Reporting to:	**Trust Board, 30 April 2015**
Title	The 2015/16 Operating Plan
Sponsoring Director	Debbie Vogler, Director of Business & Enterprise
Author(s)	Executive Directors, Head of Planning
Previously considered by	Hospital Executive Committee
Executive Summary	All NHS Trusts are required to produce a **Board-approved, commissioner-aligned one year plan** that should be publicly available early in the new financial year 2015/16. This paper provides: • A full copy of the **2015/16 Operating Plan** submitted to the TDA in April • Headlines from the Trust's **Planning Checklists** also submitted to the TDA The Board have previously received a draft **Operating Plan** for discussion at a Board Development session. Changes have now been made to reflect the financial strategy paper received by the Trust Board at its March meeting. The plan outlines the key priorities for the Trust over the coming year and is supported by detailed financial, activity and workforce plans. The **planning checklist** is designed as a way for NHS Trusts to confirm (self-certify) that they meet key planning requirements. The 2015/16 TDA submission includes a suite of Planning Checklists which are intended to provide assurance with regard to compliance for: Quality, Performance, Workforce, Finance (including QIPP and BCF), and Innovation. A summary of the Trust's compliance statements submitted to the TDA is shown below. The main areas of Non Compliance relate to the current level of detail and assurance available around QIPP and BCF schemes. Full details of the statements within areas of Non Compliance, and a list of areas of compliance are included within the Supplementary Information Pack.

Checklist	**Trust Compliance**		
	Non-compliant	Compliant	N/A
Finance	1	20	1
QIPP & BCF	20	2	0
Supporting Safe Services	0	18	0
Supporting Effective Services	0	5	0
Supporting Caring Services	0	3	0
Supporting Responsive Services	0	5	0
Supporting a Well-Led Organisation on Quality	0	9	1
Performance	2	39	8
Technology & Innovation	0	6	0

The Trust is required to submit its final Board approved 2015/16 Operating Plan on 14th May 2015.

Strategic Priorities 1. Quality and Safety 2a) Healthcare Standards: Operational Performance Standards	☒ Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy ☒ To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 ☒ To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15

	☒ To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
2b) Healthcare Standards: Service Reconfiguration	☒ 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
3. People and Innovation	☒ Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy ☒ Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)
4 Community and Partnership	☒ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	☒ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☒ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☒ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☒ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☒ Well led
☒**Receive** ☐**Review** ☒**Note** ☒ **Approve**	**Recommendation:** The Trust Board is asked to: **APPROVE:** the draft Operating Plan **RECEIVE:** the declarations and areas of non-compliance against the TDA Planning Checklists.

The Shrewsbury and Telford Hospital NHS
NHS Trust

Operating Plan

2015/16

Version: copy of TDA Submission 7th April 2015 presented to Trust Board 30th April 15

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APPENDICES

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 three to four years.

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

In 2014 a detailed diagnostic was shared with the NHS Trust Development Authority (TDA) as part of a process of agreeing a road map to financial and service sustainability. This articulated the challenges around a number of issues that we began to address in 2014/15:

- The impact of split–site services.
- Recruitment difficulties in key staffing groups.
- Inadequate capacity to consistently deliver healthcare targets.
- Relatively low staff engagement levels
- 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 Trust has made considerable progress across a number of these areas:

- The Future Fit programme for the longer-term centralisation of Emergency and Acute services has progressed well;
- The delivery of RTT and Cancer standards has significantly improved;
- Staff engagement has improved;
- There is a generally improving picture in the quality of services and reductions to patient harm;
- The liquidity position of the Trust has been improved for the foreseeable future.

The key areas of challenge remain the achievement of the A&E access target, sustaining clinical services pending the outcome of Future Fit and improving the financial position of the Trust. There are two key issues which fundamentally affect the performance, financial position and clinical sustainability of the Trust:

- The provision of emergency, acute medical, and critical care services across two relatively small acute sites causing:
    - the inability to staff to satisfactory levels in the Emergency Departments, Acute Medicine and Critical Care;
    - inability to maximise senior clinical review and achieve optimal operational performance;
    - a significant financial impact of duplicated costs (circa £12m p.a.).

- The deficit in bed capacity across both hospitals, but most acutely at RSH, which adversely affects:
    - operational performance of A & E and RTT;
    - makes the Trust vulnerable to financial penalties and quality issues;
    - damages staff morale and distracts management from transformational change;
    - significantly reduces elective activity with an associated loss of income (circa £1.5m) and a premium cost of 'catch-up' work through Waiting List Initiatives;
    - creates demand for additional unplanned escalation capacity with associated costs and reliance on expensive agency nurses.

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.

1.4 Future Fit

Shropshire (Clinical Commissioning Group (CCG), Telford & Wrekin Clinical Commissioning Group (CCG) and Powys Teaching Health Board (THB) have established a formal clinical services review process, Future Fit, examining future models for acute and community hospital provision.

The agreed clinical model for Future Fit (FF) embodies centralisation of Emergency and Acute Care on a single site but the timescale for implementation is potentially 5-7 years away. The 5 short-listed options (excluding the do minimum option) cover new site options for the Emergency & Acute Centre or making one of the existing sites an Emergency/Acute Centre.

When we initiated FF in early 2013 we anticipated a far faster time to identify a preferred solution, however, the programme of work and public engagement has meant that the choice of the preferred option is now expected to be made in July 2015, with consultation commencing in December 2015 and an outcome to consultation in April/May 2016.

The highest risk the Trust has carried for many years is that there may come a 'tipping' point when we are unable to safely medically staff the two Emergency Departments, although potential staffing pressures in Acute Medicine and Critical Care are also pressure points. Future Fit is a once in a generation opportunity to produce a sustainable solution for Shropshire, Telford & Wrekin and Mid-Wales for the next 50 or more years, and given the very significant development costs of the programme, the considerable management effort expended, and the level of public, staff and political engagement achieved, anything which compromises the programme must be avoided.

It follows that the Trust must then try to maintain the current configuration of emergency services for the foreseeable future until the consultation is complete and the first phase of reconfiguration constructed.

The assessment of the Executive and Senior Clinical Teams at this point in time is that whilst we will remain vulnerable to a significant loss of ED staff, if we can relieve the pressure on the Emergency Departments it will be more likely that we can retain existing staff and two-site working for the foreseeable future. We have recently improved our consultant staffing position with an additional ED consultant compared to the past two years, and our lack of Acute Physicians is being covered by the appointment of additional specialty consultants with sessions in Acute Medicine.

To relieve pressure on the two EDs in the interim we need to:

- Resolve the current bed capacity deficit;
- Improve the way we deliver services in acute and general medicine combined with early implementation of some of the new ways of integrated working that are within the FF clinical model.
- Develop Urgent Care Centres in the two urban sites with an extended range of working.

These measures are to an extent inter-related and the proposed workstreams to achieve this are described later in section 4.1.

At the same time we face significant additional costs in creating a separate intensivist rota at RSH in Critical Care. Once the Future Fit vision for the Trust is agreed and programmed then we believe recruitment to challenged specialties will be significantly improved.

1.5 Our Vision for Clinical Services

In summary, our Board's vision for acute services within Shropshire, is in line with that which has emerged from the current Future Fit Programme which is to develop an innovative service model 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 this fundamental change to its operating model and a radical programme of modernisation 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.

The capital requirements to enable interim consolidation solutions are 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 capacity on an existing site, these options also represent very poor value for money.

We recognise the importance of the FutureFit Programme as the vehicle for securing the local health economy's wider clinical services vision beyond the shape of the acute hospitals. It follows therefore that the Trust must then try to maintain the current configuration of emergency services for the foreseeable future until the consultation is complete and the first phase of reconfiguration constructed.

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

1.6 Review of 2014/15

Significant progress has been made against a number of our 10 Strategic Priorities as at the end of Quarter 3 and this is reflected in the delivery of many of the key milestones we have set ourselves. Headlines include:

Operational Performance

The Trust has made great progress in establishing systems and processes to support the delivery of both RTT and Cancer targets and consistent delivery of diagnostic targets. This is demonstrated by the delivery of key targets from October 2014.

However the Trust has failed against the A & E target, averaging 84% in January and February, 2015 and has experienced significantly heightened risks to quality and patient experience with a number of over 12hr breaches.

The delivery of the 4 hour target requires a system wide solution. Progress against delivery of one of the key elements of this solution, the reduction in the Fit to Transfers, is behind plan. It is essential that a system wide solution to match capacity to demand across the whole urgent care pathway is implemented in order to support the delivery of national targets.

Finance, Estates and IT

The Trust has made considerable progress in quantifying and 'presenting the case' to describe the underlying position of the organisation. Following the receipt of the non-repayable loan to improve liquidity the financial strength of the Trust has significantly improved. Income and expenditure deficits are still a concern, however the ability to address existing pressures associated with duplication depends upon service reconfiguration. In a challenging financial environment the Trust is holding steady.

The separation of the estates and facilities functions has delivered significant benefits and has improved both staff engagement and morale within the Facilities team. A focus on innovative solutions led by the team and developed with patients and users is now shaping future developments. Within Estates the absence of a permanent director has impacted on strategic development however historical issues associated with both industrial relations and health and wellbeing are being addressed. Existing estates risks have been identified and plans are in place to address these.

Good progress has been made to improve data quality and information management systems and business support capabilities are improving. The Trust has been actively involved in development work with UHB, leading the redesign of a revised information platform. The Trust has received external investment to support IT infrastructure however a 'whole system' solution is required. Discussions with an external company may identify future solutions.

Whilst there is still work to do, the ability to drive change and improvement has significantly improved within these areas.

Quality and Safety

Despite significant challenges relating to nursing vacancies improvements in quality have been sustained. The generally improving picture of Falls, Pressure Ulcers and aspects of infection control practice continue to move in the right direction.

With regard to patient experience, the Trust performed well in the national inpatient and maternity experience surveys, and feedback from patients across a wide variety of settings is generally positive. However, there is still more work to do to improve areas such as Friends and Family Test response rates, End of Life Care and cancer patients' experience. Some progress has already been made in these areas which reflect the first phase of a longer term patient experience strategy.

Following the Care Quality Commission (CQC) Inspection in October 2014, when the Trust was rated as 'Requires Improvement' a 6 month Improvement Plan will be delivered to support our ambition of receiving a rating of GOOD in our future inspection. Responding to the issues highlighted in the inspection report is a priority for the Trust.

The highest risk to quality and safety and also to the financial position of the Trust, at this time is our clinical workforce challenges. Whilst senior nurses work to mitigate the risk on a daily basis we recognise that this is not sustainable in the long term. A range of options including further overseas recruitment, extended roles and flexible working are being progressed as a priority.

The pressures associated with matching capacity and demand and managing patient flow are compounded by the Trust's inability to respond flexibly to staffing requirements associated with unexpected increases in demand.

