

<b>Report to:</b>	Trust Board 28 <sup>th</sup> March 2013
<b>Title</b>	The Operating Plan 2013/14
<b>Sponsoring Executive Director</b>	Debbie Vogler Director of Business and Enterprise
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<b>Purpose</b>	To describe the planning framework and the process undertaken to develop our Operating Plan for 2013/14. It sets out the vision for the Trust and the strategic priorities for the year ahead; how we intend to deliver them and how we will monitor and measure progress
<b>Previously considered by</b>	Executive Directors; Hospital Executive Committee; Finance Committee; TLT

**Executive Summary**

In December 2012, the NHS Trust Development Authority published its planning guidance for 2013/14. "Toward High Quality, Sustainable Services". This paper sets out the Trust's Operating Plan for 2013/14 which has been developed in line with the requirements of the NTDA detailed technical guidance.

The Plan sets out our agreed vision that we have developed with staff, our strategic priorities and how we will deliver these objectives through a number of key measures and milestones. It identifies five key areas for improvement where there is significant variation from the top performers in the NHS and how we will bridge that gap in the coming year:

- Timely access to emergency care
- Improving overall liquidity of the Trust.
- Delivery of key safety outcomes for patients including falls and pressure sores
- Ensuring a safe and sustainable clinical service reconfiguration
- Improving health and well being and reducing absence

The TDA requested that all Trusts identify key support and development needs associated with the challenges they face. We have identified 4 areas for which additional support could benefit the Trust.

Finally, the paper also sets out to the Board the degree to which appropriate planning processes are in place through the use of the TDA integrated planning checklist.

The Activity and Financial Plans and the Workforce Plans that have formed part of the NHS TDA submission for 2013/14 will be reflected within the 2013/14 Budget papers which will be presented separately for approval at the Trust Board.

The Plan takes account of detailed feedback already received from the TDA however further feedback is expected by 24<sup>th</sup> March which will not be included in this paper. A verbal update will be given at the Trust Board should further feedback be received.

Related SATH Objectives	SATH Sub-Objectives
Quality and Safety  Patients GPs Commissioners  Financial Strength	Deliver services that offer safe evidence-based practice to improve outcomes Ensure our patients have an experience that exceeds their expectations Deliver our contractual commitments
<b>Risk and Assurance Issues (including resilience risks)</b>	A review of the Trust challenges and addressing where we are not currently meeting core NHS standards has been taken into account in setting priorities within this Operating Plan.
<b>Equality and Diversity Issues</b>	
<b>Legal and Regulatory Issues</b>	The NHS TDA detailed technical planning guidance has been followed
<b>Action required by the Trust Board</b>	
The Trust Board is asked to: <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the Operating Plan for 2013/14 and in particular the Trust vision and strategic priorities for 2013/14;</li> <li>• <b>NOTE</b> the work in progress within the NTDA Planning Checklist and the approach to addressing any non compliances;</li> <li>• <b>RECEIVE</b> any further verbal feedback from the NTDA;</li> <li>• <b>AGREE</b> delegated authority to the Chief Executive for approval of the final submission to the NHS TDA on 5<sup>th</sup> April 2013.</li> </ul>	

## 2013-14 Operating Plan

### 1. Introduction

This paper describes the planning framework and the process undertaken to develop our Operating Plan for 2013/14. It sets out our vision for the Trust and the strategic priorities for the year ahead; how we intend to deliver them and how we will monitor and measure progress. An overview of each element is described in this paper and further more detailed documents are included as attachments.

*Toward High Quality, Sustainable Services: Planning Guidance for NHS Trust Boards for 2013/14*, was published by the NHS TDA in December 2012 and set out the responsibilities to create the environment, the structures and systems and the behaviours we need to demonstrate and the aspirations and ambitions we need to share as a Trust.

The guidance describes:

- the TDA expectations for the sector to deliver on the basics – the core standards;
- the ambitions for NHS Trusts which will help drive up standards across all NHS Trusts in the coming years; and
- the support NHS Trusts can expect from the TDA

The purpose of the guidance is to help Trusts to deliver a fully integrated plan which focuses in equal measure on delivering high quality services, living within the resources available and creating the business processes which underpin future sustainability. Plans must be:

- wholly endorsed by the Trust Board and underpinned by proper clinical governance processes.
- reflect the journey toward Foundation Trust status already identified in the local TFA
- demonstrate adherence to the Quality Governance Framework.
- deliver against the standards in the NHS Constitution
- provide evidence and assurance against the 3 focus areas of quality, delivery and sustainability;

**Quality** – that agreed CQUIN schemes are delivered *in full* and the basic standards on quality outlined in the planning guidance and further in the technical guidance are adhered to.

**Delivery** – that all the core standards set out in this planning guidance are met and that all contracts are delivered in full

**Sustainability** – that all NHS Trusts show an improvement trajectory for surpluses and Financial Risk Ratings for 2013/14, linked to their overall medium to long term financial plans in their Long Term Financial Model.

### 2. The NHS TDA Technical Guidance

The TDA Technical Guidance for each element of the Operating Plan is substantial. It captures the need for a narrative on the last year and the year ahead, the key challenges and development needs of the organisation and the priority plans for the year ahead, alongside the areas of variation where improvement is expected.

