



Strategic Plan Document for 2014-19

Salisbury NHS Foundation Trust



A. Strategic Plan for y/e 31 March 2015 to 2019

The attached Strategic Plan is intended to reflect the Trust's business plan over the next five 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 Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	Nick Marsden
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Peter Hill
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Malcolm Cassells
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Signature



1. Executive Summary

This Strategic Plan describes Salisbury NHS Foundation Trust's (SFT) strategic direction over the next five 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 ever more challenging. 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.

Vision and Strategic Goals

Salisbury NHS Foundation Trust's vision is to offer:

An outstanding experience for every patient

The strategy has identified four strategic goals to move the organisation forward in achieving the vision described above:

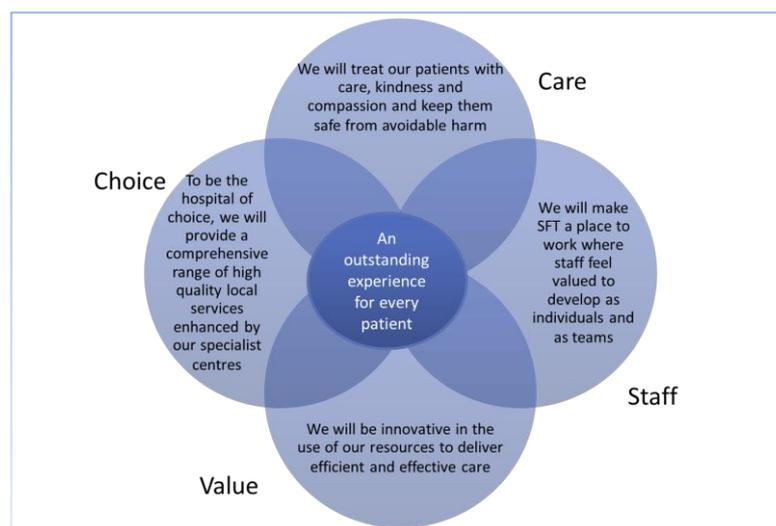
Choice - To be the hospital of choice, we will provide a comprehensive range of high quality local services enhanced by our specialist centres

Care - We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm

Our Staff - We will make SFT a place to work where staff feel valued to develop as individuals and as teams

Value - We will be innovative in the use of our resources to deliver efficient and effective care

The first strategic goal, the provision of a fully rounded, high performing, local acute hospital which is underpinned by a range of vibrant specialist services, drives the Trust's overall strategy with the other goals underpinning that primary goal.



The Trust cannot operate in isolation and has a key role to play in the local health economy and, as the biggest employer in Salisbury, within the wider community. Many of the plans described in the course of this document require close working with local partners across a number of sectors to deliver the objectives described.

These strategic goals 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. They will form the basis for the Trust's other key, supporting strategies (workforce, informatics, estates, quality accounts, etc)

Values and behaviours

In April 2014 the Trust Board approved a refreshed set of values and behaviours. These were developed through staff focus groups and wider staff consultation and describe what is important for the organisation as it seeks to deliver on its goals as set out in this document.

There are four core values each of which describes behaviours that demonstrate those values and are what other staff, and the Trust as a whole, would be expecting to see in practice:

Patient Centred and Safe – The focus here is on patient safety, team work and continuous improvement.

Professional - This focuses on being open and honest, efficient and acting as a good role model.

Responsive - The expectation here is that staff will be action orientated, with a "can do" attitude and that they innovate, take personal responsibility and listen and learn.

Friendly - We would expect staff to be welcoming, treat people with respect and dignity and value others as individuals.

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 Strategic 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 its 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.

During the life of this strategy we will continue the process begun a couple of years ago to undertake a strategic review of all the main specialties provided by SFT. This will enable the Trust to project forward the implications of a number major reviews currently underway (eg the national urgent care review, specialist services designation and seven day services) as well as reflecting on the changing local

environment, particularly in relation to the availability of medical staffing and the opportunities to provide services using different staff groups. We will work with commissioners to determine how we can ensure that the Trust continues to make an important contribution to the local health community and how we can extend our role outside the hospital environment. Increasingly, as technology evolves and develops, opportunities for the Trust to work effectively with its partners, both locally and further afield, will expand.

The board of Salisbury NHS Foundation Trust declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.

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. Introduction

Salisbury NHS Foundation Trust (SFT) is a well-established acute Trust with a track record of delivery. We provide a broad portfolio of acute district general hospital (DGH) services for our local population alongside a focused 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 unique portfolio distinguishes SFT from neighbouring Trusts. At one level we are a unique local acute hospital service embedded in our local community, whilst on the other our specialist services enjoy a national reputation and reach which extends across much of southern England. To secure SFT's future as an independent provider, the local acute services need to develop and build yet closer links with the communities they serve, whilst the specialist services must extend their reach and range through expanding their networks and continuing to excel on a national and international stage. However the two are interdependent - neither element can prosper without the contribution of the other.

SFT is well-known for the excellent patient experience it offers. In the light of the findings of the Francis Inquiry, it is essential that the Trust delivers on the fundamental standards, that it provides care which is committed and compassionate and that it listens attentively to feedback from all quarters. Accordingly the Trust's vision described in this document sets the challenge of providing every patient an outstanding experience in his or her interaction with SFT. This is a challenge which will require the Trust to be truly responsive, to put quality of care at the heart of all we do, to offer high standards of customer care and to listen to feedback from our patients and their carers. At the same time, given that we only deliver a part of our patient's care pathway, we need to work more effectively with other organisations (GP's, community services, social care providers, etc). The best possible care on a ward within SFT will soon be forgotten if the patient is quickly readmitted because the discharge was not planned effectively and the required community support is not in place. Similarly by working collaboratively with other organisations we can offer alternatives to hospital admission for patients who do not require acute intervention and can be managed more effectively in the community, preferably in their own homes.

This strategy aims to describe the organisation SFT must become over the next five years and how we plan to respond to the rapidly changing external environment in which we operate. However this strategy will be reviewed regularly to determine that it remains relevant to the latest internal and external picture, and will need to be adapted where the context has changed. For the organisation to be truly successful, for this strategy to deliver real meaning the overall vision will be paramount and the values and behaviours exhibited by all members of the organisation reflect the challenge set.

3. Strategic Context & Direction

3.1. 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.

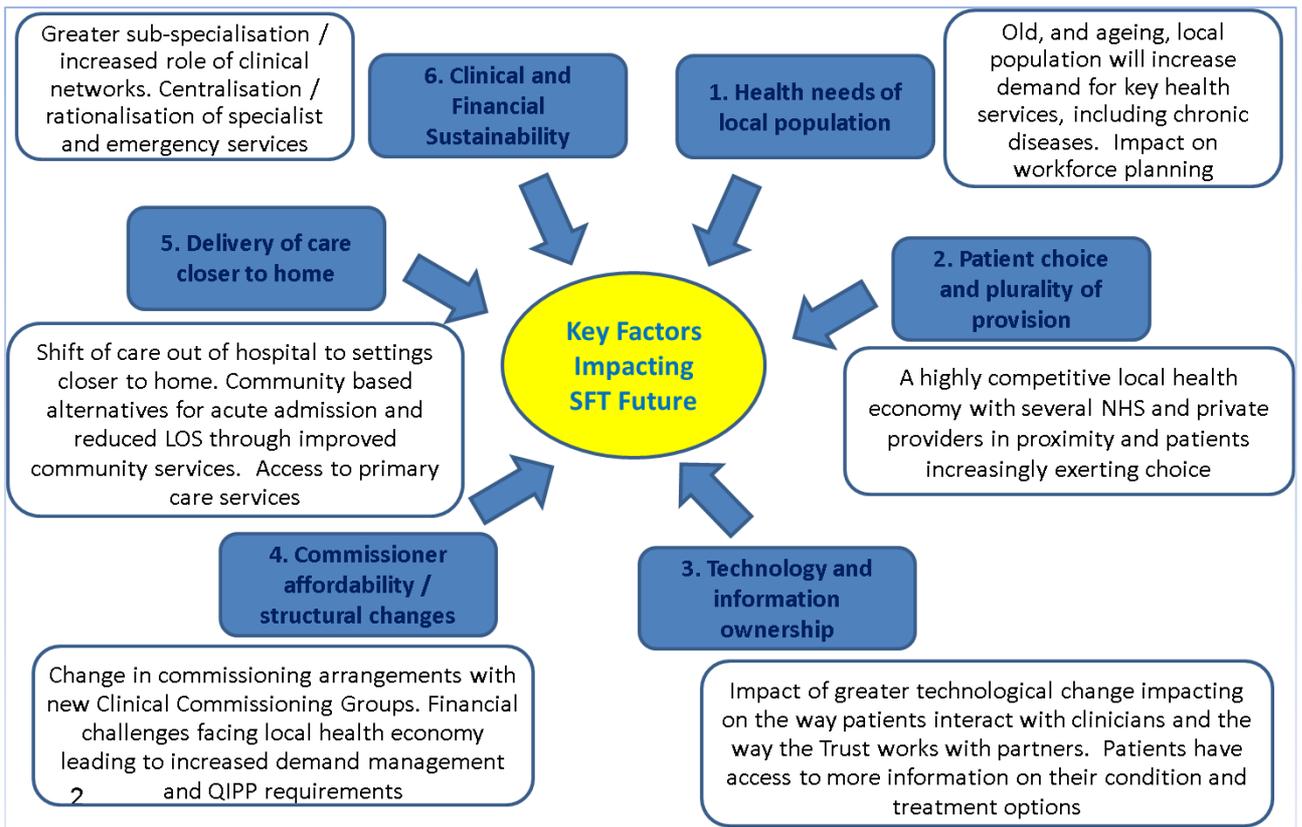
SFT has a deserved reputation for the excellent patient experience it offers and the Trust has chosen to build its strategy around that priority as described below.