The care that doctors at the Trust provide to patients is generally of a high quality and we increasingly are able to demonstrate this through objective outcome measures. While it might not appear to be an objective parameter for the successful care of patients, mortality figures are used to assess Trusts' performance and it is encouraging to note that from being a poor outlier four years ago the Trust now consistently has average, or better than average, mortality outcomes.

Having consolidated performance in this area considerable effort is being put into learning from the death of individual patients in order to identify avoidable factors and develop improvement in care to minimise the future risk of these. There is a national trend towards greater provision of clinical outcomes and the publication of these in the public domain. The Trust has complied fully with these requirements and is building on these to provide clinical outcomes for individual practitioners that can be incorporated within a doctor's annual appraisal.

Appraisal itself, and job planning, have been the subject of much attention with a considerable improvement in the delivery of these – they are now treated as mandatory – with the result that doctors are more accountable than they previously have been and informed review of each doctor's performance rapidly is becoming the norm.

The biggest challenge to the medical workforce is the shortage of both trainees and senior doctors that is particularly acute in certain key specialties such as Emergency Department, acute medicine and critical care.

Workforce

Within our more challenged staff groups the Trust is supporting weekly, monthly, overseas (Philippines and Italy) and Return to Practice recruitment and as such is delivering increased volumes of bespoke induction programmes. The Trust is also working with marketing agencies to develop a compelling narrative of our employee 'offer' and our employer brand, and is actively utilising different media for advertisements. The Recruitment Team continues to support the Trust in maximising all opportunities to improve the process and timelines for recruitment. Electronic Disclosure and Barring Service (DBS) checks have been introduced for all new starters which will result in shorter turnaround times.

Appraisal rates continue to improve (>80%) and a Values based employee led appraisal process is being rolled out. Managers are currently receiving training to support them in ensuring that this becomes a conversation with purpose, and is valued by the appraisee.

The Trust's Leadership Development Programme continues to progress and further programmes have been scheduled for 2015. The Trust is also developing an 'Engaging Managers' programme which will be instrumental in supporting managers in the practical 'how to' aspects of management and support them in enhancing their capability to have meaningful values based and difficult conversations which will be required to help drive the organisation to achieve. Coaching and mentoring capacity and capability continue to be increased with a further coaching cohort starting imminently.

Staff survey results will be public from 27th February 2015 and the Trust's involvement and engagement plan has now been finalised which will also support actions against the recent CQC inspection. This will be multi factorial with the golden thread being 'Our Voice' , specifics will be about harnessing 'Making a Difference' (MAD) ideas from staff, our commitments in response to the staff survey driven by staff, a Trust conversation and continuing GEMBA walkabouts.

Progress with our Health and Well-being agenda continues at pace: maximising opportunities within our occupational health contract and continued emphasis on preventative interventions.

Community and Engagement

A significant focus during the Quarter has been the Engagement and Communications workstream for the NHS Future Fit programme. Key activities during the Quarter include the publication of a long-list of NHS Future Fit scenarios followed by a series of engagement activities to bring deep insight to contribute to the shortlisting decisions taking place early in 2015. Engagement and communications activity has also focused on embedding the new Women and Children's services and planning for the Royal Opening which took place in Quarter 4.

The Trust communications director oversees the health and care system's urgent care engagement and communications programme, with weekly conference calls activated as winter started and demands on health and care services increased. Readiness in the event of a suspected case of Ebola has also been a key issue for NHS and Public Health communications planning across the country.

Our charity development project came to an end during the Quarter and now we are reviewing the lessons from this in order to agree the next steps for the Trust Charity and how we work with our main partner charities.

Sustainability

There are a number of aspects to the Trust's Sustainability agenda and these are all monitored through the Sustainable Development Committee with the 'Think Globally, Act Locally' approach, with a staff newsletter published in January. There have also been awareness programmes for staff and the public around work the Trust is doing e.g. 99% domestic waste is recycled, sensor motions lights fitted, using stairs rather than lifts. Over 80 staff sustainability champions have signed up.

Alongside technological solutions to reduce energy consumption we are also introducing an equipment exchange scheme 'Warp-it' to reduce equipment being disposed of and allow transfer between departments and ultimately to other public sector organisations rather than being scrapped. Our restaurants are moving to healthier options 'meal deals' and using more regional produce, to replace frozen vegetables. There continues to be a move towards regional suppliers to encourage small businesses.

Progress has been made in all areas but key areas to note are the developments with volunteers and young volunteers with over 100 young volunteers. 'Corporate' volunteers from other organisations have been involved in 'Make a Difference' days developing the Stroke Unit courtyards at PRH and Wildlife Garden at RSH and the Staff Volunteer Policy was launched in November, with a number of staff from non-clinical departments volunteering as dementia or feeding buddies on the wards. We are also working with other voluntary sectors to launch a recruitment and engagement website for volunteers.

The five year strategy and action plan is currently on target with all key milestones achieved and was included in the business planning process to ensure awareness becomes more embedded across the organisation.

Business and Strategy

Business and Strategy development has been a big focus area for the Trust Board during 2014/15. The Trust has continued to make good progress in establishing robust and integrated business planning processes within the Care Group and corporate functions. Going forward improving business information and a market focused approach to business development remains a priority.

The Business Development and Engagement Committee is establishing itself as a new sub-committee to the Board with a focus on supporting the organisation in developing business processes and providing assurance to the Trust Board. Understanding our business at service line level for quality, operational performance, workforce and finance is a key priority for the Trust going forward and the "deep dive reviews" are progressing.

The Future Fit Programme remains on track and is the vehicle to progress the reconfiguration of the Trusts clinical services. However the challenge remains in the scale and scope of this programme, the timescales required to develop strategic cases and the approvals process versus the more immediate challenges of sustaining some of our clinical services within their current configuration.

Successfully achieving the reconfiguration of Women's and Children's Service was an enormous milestone for the Trust last year and work continues over the next Quarter to embed the services at PRH and progress the interim solutions for services that remain at RSH. These remain on track to be completed by March 2015.

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 is to ensure that the interests of our patients, and providing the best possible care to them, is at the heart of everything we do.

Our *Two Year Operating Plan* 2014-2016 and our longer term *Five Year Strategic Plan* described our strategy for the delivery of services that meet the needs of our local communities. The Trust has reviewed the latest planning assumptions and drivers for change that will impact on future services in order to refresh our 2015/16 Operating Plan.

The Trust recognises the need for whole system transformation and that the delivery of future healthcare requires 'adaptive systems'. As specialists and providers of care we will deliver our vision through adopting a set of design principles. Our ambition being that the Trust is and organisation that

- recognises its specialist role in providing high quality expert healthcare and exceptional patient experience and provides leading edge healthcare and access to leading edge technologies,
- is flexible and adaptive to its environment, not afraid to experiment and lead change across the health system,
- has ambition and is prepared to "seize the moment",
- is systematic about adopting research and development, encouraging innovation and focusing on value and continuous improvement,
- is self-determining through a strong focus on performance, lateral relationships, engagement and collaboration with our staff and our partners,
- embraces social change, promoting equal partnership with staff, patients and communities and a shared commitment to health and well-being.

The Trust is committed to embedding an integrated approach to future strategy development and as part of the annual planning process the Trust Board, in partnership with the Care Groups, is currently reviewing the Trust's long term goals and short term priorities.

This integrated approach will support the Trust to develop clinically owned plans that fit with the wide Trust strategy. This in turn will ensure that the direction of travel for the Trust reflects the wider national strategy, as described in the Five Year Forward View published by the Department of Health in December, and the strategic plans of the Local Health Economy.

The first event took place in December and the outputs from this workshop have shaped the development of our plans. Our Strategic Goals are shown below:

1. Quality and Safety: *Providing safe services, consistently delivering healthcare standards and improving the patient experience*
2. People: *Delivering a flexible workforce to meet the changing needs of our communities and the services that we deliver*
3. Innovation: *Striving for excellence through technology and innovation*
4. Community and Partnership: *Working with partners to improve the health and wellbeing of our community*
5. Financial Strength: *Building a sustainable future*

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 10 Strategic Priorities:

1. Reduce harm, deliver best clinical outcomes and improve patient experience.
2. **Address the existing capacity shortfall and process issues** to consistently deliver national healthcare standards.
3. **Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services** pending the outcome of the Future Fit Programme.
4. Undertake a review of all current services at specialty level to inform future service and business decisions.
5. **Develop a sustainable long term clinical services strategy** for the Trust to deliver our vision of future healthcare services through our Future Fit Programme.
6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work.
7. Support service transformation and increased productivity through technology and continuous improvement strategies.
8. Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population.
9. Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies.
10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme.

Each of these priorities is supported by a suite of Operational Objectives which are mapped against the CQC Key Themes. Through our internal planning process our Care Groups and operational teams will develop Business Plans that translate our Operational Objectives into Operational Delivery Plans.

3. QUALITY AND SAFETY

3.1 Approach to Quality Improvement

The Trust aims to continuously improve the way that we deliver healthcare in our organisation. We consult widely with patients, relatives, staff and our commissioners on what is important to them and what they think should be our priorities.

"Putting patients first" is at the forefront of the Trust's approach to improving quality and safety. This is reflected in our 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 Quality Improvement Strategy is being refreshed for 2015/16.

The Trust is also developing a Patient Experience Strategy that will support our refreshed 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 also 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 Care Quality Commission (CQC) Inspection

The Trust underwent its comprehensive CQC inspection between 14th and 16th October 2014 and an unannounced inspection visit took place on 27th October 2014. This was part of the in-depth hospital inspection programme and the Trust was chosen to be inspected because the new Intelligence Monitoring model considered the organisation to be a potential risk service.

The final report from the CQC stated that the Trust's overall rating is 'Requires Improvement' with individual ratings of 'Requires Improvement' in providing safe care, effective care, being responsive to patients' needs and being well led, with a rating of 'Good' for caring for patients. Women and Children's services also received a rating of 'Good'

A **Board approved Action Plan has been developed** in response to the CQC recommendations and progress against actions is monitored by the Quality and Safety Committee with updates to the Board. Detailed Actions Plans have been developed by the Care Groups and progress against these is monitored by the Executive Team through the Trust's internal 'Confirm and Challenge' meetings. The Action Plan has been shared with the CQC and was presented to the Quality Summit in January. Quarterly review meetings with the CQC have also been scheduled.

Following the initial feedback from the CQC the Trust identified areas that required immediate attention and schemes to address these have progressed well. The Trust's ultimate goal is to achieve a rating of 'Good' overall. Our Women's and Children's services, which received a rating of 'Good' in the recent assessment aspire to achieve a rating of 'Outstanding'.

3.3 Methodology Used to Ensure 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.

An increased focus through review and assurance of the governance process will hopefully result in a reduction in mortality on all parameters. We will see evidence of learning from reviews of deaths and implementation of learning points that will be shared throughout all areas.

