

Two Year Operating Plan

2014/15 to 2015/16

Approved by Trust Board 1st May 2014



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

CONTENTS

1. STRATEGIC CONTEXT AND DIRECTION

- 1.1 Overview
- 1.2 Trust's Position and Organisational Stability
- 1.3 Local Health Economy Factors
- 1.4 Our Vision for Services
- 1.5 Achievements and Challenges in 2013/14

2. STRATEGIC PLANNING

- 2.1 Planning Framework
- 2.2 Strategic Priorities

3. QUALITY AND SAFETY

- 3.1 Approach to Quality Improvement
- 3.2 Methodology Used to Ensure Improvement
- 3.3 Strategic Priorities: Key Improvements to be Delivered over the Next Two Years

4. HEALTHCARE STANDARDS: OPERATIONAL DELIVERY PLANS

- 4.1 Operational Performance
- 4.2 Strategic Priorities

5. HEALTHCARE STANDARDS: SERVICE RECONFIGURATION

- 5.1 Strategic Priorities
- 5.2 Women and Children's Services
- 5.2 Long-Term Vision

6. PEOPLE AND INNOVATION

- 6.1 Strategic Priorities
- 6.2 Proposed Changes
- 6.3 Workforce Plan
- 6.4 Quality Impact
- 6.5 Staff Engagement and Support
- 6.6 Innovation

7. COMMUNITY AND PARTNESHIP

8. FINANCIAL STRENGTH: SUSTAINABLE FUTURE

- 8.1 Financial Sustainability
- 8.2 Strategic Priorities
- 8.3 Two Year Financial Plan Summary
- 8.4 Transitional Support
- 8.5 Cost Improvement Programme
- 8.6 QIPP
- 8.7 Capital

9. DEVELOPMENT SUPPORT

10. KEY RISKS AND MITIGATION ACTIONS

APPENDICES

- Appendix 1 Progress against 2013/14 Operational Objectives: Key Achievements
- Appendix 2 Risk Assessment of Progress against 2013/14 Operational Objectives
- Appendix 3 2014-16 Strategic Priorities and Operational Objectives
- Appendix 4 Quality Improvement: Key Priorities
- Appendix 5 Operational Delivery Plans: Key Priorities
- Appendix 6&7 Finance and Investment Strategy
- Appendix 8 Key Risks and Mitigating Actions

1. STRATEGIC CONTEXT AND DIRECTION

1.1 Overview

The Trust has experienced long-standing problems in a number of areas which now place critical pressure on the clinical and financial viability of future services. The Trust also faces a number of key issues which will further challenge future performance including the impact of an ageing population and achieving safe staffing levels.

The Trust concludes therefore that it needs a fundamental change to its operating model and a radical programme of modernisation that will require significant capital investment, an agreed transition plan underpinned by external support and facilitation over the next four years.

The current timescales for progressing the final long term configuration of services within the health economy Future Fit Programme will not enable sustainable and safe clinical services nor financial sustainability to be achieved within an acceptable timescale.

Our plan therefore incorporates a more rapid delivery of essential components of clinical reconfiguration to achieve safe clinical services whilst also delivering the basis for long-term financial sustainability.

The plan is supported by detailed financial, activity and workforce plans that outline projected activity and performance delivery.

1.2 Trust's Position and Organisational Sustainability

The Trust has experienced long-standing problems in a number of areas including:

- Failure to consistently achieve national healthcare standards including Emergency access (A&E) targets; Waiting-time targets (RTT); Cancer targets and variable standards of care in some areas.
- Low staff engagement; this is reinforced through the poor staff survey results.
- Loss of market share associated with the Trust's reputation and GPs' perception of service delivery.
- Lack of financial sustainability over the past two decades and average transitional support of £5m/£6m has been required each year.

A detailed diagnostic has been shared with the NHS TDA as part of a process of agreeing a road map to financial and service sustainability. This articulates the challenges around a number of issues that we have begun to address in 2013/14:

- The impact of split-site services.
- Recruitment difficulties in key staffing groups.
- Inadequate capacity to consistently deliver healthcare targets.
- Shortcomings in performance management and systems.
- Historic cultural issues.
- Maturity of relationships across the health economy.
- The underlying financial deficit and the cost-inefficiency of the current service model.
- The chronically inadequate liquidity position and a failure to invest in capital equipment, IT and the estate.

The diagnostic sets out the necessary interventions and support needed to develop a five year transition plan. Discussions are ongoing and the transition plan has yet to be concluded with the TDA and with our commissioners. Within our planning framework we have developed a Five Year Road Map that describes the key milestones towards becoming a sustainable organisation. Our strategy assumes parallel improvements are taking place in the wider health economy to minimise the need for acute hospital services. Delivering this plan will require significant capital investment with substantial transitional finance and management capacity support.

1.3 Local Health Economy Factors

During the last 10 years Shropshire has seen a growth in the overall population of between 7 and 8% however the most significant concern for the Trust is the age profile of our community. In Shropshire over 21% of the population are over 65 years, compared to 17% England average, and in Powys 23% are over 65 years.

The ageing profile and forecast continuing growth, which is significantly higher than the national average, will, in the absence of radical change in the wider health and social care system, place unmanageable demand on already stretched hospital resources.

The geography of rural areas also brings particular challenges around providing services efficiently. Travel times to acute hospitals, a scattered and disproportionately elderly population and limited public transport, makes the provision of a comprehensive range and increased scale of community-based health services especially important.

Developing alternative models of care is therefore vital if the local health economy is to respond effectively to the challenge of the increasing elderly population, the challenges of rural health care and the significant funding pressures expected.

Our path towards long term sustainability will be greatly influenced by the plans of the health and social care commissioners, and other healthcare providers, to minimise demands on hospital services and mitigate the potential impact of the ageing population through alternative models of care. Our local commissioners have stated their commitment to transformational change and these plans include:

1. Strengthening integrated services to effectively case manage patients with long term conditions, and provide more planned care out of hospital settings.
2. Redesigning integrated Health and Social Care services to support more urgent care closer to home to avoid hospital admission where possible, and to facilitate rapid discharge.
3. Reconfiguring hospital services so acute and community hospital care services are safe and sustainable, and meet all quality and performance requirements.
4. Minimising the impact of structural and professional boundaries, so that all parts of the Health and Social Care system work to ensure a patient centred approach to care delivery.
5. Implementing shifts in resources along with the shift in focus from 'illness to prevention', and 'hospital to community'.
6. Focusing on an appropriate response to Urgent Care with a particular focus on Frail Older People, ambulatory care and patient flow.
7. Focusing on the NHS Outcome Framework and compassion in practice to deliver safer care.
8. Focusing on an appropriate model for End of Life care.
9. Developing pathways that limit or mitigate activity growth.

Shropshire CCG, Telford & Wrekin CCG and Powys THB have now established a formal clinical services review process. This programme, Future Fit, will focus on acute and community hospital services in Shropshire. It will involve all communities who use those services, particularly across Shropshire, Telford & Wrekin and mid Wales.

The aim of the review will be to develop a clear vision for excellent and sustainable acute and community hospital services within a wider long term vision for the health and social care system in Shropshire. The transformational change commitments above form part of the design principles within the Future Fit Programme.

Whilst we whole heartedly support the development of alternatives to hospital care, the potential success and cost effectiveness of such alternatives and the scale of their likely impact on mitigating additional demand arising from the growing elderly population remains highly uncertain.

1.4 Our Vision for Services

Over the past 18 months prior to the Future Fit Programme being established, the Trust embarked on discussions with its clinical leadership team and the Board on the challenges we face in terms of ensuring that we can continue to provide safe and effective care to our patients in the immediate term and in ensuring the longer term clinical and financial sustainability of the Trust:

- The impact of split-site and significant duplication of services spreading expertise too thinly.
- Recruitment difficulties in key staffing groups.
- Gaps in junior doctor rotas pose serious risk to medical staffing shortfalls which will create the need for rationalising services onto one site in emergency medicine, critical care and general medicine.
- Inability to fully implement 7 day working on the current model.
- Inability to attract and recruit additional consultants in key specialties and particularly emergency medicine and elderly care does not allow us to achieve minimum Royal College expectations.
- Inability to achieve the highest standards of care that we aspire to as a Trust as we rely on locum for cover and shoring up duplicated services across our two sites.
- Restricted ability to maximise operational efficiency and deliver the 4% productivity improvement that is required of us in the current clinical model leaves us vulnerable in our ability to demonstrate the financial viability of the Trust.

These factors result in the Trust carrying an unacceptable level of clinical risk that is likely to be exacerbated in coming years with the growing elderly population and the increasing problems in the availability of medical and certain other health professionals.

Our vision for acute services within Shropshire, which is in line with the current Future Fit Programme, is to develop an innovative service model that will create the critical mass and establish essential clinical adjacencies for the more specialist and complex components of our services combined with a unique model of care that distributes less complex urgent care and ambulatory and outpatient services to our main community bases. There is real consensus that to achieve long-term sustainability the Trust needs a fundamental change to its operating model and a radical programme of modernisation.

