

Operational Plan Document for 2014-16

Salisbury NHS Foundation Trust

Operational Plan for y/e 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

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Date	3 rd April 2014

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (<i>Chair</i>)	Nick Marsden
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Signature



Approved on behalf of the Board of Directors by:

Name (<i>Chief Executive</i>)	Peter Hill
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Signature



Approved on behalf of the Board of Directors by:

Name (<i>Finance Director</i>)	Malcolm Cassells
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Signature



1. Executive Summary

This Operational Plan describes Salisbury NHS Foundation Trust's (SFT) strategic direction over the next two years, in what will be an increasingly challenging environment and how it will seek to deliver its vision of providing an 'outstanding experience for every patient'. The essence of the plan will be how to continue to improve on the quality of care provided and to develop services which patients want to choose, GPs wish to refer to and which commissioners will purchase against a backdrop of increasing financial challenge. With savings targets of in the region of £9m and £8m over the next two years, after a number of years of similar levels of saving, the challenge grows. The Trust has introduced a series of transformational projects aimed at radically changing the way some of our services are provided to ensure savings targets are achieved whilst maintaining or improving on patients' overall experience.

Sustainability of our Services

We have been specifically asked by our Regulator to comment on the sustainability of our services over the period of this Operational Plan. We can see none of these at the current time that are at risk on the basis of the current standards required of us. In the medium term there are some positive prospects with the growing local military population and their dependents. The next two years will see growing partnership working to ensure high quality care can be provided for the local population – we will work with other providers of both acute and community based services and with our commissioners to deliver care in the right place at the right quality for local people.

However, there are two areas which give us cause for growing concerns – the continuing reduction in the tariff at a time of increasing demand and the prospect of ever more exacting standards required of specialist services in terms of inputs. SFT has demonstrated our cost effectiveness through its highly competitive reference costs – but these offer less scope in the face of constant reductions in the tariff and challenges the Trust's ability to maintain provision at the required quality. A number of specialist services, especially in the cancer arena, have been lost from the Trust, despite excellent outcomes, due to centrally led reconfigurations – this has a growing impact on both the Trust's future development of specialist services which are a key part of our strategic direction and also have an adverse impact on our local district general hospital (DGH) specialties.

Statement of intent

Salisbury NHS Foundation Trust's (SFT) vision is to provide "an outstanding experience to every patient" and is underpinned by an unwavering commitment to delivering a high quality of care for all patients who use our services. In seeking to deliver on this vision SFT's intent is:

- To strengthen our reputation as a hospital of excellence and be the local provider of choice by virtue of the high quality services we deliver to our patients, our referrers and our commissioners
- To extend beyond the confines of the hospital and work more closely in partnership with health and social care providers in the communities we all serve
- At the same time to reach far beyond our local catchment area through the high quality specialist regional services offered across southern England
- To expand the Trust's core catchment area and broaden the range of services we provide
- To continue to take action consistent with our commitment to make SFT a place to work where individuals are developed to achieve outstanding results and where exceptional teamwork delivers first rate outcomes for our patients – in some areas this will require us to work collaboratively with other organisations
- To invest in the adoption of high quality design to make substantial improvements to ward areas, especially for the elderly and for users of our maternity services
- But above all to provide care which keeps our patients safe and cared for with dignity and compassion when they come to Salisbury District Hospital.

2. Strategic Context & Direction

2.1. Introduction

Salisbury NHS Foundation Trust (SFT) is a well-established acute Trust with a track record of high performance. It provides a broad portfolio of acute district general hospital (DGH) services for the local population alongside a portfolio of highly regarded specialist services, such as burns and plastic surgery, the Duke of Cornwall Spinal Injuries Unit and the Wessex Genetics Laboratory, to a wider catchment. This portfolio distinguishes SFT from many DGH's. At one level SFT is a unique local acute hospital service embedded in the local community, whilst on the other its specialist services enjoy a national reputation and reach which extends across much of southern England. The two elements are interdependent – with neither able to prosper without the contribution of the other.

SFT has a deserved reputation for the excellent patient experience it offers and the Trust has chosen to build its strategy around that priority as described below.

2.2. Catchment Population



The Trust has a core catchment population of around 250,000 people to whom District General Hospital services are provided. Our specialist services are crucially important to the Trust as a provider of regional and supra regional services which extend to a population of approximately 11 million people.

2.3. SFT Strategic Plan

During 2014/16, the Trust's work will be guided by its existing long term strategy which was approved by the Board in March 2013. Following the issue of Monitor guidance we will be reviewing this strategy by the end of June 2014.

