

Salisbury NHS Foundation Trust Strategic Plan, 2018-22

Introduction

In an extremely challenging environment for healthcare, Salisbury NHS Foundation Trust has to change and adapt to ensure that it is adequately equipped to face the challenges of the next five years. We have written this strategy document, *Shaping the Future*, to set out how we see Salisbury NHS Foundation Trust will work with other partners to respond to the many changes and challenges facing local health services and to set out what our ambitions and priorities are in taking forward our ultimate aim of delivering

An Outstanding Experience for Every Patient

In seeking to deliver an outstanding experience, patient safety must be and will be our first priority providing safe, high quality care to our patients which meets their individual needs and expectations and which values theirs and their relatives' time. We want every patient to have an **outstanding experience every time**.

Meeting the needs of the local populations requires all healthcare organisations to work effectively together. Underpinning our strategy is a belief that SFT must progress in partnership with others – with primary care providers, with social services, with other hospitals and with those that oversee the delivery of care and above all by listening to our patients themselves. We will work with other organisations to take a 'population view', managing patients across organisations to achieve the best outcomes both for individual patients and for the population as a whole.

We are privileged to have a high quality and committed workforce. Sustaining that workforce in terms of numbers and quality will be vital over the next five years. We hope to see more of our staff working across care pathways that would be recognisable to our patients, and particularly in and close to our patients' homes. This will mean a workforce that can work across organisations with more staff from other organisations working on the hospital site. That way we can share skills, expertise and understanding of the wider health and social care system.

As both a care provider and the biggest employer in South Wiltshire we recognise our importance to the community and our responsibility to serve it and contribute to its prosperous development.

We have an immediate financial challenge that we must address, and we must tailor our aspirations accordingly. We are undertaking a major financial review to ensure that we can achieve financial sustainability in the longer term. This strategy document describes what we aspire to do, but also what we must do to ensure that we have a sound future financially. That will involve some transformational change projects which will fundamentally alter the way services are provided, how we approach our business and how we use our resources.

We hope that you find this document instructive. In the meantime Salisbury NHS Foundation Trust is on an important journey with its partners to deliver the ambitions and aspirations outlined in *Shaping the Future*. We hope you will support us on that journey.

Chairman

CEO

Our Vision and Values

Our Vision

Our vision for Salisbury Foundation NHS Trust is to provide:

An Outstanding Experience for Every Patient

We will deliver our vision through **collaborative partnerships**, working with other organisations to deliver high quality services that improve the health of the community we serve through:

- A relentless commitment to safety in all the care that we provide
- Achieving a *Good* rating from the CQC, working towards an *Outstanding* rating
- Formulating and delivering on a plan for financial sustainability
- Developing a clear vision for how we will transform health care locally with our partners
- Recruiting and retaining the highest quality staff and developing them to work in effective teams
- A focus on quality improvement – giving all clinical staff the tools and the freedoms to improve services at a local level. **Outstanding every time** will be our watchword.
- Developing a plan to transform the estate to meet the needs of clinical services more effectively, with a focus on providing facilities for the frail elderly, reducing the impact of emergency care on planned services and using our land in the most productive way for the organisation and the whole community
- Using technology to assist patients to manage their health and designing systems which promote the sharing of clinical information and add value to clinicians
- Helping patients to manage their health and be responsible for their own wellbeing
- Achieving the best outcomes for our patients efficiently and effectively within the available resources Always learning – from others, from ourselves, and from where we get it right...and where we don't
- Fostering enjoyment at work – health care is a vocation for our staff, and we want staff to value and be valued for the contribution they are making
- Being more consistent - getting it right the first time and every time
- But above all, a sustained focus on patient experience – personalised care that values our patients' wishes and is tailored to their needs

Our Values

We have an established set of values and behaviours which were developed with our staff. They describe the characteristics we want Salisbury FT to be known for and represent the foundations on which we seek to deliver on our vision and strategic priorities.

