



Strategic Plan Document for 2013-14

Great Western 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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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)	Bruce Laurie
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Nerissa Vaughan
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Maria Moore
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Signature

Annual Plan 2013-14 - Strategy Section

Executive Summary

Our strategic focus for the next 3-5 years is grounded in an absolute commitment to knowing ourselves, our current capacity, capability and performance, the needs and aspirations of our patients, partners and staff, and building a shared vision for a viable, sustainable, future based on tomorrow's challenges rather than yesterdays, or at best, today's. Our aim is to harness the knowledge and the combined skill and expertise of those with a stake in our services to deliver our vision:

'Working together with our partners in health and social care we will deliver accessible, personalised care and integrated services for local people. We will provide high quality care whether at home, in the community or in hospital empowering people to lead independent and healthier lives'

Our vision is ambitious in wanting to shift from solely being a provider of healthcare to one that's works collaboratively with our partners to proactively keep people healthy, whilst ensuring that care is consistently delivered to a high standard. We are mindful of the drivers for change in a tough operating environment, not only in this coming year but in the next three to five years. This annual plan lays the foundation for strong and sustainable improvements in our services and ultimately in the care we provide.

Our staff are key to achieving this vision. Our latest independent staff survey results place us in the top three Acute Trusts in the South West. Evidence shows that a more satisfied workforce leads to better patient care and the feedback from our staff tells us that they are motivated and engaged. We are working hard to achieve our goal of being the top Trust in the South this year. Our patients also rate their care highly. We have been undertaking the Friends and Family Test across a range of our services since December and initial results show that our patients are strong advocates of the service.

As an acute and community provider operating across a large geographical area we work with many different partners and agencies. To truly deliver integrated care we need to work together to remove the barriers that exist to the provision of joined up care for patients across the entire pathway. At a time when many new organisations are still establishing themselves and with the uncertainty that the reorganisation of the NHS has brought, integrated care remains a key priority and a genuine challenge to all involved.

We have worked hard with the new Clinical Commissioning Groups (CCGs) to understand their priorities and how we can work together to deliver high standards of patient care targeted at the needs of local people. We are actively involved in developing a new model of care in Wiltshire working jointly with Wiltshire CCG and Wiltshire Council to introduce a new role of Care Co-ordinators to take responsibility for individual patients, bringing together key agencies to provide care in a more seamless way. Our aim is to demonstrate to our commissioners why their patients are best placed under our care not only now but in the years ahead.

These new relationships and a renewed appetite in the local NHS to cooperate and collaborate have also helped deliver a change in how the local health economy approaches contracts. In the past it has been difficult to agree a settlement which fully reflects the activity we have delivered. This year we have agreed a settlement which is more realistic with jointly agreed QIPP targets that are aligned to whole health economy objectives – not just those of individual organisations.

Our organisational sustainability agenda is informed by externally commissioned support to review our clinical and financial viability. Our Board is confident, and the review confirmed that we are, and through initiatives and partnerships already in train, will remain, a viable Trust. We have identified a few areas of potential future vulnerability in some of our smaller services, and have a programme of work in hand to address this.

This future planning, our understanding of the local market, the relationships we have with the new

Commissioners and a robust approach to business planning which is becoming embedded throughout the organisation, places us in a strong position. This Annual Plan describes what we aim to achieve during 2013/14 and how this will prepare the ground for where we want and need to be in 2019.

The Trust

Great Western Hospitals NHS Foundation Trust provides services to a diverse population with varying health needs across a vast geographic area of 1,700 square miles which includes Swindon, Wiltshire and parts of Gloucestershire, West Berkshire, Oxfordshire, Bath and North East Somerset and Hampshire.

- Acute hospital services are provided to a catchment of approximately 300,000 people at the Great Western Hospital - a modern acute hospital with excellent transport links, located 30 miles from the nearest alternative choice hospital.
- Following a competitive process in 2010 the Trust was selected as the preferred provider of Wiltshire Community Health services (WCHS)¹. Since 1 June 2011 we have become one of the largest maternity providers in the country.
- The Trust delivers community services to approximately 1.3 million people from a wide range of locations across Wiltshire and parts of Bath and North East Somerset, including, GP surgeries, health centres and 6 community hospitals.
- 11 neighbourhood teams work across three localities in Wiltshire, mirroring the localities of Wiltshire Clinical Commissioning Group
- Swindon CCG and Swindon Borough Council jointly commission services to deliver improvements in integrated health and social care in Swindon through SEQOL, as an integrated health and social care social enterprise.
- Swindon Clinical Commissioning Group (26 practices) commission 61% of acute activity from the Trust with a further 29% commissioned by Wiltshire CCG (58 practices).
- Wiltshire CCG commissions the majority of acute services from Great Western Hospital, Salisbury Hospital and the Royal United Hospital.
- Acute activity is also provided for Berkshire, Oxfordshire and Gloucestershire CCGs driven in the main by proximity of the population to the Great Western Hospital
- The Trust employs approximately 5,500 people and in 2013/14 has a planned turnover of £294m.
- The Trust provides a wide range of acute and community services including:
 - Dentistry
 - Maternity
 - Podiatry
 - Physiotherapy
 - Emergency care
 - Cardiology
 - Sexual Health
 - Community Nursing

Clear clinical leadership has driven the establishment of the following relationships to support delivery of specialist services:

- Virtual outpatient clinics. New referral pathways are being developed jointly with GPs and hospital clinicians, both reducing referrals and maximising the initial outpatient attendance reducing the need for follow up appointments.
- The Trust achieved a Trauma Unit accreditation for Severn and Thames Valley Networks to facilitate the continued provision of trauma services for our local population.
- The Single point of Access (SPA) for SEQOL has been successful in supporting faster discharge from the 'Front door', which alongside other developments, has enabled the Trust to manage pressures for emergency admissions. From January 2013 Access to Care (ATC) Wiltshire has supported Health and Social Care decisions at the front door for Wiltshire residents working in partnership with SEQOL.
- Acute medical services have been developed and enhanced in the last twelve months, with the successful establishment of two new clinical areas – Linnet Acute Medical Unit (LAMU) and

¹ Excluding services to the area of Swindon.

Ambulatory Care. Both of these services have supported an increased throughput of patients through medical beds through better management of short stay admissions. The Acute Medical Team has worked closely with SEQOL (Social Enterprise) in developing a 'front door' single point of access service through which all GP referred patients are now channelled.

- The Trust has continued to meet the 90% referral to treatment (RTT) standard for elective patients at speciality level, and in the context of growing demand is working with local Independent Sector Treatment Centre providers to deliver high quality care, and value for money across the health economy, whilst promoting increased choice for patients.
- GWH is committed to conducting clinical trials and commercial studies ensuring that our patients have access to latest research and development. Plans to extend commercial studies continue and a second generic research nurse is being appointed to strengthen nurse leadership in innovation.
- We will capitalise on our priority of integrated care by using our research and development capability to assess effectiveness by monitoring improvement in evidence based outcomes.
- The Trust is a member of the Thames Valley Cancer Network. Other clinical networks are either with Oxford or the South West for tertiary referrals. The Trust is a member of the South West AHSN and an affiliate of the Oxford AHSN.

