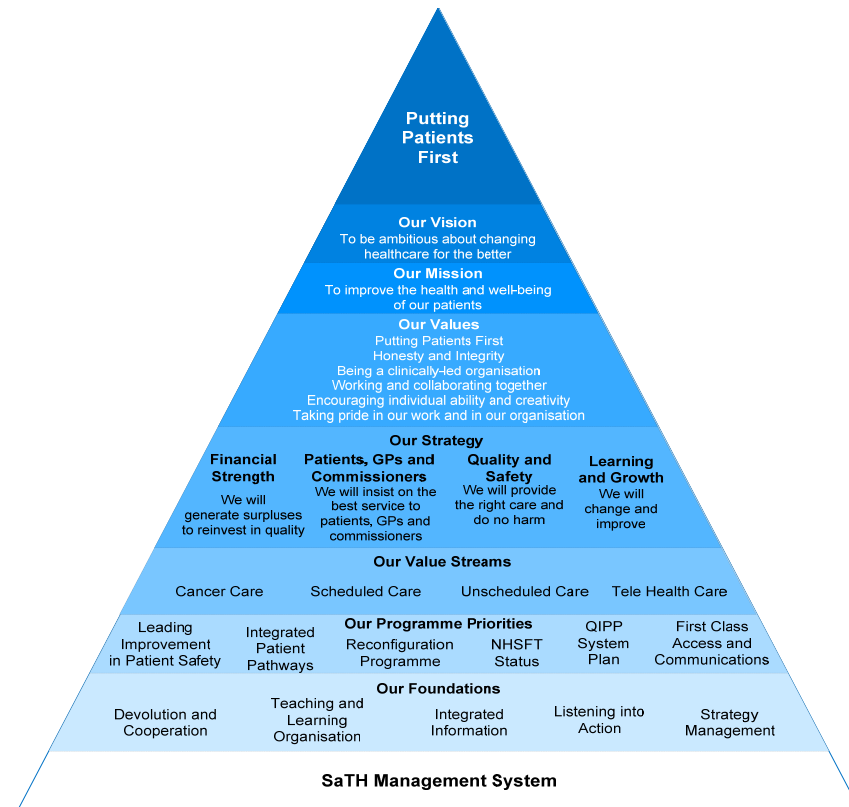


Strategic Plan 2011/12

Putting Patients First: Our Organising Principle



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Foreword

A New Approach

This summary Annual Plan describes the longer term strategic planning framework for the Trust that we have developed, how we will operate and sets out our priorities for 2011/12. It reinforces that **putting patients first is our highest priority** and is our organising principle that will underpin all of our developing clinical strategies and operational plans.

We have started by stating a new **vision** for the organisation that's about **being ambitious about changing healthcare for the better**. We have also described our core purpose through the **mission** of wanting **to improve the health and well being of our patients** and we have described the things that are most important to us as an organisation in a set of six value statements. These are all further described later in Chapter 3 of this document.

Developing a new strategy for the Shrewsbury and Telford Hospital NHS Trust has been an important task for us over the last few months. In large organisations such as ours, it is common for strategies to fail; poor communication, lack of ownership and ineffective implementation are commonly cited reasons. Like many other NHS organisations, we perhaps have not done it well in the past.

Effective communication to staff about strategy is vital if they are to contribute. We have therefore created our first **Strategy Map** for the Trust which you will find in Appendix 1. This is a unique visual summary of our organisational objectives set within four domains that help us to organise our plans: **Financial Strength** which describes how we will manage our finances to allow us to continue to invest in our services; the domain of **Patients, GPs and Commissioners** which describes how we will satisfy our customers and insist on the best services for them; **Quality and Safety** describes how we will always provide the right care for our patients; and finally **Learning and Growth** which describes our commitment to developing our internal processes to sustain our ability to change and improve.

We believe that focusing on these four domains will give us a balanced strategy. This document outlines our organisational objectives within each of these domains and identifies the priority initiatives that we will need to prioritise, commit to and resource in 2011/12 that will help us move towards achieving these objectives.

Whilst we have developed this plan by engaging with the Board, our staff, our patients and our stakeholders, we would still value further feedback and anticipate that we will continue to revisit and refine this map particularly as our new Centre Chief management structure begins to flourish. Centres should expect to have a big say in what our priorities are and in how we use our resources in future.

It is early days for our new clinical leadership and we are facing many challenges now which are articulated in this plan, but with every challenge comes an opportunity. We are looking forward to working with the new centres to develop these opportunities and align the strategies of the centres with these wider organisational goals. It will be a continuously developing process, something that we will monitor, measure and feed back to the organisation regularly over the coming months.

Putting Patients First

A Strategy For The Future

Our Strategy has been developed from one overarching organising principle: **Putting Patients First**. This has been the basis of our all decision making as we developed this strategic plan. It has helped us to decide what our priorities must be, how we will deliver them and how we will measure our success. Our first thought has to be what is right for the patient?

Our Organising Principle: Putting Patients First

Putting patients first means giving the best patient experience we can, doing so safely and using the evidence of what works best to inform our practice. When we get it right for patients we do it right first time. Not only is this better health care, it makes sense financially too. Not getting it right first time means spending longer putting things right that should have been right from the start. Like every other part of the public sector and the NHS in particular, we need to prepare for leaner times ahead. Our belief is that the two principle elements of our approach should be becoming more productive and becoming a safer service. These are themes developed further in this strategic plan.

Putting patients first will make us think what really matters so that we can focus on how we use our resources more wisely and afford to do more. It is about:

- Putting the patient at the very centre of our work.
- Focusing on the outcomes of the care that we deliver in order to deliver the most effective and efficient care.
- Supporting the development of clinical leadership throughout the whole organisation so that people who are closest to the patient are able to make decisions in the best interests of the patient.

Within this plan we have described our intention to develop a **Quality Improvement Strategy** that will be approved by the Board, but developed and owned by the whole organisation. It will describe our priorities for the improvements in patient safety, the improvements in patient experience and the improvements in patient outcomes that we are seeking. It will also make these improvements measurable so that we can track progress.

One of the key programmes that will support us in progressing this work will be the Leading Improvements in Patient Safety (LIPS) Programme which is described later in this document as one of our priority initiatives for 2011/12.

New Executive Portfolios

The Trust has made a commitment through its vision statement of being ambitious about changing healthcare for the better. Delivering and managing change requires high calibre, dynamic and committed senior leaders. The Trust is also facing some significant challenges during the forthcoming year both internally and externally that will require a correspondingly high calibre management response. To name just a few: developing our proposals further for the reconfiguration of our most challenged clinical services will continue to require a significant management and leadership resource capacity and capability; the changes in the commissioning structures through the developing GP Consortia will require us to develop new strategic relationships and the economic climate will challenge our capability to make the right decisions with our partners around which specific services we deliver and how we deliver them.

Over the last few months, the Executive Team has been reshaped to deliver the challenging agenda.

The recent new appointments will provide the organisation with the skills and capabilities to ensure that the Trust is able to deliver its strategy.

The Directors Portfolios have been realigned.

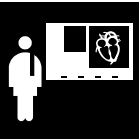
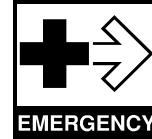




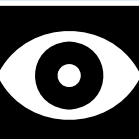




We have also appointed a new Non - executive Director with a medical background to complement our existing Non-executive Directors.