The NHS TDA have emphasised the expectation on NHS Trusts to close the gap on variation. Trusts are therefore required, using the National Quality Dashboard, to identify five key areas of delivery where there is a significant variation from the top performers in the NHS and to set out an improvement plan to address this

The requirements for the performance and activity plans are set out in the guidance including definitions of performance and activity measures, the TDA monitoring arrangements and any accountability

expectations. The requirements for the financial plans from each NHS Trust have also been issued and include income and expenditure plans; capital and cash plan; source and application of funds and details of any cost improvement programmes. Finally the requirement for a high level workforce plan forms part of the guidance together with triangulation with finance and activity data.

In summary our full submission to the NTDA comprised of;

- Our Operating Plan Narrative: Vision and Strategic Priorities
- Our Improvement and Development Priorities
- An Integrated Planning Checklist
- Our Activity and Financial Plans
- Our Workforce Plans

Taking into account detailed feedback received from the TDA on our first submission, the Trust submitted the second draft of its 2013/14 Operating Plan to the NHS TDA on 28<sup>th</sup> February. It is this submission that forms the basis of this paper which sets out our agreed vision, our strategic objectives and how we will deliver these objectives through a number of key measures and milestones.

Further feedback from the TDA is expected by 24<sup>th</sup> March. Given that the final plan for 2013/14 will need to be submitted to the NTDA on the 5<sup>th</sup> April 2013, the Trust Board is asked to receive a verbal update on any recent feedback and delegate responsibility to the Chief Executive for addressing any necessary further amendments to this Plan prior to the final submission.

### 3. Planning Framework

In developing our plans and identifying our priorities for 2013/14, we have undertaken a critical review of our current position with the leadership team and in particular the challenges we face going forward. Our Operating Plan therefore identifies our vision and our strategic priorities that are needed in order for us to deliver this vision. The *Operating Plan Narrative* summarises this review, sets out our priorities and is summarised later in this paper and in more detail in **Attachment 1**.

The TDA have asked that every NHS Trust identifies five key areas of delivery where there is significant variation from the top performers in the NHS and to set out *Improvement Priorities* to bridge that gap in the coming year. These priorities for our Trust are presented in a simple word table as **Attachment 2**.

To support NHS Trusts, the TDA also wished to have a fuller and clearer understanding of the support each NHS Trust would find most beneficial given the particular challenges it faced. As part of the planning process therefore, every NHS Trust was asked to identify a small number of high priority support and development needs. Those *Development Priorities* for this Trust are set out in a simple power point format as **Attachment 3**.

Using an *Integrated Planning Checklist* from the NTDA we have undertaken, as an executive team, a formal review of our planning processes to determine where additional plans and assurances are required in order for us to achieve our goals. A number of these requirements will necessitate joint working with our CCGs. Details are included in Section 8 where we have described the areas where further work is required.

The *Activity and Financial Plans* and the *Workforce Plans* that have formed part of the NHS TDA submission for 2013/14 will be reflected within the 2013/14 Budget papers which will be presented separately for approval at the Trust Board.

#### 4. Our Vision

Our underlying principle of **“Putting Patients First”** has shaped our planning, ensuring that the interests of our patients and providing the best possible care to them, is at the heart of everything we do. Our 2013/14 plan describes our vision for the future and our strategic priorities against 5 themes;

- Providing the best clinical outcomes, patient safety and patient experience
- Delivering consistently high performance in healthcare standards
- Striving for excellence through people and innovation
- Improving the health and wellbeing of our community through partnership
- Building a sustainable future

The Shrewsbury and Telford Hospital NHS Trust Vision 2013/14 <b>Putting Patients First</b>	
<p><b>Quality and Safety</b> Providing the best clinical outcomes, patient safety and patient experience</p>	<p>Our patients deserve the best clinical outcomes and highest quality care in a safe, friendly environment where their dignity is fully respected. We need to provide our patients with the best possible experience, particularly when they are at their most anxious or vulnerable. We will listen to our patients—our customers—and learn from our mistakes, reduce the incidence of harm, and continuously make improvements in the experience and the standards of care we offer them. We will work together with patients and commissioners to ensure that clinical services are safe and sustainable for the future.</p>
<p><b>Healthcare Standards</b> Delivering consistently high performance in healthcare standards</p>	<p>Our patients rightly expect accessible services in the right place at the right time from the right professional. This means that we will be streamlined and efficient, exceeding the minimum standards of access and performance set by our commissioners and regulators on behalf of the patients and communities we serve.</p>
<p><b>People and Innovation</b> Striving for excellence through people and innovation</p>	<p>As an organisation we must be ready for the challenges and opportunities ahead. We will apply best clinical practice, learn from the very best expertise, introduce life-changing innovation, contribute to training, education and research &amp; development in clinical practice to continuously raise the bar in the quality and delivery of services. We will achieve this by supporting and developing a well-led, engaged and motivated workforce.</p>
<p><b>Partnership</b> Improving the health and wellbeing of our community through partnership</p>	<p>We will play our part in preventing ill health and improving the health and wellbeing of the community, working in partnership with patients, commissioners and other health and care providers to create more seamless, streamlined pathways of care, and where appropriate to develop and deliver more local services closer to the patient’s home.</p>
<p><b>Financial Strength</b> Building a sustainable future</p>	<p>Our plans for the future must be built on firm foundations. We will build a financially strong organisation that can invest in future services and infrastructure whilst contributing to the overall plans for a clinically and financially sustainable health community. This will enable us to be a highly efficient, streamlined, productive NHS Foundation Trust that will consistently deliver its promises to our communities.</p>

## 5. Our Strategic Objectives for 2013/14

As part of establishing what we need to do in order for us to deliver this vision for our patients, the Trust has examined the internal challenges it currently faces. These are fully described in the Operating Plan Narrative as **Attachment 1** and are summarised under 6 key focus areas:

- Configuration of services and bed capacity issues
- Delivering core standards
- Quality of services
- Financial strength
- Workforce issues
- Estates, Equipment and Infrastructure issues

This gap analysis exercise supported the leadership team in developing the strategic objectives under each of the five themes within the Trust Vision. These will be our priority programmes for 2013/14.