Our Strategic plan is enabled by our 2013/14 – 2015/16 High Level Financial Plan, summarised below:

	2013/14 £m	2014/15 £m	2015/16 £m
Income	294	296	297
Expenditure	- 266	- 267	- 266
EBITDA	28	29	31
Net Non Operating Expenditure	- 26	- 27	- 29
Surplus	2	2	2
FRR	3	3	3
Cash Headroom	28	28	28

The Trust's patients

Over the next seven years (to 2020) population forecasts show a projected increase of 4.8% for Wiltshire and **10.6% for Swindon**, against an English average increase of around 6.2%.

- The most significant trend for both Swindon and Wiltshire is an increasing Retirement Age Population (people over 65 years old), which is forecast to be 16.6% in Swindon and **22.9% in Wiltshire** by 2020 (English average 19.4%) with the largest growth in people over 85 years old.
- Projections highlight an increased prevalence of chronic diseases such as hypertension, diabetes, coronary heart disease, COPD and respiratory conditions.
- Health indicators for people in Swindon are generally better than the English average but there are significant inequalities between the health of people living in the most affluent and deprived areas.
- Swindon has higher than average obesity and obese patients have a greater number of associated health issues such as diabetes, cardiac and vascular problems and complex needs for maternity and surgery.
- The health of people in Wiltshire is generally better than the English average. The rural nature of Wiltshire and poor public transport is a barrier to access and has implications for the Trust in providing health services. Moving more services into the community reduces this barrier.
- Activity has steadily increased over a period of time; projections for further increases in activity are linked both to the profile of the population and an increase in population

In the vast majority of cases we get things right, and patients and their families advocate services provided by the Trust. When we get things wrong, a robust complaints process enables us to investigate and where necessary, put things right.

During 2012/13 the Trust received 2,194 concerns and complaints, which is a combined total from all stages of the complaints process. Stage Three formal complaints increased by 22 from 2011/12 to 466 in 2012/13, which equates to 0.08% of the total number of patients seen, treated or admitted during 2012/13. Although complaints relating to the quality of care have reduced by nearly 5% year on year, complaints about waiting times and access to services have increased by 8.4% and communication by 13.4% on the previous year.

The Trust launched the 'Friends and Family Test' in late 2012 ahead of the national roll out. The latest results show that the Trust is achieving a Net Promoter Score (NPS) of +77. In comparison, the UK NPS leader for 2012, Apple Mobile Phones, scored +69. More work needs to be done to increase and stabilise the response numbers, but this is a strong indication of the value attached to our services.

Our Staff

We recognise that the quality of our patient experience is absolutely in the hands of our staff. Investment in our workforce has been a priority for the last 3 years, and it is from this strong foundation that our strategic plans for the next 3-5 years are based:

The Trust employs just over 5,000 staff and benefits from a rich balance of long standing experienced staff and talent from other organisations who are attracted to working in the Trust because of its reputation as a friendly supportive place to work. Our staff survey results inform us that our staff are highly motivated (top 20%), have good development opportunities and feel that through our health and wellbeing offering, we are supporting them to deliver high standards of care.

We are very proud of the hard work and dedication shown by our staff to each other and patients, recognising them internally as STAR of the month and annually at our Staff Excellence Awards. We are also very proud when our staff are nominated for national awards and have recently been in the finals for the HSJ awards in two categories and one of our students has won Nursing Student of the Year.

Our Partners

The Trust is an active partner building productive relationships with local Clinical Commissioning Groups (CCGs) and local authorities in Swindon and Wiltshire as well as in our wider catchment area of West Berkshire, Gloucestershire and Oxfordshire. The Trust is reshaping its services to match the priorities and the structure of the new commissioners and will be investing heavily in transforming our Neighbourhood Teams to provide more consistent and joined up care for patients. We will be working closely with local Health and Wellbeing Boards and focusing on supporting our partners to help our patients lead healthier lives rather than focusing on managing illness. Appointing new Care Coordinator roles in the community will provide us with the capacity and skill to bring care closer to the patient and to contribute towards redesigning how the various sectors work together in the interest of patients.

The Trust has also set up joint Urgent Care work streams with other providers and our CCG partners in Wiltshire and Swindon to look at managing Urgent Care, including attendances at the Emergency Department and Minor Injuries Units more effectively. In Swindon this includes the development of a multi-disciplinary and multi-provider model of care for urgent care and long term conditions.

The Trust has good clinical partnerships with adjacent Acute Trusts to provide mutual support in specialties such as vascular surgery and ophthalmology where GWH departments are too small to work in isolation.

Ambition

We recognise the scale of challenge facing the Trust, and have distilled this to 3 core elements:

- Integrating health and well being services, directly and/or in collaboration with other providers: a nationally recognised challenge of significant scale and complexity to effectively integrate community and acute services, and wider health and well being services.
- Pace of change: Increasing complexity and current transformation of the health system is necessitating significant increase in inter-agency relationship building, partnering and collaborative planning to deliver clinically and financially viable, integrated services.
- Innovation and Transformation: With increasing volume and complexity of demand, an increasing cost base is inevitable unless we drive service innovation and transformation, if we are to maintain quality standards and deliver desired patient outcomes.

The Trust response to these challenges has been:

- Create a single, consolidated vision to ensure limited resources are aligned and targeted at the areas of greatest impact and fulfilment of our 5 year ambitions.
- Maximise management capacity and capability including targeting investment in our workforce and business infrastructure to enable smarter working, reduced cost and improved productivity
- Build Strategic & Leadership Capability to ensure that we are capable of fulfilling the expectations and ambitions of our patients and staff, sustainably, in an ever more fragmented market place.

Our 5 year Vision:

'Working together with our partners in health and social care we will deliver accessible, personalised and integrated, services for local people. We will provide high quality care whether at home, in the community or in hospital empowering people to lead independent and healthier lives'.

By year 3 our target will be to have fully integrated the services we are commissioned to provide directly or in partnership with others.

Our 6 Objectives (embedded in our Business Assurance Framework):

- To provide consistently high quality, safe services which deliver desired patient outcomes
- To improve the patient and carer experience of every aspect of the service and care that we deliver
- To ensure that staff are proud to work at GWH and would recommend the Trust as a place to work, or to receive treatment
- To secure the long term financial health of the Trust
- To adopt new approaches and innovation so that we improve services as healthcare changes whilst continuing to become even more efficient
- To work in partnership with others so that we provide seamless care for patients

Our 4 Strategic Priorities:

- Integrated care – making the patient the focus of everything we do
- Transformational cost efficiency – working smarter not harder
- Service innovation – identifying new ways of working
- Building capacity and capability – investing in our staff, infrastructure and new partnerships.

To deliver these 4 strategic priorities we have defined 10 strategic portfolios – work packages that we envisage will be sustainable for the next 5 years, and within these a sub-set of 10 strategic work programmes that will be our focus for the next 2-3 years (see below).