Having evaluated all possible options we believe that there is no other feasible clinical solution other than to centralise all acute, emergency and critical care facilities on a single site creating a new Specialist Emergency Care Hospital for Shropshire to ensure that:

- sufficient critical mass in the configuration of services is created to ensure that safe and cost-efficient staffing levels can be achieved, sustained over the long-term, and recruited to;
- essential clinical adjacencies are achieved – i.e. unless the important clinical relationships are readily available between clinicians and departments and their physical location works, then services to patients will be sub-optimal;
- early and regular review by senior clinicians is achieved as comprehensively as possible with services consistently provided across 7 days of the week for the review of patients and to support their ongoing care and discharge;
- the bed, theatre, outpatient, Emergency Department and Critical Care capacity of the Trust is sufficient to meet the demands of the present, and those of the future, with sufficient flexibility to safely manage surges and peaks in activity and the potential impact of epidemics or major incidents;
- as many services as possible are provided in an outpatient, day service, or ambulatory fashion minimising the need for expensive bed capacity;

- once the period of specialist care is complete, services and facilities must exist to speedily 'step-down' the patient to alternative accommodation or to their place of residence with support;
- where centralisation of the most complex procedures will produce benefit to patients we must support or indeed be the centre of such centralisation even if it means patients travelling further;
- that maximum deployment of innovation and technology is achieved;
- wherever practical and cost-effective services, are provided as close as possible to the patient.

We recognise the importance of the Future Fit Programme as the vehicle for securing the local health economy's wider clinical services vision; within this, however, we consider that centralisation of acute and emergency services must be delivered within a four year timeframe to avoid major safety and operational delivery problems arising and to enable a financially sustainable business model to be achieved. Even with this timescale the Trust will remain highly vulnerable to staffing shortages in key areas, albeit that mitigating solutions will be put in place to reduce this level of risk.

We have evaluated both the interim solutions that would be required to centralise acute and emergency services to provide safe clinical services – this would involve a substantial expansion in the bed capacity of one of the existing sites, the creation of a new Emergency Department and the extension of Critical Care and diagnostic capacity, largely achieved through modular buildings.

The capital requirements to enable such an interim solution are very significant and would represent extremely poor value for money compared to a more permanent solution. Having also evaluated the potential for a more permanent expansion of this capacity on an existing site, these options also represent very poor value for money.

We conclude, subject to more sophisticated modelling that the best clinical solution and by far the most cost-effective (and more politically acceptable) solution is a new build Specialist Emergency Centre as a first phase in the delivery of the Future Fit Programme.

We recognise that traditional timescales for consultation, business-case production and agreement, and delivering the capital solution would suggest that a four year timescale is highly optimistic – we believe however, that the clinical safety and quality imperative demands a more radical timeframe for delivery and we will wish as a health economy to explore with the TDA and NHS England how this might be enabled.

1.5 Achievements and Challenges in 2013/14

1.5.1 Achievements

Our 2013/14 Plan identified our priorities and objectives for the last 12 months. The Trust has made significant progress in delivering these in order to improve service delivery and address some of the existing issues that impact on our services. A summary of our Key Achievement is included in **Appendix 1**.

Progress against the delivery of our 2013/14 Plan, and the associated risk to delivery, is reported to the Trust Board on a quarterly basis. A summary of the RAG status against each of our Strategic Priorities and Operational Objectives is included in **Appendix 2**.

The latest CQC risk assessment demonstrates that the Trust has made significant improvements which are reflected the CQC risk assessment which was published in March, identifies The Trust as having two elevated risks (previously four) and three risks, (previously five) which now places us in Band 3 (of 6 bands) whereas previously we were placed in Band 1, which was the highest risk Band – and therefore most likely for inspection.

1.5.2 Challenges

Despite these improvements the Trust still faces significant challenges that impact on existing service delivery. A summary of these, which have influenced our 2 year plans, are shown below:

Quality and Safety: Providing the best clinical outcomes, patient safety and patient experience

The Trust is still an outlier on national comparator data for the conservative versus surgical management for patients with Fractured Neck of Femur and the number of RIDDOR reportable falls has not reduced which is a challenge to the Trust in relation to reducing harm.

Whilst some improvements in the quality of patient discharge have been seen, further improvements need to be made in relation to communication around discharge planning with patients and external stakeholders.

Healthcare Standards: Delivering consistently high performance in healthcare standards

The LHE Winter Plan was designed to ensure all patients who are Fit to Transfer from the Trust do so within 48 hours, although this is not yet proving fully effective.

Recruitment challenges in emergency medicine and theatres has further impacted on the Trust's performance and waiting times. Significant work has taken place and remedial plans agreed however the Trust has consistently failed to achieve national healthcare standards.

People and Innovation: Striving for excellence through people and innovation

There are significant challenges with regard to recruitment within the Trust and the current configuration presents a challenge to achieve safe staffing levels and 7 day working.

Relationships with Trade Unions make pragmatic change difficult.

Whilst improving, poor staff survey results illustrate poor employment experience. Cultural change needed to ensure future performance and personal responsibility is a key feature within this.

Community and Partnership: Improving the health and wellbeing of our community through partnership

The pace and scalability of change remains a significant risk. The ability to deliver against key milestones, including the ability to be able to consult publicly in 14/15 prior to an election, will be challenging.

Financial Strength: Building a sustainable future

Despite implementation of controls over pay expenditure the Trust is unable to deliver a breakeven position without support and the continuing overspend is leading to short term and long term liquidity problems. Delays in receipt of income and financial penalties from local commissioners have also impacted on liquidity problems.

Failure to deliver against the QIPP agenda and internal efficiency targets remains a significant risk. The agreement of CQUINS was a challenge for 2013/14 and the ability to agree future targets remain a concern. The Financial Recovery Plan identifies improvement plans, although sustainability remains a concern. Utilisation of Better Care Fund will deliver transformation; however little progress has been made to quantify schemes. Progress towards Foundation Trust status is contingent on our sustained achievement of financial and national performance targets.

2. STRATEGIC PLANNING

2.1 Planning Framework

Our long-term vision reiterates our underlying principle of “*Putting Patients First*” that has shaped our priorities and operational plans. Our commitment to ensuring that the interests of our patients, and providing the best possible care to them, is at the heart of everything we do.

Our Strategy, which is described within this *Two Year Operating Plan* and our longer term *Five Year Strategic Plan*, has been developed to enable us to achieve five **Strategic Goals**;

1. Quality and Safety: *Providing the best clinical outcomes, patient safety and patient experience*
2. Healthcare Standards: *Delivering consistently high performance in healthcare standards*
3. People and Innovation: *Striving for excellence through people and innovation*
4. Community and Partnership: *Improving the health and wellbeing of our community through partnership*
5. Financial Strength: *Building a sustainable future*

Our Planning Framework describes our direction of travel, our road map, and how by setting a number of strategic and operational priorities, we manage the transition from where we are today to where we have identified we need to be over the next five years.

2.2 Strategic Priorities

We recognise the scale of the challenge that we face so to provide a focus for the organisation and a reporting structure for the Board we have identified our **10 Strategic Priorities**:

- Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy.
- Develop a transition plan, with supporting workforce plans, mitigation actions and contingency plans, that ensures the safety and short-term sustainability of our challenged clinical services.
- Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.
- Undertake a review of all current services at speciality level to inform future service and business decisions.
- Complete and embed the successful reconfiguration of Women and Children’s services).
- Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme.
- Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy.
- Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy.
- Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme.
- Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology.

Each of these priorities is supported by a suite of **Operational Objectives** which have been mapped against the CQC Key Themes, a summary of these is included in **Appendix 3**. Through our internal planning process our Care Groups and operational teams have developed Business Plans that translate our Operational Objectives into Operational Delivery Plans.

To enable us to monitor progress and measure success we have identified Key Milestones and KPIs against each of the Operational Objectives. Progress against delivery of our strategy and the associated risks will be monitored by the Board through quarterly reports. Our Board Assurance Framework also provides substantial assurance that the Board is sighted on, and managing, the risks relating to our Strategic Priorities.

3. QUALITY AND SAFETY

3.1 Approach to Quality Improvement

“Putting patients first” is at the forefront of the Trust’s approach to improving quality and safety. This is reflected in our five year Quality Improvement Strategy (QIS) which is a key driver to ensure that we provide the best clinical outcomes, patient safety and patient experience.

In line with the Quality Governance Assurance Framework (QGAF) the Trust continuously monitors changes that could impact on quality. Due to the significant changes and challenges that have been faced across the healthcare landscape our strategy will be comprehensively reviewed during the first quarter of 2014/15 to incorporate local changes and commissioning intentions.

The Trust will develop a Patient Experience Strategy that supports our QIS and we will continue to engage with staff and patients to encourage dialogue about what quality looks like and how quality of service can be ensured. Ongoing development and implementation of the Trust’s Patient Experience and Involvement Panel work programme (PEIP) will shape our future plans.

The senior nursing team also supports the operational business planning process to ensure that quality drives the agenda throughout the organisation and encourages staff participation in objective setting.

3.2 Methodology Used to Ensure Improvement

Our QIS will be supported by an internal Quality Assurance Framework (QAF) to ensure that effective arrangements are in place to continuously monitor and improve the quality services. Our assurance framework will be supported by a minimum data set of quality information. This will be delivered across Care Groups encompassing front line nursing staff, junior doctors and operational managers, embedding an operational framework that provides a continuous process for all levels of the organisation to contribute ideas and suggestions for quality improvement.