<b>The Shrewsbury and Telford Hospital NHS Strategic Priorities 2013/14</b>		
	Strategic Priority	Exec Lead
<b>Quality and Safety</b> Providing the best clinical outcomes, patient safety and patient experience	<ul style="list-style-type: none"> <li>•Reduce avoidable deaths</li> <li>•Improve the nutritional status of patients and hydration and fluid management</li> <li>•Enhance communication and information for all patients and their carers</li> <li>•Eradicate all avoidable grade 3 and 4 pressure ulcers</li> <li>•Reduce number of RIDDOR reportable falls</li> <li>•Develop plans to extend 7 day working</li> <li>•Achieve all CQUIN targets and PROMs to improve safety and patient experience</li> <li>•Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services</li> <li>•Focus on improving clinical outcomes particularly for stroke and fracture neck of femur</li> </ul>	<ul style="list-style-type: none"> <li>•MD</li> <li>•DQ&amp;S</li> <li>•DQ&amp;S</li> <li>•DQ&amp;S</li> <li>•DQ&amp;S</li> <li>•DQ&amp;S</li> <li>•DQ&amp;S</li> <li>•DBE</li> <li>•MD</li> </ul>
<b>Healthcare Standards</b> Delivering consistently high performance in healthcare standards	<ul style="list-style-type: none"> <li>•Ensure bed capacity meets demand supported through wider health partnership solutions</li> <li>•Improving the timely flow of patients from admission to discharge</li> <li>•Deliver all key performance targets</li> <li>•Embed and enhance new booking and scheduling arrangements</li> </ul>	<ul style="list-style-type: none"> <li>•COO</li> <li>•COO</li> <li>•COO</li> <li>•COO</li> </ul>
<b>People and Innovation</b> Striving for excellence through people and innovation	<ul style="list-style-type: none"> <li>•Implement a Staff Engagement Framework that's improves employment experience and reduces absence to &lt; 4%</li> <li>•Embed Employment Basics contract, pay and policy</li> <li>•Increase workforce flexibility through new roles and working practices</li> <li>•Build leadership and management capability</li> <li>•Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and development</li> </ul>	<ul style="list-style-type: none"> <li>•WD</li> <li>•WD</li> <li>•WD</li> <li>•WD</li> <li>•MD</li> </ul>
<b>Partnership</b> Improving the health and wellbeing of our community through partnership	<ul style="list-style-type: none"> <li>•Develop an integrated service strategy in conjunction with all health and social care partners</li> <li>•Embed the Frail &amp; Complex service</li> <li>•Deliver the benefits for patients through the implementation of RAID service (Rapid Assessment Integrated Discharge) and dementia practice</li> <li>•Agree and implement a strategy to avoid unnecessary admissions and ensure discharge to assess schemes in place</li> <li>•Progress Telehealth initiatives in line with commissioner's strategies</li> <li>•Deliver priority health and wellbeing initiatives</li> <li>•Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement</li> </ul>	<ul style="list-style-type: none"> <li>•COO</li> <li>•COO</li> <li>•COO/MD</li> <li>•COO</li> <li>•DBE</li> <li>•CD</li> <li>•CD</li> </ul>
<b>Financial Strength</b> Building a sustainable future	<ul style="list-style-type: none"> <li>•Deliver our TFA milestones to achieve FT status</li> <li>•Deliver milestones within the Women and Children's services reconfiguration plan</li> <li>•Deliver a Financial Surplus in line with NTDA requirements</li> <li>•Deliver Trusts 5% implied efficiency target and support delivery of joint QIPP</li> <li>•Develop an investment strategy to secure funds to modernise the Trusts estates and infrastructure</li> <li>•Address liquidity issues</li> <li>•Produce strategy for integrated clinical &amp; patient information systems &amp; associated IT</li> <li>•Complete Pathology re-configuration</li> <li>•Complete CSSD tender exercise</li> <li>•Develop environmental and sustainability through Good Corporate Citizen progress</li> </ul>	<ul style="list-style-type: none"> <li>•DC&amp;RM</li> <li>•DBE</li> <li>•FD</li> <li>•FD</li> <li>•FD</li> <li>•FD</li> <li>•FD</li> <li>•DBE</li> <li>•FD</li> <li>•DC&amp;RM</li> </ul>

## 6. Delivering our Strategic Objectives

To support us to deliver our strategic objectives we will develop a Strategic Objectives Milestone Plan. This plan will identify Executive Lead responsibilities, baseline measures and measures of success. Against each of our strategic priorities identified within our Operating Plan we will also identify key milestones throughout the year.