Drivers for change and improvement

The Trust recognises that many dimensions of the environment that we operate in are changing. Staff are more than aware of the increasing acuity of the patients they care for; of the pressures on teams to find new ways of working to 'do more with less'; of the challenges of building new relationships of trust with new players and partners in the health care system, and of the unknown threat or opportunity of new market entrants and disruptive innovation in the form of new providers, services or products.

Trust Governors, our Board and all managers are equally aware of and committed to a common goal of patient safety and true patient care, and the need to act, but not over-react, to the learning of health care system failures. All are equally alert to the challenges, and personal realities of the current economic context, both nationally and locally.

During 2012/13 the Trust has fundamentally changed and invested in business planning processes, and as part of this, has established a meaningful 5 year vision, in consultation with staff, Governors and our Board, taking account of patient feedback and the outputs of patient focus groups and feedback sessions.

The Trust vision (and the strategic plans that support it) are grounded in an honest understanding of current business, a recognition of the external context (nationally, regionally and locally), and the ambitions of staff, taking account of patient feedback, clinical leadership and nationally recognised best practice. As a medium size DGH the Trust objective is to be an early adopter or adaptor of evidence based innovation, targeted at service areas where there is the capacity and capability to realise the benefits, where commissioners are supportive of service transformation, and where there is a responsive patient population.

Health challenges and drivers have been explored by the Trust with National, Regional and Local influence and significance include:

National Drivers

Francis Inquiry

The findings and recommendations arising from the Francis Inquiry reinforce the need to ensure that we remain focused on genuine, current quality and safety at all times, and not the abstract, historic reporting of it. Clinical leadership is key to the achievement of this, as is recognition of the impact of significant and adverse media and political interest on the motivation and morale of committed, professional staff, and on public perception and confidence in our service. The Executive has appointed an Executive Lead for each of the five Francis themes, and is also reconsidering the role and requirements of business intelligence as part of 10 strategic programmes for the next 2+ years.

Emergency pressures

The March 2013 King's Fund report *Urgent and Emergency Care, a review for NHS South of England* sets out a clear picture of the pressures facing the provision and management of urgent and emergency care. The report references the wide variations in performance across organisations and in local systems and the signs of national decline.

There is a clear need to rethink how the system of urgent and emergency care is managed. This is not simply an issue of capacity; the speed at which the different parts of the system work and how they interact to create a better flow through needs to be addressed. The report references the fact that any methodology used to change and redesign the way in which urgent and emergency care is managed will need to be supported by effective measures and data to support the work.

As a Trust we continue to review our plans against the emergency checklist set out in the report to work towards better management of the issues. With health and social care partners in both Swindon and across Wiltshire we are working collaboratively to address immediate challenges and plan and redesign patient flow and pathways to meet demands. Gaining collective responsibility for the 4 hour target is key.

Integration of care

There are many current examples of debate at a national level of pathways of care failing individuals and groups as boundaries are blurred across provision and responsibility, services are fragmented as market forces respond to tactical commissioning, and we see patients living longer with increased co-morbidities and a greater need for service inter-connectivity. Increasing demands and reducing resources mean that provider organisations and commissioners of services must work together across the public, private and third sector. This includes primary and secondary care settings, mental health, health and social care, and critically is dependent upon the effective provision and management of accessible information with and between patients, their carers, service providers and service commissioners.

The recent publication of *Integrated Care and Support: Our Shared Commitment* sets out a national collaboration for integrated care and support, specifying national level shared commitments and implications for change at national and local levels. These include:

- Pursuing a common purpose
- National resources for local ambitions
- Providing practical tools to localities
- Integrating information
- Accelerating learning across the system

The Trust community and acute transformation programmes will together actively address the commitments through collaborative working with health and social care partners. We are exploring various models of integration that reflect the needs of patients and the services. Working with acute providers, community providers, social services, mental health, the third sector and private providers as a part of a wider value supply chain looking at a blend of 'buy', 'build' and 'borrow' service models.

Care Quality Commission

The recent publication of the CQC Strategy for 2013 to 2016 sets out the continuing changes to the way that they inspect and regulate services to make sure they provide people with safe, effective, compassionate and high-quality care. As a Trust will need to ensure that we are able to adapt and evidence the changes that this new strategy will bring including a Chief Inspector of Hospitals and the development of fundamental standard that focus on 5 key questions about services.

Health and Social Care act 2012

Implications for the Trust arise from the new role and responsibilities for Monitor and how this impacts the relationship with the Trust in relation to new enforcement and information powers. Similarly changes to the way in which CQC and Monitor work is now more closely aligned. The introduction of 'any qualified provider' approach results in a need for the Trust to drive quality improvement to demonstrate how the Trust can provide the best service.

Monitor and the Provider licence

Under the legislation Monitor has a new role which is the duty to protect and promote the interests of people who use health care services and to ensure economy, efficiency and effectiveness in the delivery of those services. Monitor proposes to use a licensing framework and the Trust has been given a licence to provide Commissioner Requested Services, which is initially based on the Trust's Mandatory Schedule of Services which incorporates all services within the NHS Commissioner Contracts. The Trust working with Commissioners over the next 12 months will be reviewing all commissioned services and designating those services which are Commissioner Requested or essential services that must be protected.

The Trust must demonstrate compliance with their licence; the Trusts approach to this has been consulted on with the Trust legal advisors and presented to the Governance Committee; this included the Executive leads for each licence condition and the how the Trust would demonstrate compliance. Under the new

regulatory compliance, Monitor describes their proposed approach to assessing risk in the Risk Assessment Framework (consultation document) in two areas of the licence:

- The continuity of services licence condition 3, which requires all NHS providers to ensure they remain a going concern; and
- The NHS foundation trust licence condition 4, which lays out our definition of good governance and only applies to NHS foundation trusts.

The new Risk Assessment Framework (RAF) is due to come into effect on 1st October 2013 following consultation and is due to be monitored in shadow form for the 1st six months. Although, the final RAF has not been published the Shadow Continuity of Services Risk Rating within the annual plan is a 2, this moves the Trust into a higher risk category and may subject to increased scrutiny by the regulators, the principal reason for this is due to impact of the Trust PFI on the new methodology, even though there has been no change to the Trust main PFI..

Regional Drivers

NHS Restructuring

The changes to the NHS structure will have a material impact on regional commissioning, inter-organisational relationships and the model of service provision for the medium term; the Trust recognises that it has a critical role to play as a point of relative stability in a transforming commissioning landscape, with an ever increasing onus on inter-agency, integrated, service co-design:

- Regional Commissioning: the requirement for system and process (re)design, and the interface between the establishment of localised priorities and centralised specialist services, alongside the opportunity for collaborative, pan-CCG local commissioning, is currently being worked through.
- CCG commissioning: a notable change in the approach and immediate priorities of commissioning bodies working with the Trust; alongside an immediate increase in tender activity, will impact significantly on the financial and human investment that can be made into collaborative service redesign.
- Interagency commissioning: establishment of relationships of trust, common health and well being agendas, and the challenge of developing integrated health and social care, and wider integration with a fuller portfolio of public and third sector community centric services.