Improvement will continue to be monitored closely by the Trust Board and the Quality and Safety Committee through detailed, monthly reviews. A number of key metrics are reported which provide a method of triangulating meaningful quality and safety information and also contribute to further quality assurance via the Quality Governance Assurance Framework.

To assess the impact of cost improvement schemes and service reconfigurations on the quality of care we will continue to assess all proposals and changes using the Quality Impact Assessment. This process ensures that risks to quality and safety are identified and mitigated appropriately.

3.3 Strategic Priorities: Key Improvements to be Delivered Over the Next Two Years:

For 2014-2016 we have identified our Strategic Priorities and our Operational Objectives:

Strategic Priority	Operational Objective	CQC Theme
Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy	Further reduce avoidable deaths by learning from Mortality Reviews	Ensuring Services are Effective
	Improve the clinical outcome of patients with Fractured Neck of Femur: increasing surgical, rather than conservative management of patients in line with the National Hip Fracture Database, and achieving all elements identified within the Best Practice Tariff	
	Reduce the level of harm to patients, and particularly that resulting from falls, through the use of the Safety Thermometer	Ensuring Services are Safe
	Reduce the number of healthcare associated infections	Ensuring Services are Caring
	Implement effective systems to engage and involve patients, relatives and carers as equal partners in care	
	Improve care of the dying through implementation of best practice	Ensuring Services are Safe
	Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels	
	Progress plans to extend 7 Day Working	Ensuring Services are Responsive

The Trust has identified a set of actions to achieve the above, and details are included in **Appendix 4.**

4. HEALTHCARE STANDARDS: OPERATIONAL DELIVERY PLANS

4.1 Operational Performance

Consistent delivery of national performance standards is dependent upon good systems and processes, physical capacity matching demand (beds) and workforce matching demand alongside a culture of performance management. Our two year plan aims to address many of these issues but underperformance remains a risk whilst transformation is ongoing, particularly against the 4 hour standard due to the challenges in running 2 full Emergency Departments (ED) which are too small, and a lack of Consultants and Middle Grades in Emergency Medicine 16 hours per day, 7 days per week.

4.2 Strategic Priorities

Our Strategic Priorities and Operational Objectives for 2014-2016 therefore are:

Strategic Priority	Operational Objective	CQC Theme
To develop a transition plan, with supporting workforce plans, mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services.	Agree business continuity plans for the Emergency Department with Commissioners by 1 st April 2014	Ensuring Services are Safe
	Embed a sustainable 7 day model of care for Stroke services	Ensuring Services are Effective
	Scope the development of emergency ambulatory care and Urgent Care Centres	
	Complete workforce reviews and develop plans in challenged specialties	
To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.	Complete a service review of challenged specialties, commencing with Cardiology and Ophthalmology, and consider proposals to redesign these services	Ensuring Services are Responsive
	Implement the Medicine Strategy	Ensuring Services are Safe
	Commence winter planning in April 2014 to include the consideration of a drop in day surgery unit	Ensuring Services are Responsive
	Scope options for resolving the bed capacity shortfall e.g. Hospital at Home schemes; working with alternative providers; implementing different models of care both internally and across the Local Health Economy e.g. alternative models of sustainable care	Ensuring Services are Responsive
	Consider capital schemes e.g. development of a Clinical Decision Unit at PRH; development of a Theatre Admissions Lounge at PRH and ring-fencing of Orthopaedic beds	Ensuring Services are Effective
	Participate in planning new models of care as part of the Better Care Fund initiative	
	Complete a root and branch review of our Cancer services, with the support of the IST and Christie Hospital, and develop an Improvement Plan and a Cancer Strategy	Ensuring Services are Responsive
	Participate in a strategic review of access to Orthopaedic services (commissioner led)	
To undertake a review of all current services at specialty level to inform future service and business decisions.	Develop community service models and increase direct access for GPs	Ensuring Services are Well Led
	Complete a comprehensive market assessment and develop robust marketing plans	
	Review operational and financial performance in all specialties through service line reporting and key performance indicators	
	Develop robust business cases for homecare services	

The key priority for the next two years is to ensure access to the highest quality urgent and emergency care. Future Fit will take into account the requirement for the reconfiguration/ re-designation of emergency care units, including a Major Emergency Care Centre, and the impact this will have on the Trust's Emergency Department. However significant work is progressing for solutions which are within the Trust's sphere of influence. These schemes include the development of emergency ambulatory care and the models of care for Emergency Medicine, Critical Care, Acute Medicine and Stroke to mitigate the risks that the Trust is carrying with regard to the medical workforce.

In 2014/15 the Trust needs to achieve sustainability in the delivery of referral to treatment times. This will include reviews of challenged specialties looking at the application of national best practice and team principles. However it must be noted that the delivery of this target is also directly linked to resolving the capacity shortfall in beds.

The Trust expects to significantly improve performance against all of the Cancer Targets from April 2014, with a trajectory in place to do this. The main risk to delivery of this target is the loss of Consultants and/or Middle Grade Doctors in difficult to recruit specialties, for example, Urology. The Trust will undertake a review of all cancer services drawing on expertise from specialist hospitals and independent providers to develop an Improvement Plan and a formal Cancer Strategy to inform future developments.

The transformation required to change the way health services are delivered will require close partnership working with our local Clinical Commissioning Groups, Community Trust and Local Authorities over the next two years. Ambitious plans that deliver sustainable alternative models of integrated care are needed if sustainability in delivery of the 4 hour target is to be achieved.

There will be a combined focus on resilience and winter planning in 2014/15 commencing with a 'lessons learnt' exercise in April 2014. As a stakeholder in the Urgent Care Working Group, the Trust will be involved in agreeing on the investment plans to be funded by the retained 70% from the application of the marginal rule.

In line with NHS England's aim to concentrate specialised services in centres of excellence we will undertake to develop a plan to review all current services at specialty level to inform future service and business decisions.

The Trust has identified a set of actions to deliver the above: details are included in **Appendix 3**.

5. HEALTHCARE STANDARDS: SERVICE RECONFIGURATION

5.1 Strategic Priorities

Reconfiguration of clinical services is recognised as fundamental to the future sustainability of the Trust and the wider health system in Shropshire and is therefore a key Strategic Priority underpinning this Two Year Operating Plan. Our Strategic Priorities and Operational Objectives for 2014-2016 are:

Strategic Priority	Operational Objective	CQC Theme
Complete and embed the successful reconfiguration of Women and Children's services	Transfer of Women and Children's services to Princess Royal Hospital	Ensuring Services are Effective
	Embed revised pathways following the transfer of services to Princess Royal Hospital	
	Agree and implement the model for the Women and Children's services remaining at Royal Shrewsbury Hospital	
Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme	Develop an Options Appraisal for future service models	Ensuring Services are Safe
	Commence, and complete, public consultation on proposed clinical services models	
	Produce an Outline Business Case to deliver revised clinical services models	

5.2 Women and Children's Services

The new Women and Children's Centre at the Princess Royal Hospital is due to open in September 2014. The Centre will now provide in a single location, state-of-the-art health facilities for children who need to stay in hospital overnight, an Obstetric Unit for women who require a consultant-led delivery, together with a Neonatal Special Care Unit and a Gynaecology inpatients facility. It will also include a children's outpatient department, children's assessment unit and a new children's Cancer and Haematology Unit.

The successful relocation and centralisation of some inpatient services onto the PRH site is therefore a key operational priority for the Trust and will require a significant operational focus during 2014 to ensure the transfer goes smoothly and safely and the benefits are realised.

Continuing to plan and provide those Women and Children’s services that will remain on the Royal Shrewsbury Hospital (RSH) site is also a key priority and focus for the Trust during 2014/15.

5.3 Long-Term Vision

Our vision for clinical services is discussed in detail in Section 1.4. The work to agree the long term vision for services in Shropshire remains one of the key strategic priorities for the Trust over the next planning period. Future Fit will focus on developing a sustainable clinical services strategy for the acute and community hospitals and it is expected that it will conclude in further recommendations for changes in the configuration of our two main acute sites to include one Major Emergency Centre.

6. PEOPLE AND INNOVATION

6.1 Strategic Priorities

Ensuring that we have the right number of staff with the right skills is key to delivering our transformation strategy. With regard to our workforce we have identified the following Strategic Priorities and Operational Objectives for 2014-2016:

Strategic Priority	Operational Objective	CQC Theme
Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy	Develop a Values-driven organisation	Ensuring Services are Caring
	Implement the Trust’s Leadership Development Programme	Ensuring Services are Well Led
	Develop a culture of continuous improvement and lean process redesign	Ensuring Services are Effective
	Develop a customer care strategy	Ensuring Services are Caring
	Develop 5 Year Workforce Plans for all services that support transformation	Ensuring Services are Well Led

6.2 Proposed Changes

Our People Strategy is the Trust Board’s commitment to ‘making our organisation a great place to work’. The Strategy, and annual implementation plan, provides a much needed strategic focus and is clear on the relationship between employment and patient experience. The People Strategy has four strategic aims:

- An engaged, enabled and empowered workforce who are well led and supported to realise their potential, ensuring an excellent experience for patients.
- Develop great leaders who put patients first and drive our organisation to achieve.
- Plan and develop a flexible workforce to meet the challenging needs of our communities and the services we deliver.
- Attract, recruit and retain people who believe and live our values to ensure that our patients receive the best care.