3.2. 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.

3.3. External Factors



3.4. Market share

SFT's market share for elective activity for its core population fluctuates somewhat due to some definitional changes, but there are some signs of declining market share which the Trust will seek to address over the lifetime of this strategy:

Year	SFT	Royal Bournemouth	Ramsay Healthcare	RUH	Southampton University Hosp
2011/12	21,158 (52.4%)	6,093 (15.1%)	1,695 (4.2%)	2,358 (5.8%)	1,987 (4.9%)
2012/13	20,272 (50.8%)	6,135 (15.4%)	2,130 (5.3%)	2,473 (6.2%)	2,164 (5.9%)
2013/14	20,415 (51.7%)	5,922 (15.0%)	2,219 (5.6%)	2,314 (5.9%)	1,872 (4.7%)

In particular it is clear that New Hall is undertaking more elective work for NHS patients from the Trust's core area. It is felt that patient choice is influenced by the shorter waiting times for initial outpatient appointments. This is particularly noticed in orthopaedic and spinal surgery – as these are profitable specialties for the Trust, this remains an area of concern.

3.5. Competitor analysis

New Hall Hospital (Ramsay) is the Trust's closest competitor. Medical staff are predominantly SFT consultants. Over recent years, there has been a greater focus on NHS activity. A combination of shorter waiting times and aggressive marketing and advertising has resulted in increasing numbers of NHS patients choosing to be treated at New Hall, for elective surgery.

Southampton University Hospitals NHS Foundation Trust (UHS) A large multi site University Teaching hospital which gained FT status in 2011. Provides a full range of general and emergency services to a population of around 1.3 million people in Southampton (44.5% of activity) and Hampshire (44% of activity). Was designated major trauma centre with SFT as a partner in 2012 and is also a major centre for research. UHS provides a number of tertiary services including neonatal and children's intensive care services, neurosciences and cardiac services to a population of around 3 million people. Specialist commissioning represents a high proportion of the Trust's activity, and it is anticipated that up to £100m of USHT's income could be commissioned by the National Commissioning Board. UHS is SFT's nearest cancer centre. The Trust's work closely to provide cancer services to the SFT catchment population and have shared multi-disciplinary team (MDT's) and specialist MDT's.

Royal United Hospital Bath (RUH) has long waiting times compared to GWH & SFT. Over recent years, RUH has lost elective market share to SFT & GWH. RUH is located closer to the ISTC at Emmerson's Green, and the Circle Hospital in Bath, so there is a high level of competition from the independent sector for NHS activity.

Great Western Hospital, Swindon (GWH) until recently a strongly performing Foundation Trust with a good reputation locally. Their position is strengthened by the award of a contract to run community services in Wiltshire (due to be retendered in 2015). This contract covers the community hospitals in Wiltshire, and therefore provides GWH with access to "step down" beds for patients who are medically fit to be discharged from hospital, but unable to return home. Over the past three years, GWH has gained market share within Wiltshire, particularly from Devizes GP practices.

Royal Bournemouth and Christchurch Hospitals (RBCH) A high performing Foundation Trust which is heavily focussed on providing elective care. SFT competes with RBCH for activity from the practices in Ringwood, Verwood and, to a lesser extent, Blandford and has, over the past three years lost elective market share in these areas. SFT has network arrangements with RBCH to provide on call rotas in stroke and vascular services. Arrangements are also in place to provide joint care for some patients who require interventional cardiology.

UK Specialist Hospitals (UKSH) – acquired by Care UK in February 2012. Two UKSH hospitals (Devizes and Shepton Mallet) are located within SFT's catchment area. The UKSH facility in Devizes currently benefits from the guaranteed payment contract which is due to expire in 2015 (although there is a break clause in

2014). The Devizes facility is for day cases and is popular for orthopaedics, ophthalmology, dental, ENT, endoscopy and urology.

Hampshire Hospitals NHS Foundation Trust (HHFT). Formed in January 2012 when Andover, Winchester and Basingstoke hospitals merged to become a single organisation. The Trust serves a population of around 600,000 people in Hampshire and West Berkshire and has an annual turnover of around £300m. SFT competes with Winchester for referrals from Stockbridge, Ludgershall and Andover. There are plans to build a new specialist emergency hospital for HHFT which would be located close the M3/ A34 junction.

3.6. Population Changes

The population of Wiltshire is projected to increase by 6.6% (33,000 in numbers) between 2011 and 2021 (source Joint Strategic Assessment (JSA) based on ONS projections from the 2011 Census). Projected increases in the population is are greatest in the areas to the periphery of SFT's catchment area – growth in Warminster and Westbury, Trowbridge and Devizes will have most impact on SFT.

Wiltshire's population is heavily weighted towards older age groups (2011 - 19.5% 65 years+ compared to England average of 16.7%), and this is projected to increase over the next 10 years (2021 – 22.6% 65 years+ compared to England average of 19.1%). This represents a 32% increase in the number of people over 65 in Wiltshire over this 10-year period.

At the same time the dependency ratio (a ratio of those of non-working age to those of working age) is projected to increase by 12.8% between 2011 and 2021 in Wiltshire compared to a 7.4% rise in England. Many of Wiltshire's retired population will live active and healthy lives and with potentially increased demand for musculoskeletal services. However the fastest population increase in Wiltshire has been, and will continue to be, in the number of people aged 85 years and over. In 2011 there were more than twice as many females as males in this population group. The number of males aged 85 years and over is projected to increase by 67% between 2011 and 2021, compared to an increase of 'only' 30% for females of the same age group over the same period. In total, the number of Wiltshire's residents aged over 85 years is projected to increase from around 12,000 in 2011 to over 17,000 by 2021. The impact on the local health economy of these population changes is substantial in terms of the health and social care needs of the population served by SFT and will require the Trust to work collaboratively with providers and commissioners to meet the challenge posed.

Life expectancy for those living in Wiltshire is higher than the South West and England (79.6 males & 83.7 females), although life expectancy is 6 years lower for men and 4 years lower for women who live in the most deprived areas of the county. Fertility rates are higher than average (Wilts 2.27; South West 1.95, England 1.96). The influx of military families is likely to contribute further to this between now and 2020.

The Trust's local catchment population is to be increased as 4,000 military personnel and their families (10,000 in total) are repatriated from bases in Germany in the next 2-4 years. SFT has factored these changes into activity plans as the majority of troops will be stationed on the southern edge of Salisbury Plain. This is likely to have the most significant impact on maternity, paediatric and musculoskeletal and trauma services provided by the Trust. Opportunities for partnership working with medical centre personnel from military bases are being explored as these offer mutual benefits to SFT and healthcare practitioners who are employed at military bases.