NHS 111

The introduction of the NHS 111 service in the Trust catchment area has had a turbulent start. The impact has been felt across a significant number of Acute and Ambulance Trusts in the area, notably already pressurised emergency care services. We recognise that the 111 service also presents recognisable opportunities medium term for the health and social care economy to leverage the capability of the service to support service integration, telehealth/telecare and allied co-ordination of services and resources.

Local Drivers

Choice and competition

Elements of community services currently provided by the Trust; such as Community Maternity Services will be subject to competitive tendering processes in the coming year, with adult and children and young people's community services expected the following year. Whilst working to attain a competitive position the Trust must ensure that there is a balance between the delivery of quality services and financially sustainable services, while maintaining choice and investment in a short term retendering environment.

SEQOL are looking to grow their business. This has implications for the Trust's ambitions to move acute care into community settings. Movement of the provision of services away from the Trust potentially to a competitor organisation in a community setting will need to be managed in the best interests of the patient and with regard to the financial sustainability of the Trust and the wider local health economy.

Competitor Trusts and providers are:

- Salisbury NHS Foundation Trust
- Royal United NHS Trust, Bath
- Royal Berkshire NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Oxford Radcliffe NHS Trust
- SEQOL (Social Enterprise in Swindon)
- Sirona (Social Enterprise in Bath)
- Virgin (notably diabetes services)
- Care UK (elective surgery and community services)
- Oxford Health NHS Foundation Trust (formerly Oxfordshire and Buckinghamshire Mental Health, provider of community health services in Oxfordshire)

The private sector is present in the BMI Ridgeway in Marlborough and Circle in Reading and Bath. Both these organisations undertake considerable NHS Choice activity as well as private practice. There are also three Independent Sector Treatment Centres (ISTCs) in Cirencester, Devizes and Emerson's Green, provided by Care UK, which has recently demonstrated aggressive growth ambitions in health and social care. We are also aware of speculative interest from known health care providers outside the area, and of business process outsourcing (BPO) and allied support services providers interested in investing in local health care solutions in the area if sufficient contract tenure is provided.

Sustainability

Having commissioned work with KPMG to review our clinical and financial viability, as part of a wider sustainability agenda, the Trust is reviewing opportunities to create or extend existing partnership working to create additional, mutual, clinical sustainability within specialties.

Our Commissioners

Swindon Clinical Commissioning Group

As a partner with Swindon Borough Council in the local Health and Wellbeing Board and the One Swindon board Swindon CCG is signed up to a single vision of health and wellbeing for Swindon. Informed by a Joint Strategic Needs Assessment, there are five shared priorities for investment and improvement.

Their **vision** is to ensure “*everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities*”. The **mission** is “*to optimise the health of the people of Swindon*”. We are comfortable that the Trust's vision supports that of Swindon CCG.

Swindon CCG local priorities are:

- Supporting and developing our young, families and carers
- Engaging with and supporting those in poverty and deprivation
- Reducing inequalities in health and life circumstances
- Improving mental health and well-being
- New ways of caring for long term conditions, especially dementia, cancer, respiratory and circulatory disease, depression and diabetes

With success described as:

- The divide in life expectancy between the most and least deprived will begin to fall, not rise
- Admission rates will stabilise
- Variations in referral rates and pathways of care will be patient needs driven
- We will understand the health characteristics and health risks of our population and be able to prevent avoidable healthcare episodes through earlier intervention
- We will understand the economics of, and constraints in, our health system such that investment

can be made in the right care in the right place at the right time

Swindon CCG has developed a programme of service redesign workshops to work together with the Trust and partners to advance work in specific specialties, linked to priorities for change and improvement.

Wiltshire Clinical Commissioning Group

Wiltshire Clinical Commissioning Group vision is to ensure the provision of a health service which is high quality, effective, clinically led and local *“The right healthcare for you, with you, near you.”* Their strategic plan recognises that to achieve this will require greater integration between community services, general practice and closer working with Wiltshire Council.

Wiltshire CCG aims are:

- To make clinically led commissioning a reality in providing local solutions to local needs
- To deliver strategic plans which address the needs of local populations and involve patients, practices and partners
- To address the growing needs of our ageing population, and the mental health and emergency needs of our combined populations
- To encourage and support the whole population in managing and improving their health and wellbeing
- To ensure sustainability of the emerging organisation in delivering cost effective healthcare
- To communicate effectively, staying engaged with all of our patients, partners and stakeholders.

Wiltshire CCG **7 key priorities are:**

1. Staying healthy and preventing ill health
2. Planned care
3. Unplanned care and frail elderly
4. Mental health
5. Long term conditions (inc Dementia)
6. End of life care
7. Community services and integrated care

Partnership working around shared priorities and ambitions between organisations enables collaborative delivery that addresses identified needs, immediate pressures and addresses longer term. Integrating care, community transformation and reducing demand on acute services is a shared priority locally as well as nationally, where our partnership approach will drive effective and meaningful progress.

Working in partnership with Wiltshire CCG and Wiltshire Council, with allied partners, we are developing the learning around community budgets to address both ‘frequent flyers’ in the acute service (and other geographically targeted public services), and to invest in empowering people to manage their own health alongside addressing wider public service demands.

Private sector provision in the health sector

There has been a year on year increase in the interest of the private sector in the delivery of the 2013/2014 £95bn public health care and support services market since the more explicit opening of the NHS market over the last 10 years, exacerbated by the wider economic context in the UK, and the profitability of the private health care market globally.

This has materialised for us in the following opportunities:

- Private sector investment in understanding the health care market (rather than historically health care services needing to explain their requirements);
- Horizontal integration, and the translation of evidence based innovation into health care /patient benefits (notably in support services, e.g. Business intelligence and IT);

- Broader value chains, with an increased momentum for private sector providers to choose to genuinely partner with NHS/third sector providers in the provision of health care out of a recognition of mutual and discrete value that each part brings

With allied challenges:

- Increased competition (and from organisations that have invested in service development capability)
- Disruptive entrants – ‘left field’ competition from outside the visible health care market
- Sufficient market interest to entice commissioners to tender services that might equally benefit from a period of calm to deliver and embed planned service transformation & integration, and for patients to adapt to/with new services and realise the benefits as well as informing further service development

Acquisition, merger, partnering, Joint Venture and financial failure are all realities that we have considered as part of our Trust-wide scenario planning and which have fed our visioning and strategic planning.

Business planning & accountability (governance)

The Trust has refreshed the approach to business planning with the aim of making business planning an integral part of how we monitor and deliver our services. Staff across the organisation have been involved and engaged in the development of a revised business planning framework. Plans have been developed to deliver the Trust vision with the patient as the focus with the twin principles of quality and safety as the foundation for how we will plan moving forward whether that is a service being provided at home, in the community, in partnership with another organisation or in hospital

The plans set out priorities for the 2013/14 year and ambitions looking forward 3 and 5 years and are consolidated in a business plan summary document which will be provided to all managers and supervisors, and is available on the intranet to all staff. The plans are underpinned by the Trust budget and CIPs which provide year 1 finances and the following 2 year indications, and ensure the delivery of business cases, the planning of delivery and the achievement of improvements and efficiencies can be supported over more than one financial year. The business plans also capture the activity that will deliver the Trust vision through the four strategic priorities, focusing on 10 strategic work programmes. The 10 work programmes are designed to evolve and transform our services in collaboration with key stakeholders and patient groups (see below).