Trust Vision

Salisbury NHS Foundation Trust's vision is to offer:

An outstanding experience for every patient

The four key elements of the Trust's strategy are:

Choice	We will provide a comprehensive range of high quality local services, enhanced by developing our specialist services portfolio, which patients and GP's choose to access for their responsiveness, effectiveness and reputation
Partnership	We will work closely with our partners to provide safe and well-coordinated care in the most appropriate location for our patients' needs
Our Staff	We will continue to develop a high quality, compassionate and innovative workforce proud to work at SFT
Value	We will provide efficient and effective services which deliver the best possible care for patients

These elements are used as a framework around which Directorates have developed plans for future direction of services and their improvement, including our approach to clinical reviews for key service lines.

2.4. Clinical Service Reviews

An important element of the development of the Trust strategy and, in order to ensure the resilience and ability to deliver high quality care over the medium to longer term, all services within SFT will undertake a substantive review looking at the following areas:

- Projected demand, including demography, changes to models of care and the capacity required to meet that demand
- Robust assessment of the current service – Strengths Weaknesses Opportunities Threats (SWOT) and Political Economic Social Technological (PEST) analyses
- Links with other services provided at SFT
- Workforce requirements – current and future (including learning and development)
- Financial analysis

These reviews will be clinically and operationally led to ensure that all facets of the services continued progression and the challenges faced by the local health economy (LHE) are considered.

Following on from the reviews already carried out (child health, urology, elderly care, sexual health, etc) during 2014/15 the following services will be reviewed:

- Emergency Department
- Regional Genetics service with Southampton Hospital and University
- Plastic surgery including contribution to the Wessex Trauma Network
- Therapy
- Nursing staffing levels in light of NICE review
- Spinal services
- Obstetrics
- Dermatology

At the end of each review the department will produce a report which describes a vision for how the service will develop over the next five years. This report will be reviewed and endorsed by the DMT prior to submitting the final recommendations to the Board. As part of this process the clinical service reviews will inform the formation of the Trust strategy of providing a comprehensive range of high quality services.

has set standards which can be challenging for hospitals which are not large teaching organisations. SFT will need to work with commissioners to ensure that the outcomes of these specifications are well understood and to ensure that commissioning decisions are clearly taken on the basis of evidence based outcome measures. SFT is confident in its ability to provide high quality specialist services which can demonstrate that they deliver exceptional outcomes for patients.

The Trust's specialist services are fundamental to our ability to provide the resilience to maintain the full range of services at SFT whilst providing ground-breaking care in their own right. We will develop our specialist services further, informed by leading edge research, to ensure that they retain a national, if not international, reputation. There will be a particular emphasis on the provision of our specialist services in light of the crucial contribution they make to the ongoing success of this organisation, especially in terms of the support they provide to local DGH services. There are many examples of this – the links between the spinal unit and urology department which has resulted in the development of a specialist urological service to manage the needs of spinally injured patients, how plastic surgeons work jointly with general surgeons to undertake reconstructive surgery, the links between our pain services and the Wessex Rehabilitation unit and the contribution specialist surgical services make to a wide range of DGH services. As a result it should be recognised that loss of specialist services from a hospital such as SFT would present a significant risk to its future sustainability as well as requiring patients to bypass SFT to attend other hospitals who cannot demonstrate superior outcomes.

4. Quality Plans

The Trust's vision as set out in its long term strategy is to provide "An outstanding experience for every patient" reflecting our constant commitment to quality of care ensuring that patient safety is maintained and effective care is provided.

4.1. Quality Priorities 2014-16

The Trust continues to consult widely when deciding the priorities for the quality account. In addition to agreement from staff, patient groups (such as Age UK) and Foundation Trust Governors, the quality priorities take into account requirements of The Mandate (2014/15), NHS Outcomes Framework and local commissioning intentions.

The quality priorities for 2014/15 are:

1. Reduce the numbers of people dying from preventable conditions
2. Ensure all patients receive high quality care, including those with long term conditions
3. Continue to help patients recover from illness or injury
4. Ensure every patient has individualised, co-ordinated care
5. Continue to keep patients safe from avoidable harm

See Appendix 1 for more detail on key elements of the quality plan

4.2. Existing Quality Concerns

The latest CQC review (published November 2013) found the Trust to be compliant in relation to all key standards:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Standards of staffing

- Management

The CQC intelligent monitoring report (published October 2013) had SFT placed in the lowest risk category on the basis of 84 nationally defined indicators. One area of quality concerns that remains for the Trust relates to the overall HSMR. The Trust Medical Director has taken the lead in developing an action plan to improve this which was agreed by the Board in November and which is also regularly reviewed at Clinical Governance Committee meetings. Early signs are promising that this work is proving successful.