Director Portfolio			
<p>Director of Communications</p> <p>Chief Executive's Office Internal & External Communications Strategy, including Public Engagement, Public Affairs and Media Relations Relationship Management Strategic Communications advice to the Trust Board</p>	<p>Director of Quality & Safety Chief Nurse</p> <p>Strategy and Assurance for Patient Safety and Patient Experience, including Complaints, PALS, Chaplaincy and Patient Engagement Professional Leadership and Development for Nursing, Midwifery and Allied Health Professionals Infection Prevention and Control Safeguarding Adults and Children Nursing Advisor to the Trust Board</p>	<p>Director of Strategy</p> <p>Strategic Plan Annual Plan Accountability and Performance Framework Business and Performance Review Scenario Planning Strategic Planning advice to the Trust Board</p>	<p>Chief Operating Officer</p> <p>Service Delivery Operational Performance Strategic support to the Clinical Centres Strategic support to the Value Streams: Unscheduled Care, Scheduled Care, Cancer Care, Telehealth Major Incident Planning Estates & Facilities Service Transformation</p>
<p>Medical Director</p> <p>Strategy and Assurance for Clinical Effectiveness Clinical Performance (including medical appraisal, job planning and revalidation) Innovation, Research and Development Professional Leadership and Development for the Medical Workforce Medical Education and Training Medicines Management Information Management & Technology, Caldicott Guardian Medical Advisor to the Trust Board</p>	<p>Director of Human Resources</p> <p>Workforce Development, Redesign and Management Strategic Workforce Planning Strategic HR and OD advice to the Trust Board</p>	<p>Finance Director</p> <p>Financial Planning Financial Performance Financial Accounting Capital Planning Procurement Treasury Management Shared Services Charitable Funds Contracting Clinical Coding Strategic financial advice to the Trust Board</p>	<p>Director of Compliance and Risk Management</p> <p>Risk & Compliance (CQC, NHSLA, Monitor, Information Governance) Legal Services, Security, Health and Safety Company Secretary FT Project Director & Membership Office Volunteers/Charities Strategic compliance and risk management advice to the Trust Board</p>

The Clinical Leadership Structure

Completing the challenge of fully implementing Devolution and Cooperation and particularly aligning the internal management support and corporate support to the new centres is a key enabler, or foundation, for delivering a successful strategy. We now have our Clinical leaders in place through our Centre Chiefs. We have thought about the way we look to the outside world when we designed our management arrangements partly to make it easier for a GP or a patient to locate the part of our organisation that is best suited to their needs but also because we believe that by bringing together the staff who work together every day to provide particular services, we can encourage everyone to understand how what they do contributes to the goals and plans we have for our services. We want them to engage fully in decision making, be clear about their responsibilities and feel accountable for what they do.

These were the drivers in creating the Centres of Excellence which bring together services in a logical grouping which are shown below:

<p>The Shrewsbury and Telford Diagnostics Centre</p>  <p>TBC Radiology Pathology Neurophysiological measurement</p>	<p>The Shrewsbury and Telford Emergency and Critical Care Centre</p>  <p>EMERGENCY Dr Rob Law ITU HDU A&E MAU / Acute admissions Hospital@Night Clinical Site Managers Major Incident & Emergency Planning</p>	<p>The Shrewsbury and Telford Head and Neck Centre</p>  <p>Mr Andrew Prichard ENT Maxillo-facial surgery Oral surgery/orthodontics Restorative and community dentistry Audiology</p>
<p>The Shrewsbury and Telford Medicine Centre</p>  <p>Dr Rob Campbell Respiratory Medicine Stroke Medicine Cardiology, CCU, Cardio Respiratory, Cardiac Rehab Renal medicine General Internal Medicine Diabetes and Endocrinology Neurology Care of the elderly Cohort Ward Dermatology</p>	<p>The Shrewsbury and Telford Musculoskeletal Centre</p>  <p>Mr Piers Moreau Orthopaedics and trauma surgery Rheumatology Osteoporosis Pain Management</p>	<p>The Shrewsbury and Telford Oncology Centre</p>  <p>Dr Saif Awwad Clinical and medical oncology Palliative Care Clinical haematology Cancer Tracking</p>
<p>The Shrewsbury and Telford Ophthalmology Centre</p>  <p>Mr Ewan Craig Ophthalmology Outpatients Orthoptics Booking / Scheduling</p>	<p>The Shrewsbury and Telford Pharmacy Centre</p>  <p>Mr Bruce McElroy Dispensing Medicines Management Aseptic Suite</p>	<p>The Shrewsbury and Telford Surgical Centre</p>  <p>Mr Tony Fox Urology Vascular surgery Colorectal and upper GI surgery Breast Surgery General surgery Anaesthesia Day case surgery Theatres Gastroenterology Endoscopy Private Practice Sterile Services</p>
<p>The Shrewsbury and Telford Therapy Centre</p>  <p>TBC Physiotherapy Occupational Therapy Speech and Language Therapy Dietetics</p>	<p>The Shrewsbury and Telford Women and Children's Centre</p>  <p>Mr Andrew Tapp Obstetrics Midwifery Paediatrics Neonatology Fertility Services Gynaecology</p>	<p>Value Stream: Cancer Care Dr Narayanan Srihari</p>
<p>Deputy Medical Director - Clinical Performance Mr Chris Beacock</p>	<p>Associate Medical Director - IM&T Dr Nigel Tuftt</p>	<p>Value Stream: Scheduled Care Mr Mark Cheetham</p>
		<p>Value Stream: Tele Health Care Mr Mark Prescott / Dr Darren Warner</p>
		<p>Value Stream: Unscheduled Care Dr Kevin Eardley</p>

The Value Streams

We have established four value streams which will focus on Cancer Care, Scheduled Care, Unscheduled Care and Tele healthcare each with a clinical leader. The work of the Value Stream Leads (VSL) is to:

- Map the current state for the part of the service they are responsible for designing. We imagine this will be a very collaborative and open approach, hearing from as many different perspectives as possible. The purpose is to produce a current state map for the element of service under review. Service design support (people and tools) will be provided.
- Work on a vision that can be agreed as the way ahead.
- Work out by re-drawing the current map how the service could be re-shaped to deliver the vision (strategy).
- Work with the Centres to sign them up to delivering their part of the strategy.
- Keep the Executive Team briefed on progress and alert them to problems, challenges and opportunities

The VSLs have already identified their key goals and top three priorities for the next six months:

Scheduled Care

Key Goals	Top 3 priorities
To improve patient experience To reduce waiting times for treatment To improve efficiency of planned care	Reducing the length of stay for elective patients The Productive Operating Theatre The Outpatient Project

Tele health Care

Key Goals	Top 3 priorities
The implementation of tele health solutions within SaTH and the PCTs To explore tele health related business opportunities locally and further afield	To take an inventory of current SaTH projects To liaise with departments and Centre Chiefs re. potential projects To investigate and assess current solutions in action

Cancer Care

Key Goals	Top 3 priorities
To Improve the Outcomes of Cancer Care To Improve the Efficiency of the Cancer Care Pathways To Improve Patient Experience	To set up the team to support the Cancer Pathways To Develop a Cancer Strategy for the Trust To Establish links with Patient Groups, GPs and Network

Unscheduled Care

Key Goals	Top 3 priorities
Streamline patients' pathway by Expected Date of Discharge (EDD) "right person in the right setting" Develop Ambulatory Emergency services for all specialities Improving consistency and equality of care Improving communication and collaboration with primary care colleagues	Early and assertive management plan with Acute Physicians onto both sites Embed the practice of discharge planning on admission Develop IT system that will support effective bed management and patient process management to timely discharge

These priorities will be taken forward by the VSLs through a programme management approach with the support of the Service Improvement Team. As part of the new approach to managing, reporting and reviewing our strategy, we will develop a series of metrics that will provide assurance at an operational level on a daily, weekly and monthly basis that our interventions are having the impact we expected. We will also develop a smaller number of key performance indicators that will provide assurance to the Board that our strategy is appropriate. More detail on how we will measure success is referred to in Chapter 8: Making it Measurable.

In addition to Centre Chiefs and Value Stream Leads, we have appointed into two important corporate medical leadership roles: Deputy MD - Clinical Performance and Associate MD for IM&T. Medical revalidation is a key priority for 2011/12 and preparing for it will be a key priority for the deputy MD -Clinical Performance. Both information technology and the production of information must be aligned with the organisational objectives of the Trust. How we decide to use technology, and where we make investments will be judged against our core values, particularly putting patients first and the patient safety agenda. Taken together all these roles create an important new force for change within the Trust

The most successful organisations are strategy focused: they recognise that in order to successfully implement strategy, they must not only clearly articulate it to their staff and obtain ownership and accountability, but they need to introduce a systematic approach to a continuous process of monitoring and review.

The SaTH Planning Cycle therefore brings together the fundamental elements of integrated strategic planning. This process will inform the individual Centre Plans and the Trust wide plans which will ultimately produce an Integrated Business Plan for the Trust.

In order to deliver the transformational change that is required and to ensure that we manage our services in the future, we require a robust planning approach. We must develop and implement long term clinical strategies and produce short term operational delivery plans that will demonstrate how we are going to shape and change services in the future whilst at the same time identifying how we are going to manage the next 12 months.