3.7. Burden of Disease

Projections contained within the Wiltshire JSA reflect the ageing population with large increases in the incidence and mortality associated with conditions such as cancer, respiratory conditions and, to a lesser degree, circulatory disorders and bone fragility increasing substantially, especially amongst the over 75 population group. For example the incidence of cancer is predicted to increase by 40% by 2026 and, despite projected improvements in treatments and survival rates, an overall increase in the mortality rate of 50-80%.

3.8. Long Term Conditions

In Wiltshire almost a third of the population (approximately 138,000) people are living with a long-term condition and this will have an increasing impact on the way health care is provided. People with long term conditions are by far the most intensive users of health services, accounting for 50% of all GP appointments, 64% of all outpatient appointments, 70% of all inpatient bed-days and 70% of total health and care spend in England. By 2020 there will be approximately 60,000 people aged 65 or more living in Wiltshire with a long-term condition, a 60% increase on 2012. The number of obese over 65s, an important high-risk group, is expected to increase by 20% by 2020, and will account for 25% of the total over 65 population.

3.9. Precis of Commissioner Strategies

The following sections set out the key points from the emerging strategies from the Trust's main commissioners:

3.9.1. Wiltshire

NHS Wiltshire CCG will work with partners to commission high quality, integrated services for the people of Wiltshire adopting the following key design principles:

- Support and sustain independent, healthy living
- People encouraged and supported to take responsibility for, and to maintain /enhance, their well-being
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care should be delivered in the most appropriate setting, wherever possible at, or close to, home
 - Where acute care is one-off or infrequent, there should be formal and rapid discharge
 - Where care is on-going (e.g. chronic conditions), the default setting of care should be primary care

Wiltshire CCG is assuming that it will face a 9% efficiency requirement over the next two years and that by 2015-16 non-elective activity will need to reduce by approximately 15%.

3.9.2. Dorset

Dorset CCG's Health Strategy 2014-19 sets out a mission of "supporting people in Dorset to lead healthier lives ... for longer." The document describes how the population of Dorset enjoys relatively good health with a higher life expectancy than the England average, but with a number of key challenges:

- High and rising proportion of older people which is predicted to grow by a further 6% between 2013 and 2020.
- Inequalities in life expectancy across Dorset; although reduced, gaps of 4.4yrs for men and 3.5yrs women still exist;
- Major causes of death are cardiovascular disease (CVD) and cancer which account for 29% of deaths in 2011;
- Increasing numbers of people living with long term conditions (LTC). In 2011 in Dorset 19% of people living with LTC or disability which impact on their health;
- Health related behaviours in the main are good however issues such as smoking, smoking in pregnancy, sexual health, alcohol consumption, and obesity are a cause for concern.

The strategy goes on to identify four key principles on which Dorset will look to commission services:

- Services designed around people;
- Preventing ill health and reducing inequalities;
- Sustainable healthcare services;
- Care closer to home.

With seven clinically led commissioning programmes proving the initial areas of focus:

- Maternity, reproductive and family health;
- General medical and surgical;

- Cardiovascular disease, stroke, renal and diabetes;
- Musculoskeletal and trauma;
- Mental health and learning disabilities;
- Cancer and end of life;
- Pan programme – transformational programme to improve urgent care services and increase integration

3.9.3. West Hampshire

West Hampshire CCG's strategic plan ("Quality Services, Better Health") sets out a vision to deliver high "high quality patient centred healthcare, which is the most innovative, efficient, effective and, where possible, prevention based, contributing to the healthiest population in England." The draft strategy highlights a number of areas for focus:

- The quality of healthcare provided.
- The care for people with long term conditions locally to keep them as healthy as possible, for as long as possible.
- The choice of urgent and emergency care services patients, carers and clinicians have access to.
- Mental health, learning disabilities and autism services so that they are responsive and flexible to personal needs.
- Patients taking control of their health and maintaining their independence through fully integrated care.
- The provision of planned care services.
- Maternity and children's healthcare services to providing the best possible start in life.
- The effective use of medicines to maximise health gain.
- Access and choice to integrated primary care services.

3.9.4. Specialist Commissioning

SFT has a high level of specialist services for a medium sized DGH with these services accounting for £26m, which is over 14% of the Trust's turnover. Therefore specialist commissioning is an important element of the Trust's future strategy. The specialist commissioners are currently reviewing their 5 year strategy but the direction of travel they have indicated includes the following:

- Enable the provision of high value specialised services – value being defined both from the patient's perspective and in terms of value for money;
- Through a focus on value for money will deliver a range of projects that will deliver the substantial financial challenges of the next five years. In turn such projects will provide space to deliver the pace of change that defines specialised services. This focus will include the delivery of accounting and analytical systems to support commissioners.
- Ensure equitable access to specialised services based on need, regardless of geography, and minimise barriers to access that have impact across the whole patient pathway;
- Ensure directly commissioned services are highly stable and well-defined;
- Ensure that services deliver the highest quality, 7-day consultant led care in line with the ethos of "High quality care for all, now and for future generations" and support the development of 24/7 emergency care as close to the patient's home as is safe and cost effective;
- Ensure sustainable service and workforce planning for services provided by a small number of experts, particularly with regards to highly specialised services;
- Continue to improve partnership working with patient groups, providers and commercial organisations.

The process of developing specifications for specialist 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.

3.10. Health and Wellbeing Board

A Health and Wellbeing Board (H&WB) has been established in Wiltshire, as a result of the Health and Social Care Act 2012, and SFT is fortunate that it has been invited to sit on the Board. The Wiltshire H&WB will be the focal point for high-level decision making about the health and wellbeing needs of the local community, and will set the direction and priorities for local commissioning arrangements. The Board members collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. The Board will help give communities a greater say in understanding and addressing their local health and social care needs. Overall the Wiltshire Health and Wellbeing Board will take on responsibility for the following statutory functions:

- To prepare a Joint Strategic Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS);
- To promote integrated working between health and social care commissioners in connection with the provision of health and social care services;
- To encourage close working between commissioners and health-related services and the board itself; and
- To encourage close working between commissioners of health-related services and commissioners of health and social care services

3.11. Quality challenge

At the same time as the tariff is being reduced and the population changes are increasing demand on all healthcare services, there are increasing challenges being placed on providers to ensure that the quality of services continues to improve. The Trust's strategic direction is clear that the quality of services provided from SFT is paramount; however the challenge of achieving financial savings without any accompanying impact becomes more acute every year.

The impact of the Francis Review now means that there is a significant base of clinical cost which must fall out of the cost saving potential for NHS providers and the only efficiency which might be delivered in these areas is a further major reduction in already low lengths of stay. To put this into context nursing costs might be 22% of the total cost base of a Trust and medical staffing a further 18%. There is very little scope to deliver savings in these areas and it is unlikely that post Francis with greater focus on staffing levels that these areas can be a significant element of CIPs in the future. The impact of these protected areas therefore needs to be taken into account when identifying the "real" CIPs to be delivered in the remaining NHS provider cost base and thus the resultant efficiency factor.

4. Internal Drivers for Change

4.1. Key Internal Drivers

The table below summarises an analysis of the Trust's internal position in the form of a SWOT analysis highlighting our strengths and weaknesses as an organisation, and setting out some potential opportunities and threats.