4.3. An overview of how the Board derives assurance on the quality of its services and safeguards patient safety.

The Assurance Framework is the main tool which provides the Trust Board with a vehicle for satisfying itself that its responsibilities are being discharged effectively. It identifies through assurance where aspects of service delivery are being met to satisfy internal and external requirements. In turn it will inform the Board where the delivery of principal objectives are at risk due to a gap in control and/or assurance, allowing the organisation to respond rapidly.

The whole Assurance Framework is reviewed bi-annually by the Trust Board. The Framework identifies the principal risks facing the Trust and informs the Trust Board how each of these risks is being managed and monitored effectively. Each principal risk has an identified local risk manager who is responsible for managing and reporting on the overall risk. An assurance committee is also identified to assure the Trust Board that each principal risk is being monitored, gaps in controls identified and processes put into place to minimise the risk to the organisation. The Assurance Framework has identified strategic risks around the following areas:

- Improving safety
- Service improvement
- Patient and public involvement
- Customer care
- Staff wellbeing
- Finance

The designated assurance committees of the Trust Board are the Clinical Governance Committee (clinical risk), the Workforce Committee (including health and safety), Joint Board of Directors (organisational risk) and the Finance Committee (Financial Risk). The Audit Committee monitors the Assurance Framework process overall on a biannual basis. It is the responsibility of the assurance committees to report to the Trust Board on a quarterly basis any new risks identified, gaps in assurance/control, as well as positive assurance on an exception basis. If a significant risk to the Trust's service delivery or gap in assurance/control is identified, then this is reported immediately via the Executive.

Each Department carries out risk assessments which inform the Assurance Framework. Each Directorate maintains a comprehensive risk register, which is formally reviewed at three monthly intervals through the directorate meetings with the Executive Team. These meetings will also identify those departmental risks which pose a corporate threat and so require inclusion on the Trust Risk Register.

5. Operational Plans 2014-16

5.1. Choice

We will provide a comprehensive range of high quality local services, enhanced by developing our specialist services portfolio, which patients and GP's choose to access for their responsiveness, effectiveness and reputation

We would wish that our patients choose to come to SFT and GPs refer to SFT because they know that the quality of care will be excellent and that they will be treated with kindness and compassion by all staff. This is equally important for our local residents and for patients coming to be treated at one of our specialist departments. SFT has to compete with local providers and ensure that it can demonstrate that the quality of care delivered is unrivalled. We will do this in a number of ways:

Patient Safety and Experience – The Trust's focus on providing an outstanding experience to every patient provides a constant awareness of the need to deliver high quality care. This is an essential factor when patients and referrers from the periphery of the catchment area consider choice of secondary care provider

Reduce waiting times – The waiting time for an initial appointment is an important factor influencing patient and GP decision making when a referral to secondary care is required. The Trust is committed to managing waiting times so that they are competitive within the local marketplace. We will benchmark our services, particularly in relation to first outpatient waits (eg by reducing the number of follow up appointments undertaken) and will seek to ensure that our waiting times are competitive. We will also publicise our waiting times more effectively to demonstrate the absolute referral to treatment time and how that compares to other local organisations. The Trust is beginning to experience increases in demand for diagnostic services, especially endoscopy and ultrasound, and is drawing up plans to meet what appears to be a substantial shift in demand.

Local services – The Trust will continue to hold clinics in peripheral locations to provide care closer to home for people who live on the periphery of our catchment area. We will focus on areas such as Ringwood, Warminster & Westbury and Devizes in line with commissioners 5-year plan to develop services around 20,000 and 40,000 population groups.

Specialist Services – Under current commissioning arrangements, SFT's second largest contract is with specialist commissioners. This presents the Trust with both an opportunity and a threat as the risk of greater centralization appears to be growing. In response SFT will:

- Promote the case for those services where there is clear and credible evidence that the Salisbury service is delivering a higher quality care with excellent outcomes.
- Work in partnership with other providers where this will bring demonstrable improvements to the services offered to patients. For example SFT will be working with University Hospital Southampton (UHS) and University of Southampton (US) to produce plans to build on our joint genetics services.
- Develop a clear and credible plan to make substantial improvements to the services offered by the Duke of Cornwall Spinal Unit over the next two years.
- Expand the Trust's rehabilitation services to respond to areas of growing demand (eg trauma patients from UHS, chronic pain, whiplash).