6.3 Workforce Plan

Our Workforce profile presents many challenges due to service reconfiguration, difficulties to recruit and a workforce profile that sees 33% of consultants are over 50 and 40% of nurses who are eligible for retirement in the next ten years. Our Workforce Plan will begin to address the succession planning challenges that exist for the Trust over the next five years.

Our plan over the next two years illustrates small reductions. Whilst our headcount remains broadly the same we are increasing headcount in areas such as bowel screening. Reductions in headcounts exist in areas such Finance and Estates. Further cost reductions will be achieved through improved workforce management, which include harmonisation of on call and skill mix in a number of services including Pathology.

We are developing service workforce plans that aim to improve the workforce challenge in a number of key areas over the next 3-4 years. The current configuration of services means that the plans support improvement to the workforce challenge however they do not provide sustainable workforce solutions and this includes the full achievement of 7 day working.

We will, through a people plan, develop our youth team, which will encompass cadet roles, recruiting school leavers and take them on a career journey to be a registered professional.

To support our clinical vision of one Major Emergency Care Centre we will focus on developing further advanced practice to support the urgent care pathway. This will be multi-disciplinary across specialties including emergency care, diagnostics, therapies and medicine.

6.4 Quality Impact

The Trust's workforce plans are, and will be, subject to a QIA process. Plans are also signed off by the Director of Nursing and the Medical Director before being submitted to the Board for approval

6.5 Staff Engagement and Support

The Trust has a Staff Engagement Programme to support the cultural change needed and we are developing a values driven organisation, with new values and values based recruitment. Our programme will continue to develop over the next two years and will include; Leadership and Management Development, a programme of continuous improvement and a strong patient focus through a customer care approach.

6.6 Innovation

The chief gaps in our electronic patient record (EPR) portfolio are 'e-prescribing' and 'electronic notes.' The Trust has secured additional funding from the NHS Technology Fund to support progress towards EPR during the next two years.

The lack of investment in modern clinical equipment has hampered modernisation and opportunities associated with technological advancement. Technology-led improvements will improve productivity and enhance clinical decision-making. The Trust will evaluate alternative solutions to equipment replacement including managed contracts. Digital Radiology equipment is one of the priorities.

There is also significant potential, particularly given the geography of our catchment area, to deploy telehealth to enable the remote management of people with long-term conditions and reduce GP attendances and hospital admissions. Given our split-site configuration there is also greater potential to utilise telemedicine to limit travel between the two sites and improve the speed of clinical decision-making and productivity.

We have identified the following Strategic Priorities and Operational Objectives for 2014-2016:

Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology	Implement e-prescribing	Ensuring Services are Effective
	Implement and embed an integrated clinical portal system	Ensuring Services are Effective
	Identify solutions to address equipment replacement needs	Ensuring Services are Well Led
	Increase productivity through the use of telemedicine and digital Radiology equipment	Ensuring Services are Well Led

7. COMMUNITY AND PARTNERSHIP

The Trust is committed to strengthening our engagement with our communities, staff and wider stakeholders to drive our priorities for improvement and development. Put simply, everything we do must be driven by the needs of the people we are here to serve. For the Trust this means:

- Building capacity and capability across the organisation to improve engagement and communication, including customer care.
- Addressing a poor reputation with many of our GP colleagues by understanding their priority needs and expectations and exceeding them.
- Improving the fundamentals of communication – with patients, with carers and with GPs, about treatment and care, about appointments and services.
- Working with other partner organisations to reach out to our communities, particularly those people who are less likely to engage.
- Embedding the Trust’s vision, values and strategic aims within the organisation and our stakeholders, including developing and maintaining a compelling vision.
- Engaging and supporting senior managers to communicate widely and to involve their staff in decision-making.
- Grasping and delivering opportunities from new media including digital communication and engagement.

Recognising the impact that we have on the environment and local communities has also shaped our Sustainable Development Management Plan which supports our Good Corporate Citizen programme. A healthier environment can contribute to better outcomes for all. This involves valuing and enhancing our natural resources, whilst also reducing harmful pollution and significantly reducing carbon emissions.

Our work on corporate citizenship focuses on three main goals:

- A healthier environment.
- Communities and services are ready and resilient for changing times and climates.
- Every opportunity contributes to healthy lives, healthy communities and healthy environments.

Our Strategic Priorities and Operational Objectives for 2014-2016 therefore are:

Strategic Priority	Operational Objective	CQC Theme
Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy	Develop a Stakeholder Engagement Strategy	Ensuring Services are Responsive
	Manage GP relationships through a robust GP Engagement Strategy and focussed account management	
	Continue to develop environmental and social sustainability through the Good Corporate Citizen programme	

8. FINANCIAL STRENGTH: SUSTAINABLE FUTURE

8.1 Financial Sustainability

The Trust’s financial position is of significant concern and despite implementation of controls over pay expenditure the Trust is unable to deliver a breakeven position without support. There are a number of longstanding structural issues which, if unresolved, will challenge the viability of the Trust:

- Failure to invest in replacing equipment/estate has left a significant backlog legacy - £42m
- Modernisation of Radiology, IT and other essential equipment to drive productivity and efficiency prevented by the Trust’s financial position
- Two small hospitals which are not at a scale to be viable in their own right
- Estimated additional costs of running acute services across both sites, duplication, and rurality circa +£15m p.a.

- Historic liquidity deficit
- Amount of spend that CIP's can be applied to is limited in absence of radical service remodelling across the economy
- 2014/15; 4% efficiency, additional cost of paediatric/surgical cover, resolving capacity gap, additional nurses, and underlying deficit presents going concern challenge.

The factors that have driven the worsening position for the Trust in 2014/15 are shown in the bridge movement analysis included in **Appendix 6**.

In the absence of a radical programme of investing in modernisation and transformation, a failure to set out and deliver against a QIPP agenda and internal efficiency targets, and the absence of agreed transitional support, there remains a significant risk to financial sustainability of the Trust.

The Trust needs to agree transitional financial support to:

- Compensate for the additional costs arising from the current service configuration until reconfiguration is possible.
- Provide modernisation funds to unlock the potential of technology to support productivity and cost reduction.
- Provide permanent liquidity support to underpin the position.

With transitional support the Trust can achieve a successful future and a key priority for 2014/15 is to complete the clinical services review through Future Fit to identify a sustainable clinical service configuration.

8.2 Strategic Priorities

Our Strategic Priorities and Operational Objectives for 2014-2016 are:

Strategic Priority	Operational Objective	CQC Theme
Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme	Secure transitional support from the Trust Development Authority and local commissioners	Ensuring Services are Safe
	Identify recurring cost improvement programmes	Ensuring Services are Well Led
	Agree contracts and short-term borrowing arrangements	
	Engage with commissioners with regard to utilisation of Better Care Fund	

8.3 Two Year Financial Plan Summary

The Trust has developed a five year financial plan covering the period 2014/15 to 2018/19. This plan has identified deficits in each of the years 2014/15 to 2016/17, followed by surpluses in the years 2017/18 and 2018/19.

£m	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Operating surplus / (deficit)	-	0.1	0.1	0	(8.2)	(5.7)	(0.9)	1.2	2.2

In order to construct this financial model, it has been necessary to apply a series of key assumptions. Details of these are shown in **Appendix 7**. Within these assumptions there are three key factors impacting upon the 2014/15 – 15/16 financial plan, these being;

- Transitional support
- In year efficiency
- Health Economy QIPP.

8.4 Transitional Support

In constructing the plan for the five year period, it has been assumed that delivery of services are transferred so as to enable a new Major Emergency Care Centre to become operational within the 2017/18 year supported by a Planned Care Centre which then enables the Trust to;

- Release capital charge savings used to underpin the increased costs arising from the construction of the new facility.
- Generate substantial operational efficiencies through the avoidance of excess costs associated with the existing multi-site service model presently operational in the Trust. These costs are estimated at £15m per annum.

In the construction of the five year financial model, the Trust has assumed that transitional support will be provided over the years 2014/15 to 2017/18 in recognition that costs of duplication will remain unavoidable until the new facilities are operational. The level of transitional support assumed is as follows:

- 2014/15 £1.0m
- 2015/16 £3.0m
- 2016/17 £3.0m
- 2017/18 £3.0m
- 2018/19 -nil

8.5 Cost Improvement Programme

In setting the plan the Trust has assumed a requirement to deliver internal efficiencies at a rate equivalent to 4.5 % per annum. The Trust has identified savings schemes for the years 2014/15 and 2015/16 equating to £15.2m and details of these schemes are shown in **Appendix 7**.

The Trust has refreshed the Quality Impact Assessment (QIA) process to ensure that any changes do not negatively impact on Quality and Safety, and this process is led by the Acting Director of Nursing and Quality and Medical Director. Cost Improvement Plans have been formulated by the Executive team including the Director of Nursing and Quality and the Medical Director and are being assessed through the QIA process.