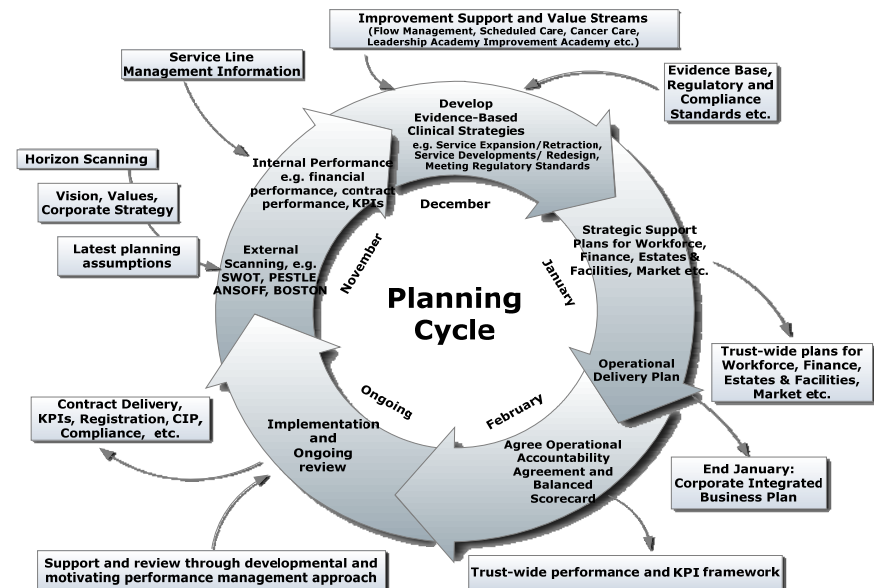
The Trust's business planning cycle describes the process that we will follow that will support the Centres to formulate their strategies and develop their future plans. The inner circle describes the activities at service line level within each Centre, whilst the outer activities describe the input, support, engagement and outputs from the corporate teams and the value streams. With the support of the Strategy team, even in their shadow form, the majority of Centres have already drafted their business planning priorities for 2011/12. Chapter 9 provides examples of these priorities.

Shape and sense-making: by scanning the horizon to develop the overarching vision, values and corporate strategy and to define the planning assumptions.

Information and tools: such as SWOT, PESTLE and Service Line Management reports to enable us to understand our current position. Existing evidence base, statutory regulations and compliance standards to understand our requirements.

Coherency and strategy: by drawing together service line plans into a coherent integrated business plan for the Trust which will be supported by detailed plans to manage our finances, workforce, estate and facilities and our marketing activities.

Challenge and support: for example through operational accountability agreements that support and stretch service lines to improve patient care.



Articulating Our Plan: The Pyramid

As we have already outlined, many organisations fail on being able to articulate strategy to staff. We have been mindful of this in developing our Pyramid which describes the SaTH Management System.

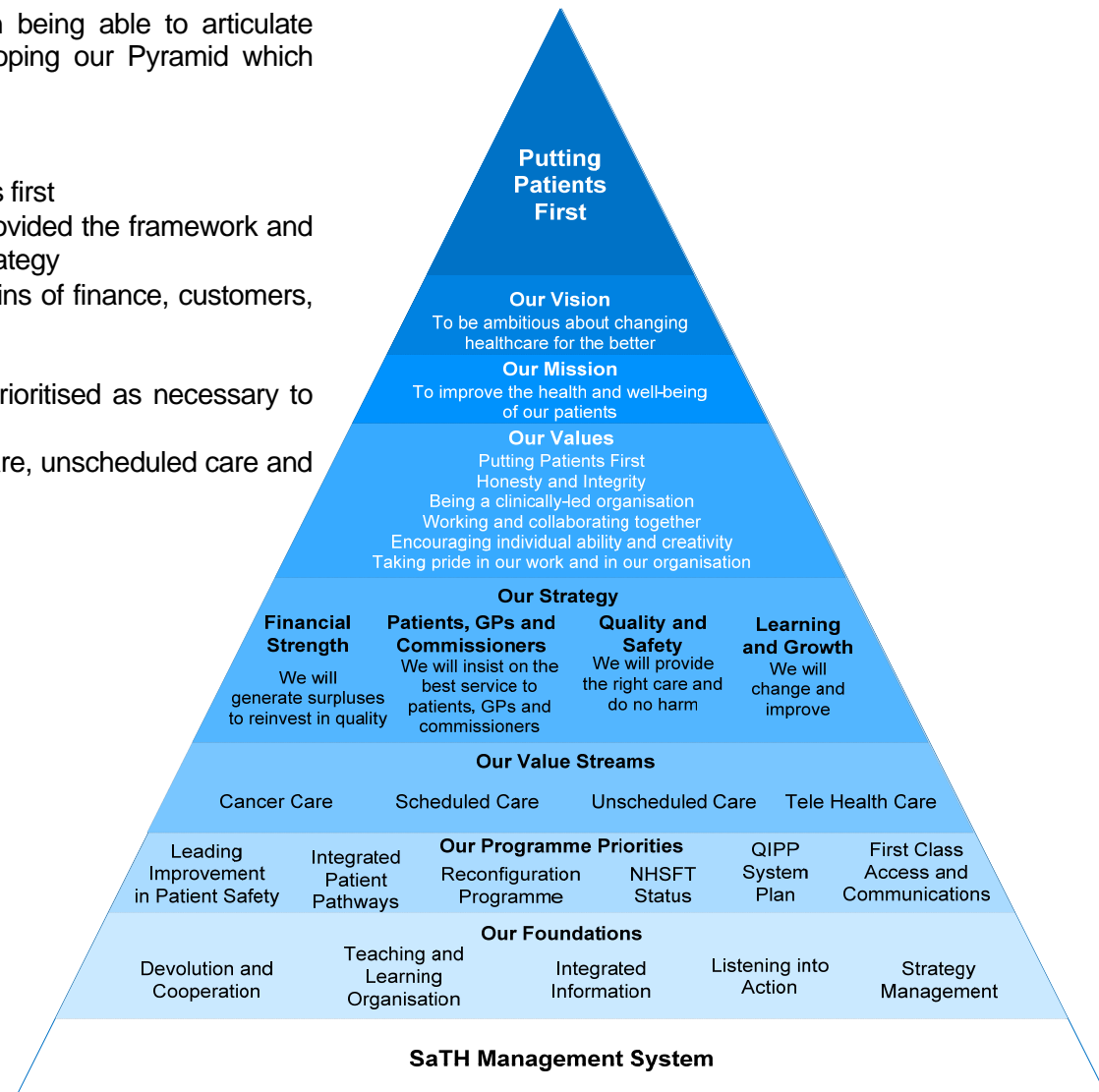
The Pyramid is a simple way of:

- describing our organising principle of putting patients first
- articulating our vision, mission and values which provided the framework and boundaries within which we have developed the strategy
- setting our balanced strategy across the four domains of finance, customers, internal processes and learning and growth

It also describes the enablers and foundations we have prioritised as necessary to deliver our strategy in terms of:

- our four value streams in cancer care, scheduled care, unscheduled care and tele health care
- our programme priorities
- our foundations for success

The chapters that follow describe each of these elements.



Our Vision

What is our vision of the future?

Our vision is **to be ambitious about changing healthcare for the better**

We will create better ways of meeting patient needs that will become widespread in the NHS...We will be the first UK health care provider to offer an at scale deployment of telehealth technology to help patients stay well and recover in their own homes...We will succeed with innovative models and programmes of care that revolutionise the way that our services are perceived by the public...Our every day standards will be the benchmarks that other Foundation Trusts aspire to...

Our Mission

What is our mission? What is our core purpose and why do we exist?

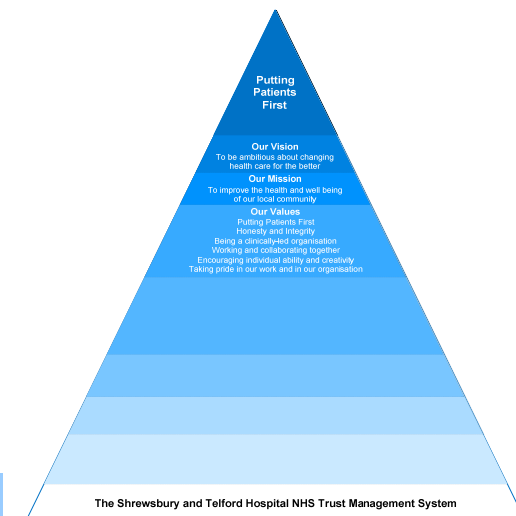
Our aspiration is **to improve the health and well-being of our patients**

At SaTH we all believe that our role as individuals and as an organisation is to provide the safest possible care at the highest level of quality we can afford using the best evidence of what provides the greatest benefit to patients. We all want to put patients first. This is the organising principle behind our new arrangements. We believe '**putting patients first**' is a simple and clear way to remember what we are all here to do.