Physical Environment - Over the next two years the Trust will further improve the quality of the environment from which services are provided. We will build on the success of the newly refurbished ward with a focus of the needs of elderly patients generally and those with cognitive impairment specifically and will extend the principles of high quality design to more of our wards, starting with Pitton (autumn '14). We will bring forward plans to improve the ward environment in maternity and to develop plans for the expansion in the number of births predicted from 2015 onwards.

Expanding services we provide – Wherever possible we will look to expand the range and spread of services we provide in collaboration with our commissioners. We are encouraged that West Hampshire

CCG are planning that more referrals will come to SFT. In addition the Trust will take opportunities to tender for services as we have done successfully in the past. Early in 2014/15 we will be tendering for the provision of pathology services to Dorchester.

5.2. Partnership

We will work closely with our partners to provide safe and well-coordinated care in the most appropriate location for our patients' needs

Network Arrangements

We will contribute to our existing clinical networks which are essential to the ongoing development of our services. In addition there are a number of services over the next two years where developing partnerships will play a crucial role:

Pathology – we will work with RUH Bath to develop a closer network for pathology services to share opportunities for cost sharing and cost reduction. At the same time the Trust will be tendering to provide pathology services at Dorchester Hospital.

Genetics – we will build on existing network arrangements with University Hospital Southampton (UHS) and the University of Southampton to put forward a proposal to develop as a biomedical diagnostic hub in line with the national specification expected during the first half of 2014.

Trauma – though closer working with UHS we will enhance the plastic surgery service we provide to the Wessex Trauma Centre and will seek to develop rehabilitation services offered at the Wessex Rehabilitation Centre for patients who are recovering from injury and suffering from acute and chronic conditions.

Emergency Flow

Internally, a programme has been formulated to improve the patient journey for emergency admissions with the expected benefits of decreasing patient length of stay, increasing capacity within the hospital and providing an overall better patient experience. SFT will work with partners in primary and community care to improve the management of patients requiring urgent, unplanned care through the following initiatives:

Preventing Admissions

We will seek to develop alternative pathways which mean a hospital admission is not required. This will include the provision of services in the community with immediate input which prevents escalation to secondary care. The Trust will develop more rapid access clinics so that patients can be seen and managed on an outpatient basis. A greater percentage of patients will be seen, assessed and managed on the Medical Admissions Unit without requiring admission to other parts of the hospital. A community geriatrician service to North Dorset and West Hampshire will work with GPs and community services to manage a greater proportion of elderly patients outside of the hospital.

Reducing internal delays

For those patients requiring admission to an acute setting, we will ensure that they are discharged back to the community or to a more appropriate provider as soon as their acute care needs have been met. With that aim in mind over the next two years we will be improving the management of patients through the hospital to reduce any internally generated delays.

Improving Discharge

Improve processes to ensure that there is a constant focus on preparing patients for a safe discharge. This will include creating or enhancing teams in the community who will be able to support patients following discharge, and the introduction of a further surgical liaison post to improve the management of elderly surgical patients.

Working with Commissioners

The Trust is working proactively with local CCG's on their key initiatives, particularly in relation to the QIPP (Quality Innovation Prevention and Productivity) and CQUIN (Commissioning for Quality Initiative), a number of which have a clear focus on reducing the number of non-elective admissions coming to secondary care. Supporting this aim, SFT is a core member of local Urgent Care Boards which seek to improve the patient experience and quality of care offered to patients requiring urgent and emergency care.

Better Care Fund

Working through the Health and Wellbeing Board, the Better Care Fund has been created to promote more integrated working between health and social care providers and offers a significant opportunity to create genuinely person centred co-ordinated care. The Trust will work closely with local partners to make this a reality starting in 2015/16 and deliver the expected outcomes:

- Improved patient and service user experience
- Lower levels of delayed transfers of care
- Reduced numbers of emergency admissions
- Improved processes by which patients are admitted to residential and nursing homes
- Provision of services to help patients to maintain their independence

Emergency Planning

The Trust has an identified Accountable Emergency Officer who is responsible for Emergency Preparedness, Resilience and Response (EPRR) together with an Emergency Planning Lead who contributes to area planning for EPRR through our Local Health Resilience Partnership (LHRP).