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

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

Professional – Our focus is on being open and honest, efficient and acting as a good role model.

Responsive - Our expectation 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 expect our staff to be welcoming, treat people with respect and dignity and value others as individuals.

Equality & Diversity

We support the local Equality and Human Rights charter and value the diversity of local communities. Our aim is to provide services that recognise, understand and respond to the experiences and needs of all our diverse populations so that there is equality of opportunity to access and benefit from co-ordinated and appropriate services.

Salisbury Foundation Trust adheres to the standards set out in the Workplace Race Equality Standard (WRES) national guidance. We produce and publish our baseline WRES data and have an updated action plan that is annually reviewed. The Trust publishes its data and action plan every August under the Equality, Diversity and Inclusion hospital website pages, in a transparent and easy to access template. This area of work is led by the Trusts Head of EDI (Equality, Diversity and Inclusion), supported by the Trust's EDI Strategic Committee, which reports directly to the Trust Board.

Partnership working

If we are to address the challenges facing the whole health economy we will need to work effectively with others. We have to work as a system, not as a series of loosely connected separate organisations or individuals. We must reach out to work with partners within a system which cares for a patient in the place most appropriate to their needs. We must link up with other acute hospitals to provide services which have sufficient highly skilled staff to be sustainable and resilient. And beyond that we should work with health and social care providers to develop people, providing staff with attractive opportunities which enthuse them and which will encourage them to remain in the locality.