We have mapped all of our CIP/QIPP/CQUIN activity against these 10 work programmes as well as against Directorate business plans, and our strategy ensures that we are fully committed to the triumvirate of delivering ‘business as usual’, fulfilling our savings and innovation commitments and planning and delivering the transformation of our business(es) into a sustainable service aligned to future patient, key stakeholder and staff expectations and needs.

Financial planning assumptions

The Trust’s financial position for 2012/13 was a surplus of £10.97m against an in year planned surplus of £1.22m, this included a revaluation of the Trust assets that generated a net impairment gain of £7.29m. There was also additional funding received from PCTs for activity delivered above contracted levels. The FRR for 2012/13 was a 3, and the Trust anticipates that this will be maintained throughout the 3 years of the submission (based on the current compliance framework).

Key assumptions for 2013/14 to 2015/16:

1. Trust is appropriately reimbursed for patient activity by CCGs/Commissioners and that this is reflected within the agreed contracts.

- a. CCG income in the annual plan is in line with CCG/Commissioners contract values, this reflects the partnership working with the newly formed CCGs and other Commissioners on the development of activity plans including QIPP.
 - b. The CCGs have agreed a quantum for 2013/14 which includes growth, with the start point based on agreed 2012/13 out-turns and this has been assumed to continue in 2014/15 and 2015/16. Therefore the tariff deflator of 1.1%, which is a net reduction of £3.3m, is reinvested in growth areas such as Cancer and Endoscopy, and a recognition of activity not previously paid at full tariff. Also, included within the plan is £2.4m for investment in Community Transformation, this is included within the CCG plan, and is subject to an in year contract variation based on agreed milestone plans.
 - c. The contract with the CCGs includes the QIPP opportunity of £6.1m; but the financial risk remains with the CCG. This is the level required to manage activity growth/pressures within the CCG available resources. The Trust will receive payment for activity based on agreed tariffs. The cost reductions related to QIPP are included within the savings target of £16m and cash releasing savings have been devolved to the Directorates. Non cash-releasing savings and efficiencies are being held centrally and will be released in line with delivery.
 - d. Activity plans are based on the out turn for 2012/13 plus growth, these have been adjusted for the impact of QIPP where detailed delivery plans have been agreed by the operational teams of both organisations. Once the delivery plans for the out-standing QIPP schemes out-lined in the transition schedule are agreed, the CCG will issue an activity contract variation. 2014/15 and 2015/16 plans have been adjusted to include the impact of pathway changes across acute and community services, some of these changes will require consultation with Commissioners and stakeholders.
2. The Trust savings target has been set to fund inflationary cost pressures, generate a surplus to fund future capital, and build up central funds of £4.4m for Strategic Delivery (£1m) and Activity Pressures/Service Transformation (£3.4m). This has resulted in a savings target for 13/14 of £16m which is 5.44% of turnover; and of £14m in both 2014/15 and 2015/16 which is projected to be 4.73% of turnover.

CIP Plans	Total £'000	2013/14 £'000	2014/15 £'000	2015/16 £'000
Cash releasing	30,361	10,120	10,120	10,120
Non cash releasing	13,639	5,880	3,880	3,880
Total CIP plans	44,000	16,000	14,000	14,000
% Cash releasing v turnover	3.42%	3.44%	3.42%	3.41%
% non cash releasing v turnover	1.54%	2.00%	1.31%	1.31%

Cost Improvement Plans (CIP) Governance and Management

The Trust has enhanced its programme management support, with the introduction of standardised workbooks including project plans, milestones, KPI and quality indicators. Directorates have developed their savings plans in accordance with their business plans, with support from their HR Business Partner, Accountant and project management support from the PMO (responsible for the monitoring and reporting the delivery of the savings schemes against plan). Each clinical project has a nominated project manager and clinical lead, responsible for ensuring that the schemes maintain or improve quality.

The Trust has set the savings target in 2013/14 to generate a surplus but also build up £4.4m central fund to develop and deliver the Strategic Delivery and Service Transformation Programme. These funds will be released as savings are delivered. In May 2013/14 KPMG reviewed the Trust CIP's plans for deliverability and quality assurance. All CIP schemes for 2013/14 have been identified and at present, following the

KPMG review, there are two schemes that require further work on implementation plans and these total £2.3m. KPMG will carry out a second stage review in July 2013 to assess the ownership and governance arrangements within the Trust and establish the extent to which services have delivered on their plans.

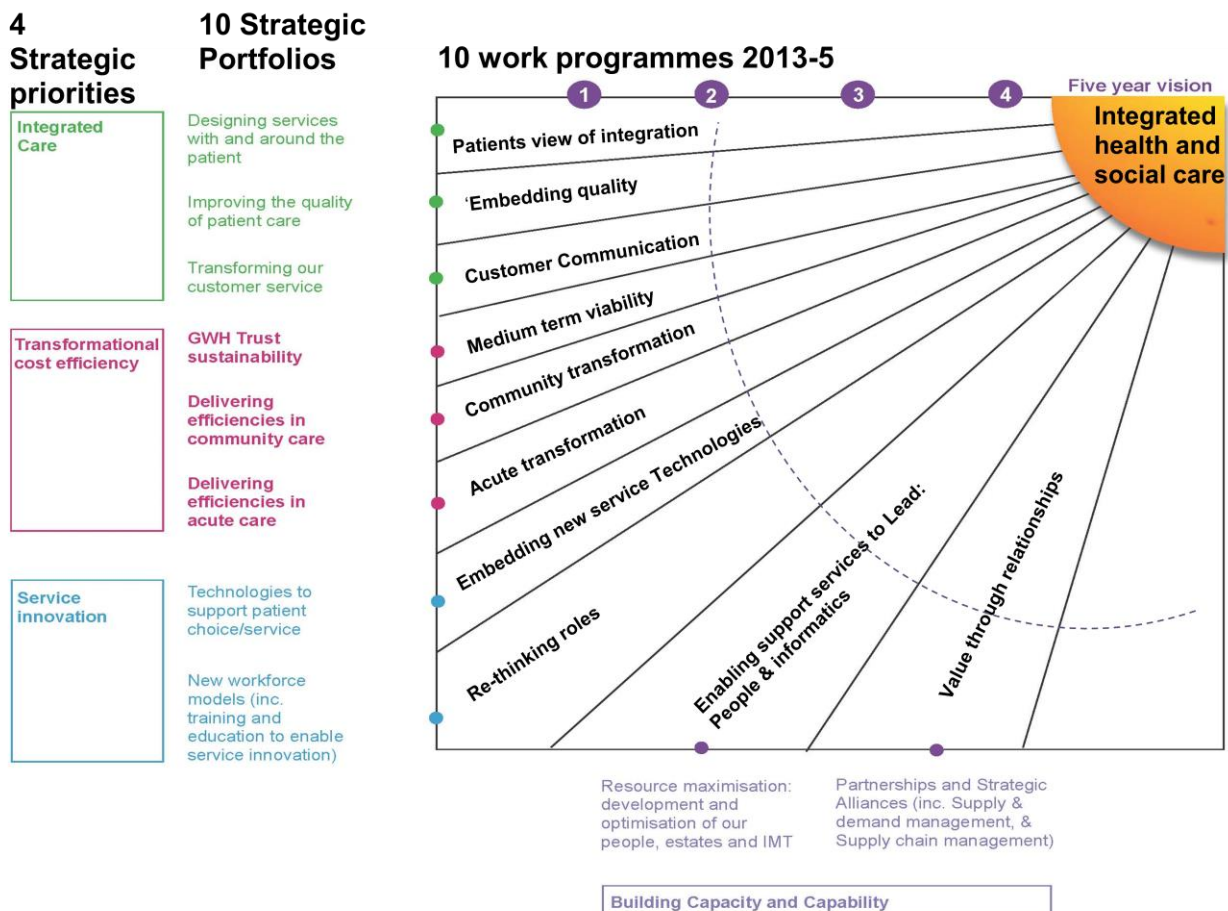
In 2012/13 the Trust achieved 100% of the CIP savings targets compared to an average of 80% in previous years. The Trust has set the savings target in 2013/14 to generate a surplus to build up central funds to develop and deliver the Trust Strategy and Service Transformation Programme.