The Trust is designated as a category one facility and as a category one responder, the Trust is subject to the full set of civil protection duties set out by the Cabinet Office:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Identify emergency plans
- Identify Business Continuity Management arrangements
- Confirm arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

The Emergency Planning Lead in conjunction with the LHRP has a coordinated work plan and training matrix. To date the LHRP have written and approved through the LHRP Executive a Community Response Plan and Pandemic Flu Plan. The Trust emergency response and resilience plans are reviewed to reflect the Strategic approach of the LHRP and the NHS Core Standards for EPRR. The Pandemic Flu Plan is reviewed and approved by the Clinical Management Board and Joint Board of Directors. The Trust is currently reviewing the Major Incident Plan action cards and Business Continuity Plans. The Trust participates in monthly testing of cascade of information from the Community Response Plan.

Energy Efficiency

SFT will continue to focus on reducing the amount it spends on energy given increasing costs and in order to reduce its impact on the environment. A number of infrastructure developments (eg new chillers, solar panels) will begin to have an impact during 2014/15 and we will be initiating an energy awareness campaign amongst staff with a combination of internal advocates and external expertise.

5.3. Staff

We will continue to develop a high quality, compassionate and innovative workforce proud to work at SFT

Our aim is to make SFT a place to work where staff feel valued to develop as individuals and as teams.

Values and Behaviours

In 2014 the Trust will launch a new set of Values and Behaviours which have been developed by staff. A programme of activities is being drafted which will promote the development of a culture that embeds the values and behaviours into the day to day workings of the Trust, for example via the appraisal process. The aim will be to develop a consistent culture which generates an environment in which all can prosper and flourish.

A High Quality Medical Workforce

A major focus of the next two years will be to ensure a medical workforce that is shaped to meet the service requirements of the Trust with the following elements to the fore:

- Refining job planning process
- Reviewing discretionary spend, agency spend and pay flexibilities
- Revising the model of clinical leadership
- Developing more robust workforce planning

7 Day Working

We will assess our services against the 10 national standards for 7 day work and determine where gaps exist and formulate plans to address any areas of major concern. The Trust would contend that it has a solid foundation for many of its services from which to extend to 7 day working.

Appraisal

We will embed a new performance appraisal process to assist with ensuring that 90% (with 100% as a stretch target) of staff have a good appraisal with a personal development plan in place aligned to the Trust's key objectives and enable all staff to feel valued and motivated.

Leaders of the Future

To promote the development of high quality management we will:

- Support succession planning and a talent pipeline to enable all staff to develop their careers and fulfil their potential
- Ensure the roles and responsibilities of leaders and managers at all levels in the Trust are clear, understood and regularly reviewed. The Trust has a Talent Management plan to support existing and potential leaders either through external or internal opportunities
- We will have a supply of people with the right skills, behaviours and training aligned to our services and use learning and development that supports workforce redesign.

Staff Health and Wellbeing

Existing health and wellbeing initiatives will continue and be built upon to provide a framework to take a proactive approach to enhancing the health and wellbeing of our staff which will encourage them to become good advocates. Supporting this aim, the Trust will continue to investigate ways to sustain the Trust's current sickness absence rate of 3%.

Staff Surveys and Staff Engagement

The Trust is proud of its excellent results in the national staff survey but acknowledges there are some areas requiring further work. In particular the Trust will continue to develop initiatives to reduce the

possibility of violence against staff, reduce the level of work related stress experienced by staff and improve the rates of witnessing and recording incidents or near misses. Whilst already having a high rate of staff engagement we will use additional mechanisms to listen to staff to understand and improve staff views on these important topics. Implementing the Staff Friends and Families Test will contribute to that engagement.

Recruitment

Robust recruitment and selection processes have been modified to incorporate the additional functionality of NHS Jobs 2, and implementation of values based recruitment. The use of social media as a recruitment tool is also being explored.

5.4. Value - Productivity, efficiency and CIP's

We will provide efficient and effective services which deliver the best possible care for patients

The Trust has an excellent history of achieving financial balance, but it is becoming increasingly difficult to identify and implement recurrent efficiency savings ideas. In addition to the in year directorate cost implementation plans the Programme Management Office (PMO) have formulated a 3 year transformation plan to address the challenge. To date there are 11 schemes within the plan of which 7 are live. Scoping of the remaining four is ongoing and may continue into quarter 1 of 14/15. See appendix 2 for more details

An important aspect of the Trust's efficiency plans will be to ensure consistency with the local commissioners' QIPP plans and we will work collaboratively to ensure that the delivery of more effective care across acute and primary care is achieved. In 2013/14 a number of jointly commissioned and developed schemes provided an effective way, for example, to manage winter pressures and we will continue to undertake such initiatives over the course of the next two years with local commissioners.