Using the data we will collect from surveys, FFT, complaints, patient stories and patient experience audits on our wards, we will measure the levels of satisfaction and identify the key themes that patients tell us need improving. This feedback on how we are doing when we provide care to our patients will then form programmes of work or training where we have not given good patient experiences in our care delivery.

We will also monitor and report safety improvements and incidents along with how we learn and make improvements from these.

We will know that we have made an improvement through a number of measures, which will include quality, performance and finance. We will also monitor staff satisfaction and will hope to see an increase in suggestions for quality improvement and a greater willingness from the teams to carry out quality improvement activity in their own areas.

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.

3.4 Nurse Staffing

Addressing the nurse staffing challenges has been and continues to be a key focus for the corporate and operational teams. A recruitment trajectory has been identified and the Trust is working hard to achieve this plan. The overseas recruitment campaign has resulted in the appointment of more than 90 staff nurses. The Trust's Healthcare Assistant Programme has also been very successful and over 70 additional staff have been appointed. Continuing these initiatives and building on this work is a key focus for the Trust to support the delivery of quality care.

3.5 Strategic Priorities

Our 2015-16 priorities and objectives are:

Strategic Priority	Operational Objective	CQC Theme
Reduce harm, deliver best clinical outcomes and improve patient experience	Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths.	Ensuring Services are Safe, Effective and Well Led
	To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff	
	Ongoing medical revalidation embedded within medical areas.	
	Implement actions and recommendations within the Care Quality Commission Action Plan.	Ensuring Services are Safe, Effective and Well Led
	Reduce the number of healthcare associated infections.	
	Implement effective systems to engage and involve patients, relatives and carers as equal partners in care.	Ensuring Services are Safe, Caring, Responsive and Well Led
	Improve care of the dying through implementation of best practice.	
	Develop robust plans to recruit to establishment to ensure safe staffing levels.	Ensuring Services are Safe and Well Led
	Develop and implement robust processes to support nursing and midwifery revalidation (by Dec 15).	
	Further **progress plans to extend 7 day services** working towards the delivery of key clinical standards.	Ensuring Services are Safe, Caring, Responsive and Well Led

4. SHORT TERM CLINICAL STRATEGY

4.1 Delivering Healthcare Standards – Resolving the Bed Capacity Deficit

Great progress has been made in achieving RTT and Cancer targets, yet the Trust has consistently been unable to deliver the 4 hour A & E target, and, the sustained delivery of RTT has been put at risk through the cancellation of large numbers of elective patients due to emergency pressures.

The level of urgent care admissions has considerably outstripped the bed capacity of the Trust for many years but during the last quarter of 2014-15 in particular the scale of this bed deficit has grown resulting in:

- Significant failure against the A & E target, averaging 84% in January and February, 2015;
- Significantly heightened risks to quality and patient experience with a number of over 12hr breaches;
- The need to open unplanned escalation capacity with significant unfunded costs and difficulties in staffing with an increased reliance on agency nurses;
- The cancellation of most elective day surgery and non-urgent elective activity with a resulting loss of income.
- Exhausted and demoralised staff.

2015/16 must be the year that we create a sustainable solution to the capacity deficit. The Trust is no longer prepared to accept a position where patient safety and their experience, staff morale and resilience, and the financial position of the Trust is placed each year at such huge risk from the deficit in acute bed capacity (estimated at an average of 40 rising to an average of 70 in winter). In 2015-16 we will develop plans to resolve this bed capacity gap for the foreseeable future.

Whilst the Trust is within the best 20th percentile in terms of lengths of stay further improvements will be sought within the Trust to improve process and reduce lengths of stay; the potential scale of this will not resolve the bed capacity gap however.

Creating more acute bed capacity is not an appropriate solution, nor could it be readily staffed or indeed afforded and the strategy to date has relied on commissioning plans to reduce demand and reduce the numbers of patients who are Medically Fit for Discharge (MFFD). We have, however, experienced an increase in admissions and the associated acuity of patients, and a growing number of MFFDs with a resulting deterioration in performance. Collectively we cannot afford to run that risk again and it is important that the health economy makes a realistic assessment of its plans to achieve reductions in admissions and MFFDs.

Within the Trust we will focus upon Improvement Workstreams to resolve the bed capacity deficit and improve patient flow:

- Extension of Ambulatory Care from circa 25% of urgent presentations to 35% to reduce admissions and presentations to Emergency Departments;
- The further extension of senior clinical review at weekends to increase discharges;
- Improved cross-site working;
- The internal reconfiguration of some beds;
- Exploring new models with the independent sector to support acute rehabilitation;
- Exploring new options for the protection of elective capacity;
- General process improvement.

Outside of the Trust a fundamental change is needed to the model of care out-with the hospital to produce the scale of capacity benefit required and our discussions with commissioners will focus upon:

- The creation of sufficient community hospital, enablement packages and supporting health care to meet the timely demand for non-acute healthcare discharges from our two hospitals;
- The block commissioning of Independent Sector capacity in sufficient volumes to allow full Discharge to Assess (DTA) demand to be met in a timely fashion;
- The creation of sufficient 'wrap around' care and social care input to enable the timely discharge of patients from DTA capacity to their ultimate place of residence;
- Development of an extended model for GP-led Urgent Care Centres which supports admission avoidance;
- Continued development of working practices and models of care that reduce unnecessary presentations of patients to hospital.

Whilst some of these components are in development, at this time there is as yet no coherent strategy to ensure delivery of the necessary capacity or agreement as to the potential solutions. The Trust will progress discussions in coming weeks in an attempt to agree a programme to deliver these outcomes. We intend to adopt an assertive line in the forthcoming contract process regarding the capacity of the Trust to meet urgent care demand and the need for the commissioning of the extra capacity required to resolve the bed capacity deficit.

4.2 Delivering Healthcare Standards – Protecting Elective Capacity

The Trust is in a good position to sustain the delivery of RTT targets but this has been placed at considerable risk through cancellations due to emergency activity and an estimated £1.5m of income has been lost as a result. Whilst successful resolution of the bed capacity gap could resolve this problem, the Trust will examine alternative estate options for day surgery that will ensure activity is protected.

4.3 Sustaining Clinical Services

Future Fit is a once in a generation opportunity to produce a sustainable solution for Shropshire, Telford & Wrekin and Mid-Wales for the next 50 or more years, and given the very significant development costs of the programme, the considerable management effort expended, and the level of public, staff and political engagement achieved, anything which compromises the programme must be avoided. It follows that the Trust must then try to maintain the current configuration of emergency services for the foreseeable future until the consultation is complete and the first phase of reconfiguration constructed.

Whilst the long-term reconfiguration of services will be determined through the Future Fit programme, implementation of the preferred solution is many years ahead and the Trust continues to carry a significant risk that there will come a 'tipping' point where we are unable to safely medically staff the two Emergency Departments, although potential staffing pressures in Acute Medicine and Critical Care are also pressure points. This is a constant risk that could change at any time.

Significant work is progressing to mitigate the risks that the Trust is carrying with regard to the medical workforce including the development of ambulatory emergency care and changes in the models of care for Emergency Medicine, Critical Care, Acute Medicine and Stroke. The Trust has also commenced a detailed review of all services at specialty level to inform future service and business decisions and inform our short term clinical strategy.

4.4 Women and Children's Services

The new Women and Children's Centre at the Princess Royal Hospital opened 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 also includes a children's outpatient department, children's assessment unit and a new children's Cancer and Haematology Unit.

Work continues with regard to those Women and Children's services that will remain on the Royal Shrewsbury Hospital (RSH) site. Ensuring that robust facilities and pathways are in place is a key priority and focus for the Trust during 2015/16.

4.5 Strategic Priorities

Our 2015-16 priorities and objectives are:

Strategic Priority	Operational Objective	CQC Theme
Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.	**Address the current capacity shortfalls** through a number of joint initiatives including: achieving the agreed Fit To Transfer (FTT) numbers, changes to ward configurations and **increasing the level of ambulatory emergency care**.	Ensuring Services are Responsive
Develop a **clinical strategy that ensures the safety and short term sustainability** of our clinical services pending the outcome of the Future Fit Programme.	Roll out and **embed the Discharge to Assess model** and embrace new models of care with independent providers.	Ensuring Services are responsive and Well Led
	Identify and implement a **plan to protect elective activity** from emergency pressures.	
	Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital.	Ensuring Services are Safe and Effective
Undertake a review of all current services at specialty level to inform future service and business decisions.	Develop robust marketing plans to promote services and support agreed future business developments.	Ensuring Services are Responsive
	Board review operational and financial performance in all specialties through service line reviews.	
	Develop and embed a market orientated business planning and development framework.	

5. LONG TERM CLINICAL STRATEGY

5.1 Future Fit

Our long term 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. Currently the work to develop a strategic outline case to submit to the TDA and a pre consultation business case to NHSE is ongoing and a key priority for completion in Q2 of 2015/16.

Clinical leadership remains central to the programme. Key outputs have included activity and capacity modelling for a single emergency centre; identifying the scope for early prototyping elements of the Clinical Model; providing advice on issues relating to the co-location of acute hospital facilities, agreeing functional content for an emergency centre and a diagnostic and treatment centre and clarifying the types of activity which could be treated at Urgent Care Centres, along with the associated workforce requirements.

The Programme's clinical model proposals have been presented to an independent clinical review team established by the West Midlands Clinical Senate.

A short list of options has now been agreed to take forward. In developing a Strategic Outline Case for the TDA the programme will need to demonstrate that shortlisted options are affordable both to the local health economy as a whole and to the relevant provider(s) of services. The work undertaken has included:

- Assessing the level of funding likely to be available to the local health economy;
- Calculating the net revenue impact of changes to acute hospital facilities, and;
- Estimating the costs of providing care closer to home, especially through Urgent Care Centres.

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 our Operating Plan.

5.2 Strategic Priorities

Our 2015-16 priorities and objectives are currently being refreshed, our priorities will reflect progressing the local health economy Future Fit programme including:

Strategic Priority	Operational Objective	CQC Theme
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 the short listed options and a Strategic Outline Case for future service models for acute services and out of hospital care.	Ensuring Services are Safe and Well Led
	Commence, and complete, public consultation on proposed clinical services models.	
	Draft an Outline Business Case on preferred option for acute services.	

6. PEOPLE

6.1 People Strategy

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.

Progress against the delivery of our strategy is reported and monitored at the Workforce Committee which is a sub-group of the Trust Board.

6.2 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.

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, continue to develop our youth team, which will encompass cadet roles, recruiting school leavers and take them on a career journey be a registered professional. This year the Trust is on trajectory to deliver 166 apprenticeships.

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

6.3 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

6.4 Staff Engagement and Support

The Trust has a Staff Engagement Programme to support the cultural change needed and we continue to develop our values driven organisation. 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.