Strengths	Weaknesses
<p>Strong financial performance – low Relative Cost Index (RCI), sound financial management, profitability with SLR capabilities</p> <p>GP relationships / local community support – strong brand and positive reputation, with services which outreach into community</p> <p>Market leadership – dominant provider in core market in most specialities, ‘natural’ market share of 65%</p> <p>Specialist services – plastics, burns, spinal injuries, rehabilitation underpin DGH with catchment extending across Southern England</p> <p>Performance benchmarks – service quality, day case rates (in some areas), low readmission rate</p> <p>Improved patient experience - national/local patient experience tracker</p> <p>High quality staff – good morale, low turnover</p> <p>Entrepreneurial approach – willingness to engage in areas outside of typical NHS activities to improve services for patients and increase income.</p>	<p>Catchment population – small/mid-sized acute Trust, clinical and financial sustainability</p> <p>Acute portfolio – local community services provided by GWH, little protection from ‘shift’</p> <p>Performance benchmarks – very long LOS, day case rates (in some areas)</p> <p>Elderly local population - long LOS for medicine / lack of local step-up/down or intermediate beds. Ageing workforce.</p> <p>Low income growth – income recovery for work undertaken / protection of competing ISTC</p> <p>Rural location – transport / time for patients to travel to main hospital</p> <p>Sub-contractual relationships – ability to manage services sub-contracted to other providers to the required quality and the impact this can have on the Trust’s relationship.</p>
Opportunities	Threats
<p>Clinical (and academic) networks – enhance our role and develop closer links with other FTs (Southampton, RB&C) and emerging LETBs/AHSNs</p> <p>Recover share – focus on key GP practices and specific specialities where share has been lost to Ramsay</p> <p>Grow share – focus on key target markets, develop outreach clinics and extend core catchment</p> <p>Partnership development – work with other providers to deliver services more effectively</p> <p>Specialist services – enhance services, extend catchment, develop rehabilitation</p> <p>Expand service portfolio – community services, extend pathways</p> <p>Improve care pathways – esp. elderly patients, integrated care</p> <p>Technology – opportunities from embracing technology, eg efficiency from paperless working and deployment of social media.</p>	<p>Significant competitive threats – share loss to ‘new entrants’, and ‘old friends’ (key practices, profitable specialities, service reconfigurations)</p> <p>Financial challenges – ensuring ongoing cost improvement programme, increased demand management and overall income reduction across local health economy</p> <p>Clinical sustainability – ability to staff on-call rotas (e.g. acute/vascular surgery)</p> <p>Clinical Commissioning – new role, expanded provision of services, ability to support Trust, impact of new specialist commissioning arrangements</p> <p>Sub-optimal use of estate – Ability to invest</p> <p>Emergency AHSNs/LETBs – loss of research and, education funding, loss of medical trainees</p> <p>Workforce planning – lack of suitably qualified staff, especially clinical, who are available to develop services. A particular concern with the Trust’s ageing workforce.</p>

5. Strategic Plans

The following sections set out the nature of SFT's strategic plans to deliver on its overall vision for its services and on the four key aims of being the hospital of choice, a high quality, safe patient experience, delivered in an effective and efficient manner by teams and individual who know exactly what their contribution is to the Trust's overall strategy. The four aims are mutually dependent, they are pillars on which the Trust's future is built and on which its success is dependent.

The strategic plans described in this section build on operational plans which were set out in the 2014-16 document, but go on to set out the key tasks the Trust must deliver on to move the organisation forward in the direction outlined. These tasks will form the basis of objectives throughout the Trust making clear the contribution of all staff. The detailed objectives are included in the appendices.

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An outstanding experience for every patient

The strategy has identified four strategic goals to move the organisation forward towards to achieving the vision described above:

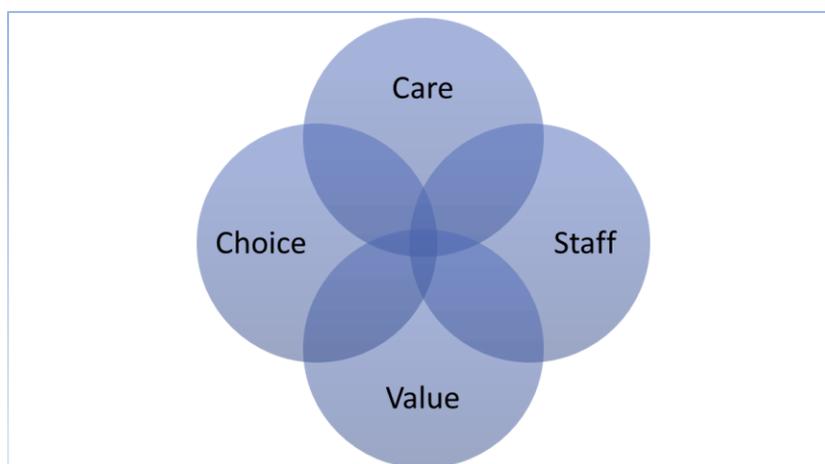
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Care - We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm

Our Staff - We will make SFT a place to work where staff feel valued to develop as individuals and as teams

Value - We will be innovative in the use of our resources to deliver efficient and effective care

The first strategic objective, the provision of a fully rounded, high performing, local acute hospital which is underpinned by a range of vibrant specialist services, drives the Trust's overall strategy with the other goals underpinning that primary goal.



5.1. Choice

To be the hospital of choice, we will provide a comprehensive range of high quality local services enhanced by our specialist centres

5.1.1. High Quality Local Services

This strategic goal is at the very essence of the SFT's strategic direction over the next five years. It is vitally important that the local population have access to a comprehensive range of core services to meet the vast majority of their secondary care health needs. At SFT we believe this should comprise:

- Emergency care – Emergency Department, acute assessment, inpatient surgical, medical and trauma beds, acute paediatrics, and intensive care
- Planned surgical and medical care – comprising inpatient and ambulatory services
- Diagnosis and treatment of the most common cancers
- Clinical investigations – the main radiological modalities, endoscopy, pathology services required to support acute care provision.
- Maternity services, including NICU.
- Linking to community services to develop truly integrated care.

As the only acute provider physically located within the county, Wiltshire CCG have been extremely supportive of SFT's desire to offer to local residents a comprehensive range of services, and we will continue to work with them over the life of this strategy to ensure that this can be delivered effectively and efficiently.

SFT already operates in a number of clinical networks to ensure the clinical sustainability of some core services we do provide, as well as access for local patients to those services we do not provide. With the increasing specialisation of clinical care, some further services will need to be provided in partnership with other hospital providers in clinical networks, based on the circumstances of individual services. The Trust will ensure that it has clear plans for each specialty and service to determine the future development of that service in line with this strategic direction. There will be particular focus on ensuring that there is a clear analysis of how services can flourish at Salisbury, whether that is by partnering with another organisation (and SFT's services look in a number of different directions for its clinical networks) or whether the service can prosper on the basis of the current workload.

Improving the Management of Emergency Admissions

The Trust looking to work 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. 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. 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 (MAU) 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.

Acute Assessment – those patients requiring admission will receive a cohesive, fast-moving service focused on rapid patient assessment and discharge planning, so minimising the length of stay of any acute admission and ensuring that the needs of this group of patients are fully supported on discharge. The model depends on efficient and effective collaboration between primary and secondary care clinicians, community and social care teams and rapidly accessible alternative points of care in the community. The approach will be focused in an enlarged MAU designed to facilitate a fast-moving responsive acute medical service.

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.

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 is looking to deliver the following 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

Management of Patient with Long Term Conditions (LTC's) and Outreach

As more patients are living with long term conditions (LTC's), SFT will develop services in conjunction with primary and community services which meet the patients' long term needs. The majority of this care will be provided outside of the hospital and by primary care providers. However we do believe that secondary care clinicians have a crucial outreach role in providing specialist input to help manage patients' care more effectively in the community to prevent exacerbation and the need for urgent admission to hospital. This requires ongoing work on developing and refining care pathways jointly with primary care clinicians with the following aims:

- Support people to stay healthy and remain independent for as long as possible
- If people with LTC's become unwell, or lose their independence, support them in the community as far as possible
- If people with LTC's require acute hospital care, the pathway should be managed jointly with primary care. The hospital stay should be no longer than necessary to deal with the acute phase of their illness
- An increased focus on self-management for patients with long term conditions by providing appropriate support for these patients in the community, will prevent the need for acute intervention; a better outcome and experience for the patient.

The use of technology (eg virtual clinics, telehealth, etc) will have a vital role to play in providing accessible services in a cost effective way.

The development of the Trust's acute emergency services are predicated on closer collaborative working with primary and community health services. The Trust strongly believes that there is a case to be made for greater integration between the medical services provided at SFT and those provided by community services. As such the Trust will be working closely with commissioners as the re-tender of Wiltshire's community services approaches early in 2015.

Planned Care

The Trust's focus on planned care will be on ensuring that significant numbers of patients are treated to ensure that sustainable services can be provided which meet the needs of local people. We will continue to seek to improve the patient experience, significantly improving the process by which patients are communicated to in relation dates and times for attending the hospital. We will look to increase further the proportion of patients who are treated on an ambulatory basis whereby patients do not stay overnight, and to provide more support to patients so they can be discharged more safely. Increasingly patients will have access to follow up appointments that do not require a visit to hospital, eg with their GP or remotely (telephone, videoconferencing, email, etc).