8.6 QIPP

Local QIPP schemes for the 2014/15 require a greater level of development by both Clinical Commissioning Groups, and hence do not feature within the 2014/15 contract. This position was accepted by Shropshire County CCG as part of contract negotiations. The arbitration held on the 1st April 2014 adopted this position in respect of Telford and Wrekin CCG.

The Trust, in setting its financial plan for the period 2014/15 – 2018/19, has recognised that QIPP savings will be required to support financial sustainability within the health economy; as such progressive levels of QIPP savings (£3 million per year) have been introduced from the 2015/16 the level of savings assumed, as compared with the 2014/15 financial year are as follows:

- 2015/16 - £3.0 million
- 2016/17 - £6.0 million
- 2017/18 - £9.0 million
- 2018/19 - £12.0 million

8.7 Capital

The level of funds generated internally to support Capital Spending increases substantially over the period 2013/14 to 2018/19:

	2013/14 £000s	2014/15 £000s	2015/16 £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s
Internally Generated Funds	8,450	10,500	11,514	12,114	12,714	13,414

The Trust has a number of significant underlying commitments in respect of Capital expenditure that need to be met, and these include:

- Backlog maintenance – An assessment of the Trust estate has concluded that a serious backlog problem exists. The sum amounts to circa £40 million, being £28 million in respect of Estate improvement and £12 million to address equipment replacements.
- IT Developments – The Trust has been awarded Capital Funds to support the development of IT Infrastructure through the Safer Hospitals, Safer Wards Technology Fund. The receipt of the monies is subject to the Trust providing match funding over the financial years 2014/15 and 2015/16. The level of funds received amounts to £1.1 million.
- Efficiency programmes – In order to support the achievement of efficiency programmes, it is necessary for the Trust to commit capital funds, examples of which include Radiology diagnostic equipment and IT Infrastructure in support of paper light Medical records.

Given these challenges the Trust believes that it will be necessary for internally generated funds to be fully utilised across the 2014/15 – 2018/19 period. Detail of the planned Capital Programme is shown in **Appendix 7**. The Capital Programme includes a sizeable contingency sum to cover the risk associated with the significant backlog maintenance issue.

In addition to the planned Capital Programme from internally generated funds additional external capital will be sought to support the development costs associated with the new Major Emergency Care Centre and the Planned Care Centre. The size of the investment is estimated, at present, to be in the region of £170m - £220m. Further details relating to this external investment requirement will be reflected in the Trust's five year plan submission.

9. DEVELOPMENT SUPPORT

The Trust has identified a number of interventions on its road map to sustainability. A number of these are within the capacity and capability of the new Board to resolve. Some are already in place, for example, the external resources and commitment to the Future Fit Programme led by the CCGs which will progress the long-term clinical services configuration and also provide important context for the necessary short to medium term health economy improvements. However, there are a number of development priorities where the Trust would benefit from support:

- In terms of driving continuous improvement in quality process and culture, the ability to undertake a comprehensive programme of process redesign is constrained by current managerial capacity and lack of expert facilitation – achieving more rapid, transformational change will require transitional funding support to realise the full potential benefits.
- The backlog of investment in replacing key medical equipment and maintaining the estate cannot be resolved through incremental investment and will require external funding support to realise the benefits of modernisation.
- The structural nature of the recurrent financial problems, the legacy of underinvestment and a deteriorating balance sheet mean that long-term sustainability will require medium term transitional financial support to avoid continued in-year deficits, to provide adequate underlying liquidity and to support the Trust in its modernisation programme.

10. KEY RISKS AND MITIGATING ACTIONS

There are several risks to the delivery of the Trust's operational plan and longer term strategy including:

- The level of transitional support provided
- Ability to agree realistic contracts
- Detail and deliverability of Local Health Economy QIPP plans
- Delivery of RTT
- Delivery of A&E 4 Hour Standard
- Clinical sustainability and the associated financial impact of interim solutions
- Recruitment and timeline to recruit into establishment
- Timescale associated with the implementation of new models of care
- Detail of Better Care Fund investment and the resulting impact on the Trust
- Delivery of the Cost Improvement Programme
- The impact of partner organisations' decisions to deliver financial efficiencies.

Full details of the risks, and the associated mitigating actions being taken by the Trust, are shown in **Appendix 8**.

APPENDICES

Progress Against 2013/14 Operational Objectives: Key Achievements

➤ **Quality and Safety: Providing the best clinical outcomes, patient safety and patient experience**

The Trust has achieved a further reduction in avoidable deaths and our VTE assessment rates are now above the national target of 95%. A reduction in the number and severity of pressure ulcers and the number and severity of harm from falls has also reduced the level of harm to patients.

We have extended 7 day working in some areas including Pathology, Radiology and the Therapy services and revised models of care for the acute medical take are under development. The Trust has also seen improved outcomes for patients following the interim transfer of hyper acute and acute stroke services to PRH in July. This has now prompted a discussion regarding longer term service models.

➤ **Healthcare Standards: Delivering consistently high performance in healthcare standards**

The Trust has focused on addressing existing capacity shortfalls: 50 of the 85 beds closed in 2011 and 2012 have been re-opened and a new ward is being refurbished at PRH, opening in the early part of 2014/15. Internal bed reconfigurations took place during 2013, coupled with improvements in flow process, discharge protocols and site management.

A Health Economy Winter Plan was developed creating additional community, social care and flexible 'spot-purchase' nursing/residential home beds, social care provision and packages of care. Waiting-list management capability and process and capacity planning has significantly improved and trajectories for recovery of the RTT position has been agreed with commissioners. The Trust has also implemented a Remedial Plan to ensure consistent delivery of cancer targets.

➤ **People and Innovation: Striving for excellence through people and innovation**

A new operational organisational structure was introduced in the Spring 2013 along with a performance management framework. Less risk averse and constraining HR policies are also gradually being introduced

A values-driven approach to cultural change commenced in summer 2013 with the launch of new values and values based recruitment and a high profile Leadership Conference was successfully delivered in October 2013. The Trust will continue to promote a focus on improved customer care, and a systemised programme to create a culture of continuous improvement will further build on the work that has commenced. The 2013 staff survey results showed significant improvements demonstrating that the actions taken are impacting on our staff.

A Five Year Workforce Plan was signed off by Executives in August 2013.

➤ **Community and Partnership: Improving the health and wellbeing of our community through partnership**

The Local Health Economy review of acute and community hospital services, Future Fit, has commenced. This marks the start of collaborative working relationships between commissioners and healthcare partners that have been introduced which did not previously exist.

➤ **Financial Strength: Building a sustainable future**

The Women and Children's Centre at PRH continues to progress on track and opens in September 2014. Work is also continuing on the provision of an energy service to the new Women & Children's Centre which will improve the carbon and environmental performance of the Trust.

The Trust has achieved total efficiency savings of circa £14m in each of the past two years and has secured funding for investment in IT systems: clinical portal and e-prescribing. Pathology services have been reconfigured onto a single site with a forecast efficiency saving of circa £1m.

The Trust has continued to strengthen its environmental and social sustainability; a SMART Five Year Sustainable Development Management Plan being presented in March 2014.