CIP Profile

Each scheme has been individually risk rated and has been signed off by both the Trust Medical Director and Chief Nurse. The impact of any additional resource requirements for enabling investment in infrastructure has also been identified e.g. IM&T and project resources. All schemes have been Quality Impact assessed and are reviewed as set out above.

Delivery

Our 10 strategic work programmes have been co-created with the Council of Governors and Board, and our directorate management teams, including the use of 'Persona' or typical patient profiles as a vehicle for envisaging future service delivery models and to complement existing patient feedback with initial considerations of more radical service ambitions. Staff teams have been consulted as part of the 2013/14 business planning process. Our over-riding objective has been to consolidate project and programme activity across the Trust, to build capacity and capability, and to develop sustainable solutions in partnership. Our intention is to create meaningful programmes of work for 2-3 years, which themselves sit within broader strategic portfolios that we expect to develop further during the next 5 years.



10 Strategic Work Programmes

The Trust has split our 10 programmes into 3 categories, and mindful of the longevity of these programmes, many will pass through all 3 stages over the next 2-3 years.

- (1) Thought leadership - fundamental programmes of work that will benefit from targeted reflection, research into evidence based outcomes and sourcing sustainable innovation to similar challenges. Three of our programmes are being established initially as those providing thought leadership:

1: Patient view of integration. The challenge - how can we develop truly collaborative approaches to co-designing services for, with, and wrapped around our patients? Stage 1: what is the evidence from other health care providers in the UK and abroad of effective, empowered engagement of patients, and the achievement of sustained outcomes? The output: an agreed approach to engaging our patients in co-designing integrated services for the future.

4: Medium term viability. The challenge - how can we build on the clinical and financial sustainability work undertaken by the Trust, both from a community lens, and in informing our service and market development activity? Stage 1: beyond initial responses being delivered in the 2013/14 business plans, what further targeted service line reviews should we consider and based on what hypotheses, especially if we project these out 3-5 years. The output: an initial set of hypotheses underpinned by robust analysis to be used to test future sustainability scenarios, and a programme of targeted projects to be bedded into service plans

7: Embedding new service technologies. The challenge - how can we ensure that we are early adapters and adopters of evidence based technological innovation, and technology enabled service innovation, and that we effectively realise the value available, through ensuring effective and appropriate workforce (re)design and behavioural changes. How can we ensure that organisational processes and controls enable service innovation? Stage 1: how can we most effectively tap into evidence based health care innovation? What is the role for our junior doctors, leading multi-disciplinary project teams? Output: an agreed approach to driving quality, productivity and cultural change through the use of targeted innovation, and an initial first phase short list of projects with associated business cases, to be tested.

8: Rethinking roles. The challenge - how can we ensure that we have used our workforce training and development investment, and the capacity and capability of our Academy, to create our workforce for the future as well as for today and tomorrow? What potentially radical changes will we want to introduce to roles and team structures, and how can we start to invest in that capability now, so that the right people with the right skills are available when patients need them? Stage 1: taking learning from other countries and more broadly across the UK, determine a long list of potential service model/role changes for 3 and 5 years, within the Trust, and with our partners. The output: an initial set of hypothesis based future roles and competencies to inform workforce development strategies and training investment decisions for GWH and the wider health economy

- (2) Collaborative design and delivery - programmes of work that will deliver significantly enhanced outcomes by being led Trust-wide, to address common challenges in our operational businesses:

2: Embedding quality. The challenge - How can we create a genuine culture of quality, where every member of staff sees themselves as playing a key role in the patient experience. Stage 1: how can we pull together a multi-disciplinary, diverse staff group to take our existing quality framework and strategy, and through the use of creative interventions and active engagement, start to change our quality culture. The output: clear action plans embedded in directorate business plans, but sponsored and reviewed by a wider stakeholder group

9: People and informatics. The challenge - How can we leverage the capacity and capability of our resources across the Trust, and how can we create the environment for our support services to demonstrate professional leadership in balance to responding to clinical service and patient requirements. Stage 1: for 2013/4, taking people and informatics, what do our businesses really need? What are the current obstacles, real and perceived, and how can we work together to address them? Where does the real value lie and how can we leverage this? The output: action plans/project outlines for inclusion into the 2014/15 business plans; and the co-creation of business cases, where required, to feed into 2014/5 capital planning and allied investment planning; and both contract and savings negotiations with commissioners.

10: Value through relationships. The challenge - How can we ensure that every interaction we have has meaning and value to both parties? How can we target our resources to greatest impact? From day to day stakeholder engagement, to our wider transactional relationships and deeper alliances and established relationships, how can we ensure we are securing greatest value for patients, and to what end? How can we harness the capacity & capability of the Trust to develop our role in the local health ecosystem, within a context of flux and transition? The output: practical initiatives to be adopted in year, in collaboration with key stakeholders, including suppliers and clients, or fed into 2014/5 (inter-agency) business planning

(3) Transformation - programmes of work that necessitate the radical redesign of current operations to deliver sustained improvements and patient outcomes:

3: customer communication. The challenge - patient feedback, especially patient complaints are consistent and unambiguous in demonstrating the inadequacy of the Trusts patient communication systems, and the chasm between the current position and a true customer service. We also need to embrace the need for integrated inter-agency information flows, and activity management, and for this to support emerging service models, including virtual clinics and increased home and community based service delivery, including a changing role for GPs. Stage 1: focusing simply on communication, and not the wider challenge of service, can we agree a vision for our ambition in 3 and 5 years, and a high level route map to achieve it? The output: a co-designed vision of excellent customer communication (including booking), and a high level, trust-wide plan to start to consolidate localised projects and initiatives, and harness capital investment and alternative funding sources towards a more ambitious goal and greater patient and customer benefit.