A number of metrics have yet to be finalised. Once agreed, we will monitor and report our progress against the key milestones, at both board level and within our Clinical Groups, on a quarterly basis.

## 7. Our Improvement Priorities

The TDA expect NHS Trusts to close the gap on variation, using the National Quality Dashboard, to identify five key areas of delivery where there is a significant variation from the top performers in the NHS. The leadership team have carried out this assessment and we propose that our top improvement priorities for 2013/14 are;

- Timely access to emergency care
- Improving overall liquidity of the Trust.
- Delivery of key safety outcomes for patients including falls and pressure sores
- Ensuring a safe and sustainable clinical service reconfiguration
- Improving health and well being and reducing absence

Full details and the rationale to support the above are included in **Attachment 2**.

## 8. Our Development Priorities

The TDA requested that all Trusts identify the support and development needs associated with the challenges they face. We identified 4 areas for which we felt that additional support could benefit the Trust;

- The detailed development/implementation of the clinical services site strategy and wider health strategy
- Discussions regarding the implications of a more vertically integrated health economy service strategy
- Support for capital/transitional funding strategy that enables long-term service reconfiguration
- TDA discussion regarding seeking solutions to the liquidity issue

The full submission to the TDA on development priorities can be found as **Attachment 3**.

## 9. Integrated Planning Checklist

In addition to the above submissions, the TDA also required all Trusts to complete an assurance checklist which was designed for NHS Trusts to confirm (self-certify) that they meet key planning requirements against each of 103 statements across 7 areas:

- Quality
- Workforce
- Performance
- Finance
- Quality, Innovation, Productivity and prevention (QIPP)
- Innovation
- Foundation Trust Pipeline

In each case the Trust has either confirmed full compliance, providing additional statements to demonstrate compliance where possible or stated where work is in progress, providing information about mitigation and timescales for resolution. The table below summarises where further work was required at the time of the second submission to the NHS TDA. The full Planning Checklist is available to Trust Board members on request. Executive Directors will continue to update the Board on progress to full compliance through the quarterly review process.

<b>Integrated Planning Checklist Summary of Non Compliance</b>			
<b>Standards relating to:</b>	<b>compliant</b>	<b>non compliant</b>	<b>Comments</b>
<b>Quality</b>	26	1	The Trust is currently developing a comprehensive Clinical Services Strategy. <b>Ensuring a safe and sustainable clinical services strategy has been identified as an Improvement Priority in our TDA submission.</b>
<b>Workforce</b>	7	3	The Trust continues in discussions with commissioners regarding next years plan, once complete our Workforce Plan will be remodelled to reflect plans this will be early April. From February 2013, using the new National Workforce Assurance Tool, the Trust will review the output of the finance, activity and workforce triangulation assessment.
<b>Performance</b>	11	5	The Trust is currently not compliant with performance standards relating to RTT, A&E 4 hr wait, 15 minute or 30 minute ambulance handover and cancelled operations. A 2012/13 RTT Improvement Plan, a Whole Health Economy Emergency Access Improvement Plan 2012/13 and a Cancelled Operations Remedial Action Plan has been agreed Sustainable delivery plans for 2013/14 are currently being developed with commissioners and other partners in the health and care community. Successful delivery of these plans will ensure compliance in 2013/14. Key milestones within our improvement plan are around resolution of capacity by end of June 2013. <b>Timely access to emergency care has been identified as an Improvement Priority in our TDA submission.</b>
<b>Finance</b>	12	9	At the time of the 2nd submission, the Trust has not received a contract offer from the two local CCGs. The Trust has however presented a view of the contract values to the CCGs to encourage contract negotiations. Discussions are currently under way with commissioners as part of the 2013/14 contracting round. The Trust and local commissioners have agreed the financial value of activity based upon estimated 2012/13 performance. The Trust has updated the LTFM and is consistent with the TDA returns. The LTFM will be amended still further to reflect the finally approved Clinical Services Strategy. <b>Improving overall liquidity has been identified as an Improvement Priority within our TDA submission.</b>
<b>QIPP</b>	0	8	The Commissioners have shared ideas to deliver QIPP savings in the 2013/14 year The Trust is presently awaiting greater detail from Commissioners QIPP plans. QIPP plans are being tested as part of a capacity modelling exercise for the health economy. Further detailed work is required in order for a detailed understanding of the deliverability of QIPP schemes to be achieved <b>Support for effective ongoing development of whole system strategy has been identified as a Development Priority in our TDA submission.</b>
<b>Innovation</b>	3	3	Discussions are under way within the local health economy with regard to the implementation of the High Impact Innovations. The Trust is awaiting the outcome of a bid to the Shropshire CCG in taking forward a managed telehealth service for a cohort of approximately 281 LTC patients (COPD, HF, CHD and diabetes). Further work to examine the feasibility of linking A&E services with MIU / UCC across Shropshire will progress in 2013/14.
<b>FT pipeline</b>	5	3	The Trust has agreed with the Strategic Health Authority that our Tri-partite Formal Agreement should be revised and refreshed. Discussion with the TDA is under way towards a revised TFA. The Trust's Integrated Business Plan will be updated to reflect our Clinical Services Strategy. This will be developed to ensure compliance with our FT trajectory.