In summary

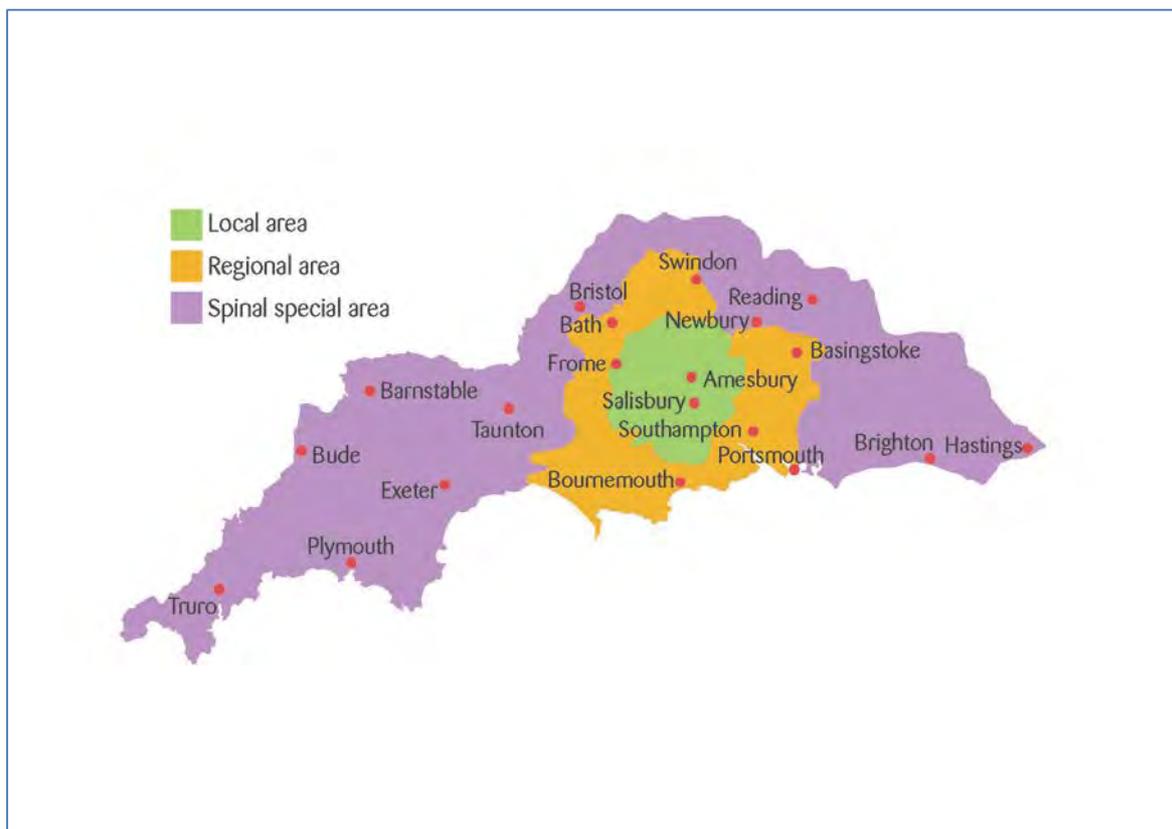


Strategic Context

Salisbury NHS Foundation Trust

Salisbury NHS Foundation Trust (SFT) is a well-established acute Trust with a track record of high quality care and delivery of performance targets. It provides a broad range of acute district general hospital (DGH) services for the local population alongside a portfolio of 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 service mix distinguishes SFT - at one level SFT is a local acute hospital service embedded in the local community, yet its specialist services enjoy a national reputation and reach which extends across much of southern England. The two elements are interdependent – neither are able to prosper without the contribution of the other.

The Trust has a core catchment population of around 250,000 people to whom district general hospital (DGH) services are provided. Our specialist services as a provider of regional services to a population of two million and supra regional services extend to a population of approximately eleven million people.



The Local Context

About two-thirds of SFT’s patients come from Wiltshire. The population of Wiltshire is growing markedly – it is expected to increase by about 6% (from a figure of 492,000 currently) by 2030. The 2016 joint strategic assessment estimates that between 2014 and 2023 the number of people living

in Wiltshire aged over 65 will increase by a quarter and the over 85 population is predicted to grow by one third. The Wiltshire population is already older than the England average - there are 0.8% more people aged over 75 years than the national average. This gap is expected to widen because the population of people aged over 65 is growing at a faster than average England rate; between 2016 and 2026 there will be a 27.3% increase in the number of people aged 65. By 2026 the number of people over 65 years old will account for 22.5% of the total Wiltshire population compared to 18.9% at the current time.

In younger age groups, the expectation is that the number of children (under 19) will remain largely constant over the next decade with the exception of a one off increase as a result of the army relocation (see below). The population in the 30-55 bracket is expected to reduce over the next decade.

This trend indicates a continuing shift in demand for older persons medicine with a focus for community services in targeting areas such as cardiology, respiratory and infections including urinary tract infections to mitigate the risk of increased admissions, and SFT's strategy, in working with its partners, will need to reflect this.

The total population and the age of the local population is changing, but as people live longer it is a major challenge to health services, and to the population, to ensure they live longer in better health. Health promotion and the prevention of illness have to become a bigger focus for health services, with incentives developed to enhance healthy living and healthy lifestyles.

The extent of the challenge already is underlined by the graphic below which summarises a number of indicators for the population of Wiltshire:

<p>21% </p> <p>of our population is over 65 years old. By 2030 this is expected to increase by a third (to over 140,000)</p>	<p>Nearly 9,500 service personnel and their dependents relocate to the area by 2021 </p>	<p>Population of children and young people (age 0-19) will increase by 1.75% by 2030 to Over 115,000 </p>	<p>60,000 adults are estimated to have a common mental health disorder. </p>	<p>It is estimated that 6,700 adults are living with undiagnosed diabetes in Wiltshire. </p>
<p>Around 6,656 people have dementia. In 2030 it is predicted to nearly double </p>	<p>Circa. 30,000 people aged 18 to 64 have a moderate or serious physical disability </p>	<p>Visual impairment is estimated to increase from 10,913 in 2012 to 18,069 (45%) in 2030 </p>	<p>Ethnic minority groups in Wiltshire increased by 129% (14k) from 2001 to 2011 </p>	<p>Standardised rate of alcohol related hospital admissions per 100,000 population has increased by 9.0% (national change 2.1%, 09/10 to 15/16). </p>
<p>Age standardised incidence rates for cancer are above national average for 3 of the 4 most common cancers in 2013. </p>	<p>Approx. 105,800 people are living with a long-term condition - around 1 in 5 </p>	<p>70%  of the total days spent in hospital beds are for long-term conditions</p>	<p>There were 4,692 births in 2002 and 5,119 in 2016. </p>	<p>475/100,000 new sexually transmitted infections diagnosed compared to 795 nationally. </p>