6.5 Transformation

Ensuring that we have the right number of staff with the right skills is key to delivering our transformation strategy. Significant progress has been made in 2014/15 and detailed plans are being developed to deliver the year 2 plans. Our focus for the coming year will be:

- To effectively plan our future workforce and deliver workforce transformation
- To support the Health and Wellbeing of our employees
- To further develop employee engagement
- Deliver development opportunities for our people including Leadership and Management.

6.6 Strategic Priorities

Our Strategic Priorities for 2015-16 are:

Strategic Priority	Operational Objective	CQC Theme
Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work.	Develop a Values-driven organisation.	Ensuring Services are Caring and Well Led
	Implement the Trust's Leadership Development Programme.	
	Improve staff engagement across the Trust.	
	Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialities.	Ensuring Services are Safe, Responsive and Well Led

7. INNOVATION

7.1 Information and Technology

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

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 is evaluating 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 tele-heath 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.

Ensuring that develop strategies to modernise our equipment and to progress opportunities associated with technology are fundamental building blocks to support our transformation agenda.

7.2 Continuous Improvement

As part of a continuous improvement programme the Trust is looking to pursue lean transformation schemes to support the review of existing services and the development of future models. An Expression of Interest has been submitted to the TDA to be a site for the long-term intensive support and development programme.

7.3 Strategic Priorities

Our Strategic Priorities for 2015/16 are:

Strategic Priority	Operational Objective	CQC Theme
Support service transformation and increased productivity through technology and continuous improvement strategies.	Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal.	Ensuring Services are Safe
	Develop a robust technology strategy for Diagnostics.	Ensuring Services are Effective and Responsive
	Develop and embed a Continuous Improvement Strategy.	Ensuring Services are Safe and Effective

8. COMMUNITY AND PARTNERSHIP

8.1 Stakeholder Engagement

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.

8.2 Social Responsibilities

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 and developing the principle of agency in our communities.
- Communities and services are ready and resilient for changing times and climates.
- Every opportunity contributes to healthy lives, healthy communities and healthy environments.

8.3 Strategic Priorities

Our Strategic Priorities for 2015/16 are:

Strategic Priority	Operational Objective	CQC Theme
Develop the principle of 'agency' in our community to support prevention agenda and improve the health and well-being of the population.	Develop strong relationships and progress initiatives with volunteers.	Ensuring Services are Caring, Responsive and Well Led
	Continue to develop environmental and social sustainability through the Good Corporate Citizen programme.	
	Develop a strategy around health related social change through our FT membership.	Ensuring Services are Effective and Well Led
Develop a Stakeholder Engagement and Customer Relationship Strategy. Manage GP relationships through a robust GP Engagement Strategy and focussed account management.	Develop a Stakeholder Engagement Strategy.	Ensuring Services are Responsive and Well Led
	Manage GP relationships through a robust GP Engagement Strategy and focussed account management	

9. FINANCIAL STRENGTH: SUSTAINABLE FUTURE

9.1 Financial Sustainability

The Trust's financial position remains a 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 - £35 million
- 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 +£11 million p.a.
- Amount of spend that CIPs can be applied to is limited in absence of radical service remodelling across the economy.

In addition the 2015/16; 4.7% efficiency, additional cost of paediatric/surgical cover, resolving capacity gap, additional nurses, and underlying deficit presents going concern challenge.

The Trust is forecasting a deficit of £12.2 million in 2014/15, £4.0 million greater than the planned position at the start of the year. The variance is principally explained by excess costs associated with implementing the safer standards of care nursing template. This is only achieved through premium agency rates which are now adding 85-90 % to the cost of a nurse. The result is a pay overspend of £3.4 million and hence the move to the Nursing Template has served to increase Nursing costs by £6.4 million.

The application of the readmissions adjustment and the 30% Emergency Threshold has also served to reduce Trust income, none of this sum has been reinvested by commissioners either with the Trust or in the local health economy.

In terms of the underlying financial problem the PWC Exercise has verified the existence of substantial levels of duplicate costs, these being attributable to the deployment of acute services across the Trust's two hospital sites. These duplicate costs amount to £9 – 11 million and are higher still if inflated to allow for Agency premium rates.

The Trust has been successful in its application for permanent PDC to improve its working balances. The Trust received £7 million PDC and will also utilise £1.2 million released from an agreed cash balance reduction. This will allow the Trust to improve its compliance with the Better Payment Practice Code, after an initial deterioration in this measure when payments are made to clear the backlog. The Trust's External Finance Limit has been changed to reflect this.

An estimate has been made of the scale of Backlog estate infrastructure and equipment requirements – this has identified a need to invest immediately a sum in excess of £35 million to rectify the problem.

The longer term solution will be defined within the Future Fit Programme. The timescales for any such solution is unlikely to result in an implemented way forward within at least the next five years, The consequence of this is that the A&E and Acute Medicine problem will have to be resolved within the intervening period,

The Trust's financial problem will continue at existing levels and could potentially grow still further over the next five years. It is critical to the long term financial sustainability of the Trust that the Future Fit Programme provides an affordable solution and delivers the transformational change

required to address both the capacity issues and the underlying problems associated with duplication of services and unplanned increased in demand.

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.

9.2 Strategic Priorities

Our Strategic Priorities for 2015/16 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 support to manage short term financial pressures pending review of the Long Term Financial Model	Ensuring Services are Safe and Well Led
	Identify and deliver recurring cost improvement programmes	Ensuring Services are Well Led
	Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)	
	Develop a rolling equipment replacement programme.	Ensuring Services are Safe, Effective and Well Led
	Develop a robust investment strategy to modernise our estate.	

9.3 Financial Plan Summary

9.3.1 Underlying financial position

The underlying financial problem can potentially be improved through;

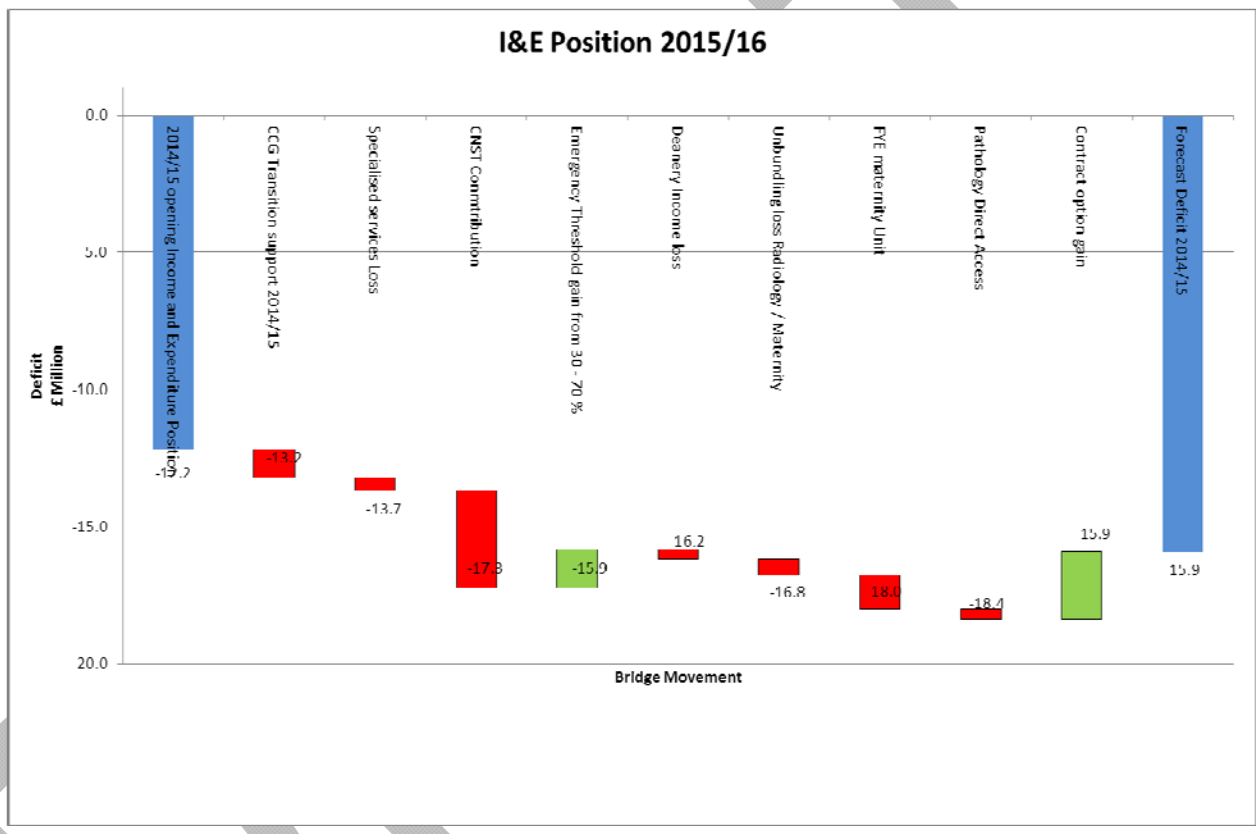
- Addressing the requirement for excess costs associated with alternatives to the provision of services across the two hospital sites. As stated previously this is to be achieved through revised service models as confirmed by the Future Fit programme conclusion.
- Resolving the requirement for excess nursing costs through scaling capacity deficits within the Trust at levels consistent with the capability of the Trust to secure appropriate nurse staffing levels.
- Maximising the use of technology: the application of new technologies is being explored with external providers to determine the opportunities to remove inefficient processes and improve productivity. Immediate areas where gains appear to exist are within booking and scheduling, medical records management and diagnostic imaging. Reductions in head count and reductions in waiting list Initiative payments can be achieved and the Trust should be seeking to make savings of circa - £4 million. In addition the deployment of Telemedicine could potentially be instrumental in supporting the reduction in acute activity bed capacity
- Review of existing services: a detailed and robust understanding of existing services is key to supporting future decision making. The Trust has embarked on a programme of service line “deep dives” to challenge cost base and associated clinical practices and to identify any opportunities to grow activity through the repatriation of services presently provided elsewhere.

9.3.2 Financial Plan

The Trust has developed a financial plan covering the period 2015/16. This plan has identified a deficit in year.

£m	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Operating surplus / (deficit)	-	0.1	0.1	0	(8.2)	(18.3)

The Trust's 2015/16 financial position is expected to deteriorate from the recorded deficit in 2014/15. Full details of these changes are shown in the Income and Expenditure Bridge Analysis below and reflected in the Trust's financial plan.[1]



The change in position reflects the future impact of these factors.

The Trust is currently engaged in discussions with local commissioners to determine appropriate risk sharing arrangements for the 2015/16 year. The financial impact of such arrangements if accepted are estimated to improve the Trust' position by £2.5 million thereby reducing the forecast deficit to £15.9 million.