Risk Assessment of Progress against 2013/14 Operational Objectives

Strategic Priority	Operational Objective	Exec Lead	QTR 1 RAG	QTR 2 RAG	QTR 3 RAG
Quality and Safety Providing the best clinical outcomes, patient safety and patient experience	QS1 Reduce avoidable deaths	MD	GREEN	GREEN	GREEN
	QS2 Improve the nutritional status of patients and hydration and fluid management	DQ&S	AMBER	AMBER	AMBER
	QS3 Enhance communication and information for all patients and their carers	DQ&S	GREEN	AMBER	AMBER
	QS4 Eradicate all avoidable grade 3 and 4 pressure ulcers	DQ&S	AMBER	AMBER	AMBER
	QS5 Reduce the number of RIDDOR reportable falls	DQ&S	AMBER	AMBER	RED
	QS6 Develop plans to extend 7 day working	COO	AMBER	AMBER	AMBER
	QS7 Achieve all CQUIN targets and PROMs to improve safety and patient experience - CQUINS - PROMS	DQ&S	GREEN	AMBER	GREEN
	QS8 Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services	DBE	GREEN	GREEN	GREEN
	QS9 Focus on improving clinical outcomes particularly - stroke - fractured neck of femur	MD	AMBER	GREEN	AMBER
Healthcare Standards Delivering consistently high performance in healthcare standards	HS1 Ensure bed capacity meets demand supported through wider health partnership solutions (Linked to C1 & C2)	COO	AMBER	GREEN	GREEN
	HS2 Improving the timely flow of patients from admission to discharge to consistently achieve 95% 4 hour ED standard.	COO	AMBER	AMBER	AMBER
	HS3 Deliver all key performance targets - Bed reconfiguration - RTT and backlog	COO	GREEN	AMBER	AMBER
	HS4 Embed and enhance new booking and scheduling arrangements	COO	AMBER	RED	AMBER
People and innovation Striving for excellence through people and innovation	PI1 Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%	WD	GREEN	GREEN	GREEN
	PI2 Embed Employment Basics contract, pay and policy	WD	GREEN	AMBER	AMBER
	PI3 Increase workforce flexibility through new roles and working practices	WD	GREEN	GREEN	GREEN
	PI4 Build leadership and management capability	WD	AMBER	GREEN	GREEN
	PI5 Deliver benefits for patients from Academic health Sciences Network, High Impact Interventions and Research and Development	MD	GREEN	GREEN	GREEN
Community and Partnership Improving the health and wellbeing of our community through partnership	CP1 Contribute to integrated service strategy in conjunction with all health and social care partners	COO	AMBER	AMBER	AMBER
	CP2 Embed the Frail and Complex service	COO	GREEN	AMBER	AMBER
	CP3 Deliver the benefits for patients through the implementation of dementia good practice	MDD	AMBER	GREEN	GREEN
	CP4 Progress Telehealth initiatives in line with commissioners' strategies	DBE	AMBER	ON HOLD	
	CP5 Deliver priority health and wellbeing initiatives	CD	GREEN	GREEN	GREEN
	CP6 Achieve sustained improvement in trust, confidence, reputation, customer service and public / community engagement	CD	GREEN	GREEN	GREEN
Financial Strength Building a sustainable future	FS1 Deliver our milestones to achieve NHS Foundation Trust status	DCG	GREEN	AMBER	GREEN
	FS2 Deliver our milestones within the Women and Children's services reconfiguration plan	DBE	AMBER	AMBER	AMBER
	FS3 Deliver a financial plan that achieves a break even position	FD	RED	RED	AMBER
	FS4 Deliver Trust 5% implied efficiency target and support delivery of joint QIPP	FD	AMBER	RED	AMBER
	FS5 Develop an investment strategy to secure funds to modernise the Trust estates and infrastructure	FD	AMBER	AMBER	RED
	FS6 Address liquidity issues	FD	AMBER	RED	AMBER
	FS7 Produce a strategy for integrated clinical and patient information systems and associated IT	FD	AMBER	AMBER	AMBER
	FS8 (1 of 2) Complete Pathology reconfiguration	DBE / FD	AMBER	GREEN	GREEN
	FS8 (2 of 2) Complete Central Sterile Services Department (CSSD) tender exercise		GREEN	GREEN	GREEN
FS9 Develop environmental and social sustainability through Good Corporate Citizen progress		GREEN	GREEN	GREEN	

2014 – 2016 Strategic Priorities and Operational Objectives

2014/15 and 2015/16 Strategic Priorities and Operational Objectives

STRATEGIC PRIORITY	LEAD EXECUTIVE(S)	OPERATIONAL OBJECTIVE
Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy	Medical Director	Further reduce avoidable deaths by learning from Mortality Reviews
	Director of Quality & Safety	Improve the clinical outcome of patients with Fractured Neck of Femur: increasing surgical, rather than conservative management of patients in line with the National Hip Fracture Database, and achieving all elements identified within the Best Practice Tariff
		Reduce the level of harm to patients, and particularly that resulting from falls, through the use of the Safety Thermometer
		Reduce the number of healthcare associated infections
	Director of Quality & Safety / Workforce Director	Implement effective systems to engage and involve patients, relatives and carers as equal partners in care
		Improve care of the dying through implementation of best practice
Develop a transition plan , with supporting workforce plans, mitigation actions and contingency plans , that ensures the safety and short term sustainability of our challenged clinical services	Chief Operating Officer	Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels
		Progress plans to extend 7 Day Working
		Agree Business Continuity Plans for the Emergency Department with commissioners by 1 st April 2014
		Embed a sustainable 7 day model of care for Stroke services
		Scope the development of emergency ambulatory care and Urgent Care Centres
Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards	Chief Operating Officer	Complete workforce reviews and develop plans in challenged specialties
		Complete a service review of challenged specialties, commencing with Cardiology and Ophthalmology, and consider proposals to redesign these services
		Implement the Medicine Strategy
		Commence winter planning in April 2014 to include the consideration of a drop in day surgery unit
		Scope options for resolving the bed capacity shortfall e.g. Hospital at Home schemes; working with alternative providers; implementing different models of care both internally and across the Local Health Economy e.g. alternative models of sustainable care
Undertake a review of all current services at specialty level to inform future service and business decisions	Chief Operating Officer / Finance Director / Director of Business and Enterprise	Consider capital schemes e.g. development of a Clinical Decision Unit and a Theatre Admissions Lounge at Princess Royal Hospital and ring-fencing of Orthopaedic beds
		Participate in planning new models of care as part of the Better Care Fund initiative
		Complete a root and branch review of our Cancer services, with the support of the IST and Christie Hospital, and develop an Improvement Plan and a Cancer Strategy
		Participate in a strategic review of access to Orthopaedic services (commissioner led)
		Develop community service models and increase direct access for GPs
Complete and embed the successful reconfiguration of Women and Children's services	Director of Business and Enterprise	Develop robust business cases for homecare services
		Transfer of Women and Children's services to Princess Royal Hospital
		Embed revised pathways following the transfer of services to Princess Royal Hospital
Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme	Director of Business and Enterprise	Agree and implement the model for the Women and Children's services remaining at Royal Shrewsbury Hospital
		Develop an Options Appraisal for future service models
		Commence, and complete, public consultation on proposed clinical services models
Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy	Chief Executive / Workforce Director / Communications Director	Produce an Outline Business Case to deliver revised clinical services models
		Develop a Values-driven organisation
		Implement the Trust's Leadership Development Programme
		Develop a culture of continuous improvement and lean process redesign
Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy	Communications Director / Director of Business and Enterprise / Director of	Develop a customer care strategy
		Develop 5 Year Workforce Plans for all services that supports transformation
		Develop a Stakeholder Engagement Strategy
Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme	Finance Director	Manage GP relationships through a robust GP Engagement Strategy and focussed account management
		Continue to develop environmental and social sustainability through the Good Corporate Citizen programme
		Secure transitional support from the Trust Development Authority and local commissioners
		Identify recurring cost improvement programmes
Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology	Finance Director / Chief Operating Officer	Agree contracts and short-term borrowing arrangements
		Engage with commissioners with regard to utilisation of Better Care Fund
		Implement e-prescribing
		Implement and embed an integrated clinical portal system
		Identify solutions to address equipment replacement needs
		Increase productivity through the use of telemedicine and digital Radiology equipment

Quality Improvement: Key Priorities

1. Ensuring Services are Safe

The Trust aims to consistently reduce harm to patients and maintain sustained improvements. Actions for the next two years include;

1.1 Quality of Clinical Records

- Implementation of revised nursing records in 2014 with an accompanying training plan
- Delivery of a medical education programme, led by the Medical Director, in relation to medical records and evidence.

1.2 Reducing Falls

- Enhance knowledge, skills and resources available for prevention of RIDDOR reportable falls, supported by our recently implemented Falls Practitioner role.

1.3 Pressure Ulcers

- Focus attention on driving down grade 2 ulcers with a targeted approach to reducing device related ulcers and those on heels which will be the main work stream for the coming period.

1.4 Safety Thermometer

- Measure and report information about all four harms and to identify trends and themes that will be acted upon through the Quality Assurance Framework
- Continue to contribute to the Local Health Economy Safe Care Harm Free Board and seek to increase our contribution in this area.

1.5 Infection Control

- Specific focus on cleanliness and antibiotic use will be key factors for the next year in addition to improving assurance and reporting of infection control issues.

1.6 Safe Staffing Levels

- Recruit into revised nursing templates, approved by the Trust Board in November 2013 to ensure safe staffing levels.
- Ongoing monitoring and a combined approach to assess, manage and report risks associated with staffing levels to be undertaken by senior operational and corporate nurses.
- Achieve compliance with the 10 expectations (9 for provider organisations) set out by the National Quality Board.

2. Ensuring Services are Caring

The Trust is committed to listening to and learning from our patients particularly in relation to what we do well and how we can improve when care goes wrong or when we don't give our patients the best experience we can.

2.1 Engage and Involve Patients, Relatives and Carers as Equal Partners in Care

- Expand our current engagement programme to include partners and stakeholders such as commissioning groups, Healthwatch and patient representative groups.
- Develop a Patient Experience Strategy and an annual Patient Experience Report to provide assurance of improvement.
- Improve patient and carer experience in Cancer Services and Dementia Care through our Patient Experience Strategy.

2.2 Patient Experience

- Implement patient feedback mechanisms that encompass all clinical specialities
- Deliver, in partnership with Healthwatch, local Patient Listening Events around the county which will then be used to develop, refine, and most importantly improve services.
- Further develop and strengthen the role of the Patient Experience and Involvement Panel (PEIP) within the Trust to provide ongoing independent scrutiny and oversight into patient experience.

- Provide training to our PEIP members, senior nurses and community health partners in relation to the use of observational care tools.
- Roll out the implementation and collection of data through the Friends and Family Test (FFT) to all clinical departments and ensure that the teams receiving the feedback respond in a timely and effective manner.
- Maintain the recent improvement in response rates for inpatient wards and Emergency Departments.
- Receive patient stories, delivered in person by the patient or relatives, at Trust Board in October.

2.3 End of Life Care

- Lead a Local Health Economy Working Group to deliver, and implement, an End of Life Care Plan to replace the Liverpool Care Pathway by the required deadline of June 2014.
- Develop metrics to measure improvements in care.