Military Population

In 2019 there will be a substantial increase in the local military population and their dependents as service personnel return from bases in Germany to return to Wiltshire, particularly in Tidworth and Ludgershall. The current predictions are that the following numbers will relocate to Wiltshire:

5,180 service personnel

1,813 spouses

2,357 dependents.

The moves will happen in July 2019 and therefore are expected to have no impact until the following year. However in 2020/21 and subsequent years the impact projected by Wiltshire CCG and Wiltshire Council is quite marked:

Table 1 – projected impact on SFT activity from Wiltshire CCG arising from the military rebasing

SFT overall impact	Baseline Activity 17/18	Growth 17/18-19/20	Overall Percentage Change	Annual Growth
A&E Attendances	34,693	1,642	4.73%	2.37%
OP 1st Attendances	53,155	1,782	3.35%	1.68%
OP Fup Attendances	89,916	2,976	3.31%	1.65%
OP Procedures	31,454	855	2.72%	1.36%
Day Case Spells	15,056	467	3.10%	1.55%
IP Elective Spells	2,994	119	3.97%	1.99%
Emergency Spells (Excl Maternity)	15,640	1,083	6.92%	3.46%
Regular Day Case	6,840	93	1.36%	0.68%
Maternity	4,310	186	4.32%	2.16%

The National Context

In the NHS Five Year Forward View (5YFV) and the subsequent document setting out the next steps for the 5YFV, a clear sense of the national priorities is outlined:

Urgent & Emergency Care

To ensure urgent and emergency care services are available 24 hours a day, 7 days a week at a time of growing demand. In response to this challenge, the priority is on ensuring that community reablement allows for more patients to be discharged from hospital beds to allow for effective emergency patient flow. In addition more alternatives for attendance at ED will be developed, with a particular focus on the development of urgent care hubs and alternative handling of urgent and emergency calls.

General Practice

Placing a focus on ensuring that patients can secure a convenient and timely appointment, the emphasis is on recruiting sufficient primary care staff, including GPs and nurses, but also pharmacists and mental health therapists.

Cancer Treatment

To ensure that patients receive timely care, the emphasis is particularly on the early detection and identification of cancer. Greater use of genomics will enable both early identification of those at risk of developing cancer and for determining the best treatment options for a patient's particular type of tumour.

Mental Health

Ensuring parity of esteem for mental health services is an important priority and will see an expansion in provision of psychological therapies for common mental health conditions and in the provision of mental health liaison teams in secondary care, as well as more therapists in primary care.

Care of the Frail Elderly

Given the demographic changes described elsewhere, it is clear that helping frail and older people to stay healthy and independent is a massive challenge and should form an important part of the Trust's strategy. The national focus is on ensuring better integration of services – around GP, community health, mental health and hospital services, and linking in more effectively with care providers and care homes.

Service Integration

Increasingly there is a challenge to integrate services and integrate funding to deliver greater benefit for patients and deliver more value for the public purse. This will see commissioners and providers, as well local authorities and the voluntary sector working together to take a population view of local health needs and working in an integrated fashion to meet those needs.