An important factor in the life of this strategic plan will be the ending of the ISTC (Independent Sector Treatment Centre) contract for the facility at Devizes which is due to end in 2015. SFT will work with commissioners to determine what the options are for the reprovision of this work.

5.1.2. Developing our Specialist Centres

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 centralisation appears to be growing. In response SFT will:

- Promote the case for our specialist 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.
- We will build on existing network arrangements with University Hospital Southampton (UHS) and the University of Southampton to put forward a proposal to develop to a Tier 2 - Genomics Centralised Hubs (GCH) in line with the national specification published in 2014.
- Continue the development of high quality burns and plastic surgery services on the Odstock site and in partnership with UHS:
 - 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.
 - Extend the services for military personnel who have undergone major trauma providing both surgical and rehabilitative care.
 - Develop the Trust's microvascular services
 - Create closer links between the plastic surgery and dermatology departments to enhance the care pathways for patients with skin cancer
- 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. There will be a particular focus on:
 - Increasing the number of ventilated beds
 - Developing a step down provision for patients closer to their homes
 - Improving outreach to local services and reducing waiting times for follow up visits
 - Unit accreditation
- The Trust will bring forward plans to build on the innovative rehabilitation services it currently provides to develop a centre of excellence for rehabilitation services which extends both the scope and range of services provided to a wider geographical area.

- SFT is in the early stages of discussing with UHS the prospect of a satellite radiotherapy unit on the Salisbury site. This work will be progressed over the first 18 months of this strategic plan to determine whether this is a viable prospect in the light of the significant patient experience benefits.

5.1.3. Links between local and specialist services

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.

5.1.4. Increase the number of patients who choose to receive treatment at SFT

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. SFT has to compete with local providers and ensure that it can demonstrate that the quality of care delivered is unrivalled.

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.

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. Where demand does increase, the Trust will need to ensure that sufficient supply can be maintained to ensure that waiting times can be maintained. Improvements in the utilisation of capacity will be essential here, but the Trust may need to consider step increases in capacity should the demand warrant this.

Increase peripheral clinics – The Trust will develop the range of 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 the commissioners' 5-year plan to develop services around 20,000 and 40,000 population groups, and in line with the Trust's marketing strategy.

Marketing the Trust – we will extend the Trust's marketing activities, both locally and at a more national level, to increase the Trust's visibility and emphasise the importance of all the Trust's services and the very strong reasons for choosing SFT. We will compete with the local private providers on the

basis of elective referrals. We will use a range of different media to increase awareness of the Trust's services and its many achievements and contributions.

Improve customer care - SFT needs to compete with local providers on all facets of the patient experience and that includes ensuring that patients and visitors receive a consistent and welcoming [response] from all staff they encounter. One of the Trust's values is being friendly and that is undoubtedly a major strength which the Trust can build on and, in reinforcing the importance of customer care, it will seek to make the organisation still more hospitable.

Physical Environment - Over the next five 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) and ensuring all wards have been refurbished by 2020. 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.

5.1.5. Know our patients' views and act on their feedback

SFT has a strong track record of gaining - and acting - on patient complaints and feedback. SFT aims to build a thorough and accurate understanding of patient experience, through gathering quantitative and qualitative information from patients (e.g., patient survey, real time patient feedback, NHS Choices website, exit feedback cards, patient stories) and use this as a tool for real quality improvement. Specific actions will be taken to increase feedback from children and adolescents.

To date Real Time Feed-back has been undertaken with more than 1500 patients on wards, in out-patients and on discharge. The results and comments are given immediately to the teams involved to allow any issues to be resolved immediately. The processes by which feedback from patients is obtained, systematically analysed and, above all, acted upon in a timely manner will be expanded.

5.1.6. What does success look like?

- Reduced NE length of stay by 15%
- Reduced time from admission to surgery for trauma, eg target for #NOF
- Reduced numbers of delayed transfers of care
- OP waiting times comparable to local providers by specialty
- Increased market share for elective admissions from 52% to 55%
- Improved market share for key practices
- Expand number of peripheral clinics
- Increased theatre utilisation to 85%
- Reduced complaints due to perceived poor attitude.
- All inpatient wards in phase 1 to have been refurbished by 2020
- Improved friends and feedback results.

5.2. Care

We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm

5.2.1. Treat our patients with compassion, dignity and respect at all times

Following on from the Francis report it is more important than ever that the Trust restates its fundamental purpose as a caring organisation which offers patients and their families and carers compassionate and high quality care at all times.

The Trust reiterated its commitment to the 6C's both through its Nursing, Midwifery and Allied Health Professionals Strategy 2013-17 and in its response to the Francis Report and action plan.

Care - is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion - is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.

Competence - means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication - is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage - enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment - to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

Our intention is for the 6Cs to be universally adopted and embraced by everyone involved in delivering care, then they need to be an explicit part of everyday practice. Front line staff are our change champions and should therefore embrace these in practice. Strong and effective leadership is essential at all levels in all organisations to set clear expectations, to support staff in the delivery of the 6Cs, to manage performance, to champion change and create an environment where the courage to speak out is welcomed and encouraged.

5.2.2. Consistently provide safe, effective high quality care

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 ensuring that we continue to reduce avoidable harm. As such the Trust will ensure there is a co-ordinated safety programme and that progress towards delivering that programme is constantly monitored and reported to the appropriate groups and committees. In the first instance the patient safety programme will comprise the following elements:

- Reduce or sustain HSMR to within the expected range.
- Improve the quality of end of life care.
- Assess all patients for the risk of VTE and give preventative treatment if at high risk
- Reduce the number of preventable falls and undertake a root cause analysis (RCA) of those who fall and injure themselves.
- Reduce the number of patients who develop hospital acquired grade 2, 3 and 4 pressure ulcers.
- Reduce the number of catheter acquired urine infections.
- Ensure adults and children are protected by increasing the number of staff who are trained to safeguard adults and children.
- Implement the Sepsis Six campaign

- Maintain low numbers of patients with avoidable MRSA blood stream infections and avoidable C difficile

We will continue to ensure we effectively engage with patients so their views are sought and acted upon through the following elements:

- Remain in the top quartile of responsiveness to patients needs in the national inpatient survey
- Learn from the themes from complaints and concerns and take improvement actions
- Improve the Friends and Family Test response rates and act on themes that arise.
- Learn from and improve on themes from patient real time feedback.
- Work with the Patients Association and other patient groups to learn and improve.

Right numbers of nursing staff with the right skills – we will ensure that the Trust has the right numbers of staff in clinical areas with the necessary skills. The Trust Board reviewed the annual skill mix in April 2014 and has reported the findings to the Board and is now undertaking daily reviews of staff levels and mix for each shift for each ward. These will also be reported to the Board, published on the Trust website and clearly publicised within ward areas. Recruitment of high quality substantive staff will remain an important priority for the Trust.

Patient centred co-ordinated care – Patients and their families/carers have told us that their care can break down because it has not been coordinated well or falls between gaps in service provision. Also patients do not always feel involved in their plans of care and the needs of their families/carers are also not taken into account. In response to this we will focus on the number of times patients are moved between wards and how this impacts on their care and the continuity of their care and on the quality and effectiveness of discharge plans for when patients return home. We will also ensure that all patients have a named Consultant in charge of their care.

5.2.3. Achieve real quality improvements through the initiatives set out in our Quality Account

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 reflecting key health gain priorities, especially health promotion:

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

5.2.4. Recognising our patient profile, improve the care provided to elderly patients

SFT's proposed response to the projected growth in the population aged over 65 and the increasing complexity of that population's needs is to develop an elderly care service in hospital which is more acute focused combined with improved integration with community and social care teams to manage patients more appropriately in the community as we have described above. However whilst the organisation of elderly care services is crucially important, of equal importance is the day to day care provided to our patients, and the need for the Trust's services to reflect the needs of our patients.

Facilities and environment – the programme to make the Trust's wards more appropriate for the care of the elderly and for those who are cognitively impaired will continue over the life of this strategy and will gain further momentum as we learn from what has worked well, and what has been less successful on those wards at the forefront of the development.

Hospital experience – we will seek to ensure that elderly patients are kept mentally active during their stay (eg the Young@Heart, Engage and Elevate projects) and have the opportunity to socialise more with other patients and staff to make the days in hospital pass more pleasantly and to assist with the rehabilitative process. We will expand the ‘Keep active campaign’ for older people to other wards to help them maintain their independence. The new ward developments encourage patients to wander safely and to socialise with other patients.