5: Community transformation. The challenge - having successfully won the tender to deliver community services in Wiltshire, how can we ensure that we deliver real value to local patients through supporting and leading the development of these services; how can we deliver genuinely integrated services across traditional acute and community services, and how can we do this with a changing landscape of partners, in a sustainable way. Stage 1: Through a dynamic programme developed in collaboration with our partners we will establish the care co-ordination system which will support people with complex needs to live in their own community. We will ensure our neighbourhood teams of community nurses and therapists work in partnership with General practice and social care colleagues to deliver integrated care packages. We will use a rapid improvement process to drive out inefficiency and to remodel our delivery mechanisms to ensure we use our limited resources to best effect. The output: services redesigned to enable patients to remain at home, and when patients are admitted to hospital we will work with the patient and their family to ensure safe and effective discharge.

6: Acute transformation. The challenge - in a context of resource constraint, increasing patient acuity and longevity, increasing cost of delivering services, including pharmacy costs, and the fixed costs of our PFI, can we deliver quality services, through new service models with our partners in a

sustainable way that we would recommend to our family and friends. Stage 1: a robust programme of service transformation in year, across the Trust, including the implementation of a bed base review, theatre stock management, and concerted work with partners to develop our emergency department service and 4hour targets. In parallel begin work to envisage a future service model for the acute end of the GWH service, to inform and be informed by the community transformation programme, and development of care pathways with our CCG partners. The output: tangible service improvements for patients, and activity to feed into 2014/5 inter-agency business planning.

In complement to our strategic work programmes, and the under pinning business plans which serve to operationalise our activity and provide a barometer of organisational capacity and capability to deliver our ambition, we have and are developing a series of enabling strategies and allied workforce capability.

Nursing Strategy

In spring 2013 the Trust launched its Nursing Strategy following trust-wide engagement and targeted focus groups. This recognises the central role of nurses to our services, as well as the need to consistently focus on sustaining and improving standards of practice.

Nursing care remains a critical measure of quality for most patients and their families in regard to the services they receive from us. The nursing strategy therefore sets out the ambitions and priorities for the next two to three years and aims to:

- Set the strategic direction of travel for the Trust's nursing workforce
- Provide a clear framework for the nursing workforce to deliver the Trust's vision and strategy, aligned to local service strategies
- Provide a framework for professional governance and assurance, including the development requirements underpinning these
- Provide a framework for professional communication within and across the nursing workforce

The strategy sets out the following ambitions:

- That all patients receiving our services will rate their care as excellent
- For nursing leadership to be highly visible and demonstrable and for the nursing voice to be heard equally amongst others
- To demonstrate continuous and sustained improvement in safety and quality of care
- To be innovative, productive and responsive in delivering services for the benefit of patients, relatives and carers
- For nursing staff to identify the Trust as a great place to work
- For data to show a positive impact on outcomes for patients as a result of the nursing contribution
- To demonstrate our workforce has the tools, competence and attitudes to deliver at the forefront of an evolving health service

The Nursing Strategy implementation plan includes regular reporting to established governance forums.

Quality Strategy

The Trust's Quality Strategy is in the process of being refreshed, re-enforcing safety, effectiveness and patient experience, and with a broader definition, to include a more explicit focus on the quality of all dimensions of patient care, and the role of every Trust employee in the delivery of a quality service.

The strategy will be developed in line with a Trust Board approved framework assuring a high level of engagement and involvement from across the Trust and partners. The further Trust strategic programme *embedding quality* will provide a 2 to 3 year focus on ensuring that we work together across the Trust to find new and sustainable ways to make quality everyone's business, that we learn from best practice and our mistakes, and that we embrace local priorities and values meaningful to all staff. Our new

Accountability Framework, which seeks to embed the accountabilities of our License with Monitor, alongside recognised business management best practice, across the trust, also has quality at its core.

Clinical Strategy

Our over-riding objective is to provide safe, effective treatment and a quality of care that we are proud to give and would recommend to our family and friends, providing the right care, with the right person and the right skills, at the right time, in the right setting. Our vision is based on collaborative, clinically led pathway design, and future models of care closer to home, designed during 2013/14; and supported by a refreshed clinical strategy to be developed during 2014 with our partners, to provide a common clinical understanding of our journey for the next 3-5 years towards integrated health and social care.

This will include the empowerment of patients to take greater care of their own health, with our support, and that of our partners; and ensure that our services are both clinically and financially viable, and sustainable. Our clinical strategy is based on 4 core principles:

- Long term sustainability across the health economy
- Configuration of clinical service models that deliver affordable solutions to health care needs
- Alignment of capital investment between secondary clinical services and community developments
- Supporting CCG clinical commissioning intentions.

We have invested considerable time and resource in developing our clinical service model for planned and emergency hospital care, including activity in train to realign our medical and surgical bed base to reflect changing patient needs and to improve patient safety and quality of care.

We started a programme of transformation in community service in 2012, and will continue to invest in transforming these services in partnership with Wiltshire CCG, the local authority and the 2 other acute hospitals serving the population of Wiltshire for the next 2-3 years. The proposed community re-tendering programme presents a real challenge to investment decisions, and is one we are actively working through with lead commissioners. We follow with interest the voice of the Kings Fund, expressing the concerns of many providers over how we can balance the demonstrable value of planned, targeted service (re)tendering, with the need for organisations to make medium term investment decisions to support service development, and to provide staff with periods of stability to embed learning and best practice.

In addition to working with our Commissioners on a programme of targeted clinical pathway reviews and integrated co-design over the coming year, an increasing priority for the Trust going forward, and an express priority for 2014/15 is prevention and enablement, and working with our CCGs to review end of life care. To this end we are currently evaluating the targeted delivery of community budgets with Swindon Council and its partners, notably in respect of long term conditions, diabetes and mental health

We have an ongoing programme of continuous improvement encapsulated in our business plans, which aims to improve outcomes in patient safety, patient experience and clinical effectiveness. Our increased investment in nursing staff in 2013/14 against a national trend of clinical workforce reduction, and our strategic work programme focusing on future roles in the context of future models of service provision demonstrates the prioritisation made in our clinical capability and capacity. This work will inform investment decisions in the training, development and recruitment of our workforce from 2014/15.

Workforce investment

Leadership development has been and will continue to be a priority so that we can build transformational leadership capability in the organisation. We have invested £250k in a Transforming Leadership/ Transforming Care Programme for 93 ward managers/matrons/neighbourhood team leaders so that they have the skills and confidence to engage and lead their teams in change.

Our Academy provides support to our workforce as a centre for education, learning and development and

we have recently opened a Simulation Suite so that we can be at the forefront of education provision. GWH has developed strong partnerships with local Universities and is the destination of choice for final year medical students from Bristol University. Our Academy is also well positioned with our Academic partners to support the two way flow of theory into practice learning from the front line.

We have strengthened the professional role of nursing in the organisation by engaging with the nursing workforce to develop a Nursing Strategy which sets out our ambitions for nursing and therefore for quality of care. As part of this work, we have conducted a skill mix review and agreed to invest £1.1m in nursing ensuring that we have sufficiently skilled staff with the right values to meet our patient needs. A generic research nurse has also been recruited so that we can support our nursing staff to test through academic rigour new practices. We have strengthened the nursing leadership in the organisation which has provided a number of promotional opportunities in the organisation.