Efficiency and Effectiveness

As the NHS seeks to meet the challenges described above, there remains the further challenge to ensure that services continue to improve in terms of efficiency and of effectiveness. As such the 5YFV sets out a **NHS 10 Point Efficiency Plan**:

1. Free up to 2000 to 3000 hospital beds
2. Reduce costs from temporary staffing costs and improve productivity
3. Use the NHS' procurement clout
4. Secure best value from medicines and pharmacy
5. Reduce avoidable demand and meet demand more appropriately
6. Reduce unwarranted variation in clinical quality and efficiency
7. Better use of estates, infrastructure, capital and clinical support
8. Reduce the costs of corporate and administrative services
9. Collect income the NHS is owed
10. Financial accountability and discipline for all NHS organisations

Sustainability and Transformation Plans

The Bath & North East Somerset, Swindon and Wiltshire (BSW) STP covers a population of c.0.9m people, living within the three unitary council areas. The STP established as a vehicle for accelerating progress at the level that delivers the best outcomes and experience for our citizens. Only those challenges that are most effectively dealt with at a footprint level will be addressed through the STP. The STP has determined that it will focus on 5 key priorities for change:

1. The development of locality-based integrated teams supporting primary care
2. Shifting the focus of care from treatment to prevention and proactive care
3. Redefining the ways we work together to deliver better patient care
4. Establishing a flexible and collaborative approach to workforce
5. Further enabling acute collaboration and sustainability

Within this overall context, the STP will particularly focus on care of the frail elderly and mental health, aiming to ensure parity of esteem.

Within neighbouring STPs, Hampshire and Isle of Wight's plan highlights the need to reduce delays in discharging patients from hospital, the need to ensure people live longer in good health by focusing more on health promotion and giving people more information on their health conditions and the role that lifestyle plays. In Dorset, similarly, there is an intent to deliver on a Prevention at Scale programme to help people stay healthy, with the development of integrated community services to provide access to local high quality services with a One Acute Network programme to deliver the more specialist care across the county.

Our Challenges

The biggest challenges the local health economy faces are demographic, whilst for SFT the most significant challenge by far is ensuring a return to financial stability whilst maintaining the quality of care. The emerging financial recovery plan is described below, whilst other challenges impacting on our strategic priorities include:

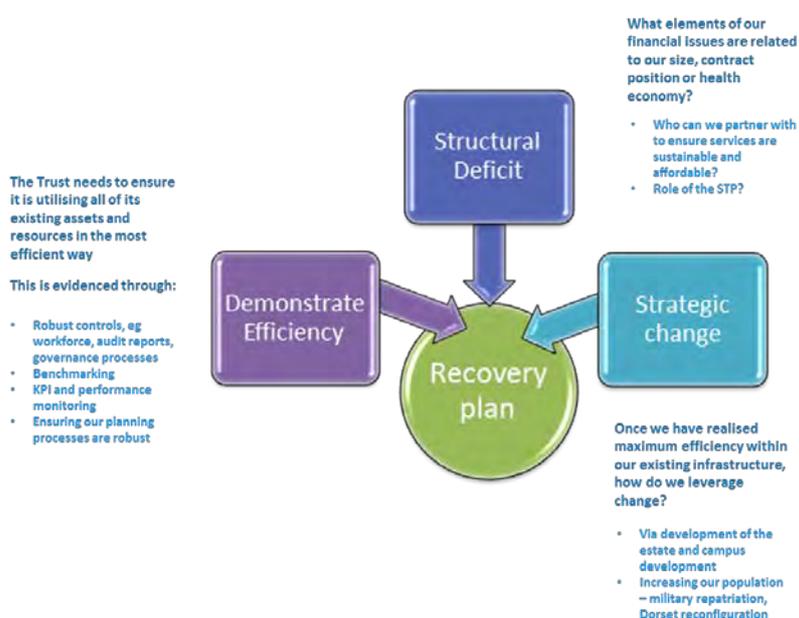
- Our ability to recruit the staff we need, particularly in light of projections for newly trained staff, as we begin to feel the impact of Brexit, the difficulties recruiting from abroad and the changes to bursary entitlements
- Challenges within primary care, with increasing workload and recruitment difficulties
- Social care challenges – availability of sufficient provision in the community, eg reablement services, domiciliary care, nursing and residential care capacity
- Increased regulation resulting in higher overhead costs
- Providing services which can be sustainably delivered to a consistently high standard

Financial Recovery Plan

Salisbury NHS FT's financial situation has been deteriorating over a number of years, which is reflected by the underlying position which sees an underlying deficit of £10m or approximately 5% of turnover. In recent years the Trust has relied on a number of non-recurrent actions and technical

adjustments to deliver on its annual financial plan, and these one-off solutions are now largely exhausted.