Care for patients with dementia - We will continue to improve the identification of patients with dementia and delirium and refer them to their GP or specialist mental health team when needed to ensure they receive effective care and treatment. We will continue to improve the support we offer carers of people with dementia by giving advice and information. In partnership with the Alzheimer’s Society we will continue to improve the training for our dementia champions and staff in dementia care. The Trust will ensure delivery of the eight regional standards in dementia care.

Prompt access to rehabilitation - we will continue the ‘RARE’ project (Rapid Access to Rehabilitation for the Elderly) so that older people with problems such as a simple fracture are moved directly from the Emergency Department to Winterslow ward to start immediate rehabilitation. We are currently reviewing the provision of therapy services and will be looking to enhance delivery to improve access for the elderly to therapy input across the whole week.

5.2.5. What does success look like?

- Achieve a hospital standardised mortality rate within expected levels
- Reducing hospital acquired infections to 0 MRSA and 14 c-difficile notifications by 2018
- Reduction on the median value of 1.38% grade 2, 3 and 4 hospital acquired pressure ulcers to 0.65% by 2018
- Reduction in unplanned readmissions following emergency admission to 6%
- Increasing the proportion of people whose wish to die at home is achieved
- Reductions in the number of patients who smoke or drink harmful levels of alcohol
- Increase number of women breast feeding their babies for more than 10 days after birth
- Improve the clinical outcome indicators in the national care of dying audit
- Improved patient feedback and national survey results on care and co-ordination
- Reduced length of stay for stroke patients as a result of an early supported discharge.
- National patient survey results in the top quartile for responsive to needs.

5.3. Staff

We will make SFT a place to work where staff feel valued to develop as individuals and as teams

5.3.1. Recruit and retain the highest quality staff, demonstrating commitment to organisational values and behaviours

With the challenge of constantly improving patient experience, it is essential that the Trust has a motivated, high quality workforce which has the right skills and the necessary flexibility and sense of innovation to meet the organisation’s current and future needs. The design of the Trust’s workforce must ensure flexibility to allow for changes in service need as this strategy evolves.

We must have an affordable workforce, but one which can be rewarded competitively to ensure that we can recruit, retain and develop high quality staff who want to work for SFT.

To provide consistently high standards of care SFT needs to ensure it has a workforce which is motivated, which feels valued and empowered and which shares the same values as the organisation for which they work and exhibit the behaviours which contribute to a comprehensive culture of excellent customer care. There needs to be strong leadership across all levels of the organisation to maximise the organisation's potential, and again this will be identified and nurtured. We will continue to encourage staff to feel able to raise issues of concern where they believe the organisation is falling short of the standards to which we aspire.

Values and Behaviours

We recognise how essential it is that we develop clear messages and visions, shared across the organisation, to empower our staff to make the necessary changes and to ensure that these are embedded in the organisation. In 2014 the Trust launched a new set of Values and Behaviours, developed by staff themselves. A programme of activities to embed those values and behaviours into the day to day working of the Trust has begun and progress will be reviewed regularly. It is through these behaviours that the culture of the organisation will develop over time and contribute to making SFT a great place to work, where staff feel valued and can prosper and flourish. The activities already in train include ensuring alignment of behaviour is part of our appraisal process and features in our annual staff awards ceremony. Promotion of the values through the use of art and displays and the development of staff literature is also taking place.

Recruitment of staff to our values is also an important stream of work, ensuring we recruit people with not only the best technical skills and knowledge but who demonstrate the behaviours aligned to this organisation.

Recruitment

Ensuring we are in the best position to recruit the best staff, at a time where there are national shortages in many occupations is requiring a new focus on promoting the Trust as a great place to work. We are building on our excellent reputation as an employer as well as a provider of patient care through our recruitment literature and methods. We are updating our recruitment methodology, such as using more social media, and being more proactive in using opportunities to network and publicise our achievements, including career fairs. We wish to engage our workforce in becoming our recruitment ambassadors.

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. We will expand on our existing performance management structures to ensure that recent progress on staff having a structured and meaningful appraisal every year is built upon and that all staff undertake mandatory training. The Trust is advanced in developing a process for delivery of a medical appraisal to support the introduction of revalidation of all senior medical staff.

High Quality Workforce Planning

We will develop clear workforce plans for all services which will include examining trends in key staff groups (and where necessary looking for alternative ways/staff to deliver high quality services), reviews the impact of changes in service delivery (such as 7 day working or the potential for more patients to be cared for in their own homes), and which determines the potential for increased workforce productivity and changing roles, and where there may be opportunities to reduce workforce costs either through

changed conditions or changing skill mix. The plans will be reviewed and updated regularly to ensure that services are responding to changing demands on the service.

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 Services

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, however greater clarity is required nationally about the specification of what is required to enable a clear assessment to be undertaken of where the Trust needs to adapt its current provision and potentially invest in its services.

5.3.2. Promote effective team working at all levels

Team based working is a cooperative, inter-disciplinary, cross-boundary approach to delivering care in which decisions are made by teams and teams of teams at the closest possible point to and in the best interests of the patient.

The trust understands the importance of effective team-working as a key predictor of health care outcomes. In the 2013 NHS Staff survey key findings our score for “Effective Team working” was amongst the top 20% of Trusts nationally. We will continue to work on maintaining and improving this performance by delivering more team based development sessions and continuing initiatives to reduce any workplace conflict.

We believe collaborative inter-team working is as important as intra-team working for health care organisations’ performance and some of the initiatives already described will contribute to improvements here too. In the modern NHS cross-boundary working is vital for effective patient care and we will continue to develop clinical networks where this is to the benefit to patients. Developing stronger and more trusting relationships with other health and social care providers who contribute to the provision of care for our patients will be an area of development that will require more emphasis on the building of effective and valued work relationships outside of the Trust in future.

Leaders of the Future

To promote the development of high quality leadership of the organisation 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 is developing 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.

5.3.3. Protect our staff at work and improve staff wellbeing

We will support and encourage staff to maximise their health and wellbeing both as a contribution to individuals’ health and to the health of the population, but also to encourage staff to act as health ambassadors to the local population.

Protecting our staff at work – the Trust recognises its responsibilities and duties under health and safety regulations and is committed to ensuring, so far as is reasonably practical, the health safety and welfare of its employees, patients, visitors. Statutory duties will be met at all times and it is the Trust's intention to adopt best practice standards in the management of health and safety. The Trust seeks to adopt a positive approach to achieving and maintaining a safe environment. Each employee will be given such information, equipment, instruction and training as is necessary to enable the safe performance of work activities, and adequate facilities and arrangements will be maintained to enable employees and their representatives to raise issues of health and safety.

Staff Health and Wellbeing

The Trust is committed to making continued improvements to the health and wellbeing of staff, and has a range of schemes under the ShapeUp@Salisbury initiative to improve staff health further. The Trust has seen its staff sickness absence rate fall over recent years and will continue to target reductions with the target that the rate by the end of this strategy will be below 3%.

5.3.4. Promote a culture of openness and willingness to learn from experience

In a service as large and complex as the NHS, things will sometimes go wrong and sometimes users will not be satisfied with their level of care. When this happens, the response should not be one of blame and retribution, but of learning and a drive to reduce risk and improve the service for future patients, visitors and staff.

Approach to adverse events – SFT's approach for managing adverse events reflects an integrated system and approved approach for the investigation, analysis and learning from all adverse events (including complaints and claims) involving patients, visitors and staff, as well as other types of events not directly involving people. The aim is to promote a systematic approach which looks beyond the individuals and seeks to understand the underlying causes of adverse events and encourage learning from them.

A robust approach to the investigation, analysis, and learning from adverse events, complaints, and claims is required in order to provide a comprehensive review to identify how something happened and what recommendations/solutions are to be put into place to avoid future recurrence. Analysis will identify areas requiring focused efforts for improvement. Both compliment an aim for continuous improvement and organisational learning.

Raising concerns – members of staff are actively encouraged to report if they have a genuine concern about practice or behaviour, unsafe clinical practice, a health and safety issue, financial impropriety, or a cover-up of any of these things. Staff are directed to raise concerns to a number of individuals as they consider most appropriate and ultimately can raise issues with Non-Executive Directors or, we would hope exceptionally, to external bodies.