Our Values

These are the things that are most important to us and they represent the key principles which are at the heart of our strategic thinking.

- **Putting patients first – service to the patient above all else**
- **Honesty and integrity – dealing with the facts**
- **Being a clinically led organisation**
- **Working and collaborating together**
- **Encouraging individuality, ability and creativity**
- **Taking pride in our work and in our organisation**

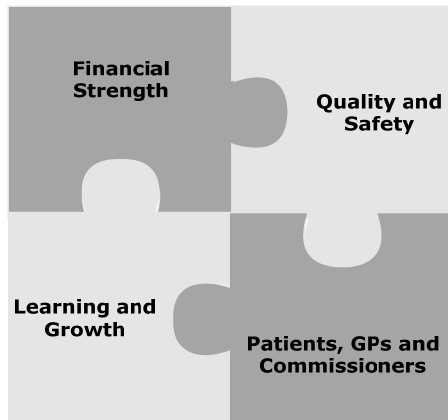


Strategic Planning Framework: Balanced Score Card Approach (BSC)

Adopting the new approach to planning has helped us to develop future strategies and business plans that are evidence based and sustainable within the climate in which we are operating. We cannot afford to focus solely on money to the detriment of quality and likewise we cannot develop technological solutions if it is not of benefit to our customers. To ensure that we consider all aspects we have adopted a balanced scorecard approach which has guided us through the process and we have considered plans from four different perspectives or strategic domains. Our four strategic domains are:

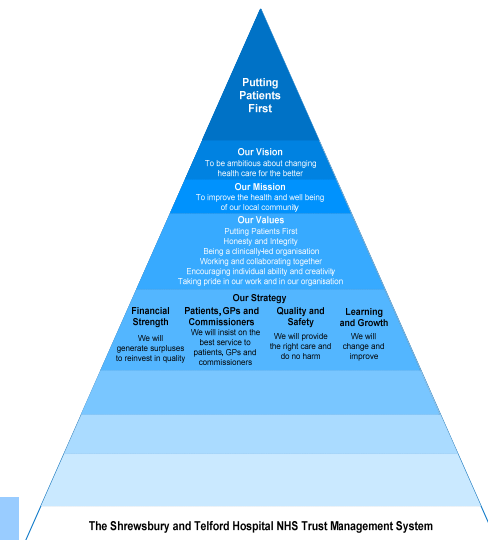
- Financial Strength [Financial perspective]
- Patients, GPs and Commissioners [Customer perspective]
- Quality and Safety [Internal perspective]
- Learning and Growth [Learning perspective]

The organisational objectives have been developed through a process of stakeholder needs analysis and an understanding of the gap of where we are and where we want to be. We have established twenty eight long term organisational objectives divided across our four domains. Developing a strategy that is balanced between the four strategic domains will ensure that we:



- Focus on what it will take to create the financial strength to enable us to **invest in the quality of our service**.
- Focus on what we have to do to **meet the needs of our patients and GPs**.
- Focus on what internal processes we must excel at if we are to improve the **quality and safety** of our care.
- Focus on the **learning and growth** that will prepare us for the future through developing our staff, the technology we use and the innovation we create.

We believe that you cannot manage what you cannot describe. We have therefore produced a Strategy Map, a “plan on a page” which represents the most important elements of our strategy. This plan on a page will help everyone to understand what we must do to deliver our strategy and achieve our vision of the future. (Appendix1). We anticipate these objectives being relevant at least over a five year period, but we will continually review and refresh our strategy on a quarterly basis.



Our Organisational Objectives

A. Financial Strength: We will develop and deliver robust services that generate surpluses to reinvest in quality

- A1. Develop and implement sustainable clinical strategies
- A2. Develop and grow services which make a positive financial contribution
- A3. Increase surpluses to reinvest in quality and innovation
- A4. Maximise the productivity and efficiency of our services
- A5. Eliminate waste and non value adding processes

B. Patients, GPs and Commissioners: We will insist that we deliver the best service to our patients, GPs and commissioners

- B1. Involve patients in decisions about them
- B2. Ensure our patients have a good experience
- B3. Deliver services that are convenient and timely for patients
- B4. Ensure access to clear care pathways to meet the needs of our patients
- B5. Improve our appointments system and processes
- B6. Improve our communication processes and the information we provide
- B7. Work in partnership to ensure services meet local healthcare needs
- B8. Engage appropriately with GPs to plan and deliver future services
- B9. Reflect commissioners' plans in our capacity plans and deliver our contractual commitments

C. Quality and Safety: We will always provide the right care for our patients and ensure that they suffer no harm

- C1. Ensure that we learn from mistakes and embrace what works well
- C2. Design care around patient needs
- C3. Provide the right care, right time, right place, right professional
- C4. Deliver services that offer safe, evidence-based practice
- C5. Meet regulatory requirements and healthcare standards
- C6. Ensure our patients suffer no avoidable harm

D. Learning and Growth: We will develop our internal processes to sustain our ability to change and improve

- D1. Learn to improve, innovate and cooperate continuously
- D2. Develop game changing tele-health and other technologies
- D3. Devolve responsibility and accountability and cooperate with each other
- D4. Adopt and develop a clinically led structure
- D5. Ensure that Information Management and Technology works for us
- D6. Adopt behaviours that match our core values
- D7. Build service redesign capacity and capability
- D8. Invest in a more flexible and responsive workforce

Our Priority Initiatives

Understanding where we are today and where we want to get to has enabled us to identify the gaps that exist within our services. We have set our **organisational objectives** for the longer term. We have also identified **priority initiatives** for 2011/12 that will begin to close these gaps. These are **projects, programmes, foundations** or **supporting strategies** that will help us to achieve our overarching strategy, accomplish change, improve our processes, create capacity or improve our performance.

We accept that we cannot do everything at once and 2011/12 brings with it a number of key priorities that are absolutely critical to the long term sustainability of the organisation. For example progressing our reconfiguration proposals for our most challenged services to the next stage and meeting the agreed milestones within our Foundation Trust (FT) Programme. This section describes some of these priority initiatives. Where they form formal Programmes or Foundations within the SaTH management system, they are also referred to in Chapters 6 and 7 respectively.

Each initiative has an assigned Executive Director as a sponsor who will be accountable for its delivery. Whilst the initiatives are cross cutting in nature, they do align more with one or two specific objectives. This section of our plan identifies these priority initiatives against each organisational objective.

Objectives And Initiatives for 2011/12

A: FINANCIAL STRENGTH: we will develop and deliver robust plans that generate surpluses to reinvest in quality		
Priority Initiative	Executive Leads	Organisational Objective
Develop 5year Clinical Strategies for all Centres Deliver key milestones within the Reconfiguration Programme Establish and deliver key milestones within the FT Programme	Director of Strategy Director of Compliance and Risk Management	A1. Develop and implement sustainable clinical strategies A2. Develop and grow services which make a positive financial contribution
Implement Service Line Management and Reporting	Finance Director	A3. Increase surpluses to reinvest in quality and innovation
Develop effective Demand and Capacity Modelling Capability	Chief Operating Officer	A4. Maximise the productivity and efficiency of our services
Agree and deliver key milestones in the Trust QIPP plan and work with Commissioners to support them in delivering the health economy wide system Plan	Finance Director and Chief Operating Officer	A5. Eliminate waste and non value adding processes

B: PATIENTS, GPs AND COMMISSIONERS: We will insist that we deliver the best service to our patients, GPs and Commissioners

Priority Initiative	Executive Leads	Organisational Objective
<p>Develop a Quality Improvement Strategy to include: patient engagement; enhanced patient experience monitoring; setting and monitoring standards in communications with patients and an improved appointments system</p> <p>Agree care pathway redesign priorities in partnership with primary care and embed within Centre and Value Stream Plans</p> <p>Deliver an Operational Improvement Plan for the Trusts appointments system that will result in first class access and communications for patients</p> <p>Develop a GP Information and Engagement Strategy that will include: Ensuring timely, accurate and informative discharge information is provided to GPs and other healthcare providers (MD); developing the relationship with GP commissioner through the Transitional Board (MD); establishing an account management approach to GP providers as an extension to the GP liaison service</p>	<p>Director of Quality and Safety and Chief Nurse</p> <p>Chief Operating Officer</p> <p>Chief Operating Officer</p> <p>Medical Director and Director of Strategy</p>	<p>B1. Involve patients in decisions about them B2. Ensure our patients have a good experience B3. Deliver services which are convenient and timely for patients</p> <p>B4. Ensure access to clear care pathways to meet the needs of our patients B7. Work in partnership to ensure services meet local healthcare needs B9. Reflect commissioners' plans in our capacity plans and deliver our contractual commitments</p> <p>B5. Improve our appointments system and processes</p> <p>B6. Improve our communication processes and the information we provide B8. Engage appropriately with GPs to plan and deliver future services</p>