We have adopted monthly business planning reviews involving the directorate management teams including general and clinical leaders. Supported by the strategy and planning team these reviews are an opportunity to assure delivery, challenge activity to determine whether or not it continues to support strategic priorities, identify any new initiatives that will support the delivery of strategic priorities and provide a challenge forum for forecasting and planning. The approach requires new working practices, organisational culture change and associated learning, and for the senior management team to demonstrate leadership through active prioritisation of this activity, creating time for management teams to plan and reflect, embedding a strategic and sustained planning approach.

For 2013/4 workforce priorities include

- Developing new roles, e.g. assistant practitioners and maternity support workers;
- Build leadership capability so that our leaders and managers have the skills to, lead, engage and empower our workforce to ensure that the Trust has the skills to deliver transformational change
- Support workforce transformation by reviewing e-rostering and CRMS utilisation

Our workforce priorities beyond 2014 include:

- Support workplace transformation by aligning skills to pathways
- Develop a reward and recognition strategy to support innovation and delivery of the Trust strategy
- A strategic resourcing review to ensure our workforce is agile enough to adapt to changing needs
- Develop a leadership strategy that ensures we are recognising and developing our talent

Partnership Working

The Trust is using effective partnership working to support the delivery of work to advance key strategic priorities with a focus on not only addressing the immediate challenges but the longer term priorities.

Community transformation

Working with partners the Trust is committing resources to the review and redesign of services and working practices aimed at transforming the delivery of services within the community. The Trust has clear ambitions to genuinely transform the delivery of community services, linked to improving patient care through local provision, reducing demand on acute services and integrating care with wider health and social care partners. Key principles for community transformation include:

- Working with partners to deliver integrated care – including health and social care
- Identifying and understanding need, now and in the future
- Increasing productivity through service and workforce redesign
- The use of technology to drive and support change
- Assuring financial stability, sustainability and governance (including partnership arrangements)

The community transformation programme has clear in year plans for delivery supported by plans and

ambitions for the next 3 years. Shared priorities across key partners, supported by a jointly funded Programme Director position alongside meaningful engagement of key stakeholders in the transformation of services will enable real change and delivery.

Urgent and emergency care

The Trust has plans for both acute and community services. Urgent care boards have been established to advance a multi agency approach to addressing the significant issues facing urgent and emergency care. With health and social care partners in both Swindon and across Wiltshire we are working collaboratively to address immediate challenges and plan and redesign patient flow and pathways to meet demands. In Wiltshire this now takes a Countywide approach involving not only the Trust but Salisbury Hospital and the Royal United Hospital as the providers of acute services in other areas of Wiltshire.

External assurance

Our strategy and allied planning is based not only on our combined experience, that of our partners and key stakeholders, and of our collaborative scenario planning, but also on the insight of trusted advisors commissioned to work with us to address specific service challenges, specifically:

Quality

Deloitte conducted a review of the governance of quality within the Trust, the final report was structured to reflect Monitor's governance assessment framework, facilitating the identification of strengths and areas for development. We are advancing work informed by the recommendations in the following areas; strategy, capabilities, culture, processes, structures and measurement.

Sustainability

The Trust commissioned a review of the future risk to the financial and clinical sustainability of acute services at a speciality and whole Trust level, taking into consideration the work underway in the transformation of community services. The review concluded that overall the risks were manageable; however a key factor of sustainability is the delivery of recurrent CIPs.

Review of CIP Plans

The Trust's Business Planning process for 2013/14 identified a significant level of CIPs required to maintain services, improve efficiency and deliver savings to enable transformational service change. The Trust commissioned KPMG to carry out a review of the Trust's CIP plans, looking at both deliverability and the likelihood that they would achieve the specified outcome.

Monitoring and managing our delivery

The Trust has plans in place to deliver commissioned services providing the best quality care for patients. To ensure that all aspects of the Trust's service are planned and delivered in line with quality standards and key performance indicators and to that the decisions of the Board and the direction of the Trust are well informed a number of mechanisms and process are in place to monitor and manage our delivery.

Governance framework

The trust operates a robust governance framework with a clear Committee Structure and scheme of delegation. The Board is well informed and supported to make evidence based decisions, managers are empowered to deliver services and held to account for their areas of responsibility.

Risk Management

The Trust operates a robust risk management framework, ensuring that robust processes are in place including a proactive approach to the identification and management of risk and assurance to the Board.

Board Assurance Framework

The Board Assurance Framework is set by the Executive Committee and approved by the Trust Board annually. An internal audit undertaken in March 2013 granted the Trust substantial (green) assurance on

the design and implementation of the board assurance framework. The assurance framework sets out:

- the principal objectives to achieving the Trust's overall goals
- the principal risks to achieving those objectives
- the key controls to mitigate against those risks
- the assurances on those controls, and
- any gaps in assurances.

Operational delivery

The Trust is committed to the effective management and monitoring of performance across the organisation. In simple terms we need to be able to demonstrate that we have done what we said we were going to do. This relates to our commissioned services, maintaining quality and patient care.

Directorate management teams including the Associate Medical Directors, General Managers and Heads of Nursing meet on a monthly basis. These monthly performance meetings highlight delivery against the key performance indicators and follow a approach where any targets that are in danger of not being met are proactively reviewed. Actions to rectify any potential area of concern are agreed and any risk implications discussed and managed. The performance meetings proactively review deliverables including budgets, CIPs, CQUINs and QIPP.

Directorate management teams also undertake a monthly review of business plans and progress against the directorate plan, and interdependencies with other business plans. Review meetings look back over what has been delivered and forward to what must be done in the future. To support effective joined up working and to make the best use of 'planning time' some meetings are used as a specific drill down meetings to take a 'deep dive' and focus on key areas such as quality and IM&T.

Accountability Framework

To deliver the change and the performance that is needed over the next 12 months and beyond, it is essential that teams have both the autonomy and the accountability to deliver.

To provide clarity and accountability over who is accountable for the delivery of what, we established a Performance Accountability Framework for 2012/13. This set out what each of the Trust Directorates was required to deliver in terms of local and national priorities. In line with advances in the Trust vision and 10 work programmes and we are in the process of refreshing this for 2013/14.



The framework covers what directorates are responsible for and the support they can expect from other directorates. It also sets out the support that will be made available from corporate services and the Executive Team to assist Directorates in the delivery of their plans. In essence it is a contract between the Trust and Directorates that commits us all to doing the things we said we would do.

Conclusion

This Annual Plan represents the next step on our journey to co-design and deliver integrate health services with our partners and fellow providers. It details our priorities for delivery over the next three years and builds upon the strategic vision of the Trust – one which has been developed with the input of staff across the organisation, our Council of Governors and the Board.

In highlighting and acknowledging the key challenges we are facing at the same time as maintaining an unrelenting focus on continuing improvements in the standards of care, this document sets a clear direction for our Trust and our staff with the ultimate aim of improving the quality of care we provide.