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. We will aim to engage more effectively with staff and listen to their many good ideas and will expand initiatives to encourage more active conversations with staff.

Picture of success

- To achieve a sickness absence level of 3.0% and work to reduce the level by 5% each year.

- To achieve top level staff survey rates with 80% of scores being in the top 20% or better than average and with no scores being in the worst 20%
- To achieve appraisal compliance rates in excess of 90% taking into account exemptions or exclusions, and reporting in the top 20% in the annual NHS Staff Survey
- To increase statutory/mandatory training compliance rates year on year to a level of 100% taking into account exemptions or exclusions
- To keep staff turnover rates at an acceptable level in line with NHS benchmarks (NHS benchmark = 13.2%, Salisbury turnover = 12.7%)
- Increase levels of incident reporting to upper quartile as per NRLS reporting system
- 100% of senior doctors to have undergone revalidation by end of 2019
- All teams to have undertaken a SORT review to reflect on their effectiveness and develop plans to improve
- To remain in top 20% national staff survey for team working
- Improving staff assessment on *friends and family* survey

5.4. Value

We will be innovative in the use of our resources to deliver efficient and effective care

5.4.1. Seek all opportunities to improve the efficiency of our services to deliver the best possible care for our patients

Financial Performance - SFT is committed to delivering services in the most efficient manner which ensures the best possible use for public funds. We must remain financially sound to allow us to invest in our services to stay competitive with surrounding hospitals, to adopt technologies which will take forward the delivery of health care and promote greater efficiencies. As facilities and equipment age the Trust must have the resources to invest to be able to provide a modern infrastructure for its patients.

Using service line reporting (SLR), we will seek to assess whether services are making a positive contribution, either in terms of profitability or in terms of providing essential support to other specialties which do generate a surplus.

An integral element of that cost effectiveness should be that those services can demonstrate positive improvements for patients and show commissioners of the Trust's services that the interventions commissioned can deliver the required outcomes. Interventions will be offered to patients on the basis of the latest evidence of clinical effectiveness.

Throughout the duration of this strategy the Trust will need to ensure it achieves a Continuity of Service Risk Rating (CoSRR) of 4 and to achieve this will need to deliver a constant cost improvement programme of approximately 3% each year.

Cost Improvement Plans and Transformational Schemes - The Trust has developed a three year cost improvement plan to ensure it has a longer term view of where to prioritise its attentions on delivering efficient high quality services based on benchmarking with peer hospitals and national performance. 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. These include:

The Patient flow project for example comprises four workstreams that focus on admission avoidance and ambulatory care, reducing length of stay (internal processes) and reducing delayed transfers of care to deliver a sustainable reduction in the number of beds needed. A greater co-ordination of services and particularly the ability to ensure rapid access to services in the community to facilitate a timely discharge will be key here. As a result the size of the hospital in terms of beds will reduce over the life of this strategy

The **Outpatient productivity** 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, or re-use that theatre for alternative purposes (waiting list initiatives, private work, to accommodate growths in market share, etc).

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 workforce** scheme focuses on: 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.
- **Nursing workforce** scheme seeks 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.
- **Allied Health Professionals (AHP) workforce** scheme has commenced with a review of therapy services across the Trust with the aim of producing a therapy strategy and workforce model for the next five years.
- **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.

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 led and aim to drive efficiency through continual service improvement and realising 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.

QIPP Plans - 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. Jointly commissioned and developed schemes will be pursued to offer an effective way, for example, to manage winter pressures and we will continue to undertake such initiatives with local commissioners. Where there are projects which can bring health economy wide benefits, we will work with commissioners to deliver these.

5.4.2. Be innovative in our use of technology to make the organisation more effective

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 providing greater business intelligence. In the summer of 2014 we will begin to roll out the next version of our clinician's portal, providing access to systems including ability to move easily between systems to review 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.

Electronic Patient Record (EPR) – Over the lifetime of this strategy, the Trust must specify, procure and implement an electronic patient record which enables the Trust, and its partners, to record, share and analyse key information about all the patients we care for. The chosen EPR will link with existing best of breed systems and a number of in-house Trust developments but will need to integrate all these different sources of information so that the clinician has one place to find information about his/her patient. To produce plans that will support the delivery of an electronic patient record across the Trust.

Paperless working – the Trust will develop plans, which are coherent with the EPR, which allows the Trust to undertake most of its day to day business electronically. This will include electronic communications with other partner organisations, especially GPs and patients, as well as reducing transaction costs by eliminating waste through improved electronic processes.

5.4.3. Take opportunities to generate additional income

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 substantial expansion of the sales of the commercial laundry and the development of 3D clinical modelling.

The Trust will extend commercial activities which can make a financial contribution and which are compatible with its status as local health care provider. We will look to build on the many innovative ideas our staff bring forward, both to save money and to introduce new technology or techniques which can improve the quality of care we provide and which have wider applications. We will also look to increase the amount of private work we undertake, in line with our constitution, and develop investment opportunities through redevelopment of the site.

An important aspect of the generation of additional income will relate to the development of private patient work on the SFT site. Odstock Private Care Ltd (OPCL) makes a vital contribution in raising funds for the hospital through private patient activity and the Clarendon Unit is an important aspect of those initiatives. In the early months of this strategy the Trust will be assessing its approach to private work

and determining the best approach by which an increased amount of private work can be undertaken on the SFT site.

5.4.4. Make a positive contribution to the wider community

As the largest employer in Salisbury, SFT has an important wider role to play in contributing to the development of the city, its economic growth and overall prosperity, and fulfilling its civic responsibility for helping to make Salisbury a city which is successful and a desirable place to live and work. Where possible, and appropriate, SFT will discharge this civic responsibility readily and willingly and in particular will contribute to the wider health and social care agenda through the Health and Wellbeing Board. The following are by no means exhaustive but give an indication of a number of areas where the Trust contributes beyond its core business:

Health promotion – SFT services will ensure that the wider promotion of the population’s health is a constant factor in our interaction with patients (see the Quality Account) and will continue to promote the health of the 4,000 local residents who work for us through the shapeup@salisbury initiative.

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.

Campus programme – SFT will contribute to the Wiltshire Campus Programme as it looks to find efficiencies of scale and of co-operation and co-ordination through public bodies working together and sharing facilities more effectively across the County.

Local education – the Trust contributes to the local education agenda in a number of ways (sitting on boards, giving talks to local schools, encouraging work placements at the hospital etc) and we will look to build on that both in terms of its local contribution but also in terms of inspiring the workforce for future generations.

Site Development – the Trust will be pulling together a renewed estate strategy to develop a vision for the site such that it can dispose of redundant buildings, use its space more effectively and enhance the overall environment of the estate. Crucially the expectation is that it will generate additional revenue for the Trust as well generate overall economic benefit to the Salisbury area.

Stars Appeal – the Trust benefits hugely from the generosity of the local population donating to the Stars Appeal and the Stars fundraising initiatives and events also make a substantial contribution to the local community.

Picture of Success

- Achieve a Continuity of Services Risk Rating (CoSRR) of at least 4
- Deliver a cost improvement programme of approximately 3% each year
- Achieve an EBITDA (Earnings Before Interest Taxation Depreciation and Amortisation) of at least 0.4% of turnover
- Enhance the Trust’s income by achievement of best practice tariffs (BPT’s)
- Increase income from non-NHS sources
- Reduction in CO² emissions by 10% by 2015 (2008 baseline)

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, and only prudent assumptions have been made about growth in income resulting from increases in market share.