In order to construct our financial model, it has been necessary to apply a series of key assumptions details of which are shown in Appendix 2, Table 1.

[1] £18.4m figure is a result of 'roundings' within the bridge diagram construction

9.4 Cost Improvement Programme

In setting the plan the Trust has assumed a requirement to deliver internal efficiencies at a rate equivalent to 4.7 % per annum. As part of the overall Cost Improvement Programme the Trust has included cash releasing efficiency CIP schemes equating to £12.3 million.

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.

9.5 Better Care Fund / QIPP

The Trust's 2015/16 plan assumes that the proposed changes from the Better Care Fund and QIPP are revenue neutral.

9.6 Capital

The Trust's Capital Programme for 2015/16 is;

	2013/14 £000s	2014/15 £000s	2015/16 £000s
Internally Generated Funds	8,450	10,500	8,450

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 in 2015/16.

9.7 Impact upon the Medium Term Financial Plan

The 2015/16 financial position has then been extrapolated by applying the following set of assumptions, notably:

- Negative Tariff – Applies across the years 2015/16 to 2018/19 at the rate of 1.6 per cent.
- Demographic growth – Increases Income each year by 1.25 per cent.
- Pay costs – Rise in each year by 2 per cent; and
- Non Pay costs – Rise in each year by 4.0 per cent

The effect of these assumptions is to produce a deficit in each of the years 2015/16 to 2018/19.

	Recurrent £million's	Non Recurrent £million's	Total £million's
2013/14	(11.5)	11.5	-
2014/15	(14.0)	1.8	(12.2)
2015/16	(11.9)	(6.5)	(18.3)
2016/17	(12.5)	(3.2)	(15.7)
2017/18	(13.2)	(3.1)	(16.3)
2018/19	(14.1)	(3.2)	(17.3)

(Note for consistency the recurrent position as described for the 2013/14 year has been redrafted to exclude transitional support from CCGs).

As can be seen throughout this period the Trust operates with a recurrent deficit within a range £11.5 – 14.1 million). PricewaterhouseCoopers (PWC), in their review, concluded that recurrent duplicate costs existed equivalent to £12 million.

In shaping a sustainable financial solution for the Trust it is therefore critical for a reconfiguration of service to take place that will enable the duplicate costs to be avoided. Doing so would then enable the Trust to operate with a recurrent position at, or close to, a sustainable level.

10. DEVELOPMENT SUPPORT

The Trust is seeking support from the TDA, as part of the long-term intensive support and development programme, to both empower and enable our organisational transformation. An expression of interest has been submitted as described in Section 7.

11. KEY RISKS

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

- 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
- Delivery of the Urgent Care Plans required to address the existing capacity issues.

2015/16 Strategic Priorities and Operational Objectives

STRATEGIC PRIORITY	LEAD EXECUTIVE	OPERATIONAL OBJECTIVE 2015-16
Reduce harm, deliver best clinical outcomes and improve patient experience.	Medical Director	Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths.
		To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff
		Ongoing medical revalidation embedded within medical areas.
	Director of Quality & Safety	Implement actions and recommendations within the Care Quality Commission Action Plan.
		Reduce the number of healthcare associated infections.
		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.
	Director of Quality & Safety	Develop robust plans to recruit to establishment to ensure safe staffing levels.
		Develop and implement robust processes to support nursing and midwifery revalidation (by Dec 15).
		Further progress plans to extend 7 day services working towards the delivery of key clinical standards.
Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.	Chief Operating Officer	Address the current capacity shortfalls through a number of joint initiatives including: achieving the agreed Fit To Transfer (FTT) numbers, changes to ward configurations and increasing the level of ambulatory emergency care.
Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme.	Chief Operating Officer	Roll out and embed the Discharge to Assess model and embrace new models of care with independent providers.
		Identify and implement a plan to protect elective activity from emergency pressures.
		Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital.
Undertake a review of all current services at specialty level to inform future service and business decisions.	Director of Business and Enterprise	Develop robust marketing plans to promote services and support agreed future business developments.
		Board review of operational and financial performance in all specialties through service line reviews
		Develop and embed a market orientated business planning and development framework.
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	Develop the short listed options and a Strategic Outline Case for future service models for acute services and out of hospital care.
		Commence, and complete, public consultation on proposed clinical services models.
		Draft an Outline Business Case on preferred option for acute services.
Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work	Workforce Director	Develop a Values-driven organisation
		Implement the Trust's Leadership Development Programme
		Improve staff engagement across the Trust.
		Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialities.
Support service transformation and increased productivity through technology and continuous improvement strategies.	Finance Director	Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal.
		Develop a robust technology strategy for Diagnostics.
		Develop and embed a Continuous Improvement Strategy.
Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population.	Director of Corporate Governance	Develop strong relationships and progress initiatives with volunteers.
		Continue to develop environmental and social sustainability through the Good Corporate Citizen programme.
		Develop a strategy around health related social change through our FT membership.
Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies	Communications Director	Develop a Stakeholder Engagement and Customer Relationship Strategy.
		Manage GP relationships through a robust GP Engagement Strategy and focussed account management.
Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme	Finance Director	Secure support to manage short term financial pressures pending review of the Long Term Financial Model
		Identify and deliver recurring cost improvement programmes
		Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)
		Develop a rolling equipment replacement programme.
		Develop a robust investment strategy to modernise our estate

Finance and Investment Strategy

Table 1 Planning Assumptions						
	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)	(1.6)	(1.6)	(1.6)	(1.6)
Other Income inflation	2.6	2.1	2.8	2.8	2.8	2.8
Pay inflation	1.5	2.0	1.5	2.0	2.0	2.0
Non pay inflation			2.8	4.0	4.0	4.0
Capital Assets	3.8	3.8	3.8	3.8	3.8	3.8
Transitional Support £m		1.0				
Health Economy QIPP £m						
In year efficiency £m	13.6	15.2	15.3	15.3	15.3	15.3
In year efficiency %		4.5	4.7	4.7	4.7	4.7

Table 2 Cost Improvement Programme	2015/16 £m
Procurement	1,800
Estate Revaluation	1,500
Corporate services	400
Pharmacy Gain Share	200
Capitalisation of workforce costs	1,200
Compensation Recovery Unit	1,000
Salary Sacrifice	100
Non Pay prompt payment discounts	200
Womens and Children's Care Group Deep Dive	250
Ophthalmology – Deep Dive	750
Scheduled Care – recovery	1,250
Unscheduled Care	1,000
Nurse Escalation savings	2,630
Cash releasing efficiency savings	**12,280**
Plus activity and income schemes equating to circa £3m	

Table 3 Capital Programme	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000
Funding Available: Internally Generated Capital Resource Limit (CRL)	8,450	8,450	8,450	8,450	8,450
Completion of Schemes Already Commenced:					
Schemes carried forward from old year	200	200	200	200	200
2nd Phase RSH Mortuary (total scheme £1.8m)	1,499				
Completion of CT Scanner replacement/additional	115				
Lack of robust fire management strategy (CRS 20)	1,243	782	100	100	100
Asbestos removal from Duct (Path Lab to Boilerhouse)/Pathology/Maternity (incls additional ducts)	120				
Replacement of obsolete Windows XP End User Computing (CRS 16)	115				
Estates Replacement Fund - Ward Kitchen Replacement	149				
Completion of Telecoms - W&C Centre PRH	103				
Delegated Funds/Capitalisation of Expenditure					
Estates Contingency	250	250	250	250	250
Medical Equipment (emergency replacement £250k/Phase 1 Replacement £250k)	500	500	500	500	500
Information Technology	250	250	250	250	250
Non Patient Connected Equipment Contingency Fund	100	100	100	100	100
VitalPAC Contingency Fund	75	100	100	100	100
Capitalisation of Expenditure (Salaries and Non-Pay) CIP	1,200	1,200	1,200	1,200	1,200
Capitalised Salaries (no revenue benefit)	500	500	500	500	500
In Year Allocations/Corporate Contingency	1,000	1,000	1,000	1,000	1,000
Additional Medical Equipment	1,031	3,568	4,250	4,250	4,250
Total	8,450	8,450	8,450	8,450	8,450

2015/16 Planning Checklists

In the move to NHS Foundation Trust status, NHS Trusts need to be prepared to use the system of self-certification to demonstrate compliance with key regulatory requirements. The planning checklist is designed as an easy way for NHS Trusts to confirm (self-certify) that they meet key requirements.

The 2015/16 TDA submission includes a suite of Planning Checklists which are intended to provide assurance with regard to compliance for:

- Finance
- QIPP & BCF
- Supporting Safe Services
- Supporting Effective Services
- Supporting Caring Services
- Supporting Responsive Services
- Supporting a Well-Led Organisation on Quality
- Performance
- Technology & Innovation

The following report provides:

- Section 1: A summary of our overall compliance declaration [Section 1]
- Section 2: Details of areas of Non Compliance and the associated statements included in our submission to the TDA [Section 2]
- Section 3: A list of all areas where the Trust has declared Compliance [Section 3]

Additional notes:

1. The planning checklists are designed for all NHS providers therefore include some questions that are not applicable to the Trust

   e.g. Ensure monthly sustainable delivery of 75% of Category A emergency responses arrive on scene within 8 minutes (target to be met for both Red 1 and Red 2 calls separately).

These are recorded as 'N/A' and have been excluded from the summary below.

2. The Planning Checklists includes questions requiring information as opposed to a demonstration of compliance e.g.

   In the context of the most recent 2015/16 National Tariff publication what cost uplift is the Trust applying and what are the additional costs pressures/investments?

For these statements the Trust has provided the relevant information and as such this is recorded as compliant.