## 10. Recommendations

The Trust Board is asked to:

- **APPROVE** the Operating Plan for 2013/14 and in particular the Trust vision and strategic priorities for 2013/14;
- **NOTE** the work in progress within the NTDA Planning Checklist and the approach to addressing any non compliances;
- **RECEIVE** any further verbal feedback from the NTDA;
- **AGREE** delegated authority to the Chief Executive for approval of the final submission to the NHS TDA on 5th April 2013

# The Shrewsbury and Telford Hospital NHS Trust Operating Plan Narrative 2013/14

**Draft Version 2.2 Presented to Trust Board 28-03-13**

**20th March 2013**



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Annex A: Improvement Priorities

Annex B: Development Priorities

# 1. Trust profile: Key Headlines

## Cross-border acute provider

- The main provider of acute hospital services for half a million people in Shropshire, Telford & Wrekin and mid Wales
- Main commissioners: Shropshire County CCG, Telford & Wrekin CCG, Powys Teaching Health Board

## Service locations

- Two main hospital sites 819 beds in total:
  - Princess Royal Hospital Telford with 327 beds including 248 adult inpatient beds
  - Royal Shrewsbury Hospital with 492 beds including 349 adult inpatient beds
- Four other registered locations: Wrekin Community Clinic, Bridgnorth Hospital, Ludlow Hospital, Robert Jones and Agnes Hunt Hospital ( additional 17 community MLU beds)

## Turnover and staffing

- Turnover £303m
- Over 5000 staff
- New Appointments of CEO, COO and MD in 2012/13

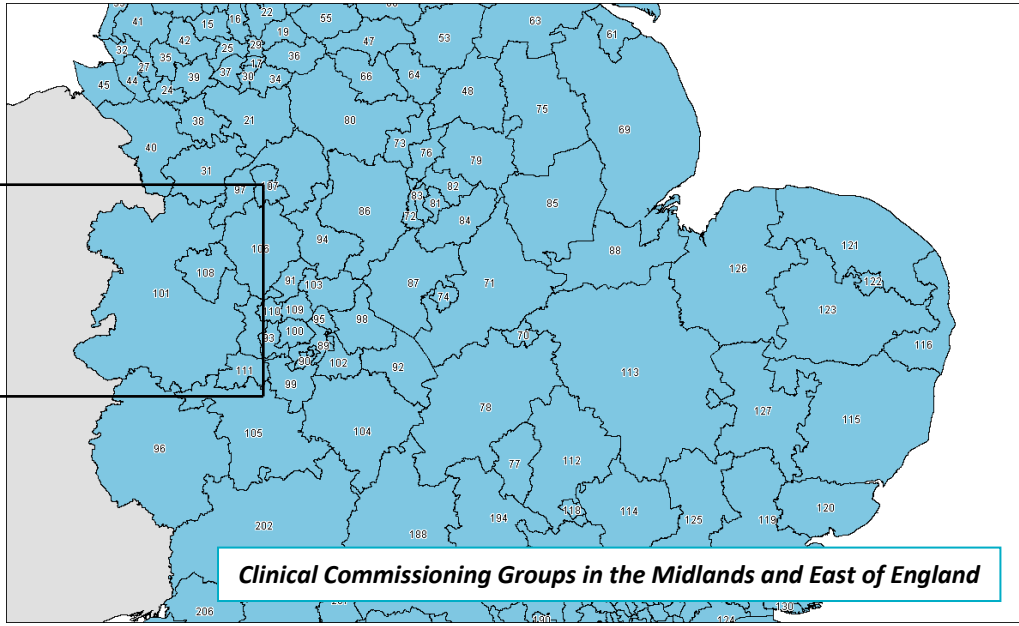
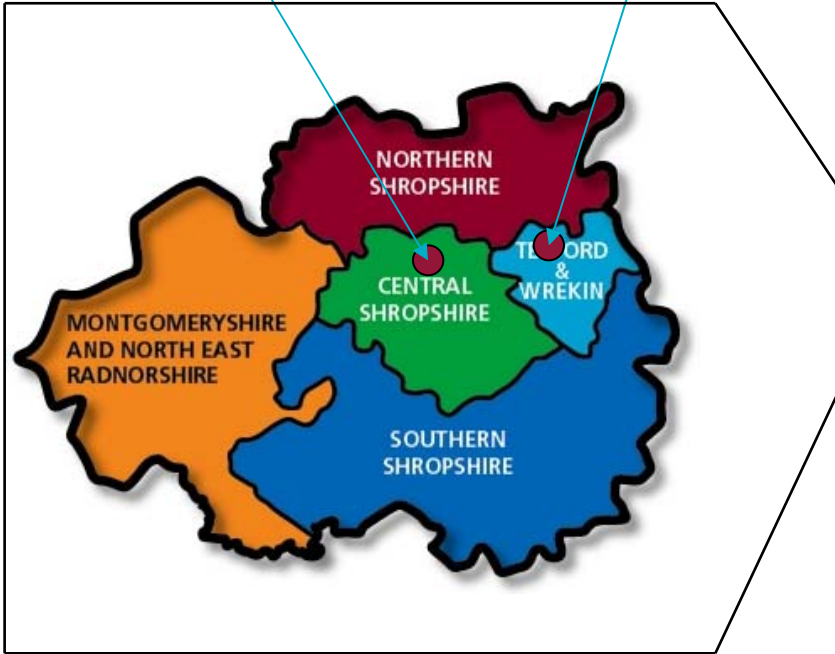
## Education and learning