3 Ensuring Services are Effective

3.1 Management of patients with Fractured Neck of Femur

- Review of pathways to ensure that all patients who are suitable for theatre receive operative management as quickly as appropriate.
- Introduction of a treatment management protocol for which the default position for patients is that they will have operative care unless a decision is made that that is not in the patient's best interest.
- Implementation of a process to ensure all decisions resulting in conservative management are documented, with supporting reason, within patients' notes.
- Implement a prioritised theatre slots approach to ensure that patients are brought to theatre more rapidly to ensure the minimum possible delays.
- Scope and progress options to further extend the existing service which is currently available 6 days a week.
- Regular review of performance by Medical Director and Chief Operating Officer to ensure that improvements are progressed and required performance achieved.

3.2 Mortality Reviews

- Implement and embed a process for all deaths to be reviewed using the CESDI criteria to ensure all incidences of avoidable factors are identified.
- Shared learning to be disseminated along with clear recommendations to Care Groups and the Clinical Governance Executive using the Quality Assurance Framework.
- Further improve discharge processes and information to ensure that discharge is safe and effective.

4 Ensuring Services are Responsive

- Increasing the amount of consultant resident cover for the General Internal Medicine Rota to 18 hours per weekend on each site –Medicine has the highest raw case mortality
- Linking Critical Care Outreach with the Hospital at Night Team to provide consistent Nurse Practitioner cover for higher risk patients, and a more rapid response should they deteriorate – an electronic Early Warning System already is well embedded for all adult patients
- Hospital at Night is being extended to cover weekend days as well as all nights
- Gap analysis followed by action planning in relation to the 10 clinical standards for 7 day working defined by NHS England.

3.3.5 Ensuring Services are Well-led

- Develop excellent clinical leadership as part of the Leadership and Management Development Programme.
- Develop and implement a framework of competencies to support professional nursing standards.

Operational Delivery Plans: Key Priorities

The focus of the Trust for the next two years is to ensure access to the highest quality urgent and emergency care. A series of initiatives required to deliver the Operational Strategic Priorities and Operational Objectives has been identified, details of which are included in the Care Group business plans as follows:

1. Scheduled Care Group

- Development of Critical Care services
- Develop a 3 Year Cancer Strategy
- Establish a Surgical Admissions Unit at PRH
- Full review of MSK Services and future service models
- Service review of Maxillo Facial, Restorative Dentistry and Orthodontics in line with NHS England's aim to concentrate specialised services
- Ophthalmology service review and redesign

2. Unscheduled Care Group

- Full review of Dermatology services
- Develop and implement a sustainable model of care for Stroke services
- Implement the Medicine Strategy including the development of Centre of Excellence for Elderly Care
- Develop emergency ambulatory care models and Urgent Care Centres
- Establish a Clinical Decision Unit at PRH
- Review of Cardiology Services

3. Pharmacy Care Group

- Business case for Homecare Services to be developed

4. Radiology Care Group

- Increasing GP Direct Access and community service provision
- Digital Radiology Business Case
- Radiology Workforce Review

5. Pathology Care Group

- Develop a sustainable Anti-Coagulation service
- Implement a robust model of care for Phlebotomy services

6. Therapy Care Group

- Joint working with the Community Trust to develop alternative service models within the community

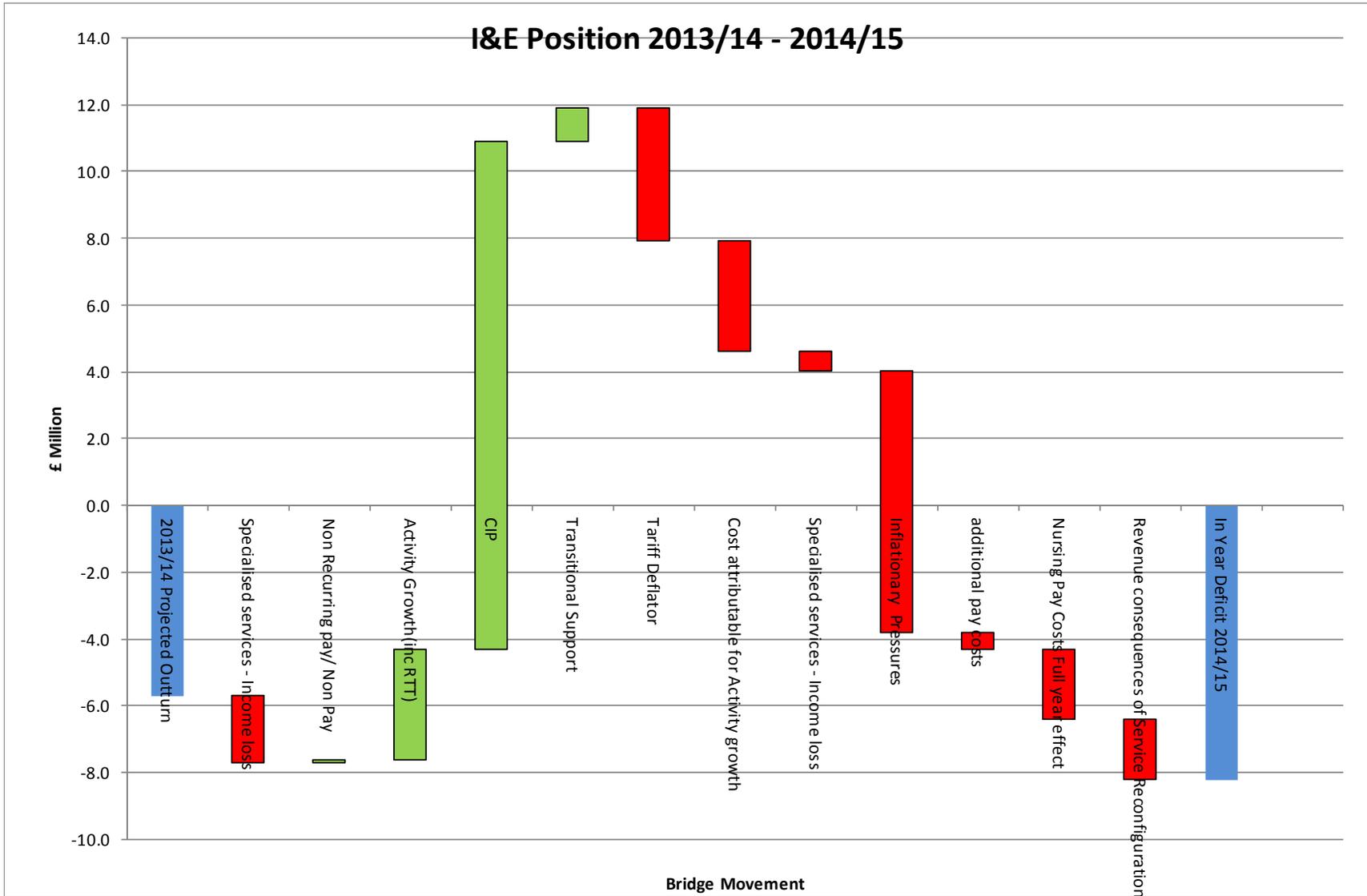
7. Women and Children's Care Group

- Children's Services Strategy
- Reconfiguration of services to PRH and long term strategy for services at RSH (details of these are included in Section 5: Service Reconfiguration section)

Note: The initiatives above are identified within the lead Care Group; however, many of the schemes will be delivered by, or impact on, several Care Groups.

Finance and Investment Strategy

Bridge Movement Analysis:



Finance and Investment Strategy

Table 1: Planning Assumptions Included within the Long Term Financial Model

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Demographic growth %	1.25	1.25	1.25	1.25	1.25	1.25
Inflation assumptions %						
Clinical Income inflation	(1.5)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)
Other Income inflation	2.6	2.1	2.7	2.7	2.7	2.7
Pay inflation	1.5	2.0	2.0	2.0	2.0	2.0
Drug Price inflation	3.4	4.6	4.1	4.1	4.1	4.1
Other cost inflation	3.4	4.6	4.1	4.1	4.1	4.1
Capital Assets	3.8	3.8	3.8	3.8	3.8	3.8
Transitional Support £m		1.0	3.0	3.0	3.0	
Health Economy QIPP £m			(3.0)	(6.0)	(9.0)	(12.0)
In year efficiency £m	13.6	15.2	15.0	15.0	15.0	15.0
In year efficiency %		4.5	4.5	4.5	4.5	4.5

Table 2: Cost Improvement Programme

	2014/15 £m
Procurement	2.0
CNST Contribution	0.5
Salary Sacrifice Schemes	0.1
Pharmacy Gain Share schemes	0.2
Capitalisation of Workforce Costs	1.2
Outpatient Nursing and Clinical Nurse Specialists review	0.5
Diagnostics Staffing and Pay harmonisation	0.3
CQUIN at 100%	0.6
Finance Directorate – Pay Reduction	0.2
Nursing – Recruitment and Sickness Management.	0.6
Nursing Review Transitional Programme	0.4
Finance Directorate – Non Pay reduction	0.2
Estates and Facilities – Staffing reduction	0.2
Unscheduled Care Savings Programme	0.5
Medical Staff Management Cost	0.2
Travel Expenses - Travel Plan	0.2
Non Pay Spending Controls	0.6
To be identified	0.5
Cash Releasing Efficiency Savings	9.00
Activity Efficiencies	6.2
Total Cost Improvement Programme	15.2

Table 3: Capital Programme

	2014/15	2015/16	2016/17	2017/18	2018/19
Contingency	4125	3925	3925	3925	3925
Princess Royal Hospital Ward Capacity	3500				
Equipment replacement	895	2700	3100	3300	3500
Estate Backlog	1165	3389	3789	3989	4289
IT – Safer hospitals, Safer wards	500	600			
IT Schemes	315	900	1300	1500	1700
Capital spending funded through internally generated funds	10,500	11,514	12,114	12,714	13,414
Women's and Children's service development	5,035	-	-	-	-
Total Capital spending	15,535	11,514	12,114	12,714	13,414

Note: The above programme will be updated within the Trust's five year plan submission to reflect external funding for the development costs associated with the new Major Emergency Centre.