This programme is designed to deliver sustainable large scale change that crosses directorates and focuses on the future viability of services by standardisation, centralisation and working differently. The plan encompasses learning from best practice internally and looking externally for new innovative ways of working.

The programme will encompass the use of technology as a solution to improve quality and reduce cost and will also be informed and progressed with internal & external guidance. All schemes are subject to a Quality Impact Assessment (QIA) that must be signed off prior to implementation, and monitoring is via the Programme Steering Group or through the Joint Board of Directors. All major schemes have a clinical lead.

There are schemes aimed at improving efficiency and productivity in areas such as Outpatients, Patient Flow, and Theatres. These schemes or programmes identified encompass a number of projects beneath each of them. **Patient flow** for example is broken down into four workstreams that focus on admission avoidance and ambulatory care, reducing length of stay (internal processes) and reducing delayed transfers of care. The result is to deliver a sustainable reduction in the number of beds needed.

The **Outpatient productivity** programme that commenced in 2013 with the intention of centralisation of outpatient reception areas, notes preparation and follow-up bookings and focuses on standardisation of outpatient clinics and processes across all specialities. The programme aims to eliminate inefficiencies and waste to reduce the number of clinics required to undertake the same level of activity. The savings will be released by a reduction in consultant sessions and support staff costs.

The **Theatre Productivity** scheme focuses on the elimination of waste and standardisation of practice to release capacity to close a theatre. This programme works across both main theatres and the Day Surgery Unit.

The Transformation plan also has four workforce schemes focused on reducing the spend on pay linked to workforce and discretionary spend across all staff groups (medical, nursing, AHP and non clinical).

The **Medical workforce** scheme focuses on four elements: job planning, discretionary spend (agency, bank, additional duty payments), clinical leadership and medical workforce planning. As with the rest of the NHS the Trust faces reductions in junior doctors in the coming years. This work stream is concerned with how best to address gaps resulting from changes to training, identifying opportunities for new role development and for extended scope of practice roles. It will also examine options for increasing 7 day working in line with national guidance.

The **Nursing workforce** scheme is a complex project to improve rota processes and recruitment to reduce the reliance on agency and bank staff, giving greater consistency of care and reducing overspend against budgets by bring actual staffing in line with requirements and predictions.

The **Allied Health Professionals (AHP) workforce** scheme has commenced with a review is of therapy services across the Trust with the aim of producing a therapy strategy and workforce model for the next five years.

The **Non clinical workforce scheme** is intended to focus on a non clinical strategy and workforce model for the next five years. The aim of this review will be to identify and replicate best practice and to standardise and centralise aspects of the non clinical workforce.

The Trust's **Non Pay and Drugs** spend is around £61m. It is essential that we improve our procurement processes and improve efficiencies in procurement practices and usage. This workstream is targeting delivery of 5% savings against non pay spend.

It is anticipated that the Trust will continue to collaborate further with other organisations to ensure efficiencies of scale and scope are realised. For example the **Diagnostics** scheme that comprises of 10 initial projects is focusing on partnerships with other NHS pathology services. The overall aim of this programme is to look at all diagnostic services redesign, service expansion and income generation opportunities.

Salisbury is an innovative Trust and will continue to drive innovation and entrepreneurship to secure additional income through this programme, much as it has done in recent years with sunflower cream products, the laundry and the use of 3D clinical modelling.

The traditional CIPs (Cost Improvement Plans) across all directorate aim to drive efficiencies incrementally at service level. The difference between the traditional CIP and the transformation schemes is two fold. Firstly the traditional CIPs are directorate and service lead that aim to drive efficiency through continual service improvement and efficiency opportunities. These are smaller projects that are unlikely to impact wider than the service leading them, whereas the transformation schemes require cross directorate working and will impact on many services and specialities. The second difference is that the efficiencies will be realised sooner for the service-led CIPs. Although there are some quick wins within the transformational programme, the majority of change will take time to implement and to hand back over to business as usual.

Systems Development

An important focus over the next two years will be to improve the way SFT manages processes and data to improve operational efficiency, improved access to patient level information for clinicians and significantly

improved access to data across the organisation. In the summer of 2014 we will begin to rollout the next version of our clinician's portal, providing access to systems including ability to move easily between systems to see the whole patient pathway. The Trust is developing its own patient observation and escalation system which will improve visibility of 'at risk' patients and a view of patients across wards and the whole hospital. This will be enhanced by an electronic whiteboard system which will be commissioned within the local health economy.