Given the scale of the financial challenge facing the Trust, a financial recovery plan is being developed to put the organisation on a sustainable financial footing. It will have two main strands. Firstly it will focus on how the organisation can best deal with current issues such as increased agency expenditure and how we ensure we use our capacity to the full. Secondly there will be a longer term view examining schemes by which we can transform the ways services are delivered to improve our efficiency and productivity and improve on the safety and quality of care provided. As a result some of the developments proposed in this strategy, where there is an ongoing financial impact, may either be delayed until the financial position has rebalanced or will require supporting reductions in expenditure elsewhere.



To help guide the Trust in its long-term approach a high-level benchmarking analysis has been completed which provides a clear view of where we may look to meet the challenge most effectively. A level of potential opportunity has been identified and this is now being assessed in more detail to determine which schemes are developed further. The main areas include:

Initiative	Key issues	Scale of Opportunity
Inpatient flow	Reducing length of stay across a range of specialties, enabling the reduction of the bed base	£3m
Improved theatre utilisation	Increasing theatre utilisation across all theatres and improving booking of theatre lists	£2.5m
More detailed coding	Greater interaction between clinicians and coders to ensure that the full range of coding, including all co-morbidities, is captured	£0.5m

Initiative	Key issues	Scale of Opportunity
Improving clinic efficiency	Refining booking processes to improve clinic utilisation rates, reducing the number of patients not attending for clinic by improving information provided	£3m
Temporary workforce reductions	Reduce the number of agency staff employed across all disciplines	£5m
Estates	Reduce the cost of managing the whole estate	£1m
Corporates	Reduce the cost of managing the organisation, increasing income into the hospital (eg laundry, payroll, procurement)	£4m
High cost medicines	Bring the cost of high cost drugs down in line with benchmarks	£0.6m
Shared pathology network	Working collaboratively across the Wessex region	£1m?
Radiology opportunities	Improved utilisation, impact of 2 nd MRI scanner	£1m
Therapies	Therapy led changes	£0.5m
Procurement gains	Further improvements to the Trust's ability to reduce costs through its purchasing power	£5m

All these schemes are being worked up in more detail to determine the exact level of opportunity, but where opportunities exist for immediate financial and operational benefit, these are being adopted. The Board is committed that these opportunities will contribute to, rather than have an adverse impact on, the quality of services being provided. Many of the schemes described in outline above are consistent with the priorities described in the rest of this document. For all schemes quality impact assessments will be undertaken to ensure that quality of care is maintained.

In Summary

The table below summarises an analysis of the Trust's strategic position in the form of a Strengths Weaknesses Opportunities Threats (SWOT) analysis highlighting our strengths and weaknesses as an organisation, and setting out some potential opportunities and threats.