Section 1: TDA Submission 7th April –Planning Checklists: Summary

Checklist	Trust Compliance		
	Non-compliant	Compliant	N/A
Finance	1	20	1
QIPP & BCF	20	2	0
Supporting Safe Services	0	18	0
Supporting Effective Services	0	5	0
Supporting Caring Services	0	3	0
Supporting Responsive Services	0	5	0
Supporting a Well-Led Organisation on Quality	0	9	1
Performance	2	39	8
Technology & Innovation	0	6	0

Section 2: TDA Submission 7th April –Planning Checklists: Summary of Non-Compliance

No.	**Requirement**	Trust Assurance Statement / comment
	Finance	
2.	Financial plans deliver the statutory financial duties of the Trust.	The Trust is forecasting a deficit of £18.3 million for 2015/16. This excludes any potential improvements resulting from risk share agreements with the local CCGS.
	QIPP and BCF	
23	A firm foundation and detailed project plans agreed with stakeholders are essential to delivery of QIPP and BCF changes. Please confirm compliance in relation to the specific requirements below:	
	QIPP / BCF schemes are based on evidence which demonstrates the possible range of improvement against a benchmarked position.	Whilst progress has been made in the development of outline schemes the Trust requires further information to fully assess the impact. As part of this exercise the Trust will also need to understand how costs relating to the implementation of the schemes are to be resourced by local CCGs and how cost premiums suffered by the Trust as a result of the unsuccessful delivery of the QIPP schemes are to be financed by the CCGs in the 2015/16 financial year. Risk sharing arrangements are being discussed with CCGs to consider the impact of the non-delivery of QIPP / BCF plans and any resulting cost pressures associated with non-delivery.
	QIPP / BCF plans have progressed from high level ambitions to detailed pieces of service and clinical pathway redesign.	
	The service and clinical pathway redesign work underpinning the QIPP / BCF plans has been led by both primary and secondary care clinicians.	
	QIPP / BCF plans that involve unscheduled care are developed in sufficient detail to focus on a particular group of patients or conditions.	
25.	The Trust has included the full level of commissioner ambition for QIPP / BCF schemes within their plans.	
26.	Testing of assumptions increases the likelihood of successful delivery of planned changes. Please confirm compliance in relation to the specific requirements below:	

	The Trust has assured itself that the QIPP / BCF plan distinguishes appropriately between full year and part year effects.	Whilst progress has been made in the development of outline schemes the Trust requires further information to fully assess the impact. As part of this exercise the Trust will also need to understand how costs relating to the implementation of the schemes are to be resourced by local CCGs and how cost premiums suffered by the Trust as a result of the unsuccessful delivery of the QIPP schemes are to be financed by the CCGs in the 2015/16 financial year. Risk sharing arrangements are being discussed with CCGs to consider the impact of the non-delivery of QIPP / BCF plans and any resulting cost pressures associated with non-delivery.
	The Trust and commissioners have assured themselves that the skills required to deliver the new pathways are available in the required staff group and the correct location.	
	QIPP/BCF schemes have a realistic start date.	
27.	The success of each QIPP/BCF scheme must be measurable. A set of Key Performance Indicators (KPIs) and milestones has been jointly agreed that will measure the outcomes of each scheme.	
28.	Appropriate arrangements are in place to monitor delivery of QIPP/BCF plans against KPIs and milestones.	
30.	Appropriate access to commissioner non recurrent resources has been discussed. For example, to cover non-recurring costs associated with the change such as redundancies/pump priming costs/stranded fixed costs for a limited period of time.	
31.	A robust shared approach to risk management is required to support QIPP/BCF delivery in 2015/16. Please confirm compliance in relation to the specific requirements below:	
	consideration has been given to whether QIPP/BCF schemes would support a gain share approach, for example, pass through drug costs;	Whilst progress has been made in the development of outline schemes the Trust requires further information to fully assess the impact. As part of this exercise the Trust will also need to understand how costs relating to the implementation of the schemes are to be resourced by local CCGs and how cost premiums suffered by the Trust as a result of the unsuccessful delivery of the QIPP schemes are to be financed by the CCGs in the 2015/16 financial year. Risk sharing arrangements are being discussed with CCGs to consider the impact of the non-delivery of QIPP / BCF plans and any resulting cost pressures associated with non-delivery.
	an approach to in year risk delivery has been agreed;	
	the detail of the risk sharing agreements is linked to the level of detail in the plan and the level of confidence in all parties around delivery;	
	the approach to risk sharing has taken into consideration the baseline planned activity and price;	
	the Trust and commissioners have agreed an exit strategy if a component of the QIPP / BCF plan does not deliver the expected outcomes;	
	the consequences of the agreed exit strategy are clearly outlined for each party.	
Performance		
3.1	At least 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival in accident and emergency.	The Trust remains non-compliant. The delivery of the A&E targets requires a **system wide** solution.
5.3	All handovers between an ambulance and A&E Department take place within 15 minutes and crews are ready to accept new calls within a further 15 minutes.	The Trust remains non-compliant. The delivery of the A&E targets requires a **system wide** solution.

Section 3: TDA Submission 7th April –Planning Checklists: Summary of Compliance

No	Quality Requirement
	Finance
1.	The Trust's planned surplus/deficit financial plan is consistent with the latest financial trajectory agreed with the NHS TDA.
4.	The NHS Standard contract will be used with all NHS commissioners and includes details of activity plans and how that activity is priced.
5	Access to PDC financing for operational or capital purposes will be severely restricted and should only be considered as a final option if loan financing is unaffordable and where all health economy solutions have been exhausted. Where PDC is included in NHS Trust plans, it should not be assumed that this will be available and all cases will be scrutinised during the planning process and when they are submitted and will subsequently need to be supported by the NHS TDA and presented to the Independent Trust Financing Facility.
6.	In response to either the Trust being in financial deficit or commissioners re-tendering services, there are active discussions with commissioners regarding which services are critical to patients and must continue to be provided.
7.	The Trust will implement the National Tariff for 2015/16, including local prices, variations and modifications. Please provide summary details of the Trust's approach to local prices, variations and modifications.
8.	The financial plan is consistent with the activity and workforce plans. Please demonstrate this consistency in your commentary and describe how the Board triangulated the plans.
9.	The income and activity projections for 2015/16 are aligned with commissioner assumptions. Describe the basis for the income and activity projections for 2015/16, in particular with reference to 2014/15.
10.	The Trust has a capacity planning process in place. Confirm that the process has been undertaken and describe how the Trust has assured itself that they have sufficient capacity available to deliver the activity projections.
11.	Financial risks facing the Trust have been assessed. Set out the level of reserves and contingencies being held. Where risks exceed the contingencies, explain the risk management strategy to deal with these risks.
12.	For any 90 day + debt describe what actions will be taken to ensure recovery. Provide details of the value of 90 day debt and the value of the bad debt provision as at the latest balance sheet date.
13.	*In the context of the most recent 2015/16 National Tariff publication what cost uplift is the Trust applying and what are the additional costs pressures/investments? What level of efficiency requirement does this generate for the Trust? Where the efficiency is above the national target, set out why any investments/developments are required.*
14.	Of a possible maximum of 100% what % of CQUIN is the Trust planning to achieve and how does this compare to 2014/15 and 2013/14? Where the 2015/16 is higher than previous achievement, set out the rationale and any contingency being held.
15.	Set out how the marginal rate rule for non-elective activity is being applied, the total financial impact for the Trust and the impact of the change to a 50% marginal rate in 2015/16. Where marginal rate is being applied, is the Trust a full partner in ensuring retained funds from the application of the marginal rate rule are invested transparently and effectively in appropriate demand management and improved discharge schemes?
16.	The Trust has worked with specialised commissioners to understand the impact of the default 50:50 gain and loss share from a stated base value for all acute, prescribed specialised services. Please provide a quantified commentary on the impact of this rule on the Trust's financial position and the Trust's response to this impact.
17.	*Describe the impact of the emergency readmissions policy (if any). What role does the Trust play in determining how these funds are deployed?*

No	Quality Requirement
18.	All long term commitments are fully reflected in the Trust's operational and strategic plans. – please provide details of these commitments in the Trust's commentary.
19.	The financial plan allows for the delivery of all operational standards and contractual terms from commissioners in accordance with the Standard National Contract and no local arrangements are in place unless they have been agreed by all parties.
20.	How is the Trust planning on managing the risk of the financial impact of sanctions in 2015/16? Were financial sanctions applied to the Trust by commissioners in 2014/15 and, if so, for what standards and for what values?
21.	The Trust's capital plans will be an update on the 2014/15 plans. The update will need to reflect any changes in overall strategy or affordability since the previous plan submissions. Describe the level of backlog maintenance being addressed and the residual backlog programme in the Trust commentary.
22.	A financial strategy has been developed which ensures financial health over the next five years and that delivers the required productivity gains, efficiency and improved taxpayer value. The strategy includes a fully developed 2 year rolling cost improvement programme including how effective use of technology will deliver cost and efficiency improvement. Please describe how the savings programme has been developed and the in-year performance management of the programme.
QIPP and BCF	
24.	The Trust has considered consultation requirements associated with the QIPP / BCF plans and has a consultation plan if appropriate which outlines stakeholders and planned timescales.
29.	The Trust and commissioners have run an integrated business process for 2015/16 including planning and contracting, with the outcome of detailed contract amendments at Healthcare Resource Group level.
Supporting Safe Services	
1.	***Context*** All NHS Trusts need to make demonstrable progress towards reducing avoidable deaths. This requires all NHS Trusts to have robust systems to identify and escalate deteriorating patients, in particular at weekends and out of hours, as well as robust governance systems of mortality surveillance and review. ***Trusts to confirm the following are in place:***
	The Trust should establish a Trust-wide Mortality Review Committee (or equivalent) chaired by the Medical Director, to monitor mortality and to identify and consider emerging trends and themes of reviews. Actions are taken to embed learning, triangulated with other quality measures (e.g. complaints, adverse incidents and patient feedback) and findings are reported to public Board meetings.
	All deaths of patients are reviewed using a screening template or equivalent to identify any evidence of sub-optimal care. Where aspects of care are judged to be suboptimal, a review should be conducted by a multi-disciplinary team.
	The Trust can demonstrate through regular audits of practice that it is fully compliant with the NPSA guidance "5 Steps to Safer Surgery". This includes compliance with the World Health Organisation surgical safety checklist.
2.	***Context*** All Trusts should have an open and transparent culture in which serious incidents and other issues are routinely reported, investigated and learned from, and staff are able to raise concerns freely about a risk, malpractice or wrongdoing at work. ***Trusts to confirm the following are in place:***
	The Trust has systems in place to report investigate, and learn lessons from serious incidents in line with national policies: Serious Incidents, Never Events Policy Framework, the National Reporting and Learning System. The Trust has a process for responding to alerts issued through the National Patient Safety Warning System and CAS (Central Alerting System) Alerts.
	The Trust should have systems in place to ensure active use of the patient safety thermometer with regular reporting to the Trust public Board (or