Key Risks and Mitigating Actions

Risks	Mitigation Actions
<p>Transitional support Local CCGs have indicated that the uncommitted level of transitional support available to the local health economy is limited to £6.85 million.</p>	<p>In establishing a plan for the 2014/15 year, the Trust has assumed receipt of transitional support from the local CCGs amounting to £1million. The support is in recognition that service delivery changes to enable the Trust to address excess costs of duplication will not be possible until the finalisation of the Future Fit Programme</p>
<p>Contract Agreement The financial model is based on the Trust's expected activity level and an associated income level. Failure to agree both volume and £s will impact on the financial recovery model.</p>	<p>Following arbitration, relating to Telford and Wrekin discussions, a contract for 2014/15 has been agreed with both local CCGs. 2014/15 plans have not required any changes.</p>
<p>Local Health Economy QIPP In order for the two local commissioners to achieve targeted positions of: delivering a 1% surplus; establish a contingency reserve of 0.5% and hold transition funds equivalent to 2.5% of their allocations, it is necessary for the two CCGs to identify Local Health Economy QIPP savings of £16 million. In the absence of detailed plans there is a risk that the CCGs will be unable to fund a sustainable RTT position.</p>	<p>Additional local QIPP schemes for the 2014/15 year require greater level of development by both CCGs, and hence do not feature within the 2014/15 contract. This position was accepted by Shropshire CCG as part of contract negotiations. The arbitration held on the 3rd April adopted this position in respect of Telford and Wrekin CCG.</p> <p>The Trust in setting its financial plan for the period 2014/15 – 2018/19 has recognised that QIPP savings will be required to support financial sustainability within the health economy, as such progressive levels of QIPP savings (£3 million per year) have been introduced from 2015/16.</p> <p>Collectively, commissioner and provider Directors of Finance have shared assumptions for the 2014/15 year with the aim of ensuring consistency in financial plans and agreeing the scale of the collective financial challenge.</p> <p>Operational and Finance Directors from both commissioners and providers organisations have established a process with the aim of determining, and then developing, implementation plans for schemes that will secure the level of savings required in the 2014/15 year.</p> <p>The local CCGs will require QIPP savings in the year 2015/16 to 2018/19. Recognising this need the financial plan has been set so as to enable CCGs to cover demographic growth through an equivalent level of QIPP saving.</p>

<p>Delivery of RTT Due to the size of the backlog in Orthopaedics this specialty will not achieve targets until October 2014 impacting on the Trust's ability to achieve the target overall as well as the incomplete target.</p> <p>Despite outsourcing to alternative providers there is no agreed trajectory for delivery of RTT non-admitted within Ophthalmology and demand continues to exceed capacity.</p>	<p>Remedial Action Plans [RAP] were agreed in January 2014 and are in place for the overall delivery of Admitted RTT and Incompletes</p> <p>A strategic review of Orthopaedic access has commenced, led by Commissioners but is unlikely to report until June 2014. Options to protect elective activity and develop a theatre admission lounge are being developed; however, these solutions will have revenue and capital consequences.</p> <p>A joint steering group (The Trust and CCGs) meets fortnightly with the purpose of developing a long-term strategy for Ophthalmology services.</p>
<p>Delivery of A&E 4 Hour Standard To give assurance that consistent, and sustained performance, is possible the Trust needs to address the challenges in running 2 full Emergency Departments (ED) which are too small, a lack of Consultants and Middle Grades in Emergency Medicine 16 hours per day, 7 days per week, bed capacity shortfalls and the lack of surge capacity and the lack of ambulatory care on either site.</p>	<p>A Remedial Action Plan is in place to achieve the A&E 4 Hour Standard and incremental improvements in relation to systems and processes will continue into 2014/15 as part of a continuous improvement cycle.</p> <p>Working with commissioners the organisation is completing an assessment against the ten clinical standards. With regard to 7 day working, the Trust has agreed a Service Development Improvement Plan as part of the contract. The final terms of this plan will be agreed by 30th June 2014.</p> <p>The clinical services review: Future Fit ambition is to conclude the preferred option for delivering emergency care by late September ready for consultation in October 2014.</p> <p>Solutions to address the challenges associated with operating 2 full EDs in the short term is part of the wider Trust strategic plan currently being discussed with the TDA.</p>
<p>Clinical Sustainability The Trust is presently operating with services, particularly in respect of acute medicine and emergency services, where staffing levels present risks of clinical sustainability.</p> <p>Responding to these pressures is likely to increase the cost base of the Trust. It is not presently clear how such costs would be accommodated</p>	<p>The Trust has constructed a 4 year transitional financial support plan which requires funding from the CCGs</p> <p>Solutions to address the challenges associated with these cost pressures are part of the wider Trust strategic plan currently being discussed with the TDA.</p>

<p>Recruitment</p> <p>The result of the recent review of nurse staffing levels has resulted in a requirement to secure a significant increase in both trained and untrained nursing levels. In the event that such posts are unable to be filled substantively, this will mean that increased levels of temporary nurse staffing will need to exist generating increased levels of agency premiums.</p> <p>The development of a modern workforce, and the introduction of new roles, also has a lead in time for training which will impact on the time taken to realise the benefits of these changes.</p>	<p>The Trust has agreed a realistic phasing to recruitment and this has been factored into establishment budgets.</p> <p>We will in commence recruitment as early as possible and develop in house schemes to minimise the impact.</p>
<p>New Models of Care</p> <p>Development of new models of care across the health economy to reduce the needs for acute beds will help but will take time to develop and implement and often involves double running costs. Confidence in the ability to deliver at the pace required is low and there is a risk that the proposals do not address the fundamental underlying problems. The lack of whole health and social care economy planning could lead to small scale schemes that lack sufficient impact to enable acute resources and capacity to be reduced accordingly.</p>	<p>The commissioner-led clinical services review: Future Fit will provide recommendations for the longer term models of care. The project is currently on-track. Project team and work streams established. Programme Board reports periodically to Trust Board.</p> <p>In advance of the results emerging from the Future Fit Programme, it will be necessary for the Trust to put in place 'new models of care' to increase bed capacity within the local health system. Given the respective financial challenge faced by local commissioners it is unclear how these will be resourced.</p> <p>Strategically the recommendations from Future Fit Programme will influence the models of urgent care delivery across the County; however, given the identified risks, the Trust is finalising a business continuity plan.</p>
<p>Better Care Fund</p> <p>Local commissioners have a requirement to transfer funding into the Better Care Fund pooled budget, a significant element of which is assumed to be possible through the reduction of activity performed by the Trust. Jointly agreed detailed plans are not presently available; however, initial proposals shared by the CCGs are ambitious and potentially unrealistic given the timescale for delivery is September 2014.</p>	<p>Collectively, commissioner and provider Directors of Finance have shared assumptions for the 2014/15 year, with the aim of ensuring consistency in financial plans for the 2014/15 year; and agreeing the scale of the collective financial challenge. This work has concluded that the scale of financial savings required to enable commissioners to deliver financial plans that are consistent with NHS England planning rules is £16 million.</p> <p>Operational and Finance Directors from both commissioners and providers organisations have established a process with the aim of determining and then developing implementation plans for schemes that will secure the level of savings required in the 2014/15 year.</p>

Delivery of Cost Improvement Programme

To achieve a breakeven position in 2014/15 the Trust will need to make savings of £19.8m, equivalent to 6.6% of turnover. To deliver a 1% surplus the Trust would need to identify savings of £22.8m equating to 7.6%.

To date the Trust has identified savings equivalent to 4% of expenditure for each of the years 2014/15 and 2015/16.

Impact of Partner Organisations

Significant financial challenges exist in the 2014/15 year for partner organisations supporting adult social care and community services. Decisions made to resolve their respective financial targets could have an adverse impact upon the Trust by increasing the levels of activity performed by the Trust and hampering patient flow. In such circumstances the Trust would incur additional costs and suffer financial penalties as a consequence of breaches of the NHS contract.

Chief Officers of the CCGs and Chair and Chief Executives of the providers have agreed the scale of the financial challenge within the health system to develop a collaborative approach to development and implementation of QIPP schemes including the top five high impact changes.