- An undergraduate teaching hospital in partnership with Keele University and part of West Midlands Deanery
- Working in partnership with Staffordshire University to train and develop nurses, midwives and allied health professionals

# 1. Trust profile: Our Catchment

Royal Shrewsbury Hospital

Princess Royal Hospital



## 2. Strategic Context: External Factors

### Demographics

- Shropshire and Powys are sparsely populated, relatively affluent, older population profile. In Shropshire over 22% are over 65 compared 17% England average. Telford is predominantly urban with a younger population with higher levels of deprivation. 24% of the population are in deprivation quintile

### Market trends and Drivers

- Overall in patient market share is 77%. 88% for T&W and 75% for Shropshire. Market share declined 5% since 2006/7; gains from around our borders primarily Wye Valley
- The Trust wish to repatriate some services as part of keeping services in Shropshire
- Escalating demand in unscheduled care leading to performance issues; Underdeveloped alternatives in community settings

### Competitive Landscape

- 3 commissioners accounting for 93% of total income (Shropshire, T&W , Powys)
- Little competition in county however some GPs looking towards Wolverhampton
- Commissioners using AQP and tenders to stimulate healthy competition

### Other Providers

- Capacity issues experienced by Stoke (UHNS) and Staffordshire (Mid Staffs)
- Excellent reputation and established market position of RJAH
- Small Shropshire Community Health NHS Trust with no joint integration strategy
- South Staffordshire & Shropshire Healthcare NHS FT provide mental health services

### Politics

- Uncertain commissioning intentions in Wales
- Three communities and their leaders wishing to retain local services is a challenge to reconfiguration

# 3. Strategic Context: Internal Challenges



## Configuration of services & bed capacity

- There remains costly duplication of services currently across the two sites 17 miles apart (despite recent progress to move to single site specialisation e.g. surgery) which restricts potential to invest in quality and improvement
- Challenges to sustainability of emergency care and ITU including capacity and poor supporting infrastructure
- Phase 1 reconfiguration successfully underway with surgery, women's and children's services. Developing a sustainable clinical services strategy will necessitate further review of other services
- Early supported discharge schemes are immature and no joint agreement across the health economy on factors affecting flow
- Capacity does not match demand in beds required in context of below average lengths of stay and high day case rate. Approx 70 beds on average occupied by medically-fit patients
- Opportunities for 7 day working not fully realised; scope for further development



## Delivering core standards

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- Capacity deficit severely limits ability to deliver sustained A & E performance and impacts on RTT through cancelled operations; cancellation of significant numbers of elective activity in Q4 will compromise RTT achievement in Q1 of 2013/14
  - Gaps in management capability in key operational areas and basic systems, and processes and supporting data to support performance delivery are significantly underdeveloped
  - Clinical, operational and administrative working practices in many areas require modernisation and culture is not yet sufficiently focussed on flow

# 3. Strategic Context: Internal Challenges



## Quality of services

- A significant work programme is underway to address the fundamentals in nursing care along with values, technical competence to care, and training and education.
  - Current Clinical Structure leads to inconsistent application and implementation of quality improvements and systems
  - Gaps in medical staffing and insufficiently embedded clinical leadership creating a challenge to maintaining and improving quality in key areas
- 



## Financial Strength

- Responding to the health economy requirement to achieve sizeable QIPP schemes
- Longer term efficiencies will require significant infrastructure development
- Severe liquidity problem arising from deficits delivered in previous financial years



# 3. Strategic Context: Internal Challenges



## Workforce Issues

- Poor staff engagement levels - staff survey demonstrates need to focus on health and well being of staff
  - Ageing workforce compounded by relative geographical isolation contribute to recruitment and modernisation challenges
  - Leadership and management capability requires development
  - Recruitment challenges in a number of specialties particularly Emergency Department , Critical Care & Care of Elderly at middle and consultant levels
  - Little use of assistant roles and advanced roles throughout Trust
  - Significant number of historic local pay arrangements to be renegotiated and staff side relationship not fully enabling transformation to proceed at pace
  - Risk averse policies and culture
- 



## Estate, Equipment and Infrastructure

- Ageing estate on RSH site in particular
- Requirement for diagnostics and imaging replacement of £8.5million
- Legacy issues of backlog equipment & estates maintenance equivalent to £6 million
- Emergency Departments on both sites have inadequate cubicle capacity and no supporting emergency assessment facilities
- Current ITU/HDU facilities require modernisation and capacity not sufficiently aligned with wider configuration
- Need to invest significantly in IT and records archiving to release efficiencies

## 4: Challenges in 2012/13

### Emergency Patient Flow

- Emergency access and 4hr performance continues to be a challenge
- 8% Growth in non elective admissions
- Disproportionate impact on Royal Shrewsbury Hospital resulting in capacity deficit
- Lack of real time information to inform operational delivery

### Patient Safety

- The Trust remains an outlier in the number of reported SUIs
- Unacceptable number of grade 3 and 4 pressure ulcers
- Hospital falls are reducing but falls resulting in harm still cause for concern

### Patient access

- Significant improvement on 18 weeks although a number of specialties continue to be a challenge
- Cancer waiting times have not always been consistent. We are confident of sustained delivery during 13/14
- Patient administration processes needing modernising. Progress slow

