arrangements.
- A review of the length of outpatient sessions and the templates for each of them;
- Further work to reduce the levels of patients that do not attend (DNAs) through improved communication.

The workforce review board manages the enabling strategies to help reduce the Trust's pay costs. Examples of the work that this group is pursuing include a significant review of consultant job plans, a Mutually Agreed Resignation Scheme (MARS), an apprenticeship scheme and a review of the nurse bank arrangements.

The non-pay group is focussed on schemes to improve the price the Trust pays for goods and services but also to reduce the usage of those goods and services where appropriate.

The CQUIN group oversees the quality improvements that the Trust need to deliver to secure the CQUIN funding which represents 2.5% of the total clinical contract income.

## Cost Improvement Plans

The table below shows the split of the savings target by division. Three of the Divisions have got some external support to help provide the challenge and structure needed to ensure the plans are well developed and start delivering early.

Division	Savings Requirement £m
1. Surgery	7.8
2. Medicine	5.6
3. Women's and children	1.1
4. Diagnostic and Specialties	3.9
5. Estates and Facilities	1.8
6. Corporate	1.8
<b>TOTAL</b>	<b>22.0</b>

## OUR PLANS FOR INVESTMENT

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

We have made a strategic commitment to implementing a clinical information system. This is being taken through a business case approval process currently at the Department of Health and the Treasury which should achieve funding for the first four years. The assumptions within the business case have been factored into our plans for the next three years which includes the project resource and capital implications for system implementation. The IT infrastructure required has also been assessed and is included in the three year plan.

We are continuing our process of clinical service reconfiguration to ensure the sustainability of services across our two hospital sites. Public consultation is currently underway with the implementation of changes scheduled in August. Non-recurrent funding has been set aside to fund the change process. This will be a continuing programme of work.

Following a review of the Francis report recommendations we have been engaging staff to develop the Trust's response. The overwhelming feedback from those sessions is that the highest priority should be the conversion of ward manager roles to become supervisory. Funding has been earmarked in the plan for this.

Urgent care continues to be the biggest risk to the organisation and is recognised as a significant strategic issue in the wider health community. The Emergency care intensive support team provided significant levels of support during 2012/13 and funding was approved by the Board to increase the staffing levels in the emergency department. Work has continued across the community and funding has been secured from commissioners to develop an OPAL service, this will mean Consultant level old age medicine staff available at the front doors to provide early assessment of older people admitted to our hospitals.

## Key risks to achieving the financial strategy and mitigations

Risk	Likelihood	£m	Mitigation	Potential impact on Forecast
Outstanding Contract issues are unable to be resolved	25%	1.0	Focus on reducing length of stay to enable the closure of unfunded beds with the medical division including increased focus on bed management.	0.25
Savings plans not delivered in a timely manner	50%	8.0	Savings devolved to Divisions. Monthly executive divisional reviews in place to performance manage delivery. Clear governance structure for supporting workstreams. Extra programme support in place for Medicine and Surgical Divisions.	4.0
Urgent care pressures continue at same or higher level	75%	3.0	Unscheduled care executive group in place across the community. IST engaged to review progress and make further recommendations. OPAL scheme agreed for implementation asap.	2.0
Workforce cannot be matched to requirements	50%	2.0	MARS scheme released. Nurse recruitment on a monthly programme. Recruitment controls in place. Workforce Board to oversee in year projects.	1.0
Risk of fines	75%	2.0	Project on reducing ambulance handover fines in place. Operational performance group to oversee delivery against targets. PMF to include penalty monitoring.	1.5
CQUIN non-delivery	50%	2.0		1.0
<b>Total financial risk</b>		<b>18.0</b>		<b>9.75</b>
<b>Reserves held and planned surplus</b>		10.0		<b>10.0</b>
<b>Potential downside surplus (deficit)</b>		8.0		<b>0.25</b>

This plan builds on our previous annual plans to continue the development of the Trust's strategic aims and objectives. Delivery against the plan will be monitored by the Board on a monthly basis with more detailed review at its sub-committees.