During spring 2014 the Trust will purchase an information system to make data more readily available about core performance and activity and finance across the directorates and improve availability of data to clinicians.

A series of projects are underway to look at how the Trust can reduce its reliance on paper and increasingly use electronic trails to transmit information within the organisation and outside the organisation, especially to GPs and to patients.

6. Operational Requirements and Capacity

6.1. Activity Inputs Required

Activity levels are based on 2013/14 outturn supplemented by agreed demographic growth but offset by QIPP reductions. Growth in the local military population has been assumed in 2014/15; however the really significant growth is not expected until the 2016/17 financial year. We are paying close attention to these changes so that any necessary changes in capacity can be addressed in good time. The intention of the Trust is also to be active in any future tender opportunities although no assumptions have been made about the success of these.

We have projected forward a full five years, but further analysis will be undertaken within the strategic review to look more critically at the numbers relating to the later years, especially in relation to the expected changes to the local population.

Outpatient Activity Projections

Activity Type	Base Year	2014-15	2015-16
New Outpatients	67,430	67,947	68,404
Follow up Outpatients	125,297	120,779	116,140
Outpatient Procedures	40,960	41,304	41,669
ED Attendances	43,098	43,471	43,844

Inpatient Activity Projections

Activity Type	Base Year	2014-15	2015-16
Daycases	21,330	20,087	20,268
Elective Inpatients	6,211	6,252	6,297
Total Electives	27,541	26,339	26,565
Regular Day Attenders	6,424	6,465	6,506
Emergency	18,560	18,746	18,900
Other Emergency	6,148	6,066	6,104
Total Emergency	24,708	24,812	25,004
Projected Beds	422*	410	399

* this figure is for general and acute beds and does not include escalation beds

Overall Staffing Numbers

The numbers of staff required to deliver this level of activity is estimated as follows:

	March 2015	March 2016
Total worked wte	2,833	2,771
Net reduction	(23)	(62)

An underlying reduction in headcount through QIPP and CIP plans as shown in the table above is expected, but this may be offset by the Trust successfully winning additional service contracts. An increase in workforce productivity is our overall target as described in the transformation schemes below. It should be stressed that the reductions in workforce overall is within the context of the Trust increasing the numbers of nursing and midwifery staff within its establishment.

6.2. Key Risks

The numbers agreed with the main CCG's reflect expected activity levels, but as in previous years there are risks that the numbers may vary substantially from the projections. The experience in recent years has been that activity (especially emergency) has tended to exceed projected levels. The Trust has the following means by which it can mitigate higher levels of demand:

- The above projection for bed capacity proposes a reduction in the overall numbers of beds (acute medical) – these will not be taken out of use until such time that it is clear that demand management and improved patient flow patient management is shown to be delivering sustained reductions in activity levels.
- The Trust has two wards which are considered to be escalation facilities which will be used in the event of additional demand. One of the wards is used for decant purposes which is an essential requirement given the Trust's capital plans. We will ensure that this facility is available from before Christmas '14 to ensure it is available as an escalation ward should that be required.
- SFT is currently recruiting some nursing staff from overseas to ensure it has sufficient substantive nursing staff, however there is a risk that should additional capacity be required that this will increase agency spend. However, for reasons of quality, the Trust will use agency staff sparingly across the organisation rather than having them concentrated in one area.
- The Trust reviews its winter plans every year in the light of the previous winter to learn any lessons – this is undertaken with other urgent care providers and commissioners to ensure whole economy learning.
- If demand for the Trust's services fall, we will look to reduce capacity, and therefore expenditure, again only once it is clear that this change is sustained.

6.3. Downside Risks – Sensitivity Analysis

The Trust has included for two potential downside risks, with a potential adverse impact of £1.5m in 2014/15, in developing this plan:

- **Commissioning intentions** - local CCGs have formalised their intention to introduce initiatives which will reduce demand within secondary care. SFT acknowledges that when the objectives of demand reduction initiatives are delivered, income will be lost. A risk to the Trust is that there will be a time lag between reductions in activity (and therefore income) and the ability of the Trust to remove certain fixed costs. This presents the Trust with the short term risk of costs being incurred

which are not supported by associated income. An allowance for £1,050k for this risk has been identified for '14/15.