No	Quality Requirement
	in the case of ambulance Trusts, has explored development and use of equivalent tools).
	The Trusts must have processes in place to enable staff to raise concerns safely through clear and accessible policies and procedures in accordance with the duty for organisations set out in the NHS Constitution. Trusts should be prepared to review their local policies and procedures and take account of the key findings from the Freedom to Speak Up Review, led by Sir Robert Francis, when it is released in 2015.
3.	***Context*** All Trusts need to ensure a robust approach to workforce planning, sign off, monitoring and reporting that ensures sufficient staffing capacity and capability throughout the year to support the provision of safe, high quality services. ***Trusts to confirm the following are in place:***
	The workforce plan for the period 2015-16 should: • Take into account relevant NICE Guidance and tools for particular staff groups such as Safer Nursing Care Tool and Birthrate Plus; • Be completed using benchmarked workforce metrics and ensure triangulation with finance and activity; • Support the development and delivery of the Integrated Business Plan, Clinical Strategy and Long Term Finance Model; • Support improvement in recruitment and retention of staff; • Be agreed and signed off by the appropriate Trust Directors including Medical and Nurse Directors and Finance Director before submission to the Board for full Board approval.
	A Quality Impact Assessment process should be conducted on Cost Improvement Plans in line with relevant guidance.
	Policies and systems covering all clinical staff, such as e-rostering and staffing escalation policies, should be in place to support those with responsibility for staffing decisions on a shift-to-shift basis.
	The Trust should have a register of risks and an escalation process in place to monitor against the workforce plan, underpinned by a reliable system for monitoring CIP schemes in-year. The Trust Board should receive monthly updates (e.g. Integrated Board Reports) on workforce detailing Board agreed metrics and KPIs.
	In the case of Nursing, Midwifery and care staff and in line with the National Quality Board's Safe Staffing 'How To Guide', the Trust Board should receive monthly reports on safe staffing fill rates and mitigation strategies and should also conduct 6 monthly establishment reviews.
	Trusts should also take account of the new guidance on contact hours published by the Chief Nursing Officer.
4.	Context: Trusts should have a clear approach to improving safety and reducing harm to patients. To support this Trusts are strongly encouraged to take part in the 'sign up to safety' campaign and to work closely with partners in the local health economy to support delivery. Trusts to confirm the following are in place:
	Trusts should have a clear approach to improving safety expressed through their 'sign up to safety' improvement plan or an equivalent.
	Trusts should ensure they are an active participant in their local patient safety improvement collaborative to support alignment and delivery of their plans on safety.
5.	Context: All Trusts should continue to support reductions in Healthcare Associated Infections through a robust strategy for infection prevention and control, in line with the requirements set out in the Health and Social Care Act 2012: Code of Practice on the prevention and control of infections. Trusts to confirm the following are in place:
	Full compliance with the Health and Social Care Act 2012: Code of Practice on the prevention and control of infections.
	The Trust must have a robust Root Cause Analysis and Post Infection Review programme in line with national requirements; SI reporting for outbreaks and deaths associated with HCAIs and formal review of CDI 30 day mortality.
	In line with current Department of Health guidance, the trust has appropriate multi-disciplinary governance and accountability arrangements in place to protect staff and patients from infections linked to water systems, including legionella and P. aeruginosa.

No	Quality Requirement
6.	Context: All Trusts should have a proactive approach to optimising the use of medicines to support high quality care. Trusts to confirm the following are in place
	The Trust has a named Executive Director with Trust-wide responsibility for medicines optimisation and has appointed a medicines safety officer. There is a medicines optimisation strategy to deliver better patient outcomes based on the Royal Pharmaceutical Society "Standards for Hospital Pharmacy" and NICE clinical guideline for medicines optimisation. The Trust has a development plan informed by completion of tools such as the NTDA medicines optimisation framework.
	The Trust can provide evidence that it has an effective antimicrobial stewardship programme that meets the recommendations of the upcoming Department of Health Antimicrobial Resistance and Healthcare Associated Infection guidance (which is due to be released in 2015) and that the trust has a development plan to implement the relevant recommendations of the national 5-year strategy for antimicrobial resistance.
	Supporting Effective Services
7.	Context: To support improved outcomes and quality of life in treatable conditions such as stroke and heart disease, all Trusts should ensure full participation in all national clinical audits for the services that they provide. Trusts to confirm the following are in place:
	The Trust is actively taking part in all relevant clinical audits and outcome review programmes in the HQIP list and also audits specified by NHS England Specialised Commissioning where appropriate. The Trust participates in the national clinical audits within the National Clinical Audits and Patient Outcomes Programme (NCAPOP) relevant to the services provided and makes national clinical audit data available to support national publication of Consultant-level activity and outcome data in accordance with HQIP guidance. The Trust publishes the results and the participation rates, with regular reporting to the Trust's public Board.
	The Trust monitors the mortality rates for all consultants in their Trust practising in those specialties required to publish consultant level activity and outcome data on the MY NHS website, reports the results to the Board and investigates the underlying cause for any outliers as per relevant outlier guidance.
8.	Context: Trusts should evaluate and review services to support improved outcomes, for example with reference to NICE Quality Standards and other national guidance and initiatives. Trusts to confirm the following are in place:
	The Trust has considered all published NICE quality standards, including dementia and diabetes and Clinical Guidelines that are relevant to the services they provide and should self-assess their services against these to support their understanding of areas for improvement. The quality standards can be found at the Quality Standards Library
9.	***Context:*** NHS England has signalled the move towards an NHS staffed with senior decision makers 24/7 in supporting the provision of high quality services. NHS England's 7-Day Services programme is setting out the steps providers need to take towards implementing the 10 clinical standards identified for delivery**. *Trusts to confirm the following are in place:***
	The Trust should discuss with commissioners their ability to respond to NHS England's planning guidance in relation to the 7 day services agenda in 2015/16 and agree affordable plans to make progress on the clinical standards.
	Supporting Caring Services
10.	Context: Trusts should ensure that throughout their entire care pathway every patient experiences connected, high quality care which is consistent with their health and personal care needs. This includes ensuring that providers have assigned a senior clinician who is responsible and accountable for a patient's whole stay, taking into account the Academy of Medical Royal College Guidance. In addition, the Academy has been asked to produce similar guidance in to cover other healthcare settings by the summer 2015 and Trusts should work with commissioners to consider how this could be implemented in the future. Trusts to confirm the following are in place:
	The Trust ensures a responsible consultant/clinician has overall responsibility for the patients' whole stay within the context of continued

No	Quality Requirement
	multidisciplinary team working so that: • Every patient knows their Responsible Consultant/Clinician, with overall responsibility for their care; • Every patient knows who is directly available to provide information about their care – the "Named Nurse". This will include some form of written communication with patients, their families and carers, for example, "the name above the bed" initiative.
11.	Context: It is important for Trusts to have effective systems in place to collect, analyse, use and learn from patient, service user and carer feedback. A report from the National Quality Board 'Improving Experiences of Care' illustrates examples of best practice and details opportunities to share learning. Trusts to confirm the following are in place:
	The Trust has a lead Director for patient experience and a clear strategy governing their approach to listening and responding to patients including: effective ways of gathering real time information, responding to feedback and provision of regular, meaningful reports to the Board.
12.	Context: The Leadership Alliance for the Care of Dying People published One chance to get it right in June 2014. This sets out the approach to caring for dying people that health and care organisations and staff caring for dying people in England should adopt in future. The approach should be applied irrespective of the place in which someone is dying: hospital, hospice, own or other home and during transfers between different settings. Trusts to confirm the following are in place:
	The Trust should be able to demonstrate they are implementing the recommendations in 'One Chance to get it Right' ensuring: • There is an executive Board member responsible for end of life care; • All patients at the end of their life have personalised care plans incorporating the five priorities for care; • The quality of end of life care is monitored using audits and by reviewing complaints from bereaved friends and family.
	Supporting Responsive Services
13.	Context: All Trusts need to ensure they have a robust system for handling and responding effectively to complaints. Trusts to confirm the following are in place:
	The Trusts' complaints handling arrangements comply with legislative requirements and all Trusts should review the effectiveness of their complaints handling arrangements in light of the Public Health Service Ombudsman published vision: My expectations for raising concerns and complaints and take steps to make improvements where necessary, in line with that vision. The vision will be used by the CQC during its inspection programme.
14.	Context: All Trusts need to have in place effective child and adult safeguarding procedures which support inter-agency working. Following publication of the NHS Saville investigation reports in June 2014, Trusts were asked to review their safeguarding arrangements in the light of the findings and recommendations of those reports. Trusts to confirm the following are in place:
	The Trust needs to have systems in place on child and adult safeguarding that adhere to statutory guidance and are in line with the NHS England guidance, Safeguarding Vulnerable People in the Reformed NHS, Accountability and Assurance Framework. The Trust will need to review their systems again once outcomes are available from further NHS Saville investigations, along with key findings from Kate Lampard's lessons learnt report which is due to be published in 2015.
	The Trust is taking into account the recommendations of the Report of the Children and Young People's Outcomes Forum with specific reference to section 3 "Health Outcomes that matter for Children, Young People and their Families".
	The Trust must demonstrate they are compliant with the Transforming Care Concordat, ensuring that they are providing treatment in appropriate settings and reducing avoidable admissions
	The Trust has agreed plans with Commissioners to ensure patients in crisis because of a mental health condition are kept safe and helped to find the support they need, and prevent crises happening whenever possible, in line with the Mental Health Crisis Care Concordat.

No	Quality Requirement
	Supporting a Well-led Organisation on Quality
15.	Context: Good governance is essential to the provision of safe, sustainable and high quality care for patients. All Trusts should regularly assess the robustness of their quality governance processes. Trusts to confirm the following are in place:
	The Trust ensures that their governance arrangements are robust, using the new Well-led Framework which will be published in 2015. Until this time, Trusts should continue to use Monitor's Quality Governance Framework (QGF) and Board Governance Assessment Framework.
16.	Context: There is strong evidence that where staff are well supported and where their well-being is a priority for their organisation, there is a significant and positive impact on outcomes for patients and service users. Trusts to confirm the following are in place:
	The Trust should have a process in place for gathering, analysing, reporting to the Board and acting on staff feedback. This should include the national staff survey but all Trusts should have more frequent local surveys in place covering all staff groups including medical and non-medical trainees. Examples include the cultural barometer approach being tested in some Trusts, listening into action work and tools such as the medical engagement scale, or other tools which are available.
	The Trust is compliant with the organisational and governance requirements of medical revalidation. The Board is assured that doctors' medical appraisals are taking place and they are receiving appropriate training and professional development to enable them to continue to improve the care that they deliver to patients.
	Nurse and midwife revalidation will replace the post-registration education and practice (Prep) standards from 31 December 2015. From January 2016, all nurses and midwives who are due to renew their registration at that point will start using revalidation. Organisations will need to demonstrate they are preparing for that and assessing readiness in the context of the NMC's guidance due to be published in January 2015.
17.	Context: Trusts should ensure they fulfil their obligations in relation to the auditing and publication of Quality Accounts. Trusts to confirm the following are in place:
	The Trust can evidence a process for actively engaging patients and the public in identifying priorities for the Quality Account and that these are published in line with national requirements. The Trust will ensure that the Quality Account is independently audited and that their CCG and Health and Well Being Boards are given the appropriate opportunities to review and comment.
18.	Context: All Trusts need to have robust Information Governance processes that comply with national guidance. Trusts to confirm the following are in place:
	The Trust needs to have a framework in place to ensure a minimum of level 2 compliance across all applicable requirements of the HSCIC Information Governance Toolkit, compliance with the Caldicott 2 review and relevant guidance or codes of practice.
	Led by the Department of Health and the Home Office, the Information Sharing to Tackle Violence Programme encourages sharing information to better target and reduce violence locally. Trusts should work to the published Information Standard for sharing of this data. This is critical for Type 1 settings and optional but recommended for Type 2, 3, and 4 settings.
19.	Context: All Trusts need to ensure they take steps to guard against professional, academic and managerial isolation. One of the clear themes to emerge from NHS Trusts facing difficulties is their professional and managerial isolation. Trusts need to guard against this by ensuring they systematically connect with organisations and networks across the health system. Trusts to confirm the following are in place:
	Every healthy NHS Trust Board should have a planned strategy on engagement that they should risk rate and update on a regular basis. This year we would like NHS Trusts to should develop a broad engagement strategy that should include plans to report on engagement with: • Patients and carers; • Staff; • Stakeholders; and Communities