C: QUALITY AND SAFETY: We will always provide the right care for our patients

Priority Initiative	Executive Leads	Organisational Objective
<p>Develop a Quality Improvement Strategy that will include (DQ&S):</p> <ul style="list-style-type: none"> Improvements in Patient Safety: LIPS Programme ; Patient safety walkabouts; zero defects culture. Improvement in patient experience: Putting Patients First; Observing Care Initiative; bringing quality impact assessments into service reviews; Dementia Services Strategy; End of Life Strategy; learning from complaints. Clinical Effectiveness: Focusing on outcomes; long term conditions management; new quality account arrangements; early warning systems; medical revalidation 	<p>Director of Quality and Safety and Chief Nurse</p>	<p>C1. Ensure that we learn from mistakes and embrace what works well C2. Design care around patient needs C3. Provide the right care, right time, right place, right professional C4. Deliver services that offer safe, evidence-based practice C5. Meet regulatory requirements and healthcare standards C6. Ensure our patients suffer no avoidable harm</p>

D: LEARNING AND GROWTH: We will develop internal processes to sustain our ability to change and improve

Priority Initiative	Executive Leads	Organisational Objective
Develop an OD Strategy(CEO) including: Workforce Transformation Programme; Leadership and Improvement academies (DR&C); e learning step change (DoHR); Teaching and Learning strategy(MD);	Chief Executive, Director of Compliance and Risk Management, Director of Human Resources, Medical Director	D1. Learn to improve, innovate and cooperate continuously D6. Adopt behaviours that match our core values
Develop IM&T Strategy including; Integrated information systems (FD); prioritised IT Projects(FD); Development of Tele health Strategy (COO)	Finance Director, Chief Operating Officer	D2. Develop game changing tele-health and other technologies D5. Ensure that Information Management and Technology works for us
Devolution and Cooperation: Implementation of new clinical leadership and management structure (COO); establish business planning framework and accountability agreements(DoS); OD Strategies for Centres (COO); Maximise the value of the Advisory Board Company (CEO) Grow Commercial and Marketing Capability (DoS / FD)	Chief Operating Officer, Director of Strategy, Chief Executive, Finance Director	D3. Devolve responsibility and accountability and cooperate with each other D4. Adopt and develop a clinically led structure D7. Build service redesign capacity and capability
Listening into Action Programme: To ensure we are a listening organisation where action is taken to support staff in improvements (DQ&S / DoC)	Director of Quality and Safety and Chief Nurse and Director of Communications; Chief operating officer	D8. Invest in a more flexible and responsive workforce

We have now identified the key initiatives for 2011/12. It is important that we are able to measure whether they are having the expected impact in delivering our organisational objectives both at an operational and Board level. Identifying **measures** and **targets** that will provide us with this assurance will be covered in Chapter 8.

SaTH Business Strategy



Leading Improvement in Patient Safety (LIPS)

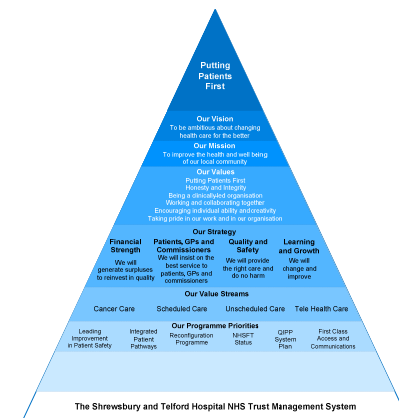
Making our hospitals a safer place for patients is one of our main aims over the coming months and years and is a key strand within our strategy. Our involvement in the LIPS Programme will be a key priority for 2011/12. This is a national programme, supported by the NHS Institute for Innovation and Improvement. The Institute has worked with the Royal Colleges and others to support building an NHS where every member of staff has the passion confidence and skills to eliminate harm to patients.

150 members of staff from the Board to the Ward attended a LIPS Taster Day on 16th March 2011. We heard about organisations that have developed system level safety priorities successfully. We also heard about the science of making mistakes and how to develop a culture change of zero tolerance. The LIPS programme will facilitate the Trust in prioritising its service-level aims on patient safety. It will help shape the Quality Improvement Strategy described as one of our priorities for 2011/12.

Integrated Patient Pathways

Integrated Patient Pathways are important because they help to reduce unnecessary variations in patient care and outcomes. They support the development of care partnerships and empower patients and their carers. Supporting our “Putting Patients First” principle we must develop pathways that are patient focused and will improve the co-ordination and consistency of care. Emphasis should be placed on the provision of safe and appropriate care that is most suitable for each individual patient and informed by robust clinical evidence base and / or consensus of best practice.

The Trust has already done a lot of work in this area recently. Examples within Musculoskeletal services are revised pathways for hips and knees that have been developed by multi-disciplinary teams. These teams comprise of doctors, nurses and therapists who have worked with colleagues within the local health economy to consider the patient’s journey from pre-operative assessment right through to discharge. The implementation of these new pathways has resulted in a reduction in the length of stay for elective orthopaedic inpatients at PRH. This is a significant benefit for both patients and the Trust. Work is ongoing in other areas and we are working closely with patients, commissioners and other providers to improve the patient experience and outcomes through better integration.



Reconfiguration Programme

The Future Configuration of Hospital Services Programme was established in summer 2010 to secure high quality, safe, sustainable hospital services with the goal of keeping services in our hospitals in Shrewsbury and Telford. The Trust has just completed the “Assurance and Consultation” phase of the Programme and has made a series of recommendations to the Board and to the PCT Boards to take our proposals to the “Planning for Implementation” phase and development of the Outline Business Case (OBC). The “Next Steps” document received by the Board on 24th March outlines a series of key milestones in 2011/12 that include the production of the OBC by June 2011 and a FBC presented to the Trust Board by October 2011. This will be a priority Programme of work in 2011/12 that will require resourcing both in terms of capacity and capability.

NHSFT Status

The Trust plans to be authorised as an NHS FT by December 2013. We have recently submitted a Tripartite Formal Agreement (TFA) to NHS West Midlands (NHSWM) that sets out this time frame and the issues that need to be addressed for us to submit a successful application by the agreed date. It will be signed off by the Trust, NHSWM and the Department of Health (DH). The key challenges for the Trust are:

- Addressing the issues identified with the recent reconfiguration proposals for our most challenged services
- Improve service performance in a number of areas eg 18 weeks and A&E
- Delivering a improved and sustainable financial plan including robust CIPs
- Delivering the necessary improvements in quality and safety

A set of actions, key milestones and responsibilities have been proposed within the TFA towards achievement of the December 2013 timescale. One key element of this is to appoint a Programme Management Office. These milestones will be monitored by the Trust Board through its own performance framework and also by the SHA and the DH on a regular basis through the TFA review process.

QIPP System Plan

Nationally, it has been recognised that there is a potential gap between resources required and resources available of £15-20 billion cumulative by 2014/15 if the NHS carries on as it does now. The NHS has adopted a national strategy therefore for responding to this challenge that combines:

- A recognition that at present there remain inexplicable variations in quality of care and health, and of the use of health services, with many opportunities to significantly improve quality through raising the many to the levels of the best...not carrying on doing what we do now but looking for ways to do it better
- A recognition that in many instances, improving quality can also reduce costs (for example, reducing rates of infection)
- A recognition that whilst the NHS often does a great job, it is better at responding to ill health when it becomes a serious problem than spotting problems earlier and heading them off at the pass before they get serious
- A recognition that with the assistance of new technologies, it is now perfectly feasible to support care at home or in the community that was previously the sole domain of high tech hospitals
- A recognition that there are still many examples where the NHS is simply not maximising productivity in how it works (e.g. duplication of treatment or diagnostic processes, high levels of temporary staff usage, or not achieving potential day case rates) or value in how it buys things in (procurement)
- A recognition that some of the opportunities for health and social care to work together to streamline care are not being maximised

- A recognition that some of what the NHS provides to patients is of low clinical benefit and that it is inappropriate in times of economic restraint for such activity to be allowed to crowd out other activity that offers greater clinical benefits
- A recognition that the management costs within the PCTs and SHAs will be reduced

This combination has been brought together under the banner of QIPP, Quality Innovation Productivity and Prevention, and all local organisations in the NHS have been developing plans for how to realise these opportunities locally including SaTH. The process is being led by the PCTs and we are working closely with our partners in health and social care to develop a QIPP plan that will provide a clinically and financially sustainable health service for Shropshire, Telford and Wrekin and mid Wales.