### Financial sustainability

- Financial impact of over performance in emergency activity
- Delivery of some CIP schemes around workforce and bed reductions
- Underdeveloped QIPP system plan
- Low levels of liquidity

# 5: Achievements in 2012/13

## Quality and Safety

- Overall significant improvement in quality assurance and delivery including establishing Quality Improvement Strategy and Quality development Plans for all centres; patient forum to support patients involvement in quality and ward to Board measures to demonstrate improvement.
- Significant improvement in in-hospital mortality (320 fewer deaths from June 2011 to date)
- Consistent performance in tackling health care associated infections
- VTE assessments moved from lowest in country in 2012 to consistent achievement of VTE standards

## Reconfiguration of services

- Transfer of Head and Neck to Telford
- Begun building Womens and Childrens Centre at Telford
- Reconfiguration of general and vascular surgery onto Shrewsbury site

# 5: Achievements in 2012/13

## Clinical developments

- Lingen Davies Cancer Centre opened in Sept 2012
- New Stroke Telemedicine service launched
- Launch of the AAA screening programme in Shropshire
- Establishment of Trauma unit status
- Transfer to fully digital breast screening service
- Introduction of Patient Status at a Glance (PSAG)
- Launch of new Frail and Complex Service

## Leadership development

- Appointment of new CEO, COO and MD
- Leadership programme with Warwick University, supporting clinical leadership development with Leadership Conference 2012
- Coaching programme established

## Finance

- In year achievement of £13million CIP schemes
- Full business case for clinical services reconfiguration approved and successful application for £35m PDC

# 6: Trust Vision

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## ***“Putting Patients First”***

Quite simply we intend that the interests of our patients and providing the best possible care to them, is at the heart of everything we do. To achieve this we will focus on the following key objectives over the coming years.

### ***Providing the best clinical outcomes, patient safety and patient experience***

Our patients deserve the best clinical outcomes and highest quality care in a safe, friendly environment where their dignity is fully respected. We need to provide our patients with the best possible experience, particularly when they are at their most anxious or vulnerable. We will listen to our patients—our customers—and learn from our mistakes, reduce the incidence of harm, and continuously make improvements in the experience and the standards of care we offer them. We will work together with patients and commissioners to ensure that clinical services are safe and sustainable for the future.

### ***Delivering consistently high performance in healthcare standards***

Our patients rightly expect accessible services in the right place at the right time from the right professional. This means that we will be streamlined and efficient, exceeding the minimum standards of access and performance set by our commissioners and regulators on behalf of the patients and communities we serve.

### ***Striving for excellence through people and innovation***

As an organisation we must be ready for the challenges and opportunities ahead. We will apply best clinical practice, learn from the very best expertise, introduce life-changing innovation, contribute to training, education and research & development in clinical practice to continuously raise the bar in the quality and delivery of services. We will achieve this by supporting and developing a well-led, engaged and motivated workforce.

### ***Improving the health and wellbeing of our community through partnership***

We will play our part in preventing ill health and improving the health and wellbeing of the community, working in partnership with patients, commissioners and other health and care providers to create more seamless, streamlined pathways of care, and where appropriate to develop and deliver more local services closer to the patient’s home.

### ***Building a sustainable future***

Our plans for the future must be built on firm foundations. We will build a financially strong organisation that can invest in future services and infrastructure whilst contributing to the overall plans for a clinically and financially sustainable health community. This will enable us to be a highly efficient, streamlined, productive NHS Foundation Trust that will consistently deliver its promises to our communities.

# 7: Strategic priorities for 2013/14

## Providing the best clinical outcomes, patient safety and patient experience

- Reduce avoidable deaths
- Improve the nutritional status of patients and hydration and fluid management
- Enhance communication and information for all patients and their carers
- Eradicate all avoidable grade 3 and 4 pressure ulcers
- Reduce the number of RIDDOR reportable falls
- Develop plans to extend 7 day working
- Achieve all CQUIN targets and PROMs to improve safety and patient experience
- Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services
- Focus on improving clinical outcomes particularly for stroke and fractured neck of femur

## Delivering consistently high performance in healthcare standards

- Ensure bed capacity meets demand supported through wider health partnership solutions
- Improving the timely flow of patients from admission to discharge
- Deliver all key performance targets
- Embed and enhance new booking and scheduling arrangements

## Striving for Excellence through people and innovation

- Implement a Staff Engagement Framework that improves employment experience and reduces absence to < 4%
- Embed Employment Basics contract, pay and policy
- Increase workforce flexibility through new roles and working practices
- Build leadership and management capability
- Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and development

# 7: Strategic priorities for 2013/14

## Improving the Health & Wellbeing of our community through partnership

- Develop an integrated service strategy in conjunction with all health and social care partners
- Embed the Frail & Complex service
- Deliver the benefits for patients through the implementation of RAID service (Rapid Assessment Integrated Discharge) and dementia practice
- Agree and implement a strategy to avoid unnecessary admissions and ensure discharge to assess schemes in place
- Progress Telehealth initiatives in line with commissioner's strategies
- Deliver priority health and wellbeing initiatives
- Achieve sustained improvement in trust, confidence, reputation, customer service and public/community engagement