No	Quality Requirement
	The Trust should be able to demonstrate active participation in: • Local Clinical Networks; • Clinical Senates; • Academic Health Science Networks; • Health and Wellbeing Boards and; • their local patient safety collaborative
20.	Context Learning and sharing experience
	The Trust is strongly encouraged to identify up to 3 areas of the above checklist which they feel they would benefit from support/linking with another Trust in order to help meet the requirement.
	Supporting a Well-led Organisation on Quality
15.	***Context:*** Good governance is essential to the provision of safe, sustainable and high quality care for patients. All Trusts should regularly assess the robustness of their quality governance processes. ***Trusts to confirm the following are in place:***
	The Trust ensures that their governance arrangements are robust, using the new Well-led Framework which will be published in 2015. Until this time, Trusts should continue to use Monitor's Quality Governance Framework (QGF) and Board Governance Assessment Framework.
16.	***Context***: There is strong evidence that where staff are well supported and where their well-being is a priority for their organisation, there is a significant and positive impact on outcomes for patients and service users. ***Trusts to confirm the following are in place:***
	The Trust should have a process in place for gathering, analysing, reporting to the Board and acting on staff feedback. This should include the national staff survey but all Trusts should have more frequent local surveys in place covering all staff groups including medical and non-medical trainees. Examples include the cultural barometer approach being tested in some Trusts, listening into action work and tools such as the medical engagement scale, or other tools which are available.
	The Trust is compliant with the organisational and governance requirements of medical revalidation. The Board is assured that doctors' medical appraisals are taking place and they are receiving appropriate training and professional development to enable them to continue to improve the care that they deliver to patients.
	Nurse and midwife revalidation will replace the post-registration education and practice (Prep) standards from 31 December 2015. From January 2016, all nurses and midwives who are due to renew their registration at that point will start using revalidation. Organisations will need to demonstrate they are preparing for that and assessing readiness in the context of the NMC's guidance due to be published in January 2015.
17.	***Context:*** Trusts should ensure they fulfil their obligations in relation to the auditing and publication of Quality Accounts. ***Trusts to confirm the following are in place:***
	The Trust can evidence a process for actively engaging patients and the public in identifying priorities for the Quality Account and that these are published in line with national requirements. The Trust will ensure that the Quality Account is independently audited and that their CCG and Health and Well Being Boards are given the appropriate opportunities to review and comment.
18.	***Context:*** All Trusts need to have robust Information Governance processes that comply with national guidance. ***Trusts to confirm the following are in place:***
	The Trust needs to have a framework in place to ensure a minimum of level 2 compliance across all applicable requirements of the HSCIC Information Governance Toolkit, compliance with the Caldicott 2 review and relevant guidance or codes of practice.
	Led by the Department of Health and the Home Office, the Information Sharing to Tackle Violence Programme encourages sharing information to better target and reduce violence locally. Trusts should work to the published Information Standard for sharing of this data. This is critical for Type

No	Quality Requirement
	1 settings and optional but recommended for Type 2, 3, and 4 settings.
19.	**Context:** All Trusts need to ensure they take steps to guard against professional, academic and managerial isolation. One of the clear themes to emerge from NHS Trusts facing difficulties is their professional and managerial isolation. Trusts need to guard against this by ensuring they systematically connect with organisations and networks across the health system. **Trusts to confirm the following are in place:**
	Every healthy NHS Trust Board should have a planned strategy on engagement that they should risk rate and update on a regular basis. This year we would like NHS Trusts to should develop a broad engagement strategy that should include plans to report on engagement with: • Patients and carers; • Staff; • Stakeholders; and • Communities
	The Trust should be able to demonstrate active participation in: • Local Clinical Networks; • Clinical Senates; • Academic Health Science Networks; • Health and Wellbeing Boards and; • their local patient safety collaborative
	Performance
1.1	Ensure sustainable monthly delivery of Referral to Treatment 18 week maximum waiting time standards of 90% within 18 weeks for admitted patients;
1.2	Ensure sustainable monthly delivery of Referral to Treatment 18 week maximum waiting time standards of 95% within 18 weeks for non-admitted patients
1.3	Ensure sustainable monthly delivery of Referral to Treatment 18 week maximum waiting time standards of 92% within 18 weeks for incomplete non-emergency pathways (yet to start treatment).
1.4	Zero tolerance of any referral to treatment waits of more than 52 weeks.
1.5	*Q: Has detailed analysis and predictive modelling of elective care been undertaken to ensure delivery of contracted activity?*
1.6	*Q: Do plans comprehensively implement the principles of best practice for elective care as set out in the 'Operational Resilience and Capacity Planning' guidance?*
2.1	Ensure sustainable monthly delivery in waiting times for diagnostic tests and do not exceed more than 1% of patients waiting longer than 6 weeks.
2.2	*Q: Has detailed analysis and predictive modelling been undertaken to ensure delivery of contracted diagnostics activity?*
3.1	At least 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival in accident and emergency.
3.2	Following the decision to admit, all patients should be admitted as speedily as possible and no patient should wait longer than 12 hours following the decision to admit in accident and emergency.
3.3	*Q: Has detailed analysis and predictive modelling of urgent care been undertaken to ensure delivery of contracted activity?*
3.4	*Q: Do plans comprehensively implement the principles of best practice for urgent care as set out in the 'Operational Resilience and Capacity Planning' guidance?*
3.5	*Q: Does the Trust have in place contingency arrangements should increased pressures be experienced?*

No	Quality Requirement
4.1-4.9	Ensure sustainable monthly delivery of the following cancer waiting time standards: • maximum two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%; • maximum two week wait for first outpatient appointments for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%; • maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers – 96%; • maximum 31 day wait for subsequent treatment where that treatment is surgery – 94%; • maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%; • maximum 31 day wait for subsequent treatment where that treatment is a course of radiotherapy – 94%; • maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer -85%; • maximum 62 day wait from referral from an NHS Screening service to first definitive treatment for all cancers – 90%; • maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set.
4.10	*Q: Has detailed analysis and predictive modelling of cancer treatment and care been undertaken to ensure delivery of contracted activity?*
5.1	Ensure monthly sustainable delivery of 75% of Category A emergency responses arrive on scene within 8 minutes (target to be met for both Red 1 and Red 2 calls separately).
5.2	Ensure monthly sustainable delivery of 95% of Category A emergency responses arrive on scene within 19 minutes.
5.3	All handovers between an ambulance and A&E Department take place within 15 minutes and crews are ready to accept new calls within a further 15 minutes.
5.4	*Q: Has detailed analysis and predictive modelling been undertaken to ensure delivery of contracted ambulance activity?*
6.0	The Trust has published a declaration of compliance with mixed sex accommodation requirements and has a zero tolerance approach to breaches.
7.1	All patients who have operations cancelled on or after the day of admission (including day of surgery) for non-clinical reasons are offered another binding date within 28 days, or the patient's treatment is funded at the time and hospital of the patient's choice.
7.2	There is zero tolerance of an urgent operation being cancelled for the second time.
8.1	The Trust is required to have in place an SDIP (Sustainable Delivery Improvement Programme) to ensure sustainable delivery of treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.
8.2	The Trust should ensure sustainable delivery of treatment (a NICE concordant package of care) within 2 weeks of referral for more than 50% of people experiencing a first episode of psychosis.
8.3	95% of patients under adult mental illness specialties on the Care Programme Approach are followed up within 7 days of discharge from psychiatric inpatient care.
8.4	Ensure sustainable delivery of access to psychological therapies programme whereby 15% of those in need can access care and there is a recovery rate of 50% for those in treatment.
8.5	The NHS Trust has in place an SDIP with Commissioners to ensure adequate and effective levels of liaison psychiatry across the acute setting.
9.1	There is a zero tolerance approach to MRSA infections.
9.2	The Trust has plans in place to deliver the agreed CDiff trajectory.
10	The Trust will use the NHS number as the primary identifier in 2015/16 to facilitate national data collection.

No	Quality Requirement
11.	The Trust will ensure that it undertakes the following: • Annual Review of all data quality; • Publication of patient access policy, which has been reviewed in the previous 12 months; and • Three yearly independent review of waiting list management practices.
12	The Trust confirms that they have taken all of the necessary actions required to ensure compliance with the provision of False or Misleading Information Act (2014).
13	The Trust confirms that they have plans in place to support the audit and collation of data in relation to sepsis screening and administration of antibiotics and the setting of relevant thresholds.
14	The Trust confirms that they are working with Commissioners to agree thresholds for the diagnosis of Acute Kidney Injury and inclusion of required information in discharge summaries.
15	The Trust confirms that they have processes in place to validate their antibiotic prescribing data in line with the Public Health England validation protocol.
16	The Trust has in place an SDIP with Commissioners to provide reporting on seven day services based on the NHSIQ Seven Day Service Self-Assessment tool.
17	The Trust confirms that they are working with Commissioners to ensure that plans are in place to ensure sufficient capacity for endoscopy (and related imaging) needed to meet the growth in demand and ensure the impact of Bowel Scope Screening does not adversely impact on symptomatic services.
Performance	
18	The Trust confirms that they are working with Commissioners to develop roadmaps for the introduction of interoperable digital records and services.
19	The Trust confirms that they are working with Commissioners to move to electronic channels for key transfers of care, procuring/developing systems with Open APIs as per the NHS England Open API policy, in particular to the use of electronic discharge summaries by October 2015.
20	The Trust confirms that plans are in place to ensure that all relevant Services and appointment slots are published on the NHS e-referral system.
21	The Trust confirms that they have plans in place to ensure the use of the Summary Care Record in the appropriate care settings.
22	The NHS Trust is tracking its progress on implementing, where relevant, the new high impact innovations published as part of the Innovation Health and Wealth programme in order to secure the benefits for local patients and services.
23	Procurement has a key role to play in protecting front-line care and in ensuring the NHS can live within its 2015/16 budget allocation. The Trust is working to implement the recommendations of the Better Procurement, Better Value, Better Care programme and has a Board approved plan for the implementation of GS1 coding, in line with the NHS Standard Contract 2015/16.