First Class Access And Communications

Timely, accurate and effective communication with our patients and their advocates within the healthcare system, who take action and make decisions on their behalf, is essential to our reputation and to delivering safe high quality services. This is about our commitment to “**putting patients first**”. It is about ensuring that our customers, including patients and GPs, can access our services easily; are able to identify which services they require and be able to access those services at a convenient time to them. We have to have fit for purpose administrative systems that back up these promises from referral to discharge. Some of our priorities include:

- Working closely with GPs to design integrated pathways of care that are well “signposted”.
- Developing Choose and Book and the advice and guidance systems is a priority
- Resolving demand and capacity issues for those specialties where there is a mismatch
- Reviewing options to support electronic discharge information to provide timely reporting to GPs to best manage patients when they leave our hospital.

We are committed to delivering services that meet the needs of our local population and to working in partnership with our GPs and commissioners to deliver whole health economy benefits. We recognise we need to improve access to, and responsiveness of, our services and we have plans to address this which will help patients, the public, GPs and other stakeholders have a better experience and outcome of their contact with us.

Devolution and Cooperation: Our New Structure

In October 2010 we described how we needed to devolve power to the frontline and simultaneously cooperate so that we help one another to succeed. The Centres of Excellence model is being implemented, we have appointed Centre Chiefs and have begun to develop the supporting management structures which we believe will deliver success to the organisation.

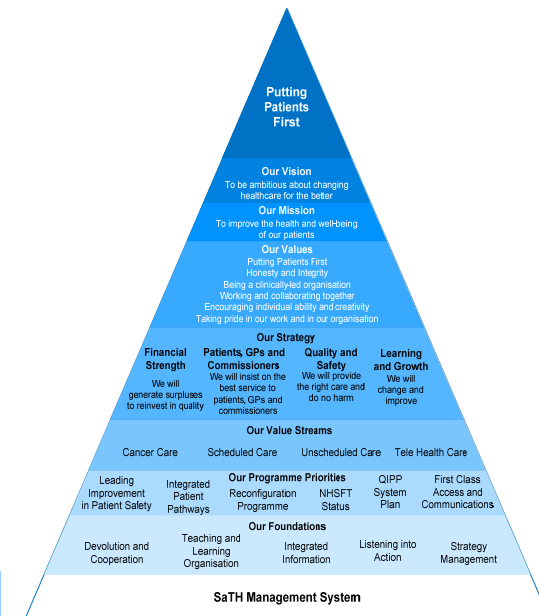
The hallmarks of this new way of working once fully embedded will be:

- Clarity about who is responsible and for what: everyone will know who to ask if they need a decision about an issue they cannot decide for themselves.
- Being very clear about roles and responsibilities.
- Speeding up decision making, eradicating unnecessary meetings, doing a better job of communicating (everyone must play their part in this).
- A focus on action: the outcome of decision making is not a decision – it is implementation.

The development of our Centres of Excellence model will ensure that our clinicians lead our clinical services as they are best placed to understand the needs of the patients they serve and to respond to the changing circumstances the service faces. In addition to these Centres we have also created the four value stream leaders who will work with the Centres to deliver improvements in the care we provide. The work within these value streams will have a major impact on the success of the whole Trust and has already been described in Chapter 2.

In 2011/12 we have to complete and embed the new management restructure from divisions to centres. We will also have to look at how the corporate functions can outreach into the new centres to provide the support they need. It is anticipated that as the centres develop a number of corporate functions will be fully devolved into the structures. However we recognise that there is a transition to manage in the short term.

With devolved structures comes devolved accountability and the Trust has developed draft Accountability Agreements that will make clear the commitments of the Centres and the corporate functions in delivering the Trusts agreed priorities.



Teaching And Learning Organisation

This is about establishing the ethos that will enable learning and growth. In addition to the existing training and development opportunities we are going to create two academies in 2011/12 to help grow and develop the leaders we will need. Academies will be about giving Centre Chiefs the support and skills they need to enable their Centres to succeed.

The Leadership Academy (LA) – the Leadership Academy is a partnership between the SEC Charitable Foundation, SATH Charitable Trustees, SATH, PCTs and Commissioners and a range of expert practitioners and organisations that together will form the Faculty of the Leadership Academy. The Leadership Academy exists to offer all staff who have leadership roles the opportunity for personal development, action learning, skills acquisition and career and personal guidance, coaching and mentoring. For the avoidance of doubt, we believe that leadership needs to exist throughout the Trust and across the local health economy and at all levels.

The Improvement Academy (IA) – the Improvement Academy is a partnership between the SEC Charitable Foundation, SATH Charitable Trustees, the Virtual College, SATH, PCTs and Commissioners. The Improvement Academy exists to develop individual and organisational capability in improvement techniques. It will offer training, vocational qualifications, team development and problem solving workshops.

Integrated Information

This is about making sure we can measure the things that will make the biggest difference to patients wherever they are in the health and care system. There are huge opportunities to support our internal efficiency programme with improvements in our patient administration systems and processes. We also wish to develop game-changing tele health and other similar technologies that will not only potentially produce efficiency gains but will also improve the experience for patients if they are able to have fewer visits to the acute hospital setting.

We have to ensure that IM&T works for us and that will mean a difficult project prioritisation process. Both information technology and the production of information must be aligned with the organisational objectives of the Trust. How we decide to use technology, and where we make investments will be judged against our core values, particularly putting patients first and the patient safety agenda.

Listening into Action

There is widespread recognition across the NHS at all levels, from Chief Executive through to front-line clinicians and staff, that a key enabler to transforming services for patients is the re-engagement of staff to drive and own the positive changes we all want to see. It is clear that no amount of inward investment, re-structuring or reconfiguration can, in itself, deliver the step change in quality and safety of care or the associated improvement in working conditions, environment and culture that staff crave, unless we fundamentally change the way we do change.

Listening into Action (LiA) is about engaging and empowering leaders and staff to improve outcomes for patients, staff and the organisation as a whole. Following the success of early pilot work with more than 50 trusts, a new approach has been developed in the NHS over the past two years to systematically engage and empower staff. There is already an extensive evidence-base of powerful stories and results attributable to working 'the LiA way', across a wide range of organisations, economies and teams.

LiA will ensure that we connect all the right people around the right challenges. It is about collaboration across the usual boundaries to share perspectives, come up with great ideas together, and develop an emerging consensus and sense of ownership for the changes staff want to see. Our staff are our greatest assets it is they who deliver services on the wards and in the departments and listening to their comments and ideas is really important as ultimately it is they who know what improvements need to be made.

The Trust is currently in the process of evaluating and assessing the impact and requirements associated with adopting and implementing this approach. Several external companies provide expert coaching and navigation tools which would help the Trust in the early stages of implementation, as well as provide access to other LIA networks to share experience and best practice.

Strategy Management

Many organisations are able to describe Strategy but few successfully execute it. Research reveals that on average 95% of employees within a company are unaware of or do not understand its strategy. There is therefore often a gap between ambition of an organisation and performance.

The new approaches we have described within this document are intended to ensure that we become a “Strategy-Focused Organisation” (SFO) where we monitor and manage our strategy as well as our operational performance. We have adopted the approach of Kaplan and Norton who identified the essential strategy management processes that every organisation must manage and master to ensure its ongoing success. This work will be led by the Chief Executive and executed by the Director of Strategy. It will include:

- The use of simple models and language to articulate and integrate strategy such as the “Plan on a Page” and the “Pyramid”
- Further develop the Balanced Score Card approach to planning across the four strategic domains of finance, customer, quality and learning
- Designing a structured framework to identify, monitor and evaluate strategic initiatives, programmes and projects
- Continuous checking process for organisational alignment both internally and externally
- The development of a strategic Balanced Score Card to drive key objectives
- The development of a series of “cascading dashboards” to monitor operational performance
- Reviewing progress against our strategy as a routine
- Further embed our strategic planning cycle within the centres.

Key to successful strategy execution is the selection of the right measures to assess whether we are moving in the right direction to achieving our organisational objectives and that the initiatives we have prioritised are having the desired effect. Chapter 8 describes this key step in the process.

Measures And Targets

It is not sufficient to just articulate our organisational objectives, our initiatives and our programmes of change; we have to make them tangible in terms of how do we measure and monitor our progress towards achieving them in 2011/12.