## Building a sustainable future

- Deliver our TFA milestones to achieve FT status
- Deliver milestones within the Women and Children's services reconfiguration plan
- Deliver a Financial surplus in line with NTDA requirements
- Deliver Trust's 5% implied efficiency target and support delivery of joint QIPP
- Develop an investment strategy to secure funds to modernise the Trust's estates and infrastructure
- Address liquidity issues
- Produce strategy for integrated clinical & patient information systems & associated IT
- Complete Pathology re-configuration
- Complete CSSD tender exercise
- Develop environmental and social sustainability through Good Corporate Citizen progress

# Providing the best Clinical Outcomes, Patient Safety and Patient experience

- **Continue work on care bundles and mortality review group**
- **Focus on Hydration and Fluid management-** comfort rounds and documentation to support effective care and outcomes
- **Enhanced communication and information for all patients and their carers;** robust programme of updating and expanding patient written information, ensuring roll out of the Family and Friends test into non inpatient areas and expanding real time patient and carer feedback on care planning and decision making for vulnerable adults, patients with learning disabilities, Dementia and mental health problems.
- **Elimination of grade 3&4 pressure ulcers-** but also eradication of grade 2 in year
- **Focus on effective falls management** and reduction in RIDDOR reportable falls
- **Deliver all CQUIN targets and PROMS**
- **Development of a long-term clinical services site strategy** and wider health strategy for the optimal configuration of acute, community and primary care services
- **Focus on improving clinical outcomes particularly for stroke and fractured neck of femur;** Action Plans to be developed by clinical teams recognising national standards and service reviews.



# Delivering Consistently High Performance in Healthcare Standards

- **Ensure bed capacity meets demand** supported through wider health partnership solutions by;
  - Revision of internal bed capacity and reconfiguration of beds.
  - Aligning emergency surgery and trauma theatre capacity to demand
  - Contributing to development and implementation of joint economy schemes to reduce admissions and speed up discharge
- **Improving the timely flow** of patients from admission to discharge by;
  - Ensuring that staffing resources and skill mix are matched to the demand profile across the Trust 7 days a week.
  - Development of observational medicine owned by ED
  - Development of integrated ambulatory care
  - Performance management of length of stay to become business as usual
  - Development of an integrated discharge liaison team
  - Development of live capacity management of flow into community beds
- **Deliver all key performance targets** relating to emergency access, waiting times and cancer services;
  - Delivery of all the above actions will ensure this
  - Developing a balanced scorecard of information requirements to inform operational delivery
  - Improving cancer tracking
- **Embed and enhance new booking and scheduling arrangements**

# Striving for Excellence Through People and Innovation

- **Implement a Staff Engagement Framework** that ensures engagement and empowerment. This will include a robust Health and well being plan which will implement Borman.
- **Embed Employment Basics** – contract, pay and policy ensuring the employment relationship is solid through fit for purpose contracts, agenda for change payments and flexible employment policies that allow us to deliver care in a better way
- **Increase workforce flexibility** through new roles and working practices. Robust Workforce Planning that provides the vision of how we will deliver care, what skills will we need to do the job. In addition we will ensure clear succession planning
- **Build Leadership and Management Capability**  
Utilising support from the Regional Leadership Academy and through our own Academy we will develop our own programme which will develop excellent leaders, who transform our services, value our staff and ensure our patients are put first
- **Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and development**  
Implement new Academic Health Science Network arrangements; deliver agreed CQUIN goals for High Impact Innovations; increase participation in clinical trials; contribute to delivery of West Midlands North Comprehensive Local Research Network strategic goals

# Improving the Health and Wellbeing of our Community Through Partnership

- **Develop an integrated service strategy** in conjunction with all health and social care partners:
- **The frail and complex service** will be rolled out across the whole health economy and embedded in 2013/14 leading to a reduction in emergency admissions and LOS
- **RAID** will reduce the number of emergency admissions and reduce LOS for patients with mental health problems
- **Discharge to assess schemes** as a priority need to be developed in the health and social care economy to ensure that only the patients needing acute care are in hospital
- **Other attendance/admission avoidance schemes** need to be developed with partners.
- **Progress telehealth initiatives in line with commissioner's strategies**
- **Deliver our contribution to Health and Well being Strategies** through developing relationships with our new commissioners, Health and Wellbeing boards and other partners
- **Communication and engagement strategies to improve and sustain trust confidence, reputation, customer service and public/community engagement**

# Building a Sustainable Future

- **Deliver our TFA milestones to achieve FT status**
- **Deliver the key milestones within the Women and Children's services reconfiguration plan.**  
Services due to transfer in 2014
- **Deliver a financial surplus in line with NTDA requirements**
- **Deliver Trust's 5% implied efficiency target** as prescribed by Monitor **and support delivery of joint QIPP**
- **Develop an investment strategy to secure funds to modernise the Trusts estates and infrastructure.** This will include developing a plan to deliver a fully integrated electronic patient care record compliant with the National IT strategy over 5 years; addressing the legacy issues of medical equipment; addressing the requirement for diagnostics and imaging replacement and backlog maintenance and other infrastructure issues; supporting the Trust's Clinical Services Strategy.
- **Address the liquidity deficit of the Trust.** Enhance treasury management practices within the Trust and commence discussions to secure cash support in accordance with the TFA requirement
- **Produce strategy for integrated clinical & patient information systems & associated IT**
- **Complete Pathology re-configuration**
- **Complete CSSD tender exercise**
- **Develop environmental and social sustainability through Good Corporate Citizen progress**