Strengths	Weaknesses
<p>Strong local community support –positive reputation locally, great warmth shown to hospital, support for Stars, large number of volunteers</p> <p>Organisational culture and values – positive culture identified and valued, eg CQC</p> <p>Financial control – low Relative Cost Index (RCI)</p> <p>Specialist services – plastics, burns, spinal injuries, genetics, rehabilitation underpin DGH with catchment extending across Southern England</p> <p>Performance benchmarks – national audits, 7 day working, performance in upper quartile for many standards</p> <p>Research & development – high recruitment to trials for hospital of our size</p> <p>High quality staff – good engagement, low turnover</p> <p>Innovative practice – deployment of new techniques and approaches as reflected at <i>Pride in Practice</i> event. Examples include: HOLEP, FISH, GS1</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 – mid-sized acute Trust in rural setting, clinical and financial sustainability</p> <p>CQC Assessment – Trust classified as <i>requires improvement</i></p> <p>GP Relations – increasingly challenging as reflects pressures in primary care</p> <p>Demographic shifts – leading to large increases in emergency demand</p> <p>Stranded patients – large numbers of patients staying in hospital longer than their clinical need warrants</p> <p>Low income growth – income recovery for work undertaken (eg plastics), impact of reducing tariff</p> <p>Rural location – transport / time for patients (and staff) to travel to main hospital</p> <p>Recruitment – ability to recruit new staff across a range of groups</p> <p>Talent management – perceived that limited opportunities for development, identifying future senior leaders</p> <p>Technology – not securing sufficient leverage from new technologies</p>
Opportunities	Threats
<p>Clinical networks – enhance our role and develop closer links with other organisations (Southampton, WH&C) and emerging LETBs/AHSNs</p> <p>Increasing partnership development – work with other providers to deliver services more effectively, eg health & social care integration, WH&C</p> <p>ACS /STPs – working with other partners to secure health economy wide benefits, eg to manage whole pathways more effectively</p> <p>Specialist services – enhance services, extend catchment, develop rehabilitation</p> <p>Improve care pathways – esp. elderly patients, integrated care</p> <p>New leadership team – establishment of Board, clinically led leadership model.</p> <p>Patient engagement – working with local residents to co-produce new services.</p> <p>Site changes – re-use of estate, reconfiguring the bed based to support new ways of work</p> <p>Improve CQC rating – reputational and morale impact of an improved assessment</p>	<p>Financial challenges –overall income reduction, leading to underlying deficit with limits on cash and ability to use capital to achieve change.</p> <p>Clinical sustainability – commissioning changes re designation, ability to staff on-call rotas</p> <p>UK departure from EU – impact on recruitment and the increasing cost of goods</p> <p>Impact of national changes on recruitment – loss of bursaries, new contractual arrangements leading to inability to recruit</p> <p>Workforce planning – lack of suitably qualified staff, especially clinical, given the Trust’s ageing workforce.</p> <p>Genetics tender – potential impact on local laboratory</p> <p>CQUIN targets – increasingly challenging standards with consequent risk for income and reputation if not achieved</p> <p>Different landscape - impact of 5YFV on future direction for DGHs</p>

Future Capacity Requirements

Bed Modelling Requirements

An initial, high level view of the bed requirements which will be required over future years has been undertaken. Using data from April 2014 to August 2017, the model forecasts future bed requirements based on previous seasonality and expected changes in population, especially in the light of substantial house rebuilding to the north of Salisbury. At the current time, it includes assumptions for the projected increase in demand arising from the military rebasing, and assumes the same level of growth has experienced over the last two and a half years. It does not, as yet, make any assumptions about changing operational delivery methods, for example as a result of the ward reconfiguration projects.

Table 2 – Projected Acute Bed Capacity Requirements

Financial Quarter	Demand	Capacity	Variance
Q1 18/19	364	377	13
Q2 18/19	339	377	38
Q3 18/19	349	377	28
Q4 18/19	367	377	10
Q1 19/20	380	377	-3
Q2 19/20	356	377	21
Q3 19/20	372	377	5
Q4 19/20	392	377	-15
Q1 20/21	383	377	-6
Q2 20/21	362	377	15
Q3 20/21	383	377	-6
Q4 20/21	404	377	-27

Table 2 shows that there will, on current demand projections, be a growing need for acute beds, especially acute medical beds. The Trust will need to plan to expand by at least one further acute medical ward by the winter of 2019/20 unless care models can be developed which reduce demand for non-elective admissions and provide for substantial reductions in length of stay. More detailed bed modelling and hospital planning will be undertaken in 2018 as part of the hospital redevelopment programme described below.