Our Objectives have to become **SMART: Specific, Measurable, Achievable**, with clear **Responsibilities** and **Timescales** defined for each. Our programmes and other initiatives have to have detailed plans behind them with key milestones identified.

We need to be able to monitor performance and in order to do this, the Trust will identify specific **measures** that will enable us to do this.

Once we know what we are going to measure we need to establish where we want to get to, the standards which we aspire to reach and these standards will be our **targets**. Our underlying principle is putting patients first and therefore the Trust will set ambitious targets as our patients deserve the best.

Our approach will be to establish a set of measures and targets that are meaningful. We need to start by agreeing what are the most critical success factors. These will be issues that will have a broader influence cutting across a number of the objectives within the balanced score card - examining those that have a cause and effect across the domains. It will be here where we will select the key performance indicators (KPIs). It is recommended that an organisation has no more than twenty KPIs and these are the measures that will be reported to the Executive team and the Trust Board and will track whether the strategy is having its intended effect.

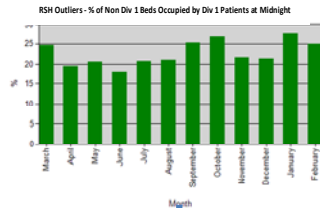
Beneath these key indicators will sit many other performance (PIs) indicators that will be used operationally on a day to day basis to measure performance and take action. There are likely to be many PIs for each of our organisational objectives with many organisations having up to a hundred plus.

Whilst the Board would normally only receive the KPIs, should performance drop, there can be a “deep dive” into the suite of PIs behind it to provide further assurance or analysis of the problem and action.

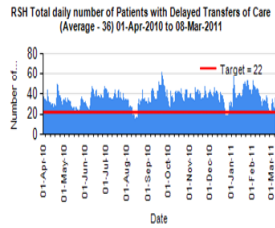
Work on developing the PIs and KPIs for 2011/12 will be carried out in April. The KPI of medical outliers and a number of PIs (6) behind it is given over the page as a worked example:



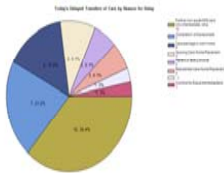
Medical Outliers



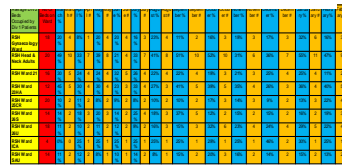
Delayed Transfer Of Care



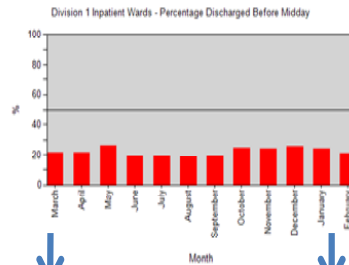
Reason for Delayed Transfer Of Care



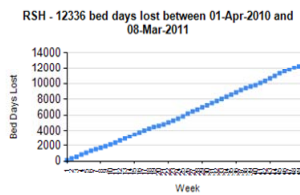
Outliers Detail by Month



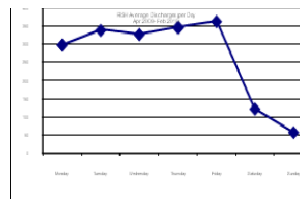
Div1 % of Patients Discharged Before Midday



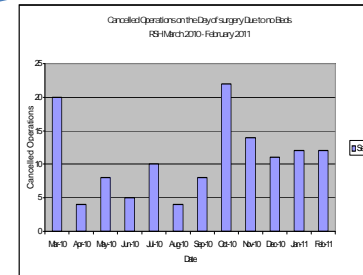
Lost Bed Days



RSH Discharges by Day of the Week



Cancelled Operations on Day of Surgery Due to no Beds



1

Centre Business Plans

In Chapter 2 we identified the need for a strategy focused organisation as a prerequisite to enable us to successfully implement strategy. In the past clinical strategies have been developed at senior management level. However, within the new organisation our direction and development will be led by the new Centre Chiefs and the Value Stream Leaders.

Our business planning cycle will provide a systematic approach to support our strategic planning going forward. However, for 2011/12 we were not able to start the process until February when the Centre Chiefs were appointed. This has resulted in a much shortened timescale for the production of our plans for the next 12 months and has required Centre Chiefs to embark on a process which is new to many of them.

To support the Centre Chiefs and Value Stream Leaders the Strategy Team have met with each of them to agree the best approach to taking forward business planning for 2011/12. The Team also ran an education event in January which introduced the clinicians to the business planning process and the plans and templates that would support future planning. Each Centre Chief has also been given a comprehensive Business Planning Guidance document to guide them through the tools and to assist them to complete the Annual Business Plan templates.

Developing clinical strategies and robust business plans requires full clinical engagement with representation from a wide range of disciplines to ensure that the plans we produce are clinically led, evidence based and deliverable. Each Centre has completed at least one Strategic Planning workshop which was facilitated by the Strategy Team and was attended by a multidisciplinary team including Centre Chiefs, consultants, nurses and other health professionals. Each workshop was supported by a representative from the Corporate Finance, HR and Contracts teams.

The structure of each workshop has varied although the inputs and outputs have remained constant. Prior to the event nominated representatives from each of the sub-specialties and departments were asked to complete a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats). They were provided with the Trust wide 'Plan on a Page' and the SaTH Management System (the pyramid) to inform their plans.

The issues within the SWOTs were discussed and assessed by the wider team within the Centre to inform their priorities for 2011/12. The final key priorities and supporting initiatives will be agreed between the Centres and the Executive Directors following an overall assessment of both strategic fit and the alignment with other centre.

The Shrewsbury and Telford Hospital NHS Trust Strategy Map: "Our Plan on a Page"						
Vision and Mission	<p>Vision: To be ambitious about changing healthcare for the better</p> <p>Mission: To improve the health and well-being of our patients</p>					
Financial Strength <i>We will develop and deliver robust plans that generate surpluses to reinvest in quality</i>						
Patients, GPs and Commissioners <i>We will insist that we deliver the best service to our patients, GPs and commissioners</i>	Patients	GP Providers	Commissioners			
Quality and Safety <i>We will always provide the right care for our patients</i>						
Learning & Growth <i>We will develop our staff and internal processes to sustain our ability to change and improve</i>						
Values	Putting Patients First	Honesty and Integrity	Being a Clinically Led Organisation	Working and Collaborating Together	Encouraging Individual Ability and Creativity	Taking Pride in our Work and our Organisation

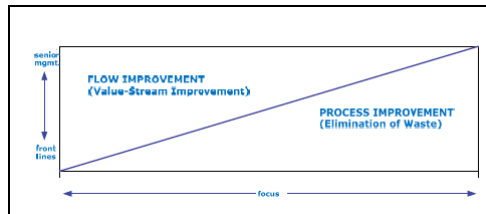
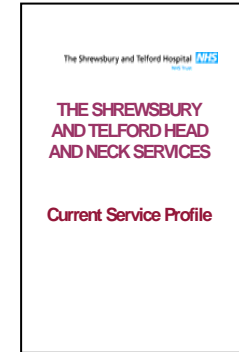
Identifying and agreeing all centre priorities is ongoing. Some extracts and early outputs from the workshops are given as examples below:

The Head and Neck Centre

- Address capacity and demand issues to support long term sustainability of services including cancer services
- Review existing pathways and referral protocols to support this exercise
- Build and develop close working with primary care colleagues to deliver significant benefits to both patients and the local health economy

The Surgical Centre

- Develop and agree integrated patient pathways
- Address capacity and demand issues
- Optimise theatre utilisation and co-locating services to improve access for patients and deliver financial benefits



The Emergency and Critical Care Centre

- Optimise the flow of patients through the portals of entry including MAU and the A&E Department
- Education programmes to tackle inappropriate referrals
- Ensure that patients receive the right treatment at the right time in the right place by the right professional

The Pharmacy Centre

- Ensure robust accurate and complete medicines information is available to support clinical decision making and income recovery
- Improve the data that is held for individual patients and the communication of information across the health economy boundaries

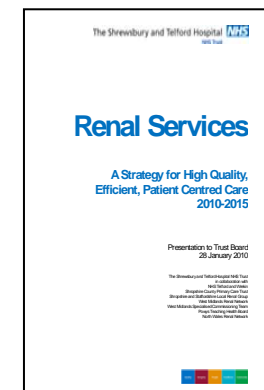
The Musculoskeletal Centre

- Continue to progress the work on patient pathway development
- Explore options regarding access and advice and guidance services
- Build and develop close working with primary care colleagues to deliver significant benefits to both patients and the local health economy

Some specialties within centres have a head start with recently published strategic planning documents that are now in the implementation phase. These include:

The Medicine Centre

The Renal team have produced 'A Strategy for High Quality, Efficient, Patient Centred Care 2010-2015', this document outlines the strategy for renal services within the Trust and has drawn on the feedback received from patients and carers. The new Ludlow satellite renal unit opens in 2011. The business case for cardiology for the repatriation of Implantable Cardiac Defibrillator was also approved in February with commissioner support.