- **Specialist commissioning** - the impact of some services being transferred to specialist commissioners is yet to be fully understood. As a medium sized DGH, a number of interdependencies exist between the newly designated "specialist" and traditional District General Hospital services. This can impact on call rotas (for example in general surgery), and support services such as radiology. An allowance for £450k for this risk has been identified for '14/15.

7. Financial Investment & Strategy

The Trust regularly reviews the economy, efficiency, and effectiveness of the use of resources through: benchmarking, reference costs, regular meetings between the Directorates and Executive Directors, and assessing performance against plans. Investments are determined against detailed business plans and outcomes are reviewed against those plans. The Trust Board, through its Finance Committee, reviews performance against savings plans and the delivery of efficient services within budget each month.

A Programme Steering Group (PSG) supported by a Programme Management Office (PMO) was established in 2012 to drive forward savings across the Trust in addition to assisting service transformation. Membership of the PSG comprises the Executive Directors, Directorate Managers and other senior staff within the organisation. The Medical Director and the Director of Nursing ensure that the quality impact of planned cost savings is fully considered. PSG has assisted in achieving the savings target for 2013/14, has reviewed the emerging plans for 2014/15 and will continue to review those and other future plans in the light of performance in year.

The Trust has been successful in achieving cost savings through various service improvement projects, which assists the Trust to continue to deliver efficiency and effectiveness whilst enhancing the patient experience. Procurement of goods and services is undertaken through professional procurement staff and through working with neighbouring organisations within a procurement confederation. The cost of goods is regularly benchmarked and as a result the Trust has continued to deliver significant cost savings as a result of excellent procurement.

The start point of the plan is 2013/14 outturn actual expenditure as income has been commissioned in all cases based on last year's outturn.

7.1. Key financial priorities and investments and link to the Trust's overall strategy

Key financial strategy elements for the two years ahead are:

- As a minimum to achieve a surplus
- Continuity of Services Risk Rating (CoSRR) of 4
- Maintain sound liquidity (30 days payments)
- Working capital to remain positive
- Capital expenditure in line with depreciation
- New borrowing limited to invest to save schemes
- Remain in the upper quartile for efficiency of acute Trusts
- Optimise commercial opportunities to support savings plans

7.2. Key risks to achieving the financial strategy and mitigations

The main risks to delivery of the financial strategy can be divided into internal and external risks.

Internal risks include the non-delivery of CIP's given the continuing high levels of savings demanded not only by the Trust but the NHS as a whole but also because SFT is a relatively efficient Trust based on Reference Costs and this makes targeting savings even more difficult. However the new PMO will assist in ensuring that the focus on delivery of CIPs is owned across the Trust and the solutions can be based on improvements to the methods of service delivery which can be more readily owned by operational and clinical departments.

Externally should there be disagreements between commissioners following the significant changes to commissioner responsibilities this year the Trust may find it difficult to recover all the money owed to it for activity delivered. In order to mitigate this, the Trust has reached agreement with its main commissioner and the specialist team that in the event of a disagreement between them that we will continue to bill and be paid the contracted amounts at least in the short term.

It should be stressed that no forecast has been made within these figures as to the impact of the Better Care Fund on the Trust's likely income or on the demand for its services.

Of particular concern is the impact of specialist commissioning and the national specifications of service which may cause significant difficulties locally. This area of work is also our second largest commissioned activity and therefore very important in the recovery of overheads.

In the event that activity reduces based on 2012/13 the Trust will need to reduce its costs accordingly but the Trust considers that it has allowed sufficient contingency to deal with this in the short term.

7.3. Capital Investment

The Trust aims to balance the need to maintain and where possible improve the state of its building stock whilst improving medical equipment and investing in improved IT systems.

In respect of buildings improvements the Trust is investing in Phase 3 of its programme which focuses on the expanding the intensive care unit (ICU), refurbishing another elderly care ward and improvements to the maternity department to prepare for the growth in the local population. In addition the Trust invests significantly in on-going maintenance in order to ensure that backlog infrastructure improvements are undertaken in a planned way.

Investment in equipment relates predominately to medical equipment.

IT includes the maintenance and development of core systems including finance. Included within the programme are schemes related to DH Safer Wards funding, including Open Eyes and Electronic Patient Observations and Clinical Decision Support.

Programmes for 2014/15 and 2015/16 are as follows

	2014/15	2015/16
	£000	£000
New Build	4,036	2,250
Maintenance	3,867	3,463
Equipment	2,547	2,300
Information Technology	2,375	2,550
Gross	12,825	10,563
Less Grants and Donations	1,400	600
Net Total	11,425	9,963