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	2016-17	2017-18	2018-19
New Outpatients	67,430	67,947	68,404	68,958	69,513	70,051
Follow up Outpatients	125,297	120,779	116,14	112,066	113,132	114,194
Outpatient Procedures	40,960	41,304	41,669	42,051	42,417	42,783
ED Attendances	43,098	43,471	43,844	44,235	44,530	44,843

Inpatient Activity Projections

Activity Type	Base Year	2014-15	2015-16	2016-17	2017-18	2018-19
Daycases	20,779	20,087	20,468	21,146	21,590	22,043
Elective Inpatients	6,211	6,253	6,399	6,510	6,591	6,673
Total Electives	27,541	26,339	26,667	27,656	28,181	28,716
Regular Day Attenders	6,475	6,466	6,506	6,552	6,640	6,773
Emergency	18,560	18,746	19,055	19,262	19,503	19,748
Other Emergency	6,148	6,066	6,215	6,241	6,319	6,398
Total Emergency	24,708	24,812	25,270	25,502	25,822	26,145
Projected Beds	422*	410	399	394	389	384

* this figure is for general and acute beds and does not include escalation beds, or maternity and NICU beds

Overall Staffing Numbers

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

	March 2015	March 2016	March 2017	March 2018	March 2019
Total worked wte	2,833	2,771	2,747	2,728	2,709
Net reduction	(23)	(58)	(24)	(19)	(19)

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.
- The impact of the Better Care Fund (BCF) is still genuinely unclear and the Trust is not able to forecast with any certainty what the impact of developments here will be and the degree to which they will offset the ageing of the population and its projected increased in dependency.
- 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. The Trust will be urgently reviewing the recently published Operational Resilience and Capacity Planning guidance.
- 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.

7. Financial Investment & Strategy

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. Financial assumptions

In arriving at this five-year financial plan the Trust has made the following assumptions:

- The Trust recognises the need to improve efficiency continually and find more effective ways of delivering its services
- Cost improvement plan of approximately 3% of operating expenditure
- Inflation takes account of some major challenges over the period, including increases in contributions to NHS pensions, significant costs incurred from the ending of NI contracted out status, together with high increases in CNST premiums and drug inflation
- In 16/17 the tariff deflator has been reduced to take into account the spike in inflation caused by the ending of contracting out regulations in respect of pensions

	15/16	16/17	17/18	18/19
	£m	£m	£m	£m
I and E Surplus	1.119	0.892	0.485	0.331
EBITDA	6.358	6.136	5.663	5.513
CIP	5.05	5.33	5.58	5.68
	%	%	%	%
Efficiency Index	3.54	3.69	3.68	3.67

7.3. Downside Scenario

The Trust has modelled a single downside option that assumes a reduced level of income as follows:

	15/16	16/17	17/18	18/19
	£m	£m	£m	£m
Reduced income	(1.36)	(2.0)	(2.0)	(1.0)
Impact on I&E surplus	(0.3)	(1.2)	(1.2)	(0.6)

The downside scenario would see the Trust entering into a position of deficit from 2016/17.

7.4. Cash / Balance sheet

On the basis of the capital programme described below and the overall cash management strategy adopted by the Trust, cash held will increase from £16m at March 2015 to just over £20m by March 2019.

7.5. Key risks to achieving the financial strategy

The main risk to the strategy is a further deflation of the tariff over and above what has already been projected in this plan. The Trust does not believe that it would be in a position to extend its cost improvement plans by any material amount without impacting on quality if the tariff were to be deflated any further. A 4% efficiency index over a sustained period of time will prove to be extremely challenging.

There remains a lack of certainty about the impact of the Better Care Fund and that has not been projected into this plan. The Trust will review its assumptions once clear plans are made available to it which describe the approach being taken regarding the BCF and, crucially, the assumptions on the Trust.

The level of capital investment described below may have a material impact upon the Trust's ability to invest to improve its services, unless other sources of funds can be realised, typically through bids to central funding sources.

7.6. 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 at a time with a worsening financial outlook it will only be able to apply funds from depreciation to capital schemes. 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.

Capital Programmes for 2014/15 to 2018/19

	2014-15 £000	2015-16 £000	2016-17 £000	2017-18 £000	2018-19 £000
New Build	4,036	2,250	1,000	1,000	1,000
Maintenance	3,867	3,463	3,160	3,160	3,160
Equipment	2,547	2,300	2,500	2,500	2,500
Information Technology	2,375	2,550	2,200	2,200	2,200
Gross	12,825	10,563	8,860	8,860	8,860
Less Grants and Deductions	1,400	600	300	300	300
Net Total	11,675	9,963	8,560	8,560	8,560

8. Our Future Organisation

8.1. SFT in 2019

In five years' time we envisage that the shape of the Trust, and its core business, will have undergone some fundamental changes, however the commitment to the delivery of high quality care which offers an outstanding experience for patients will continue to direct how we work.

By 2019 the Trust will be:

- Providing high quality and responsive care with a consistent focus on patient safety in line with the Quality Strategy;
- The clear provider of choice amongst local GPs and patients for planned work with an increased elective market share for our whole market of 55% (cf. 52% in 2013/14) by being recognised for its reputation for excellence from delivering an outstanding patient experience;
- Delivering our services to a wider catchment population having successfully expanded into key territories through targeted marketing and business development initiatives;
- Operating from a smaller acute bed base (and estate) due to operational efficiency improvements, fewer acute admissions linked to implementation of integrated care/patient pathway initiatives and the shift of care into community based settings
- Delivering more care through integrated patient pathways, working effectively with a broad range of local partners - GPs, community service providers, social care providers and the voluntary sector
- Playing a stronger role in enabling and supporting patients to manage their own care
- Separately managing the delivery of planned care from the delivery of unplanned care with more elective patients seen, and treated, in settings outside of the hospital
- Delivering more care through clinical network arrangements in conjunction with other providers, including tertiary centres, and playing a stronger role in these networks
- Playing a greater role in the provision of rehabilitation services to a wide geographical catchment recognised for its innovative practice and outstanding outcomes
- Better known nationally, and internationally, for our specialist services through becoming more actively involvement in academic networks, including the AHSN and LETB, and through stronger promotion of our research, education and training activities
- Developing a high quality, flexible workforce which is well-equipped and feels empowered to ensure that the Trust delivers on its vision of an outstanding patient experience
- Working closely with clinical commissioners to plan and deliver the services that our local population need to meet their specific health needs, within the local financial envelope
- Continuing to meet our operational and financial obligations as an independent Foundation Trust, including achieving a Continuity of Service Risk Rating of '4' or above
- IT systems which promote information sharing and which deliver the relevant information to the clinician when it is needed
- Delivering an estates strategy which ensures patient care is provided from the highest possible quality accommodation and which makes optimal use of the Trust's estate.

8.2. What the new SFT will mean for key constituents

For Patients:

- An outstanding patient experience every stage of the patient pathway – accessible, responsive, personalised, safe, high quality care
- Seamless transfer/experience between different organisations providing different elements of care along the pathway
- Enabled and supported to understand and manage their own care

For GPs:

- Accessible and responsive service provided by the Trust to GPs – informative, two-way/open communication, providing services for GPs which are easy to connect with and to influence changes
- Care delivery across agreed patient pathways with clear roles and responsibilities
- Patients very satisfied with their secondary care experience

For Clinical Commissioners:

- Efficient and effective use of resources – focused on local health priorities, having a positive effect on health and wellbeing of local people
- Maintain local access to a comprehensive range of high quality general acute, maternity and specialist services
- Joint initiatives developed to address local financial challenges and ensure delivery of QIPP

For staff:

- Positive feedback from patients, GPs and local people due to delivering an outstanding patient experience – motivated and proud to work for SFT
- Development of flexible, innovative new roles - opportunities for personal development
- Wider participation in clinical and academic networks – enables local provision of clinical services to continue and provides research, education and training opportunities

For strategic partners:

- Partner that is highly regarded provider of high quality services and a national/international leader in those specialist services it provides
- Experienced partner working collaboratively with a wider variety of organisations
- Clear strategic direction, focused on areas where the Trust has well-recognised strengths

9. Conclusion

This strategy seeks to build on what is already a successful and well-established organisation and make it even better. We will achieve this by focusing on building up the hospital where appropriate and by linking into the community, but essentially we will achieve this by ensuring that we deliver an outstanding experience for every patient who comes into contact with the services we provide.

To achieve this we will ensure that the strategy is embedded in our planning processes, is reflected in our assurance framework and is regularly reviewed by the Trust Board. The directorates will amend their operational plans to ensure that they contribute to taking forward the strategy, and the Board will be kept updated on progress towards the various objectives.

The development of the strategy does not end with the agreement of this document. The Trust will be alert to potential threats and opportunities arising from external changes and challenges and will have to be sufficiently agile to respond to these. We need to ensure the culture of the Trust supports innovation and flexibility of approach to achieve this. The strategy will be reviewed at least annually by the Board to maintain its relevance, and the annual plan will describe the operational plans each year to keep the Trust on target to deliver the outcomes described.