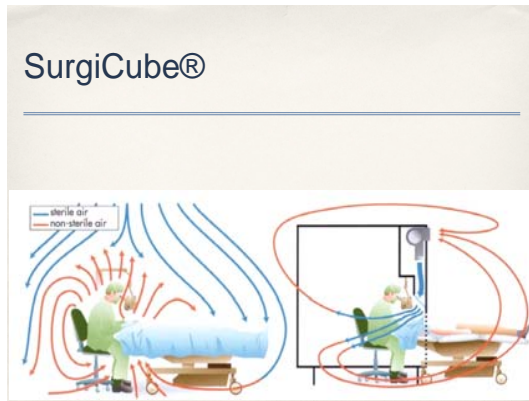


The Women and Children's Centre

The priority for the centre over the last 6 months has been the reconfiguration of its paediatric, neonatal and consultant led obstetric services. Supporting the development of the outline business case for the capital development at PRH, as well as addressing the additional assurances required in the "planning for implementation phase" of the programme will be a key priority for 2011/12.

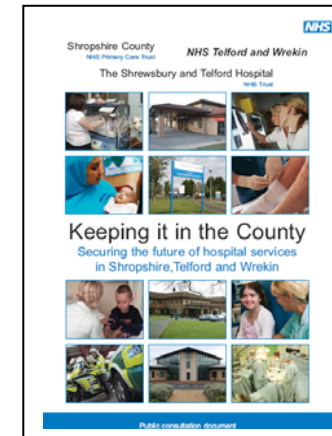
The Therapies Centre

Each of the subspecialty teams is working closely with the clinical teams in developing service models to support the delivery of new pathways and to improve access and rehabilitation services for patients with long term conditions.



The Ophthalmology Centre

The team has been working closely with commissioners in Telford and Wrekin to develop a community clinic providing redesigned ophthalmology services. The Wrekin Community Clinic opened in January providing cataract operations in an outpatient setting using the Surgicube technology. This replaces the need for traditional theatre facilities and is the first time this technology has been used in the UK

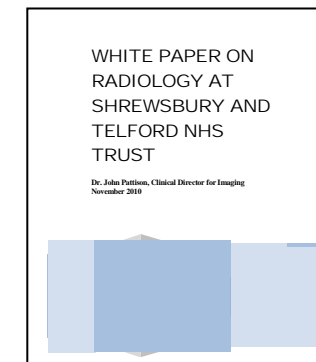


The Oncology Centre

The Cancer Team have been developing plans to implement the National Cancer Strategy and to meet the ever increasing volume of demand and ensure that services are IOG compliant.

The Diagnostics Centre

The Radiology Department has produced a document entitled a 'White Paper on Radiology at the Shrewsbury and Telford NHS Trust'. This paper identified the key priority as the development of a smooth, cohesive service provided across 2 sites but working as one department. IT solutions and developments on the existing RIS and PACs system will improve access to results and support a wholly integrated approach to diagnostics and treatment.



Managing The Finances

Devolution and Cooperation is about the creation of Centres which have a distinctive vision and are developing a culture of entrepreneurialism and innovation. Devolution of authority, responsibility and power to the new Centres will involve responsibility for their own planning and performance. Whilst devolution will empower clinicians to act, maintaining financial control across the Trust is key to our long term sustainability. To ensure that the Centre Chiefs and Corporate Teams are able to do this it is essential that:

- Responsibility for income and expenditure is clearly identified
- There is accurate reporting of financial information
- That probity is assured.

The whole Trust currently has an underlying deficit and everyone in the Trust will contribute to removing the Trust deficit. The focus for 2011/12 is on an overall improvement in the Trust's financial position. To deliver this we need, at both Centre level and at Board level, to manage our resources effectively, understand our position and be able to report our progress.

In order to reflect our new organisational structure the Trust will reassign budget holder responsibilities to the new Centre Chiefs and their associated management teams and agree a net incremental Improvement Programme for 2011/12 with each Centre. To monitor performance the Trust will monitor budgets for 2011/12 at Centre and Service Line level and report management information (finance, activity, workforce etc) to the Trust Board at Centre level.

Budgets For 2011/12

The wider economic position is having a significant impact on funds available. Whilst nationally the government has pledged to grow NHS spending in real terms year on year, NHS organisations are being tasked with funding the costs of new medical advances and increased demand (e.g. from an ageing population) within minimal growth in the national budget. To create the funds to cope with these pressures SaTH, in common with most health organisations, is being tasked to reduce costs by 4% in each of the next three years. This will require a very challenging set of budget objectives, delivery of which will be particularly important in the 2011/12 as the Trust prepares an application to become a Foundation Trust.

In order to ensure that budgets have been set on an inclusive basis the process has been undertaken in line with the current management structure of the Trust. As departmental, functional and ward managers have been involved in this inclusive process it is anticipated that Centre Chiefs will be able to take assurance that the budgets have been set with full involvement of the clinical and operational managers within their Centres and that those budgets will support delivery of service requirements in a safe manner.

Capital Spending Plans

In November 2010, the Capital Planning Group reviewed the first draft of the divisional and corporate capital aspiration lists. This review meeting was set to challenge the schemes and ensure a consistent approach to the ranking of schemes, primarily around mitigating risk, as each identified scheme detailed the appropriate risk score. The Group also reviewed schemes that offered a rapid pay-back and/or delivered income and expenditure savings.

In January 2011, the Capital Planning Group met with divisional and corporate representatives to discuss a draft plan. Following this meeting a draft Programme was formulated for 2011/12 and an outline plan for the years to 2015/16.

Following a final review of the Corporate Risk Register a Capital Programme for 2011/12 has been approved by the Capital Planning Group. The Trust is forecasting a Capital Resource Limit (CRL) for 2011/12 of £8.288m, the summary below details the key items within the plan:

Agreed commitments b/fwd and Contingency Funds	£3.200m
Future project development	£0.490m
Capital Aspirations	£1.598m
Deferred expenditure from 2010/11	£0.900m
ITU Refurbishment / Expansion (Planning fees)	£0.100m
Reconfiguration project fees	£1.000m
** Uncommitted/Corporate Contingency	£1.000m
Total	£8.288m

** If not used this would be available for additional medical equipment and/or 'Invest to Save' schemes.

Approach To Internal Trading

During 2011/12 we will develop a system to support and facilitate internal trading however, it is essential that we avoid internalising the current external contracting relationships through trading as Centres. To avoid this one of the things we need is a clear rationale which underpins internal trading between Centres i.e.

- To focus on the patient and understand the services that they receive
- To promote improved co-operation between Centres
- To provide an incentive to support service Centres to generally reduce expenditure on support services
- To increase clinical service Centres understanding of the nature and influence over the cost of clinical support services which form part of clinical services
- To best manage demand for increases in clinical support services.

The Finance Team is committed to working with the new Centres to develop this innovative new approach to managing the finances of the organisation.

Key Milestones

We have outlined in this document our commitment to becoming a strategy-focused organisation. We have also identified a strategic framework to work within and as part of that framework we have defined our organisational objectives, programme priorities and priority initiatives for 2011/12. These will support our clinical centres and corporate departments in aligning their clinical strategies and operational delivery plans for 2011/12

To ensure implementation we need to identify a number of key milestones for the coming months.

Milestone	Timescales and Responsibilities	
Agree measures, targets and thresholds for the balanced score card and operational dashboards	May 2011	EDs
Establish the Performance Reporting Framework for Finance and Performance Committee, Quality and Safety Committee and Trust Board	May 2011	DoS/DQ&S/FD
Accountability Agreements put in place with centres and corporate departments	May 2011	COO
Centre Business Plans completed	June 2011	DoS
Quarterly Strategic Review Process in place	July 2011	DoS
2012/13 Planning Process begins	September 2011	DoS/FD

SaTH Plan On A Page

The Shrewsbury and Telford Hospital NHS Trust Strategy Map: "Our Plan on a Page"