Our Priorities

Introduction

In the pursuit of delivering on our commitment to offering an outstanding experience, we have agreed on three strategic priorities which describe what we must do and three enabling priorities which will help us in creating an organisation capable of delivering on our vision. For each priority we describe what we are trying to achieve, the key areas we believe will contribute to delivering the priority area and the measures by which we will judge our success. In Appendix 1 we define in more detail the steps we will be taking to deliver on the priorities outlined in this section.

Strategic Priorities

We have agreed three strategic priorities reflecting our **commitment to delivering an outstanding experience for every patient** which will allow us to transform the services we offer, linking more effectively with other services patients are receiving to deliver a real health gain for the communities we serve.

Those strategic priorities are:



Local Services

Our Priority

Our aim is to meet the needs of the local population by developing new and improved ways of working which always put the patient at the centre of all that we do.

What we mean by this?

We will provide a comprehensive range of **local** general hospital services which reach out into the local communities we serve. We will manage the care of patients with long term conditions in teams which span across the community – working with GPs, community health and social care teams to keep patients out of hospital unless admission is absolutely essential, and working with the same teams to discharge patients effectively when they no longer need to be in hospital.

We will care for patients as close to their homes as possible and as linked teams – the patient need neither know nor care which organisation staff work for, only that the **local** service is caring for them with a clear treatment plan and that all staff know the next steps in that plan.

We will ensure that our services evolve to meet future needs. We are reconfiguring our wards to ensure that there is sufficient capacity for medical patients to reflect demographic changes. We are looking to separate elective and emergency care so that the peaks of emergency cases do not impact so significantly on planned workload. Only by improving flow through the hospital can we ensure that we meet the needs of our patients for access to prompt, responsive and safe care.

We will do this by:

- Working with our partners to evolve new care pathways across organisations which manage patients according to their clinical needs in the location and manner most appropriate for those needs with an early focus on the frail elderly and patients with long term conditions
- Development of community based frailty services which manage patients care through specialist multi-disciplinary team community services
- As part of the long term campus project creating a step down unit for frail elderly patients who no longer require acute care
- Implementing new systems in the Emergency Department to improve flow, with an emphasis on early intervention and senior decision making.
- Making our acute emergency services more responsive and enabling clinicians to prevent admissions by expanding the ambulatory capacity on our medical assessment unit, by increasing the proportion of emergency care provided by general acute and elderly care physicians, and by offering more rapid access clinics, by creating a community hub at the hospital which will work to avoid admission to acute care
- Develop with partners a series of initiatives that has an absolute imperative that patients stay no longer in hospital than their clinical needs require
- Reducing access times for urgent and planned services so that patients receive prompt, responsive care. To include reduced waiting times for follow up appointments.
- Offering more care on an ambulatory basis – reducing need for patients to stay in hospital overnight, eg planned emergency surgery, ambulatory gynaecology, use of intravenous sedation and regional blocks
- Providing more flexible outpatient services, eg one stop clinics, virtual clinics, communications via technology rather than face to face consultations, evening clinics
- More outpatient clinics provided on an outreach basis in the community, eg in response to the increasing military population. Support the development of GPs with special interests in a number of specialities, eg in cardiology to provide increased medical resource and senior decision making to the acute service and the community service as it develops
- Improving access to our specialists for primary care – provision of advice and guidance services, greater joint working,

Patient Story

Doreen has Parkinson's disease. She had been in hospital for some time but when it was agreed that she no longer needed medical care her family and healthcare professionals felt that the best place for her to be discharged to was an intermediate care bed in a residential home. Doreen was determined that she did not want this and that she wanted to go home, so a trial period at home was agreed to assess her needs. Initially the hospital Early Supported Discharge (ESD) team bridged the gap for morning care then handed over to the community team - Help to Live at Home. Doreen remained at home with 24 hour care. The ESD team undertook joint visits with the community therapists and her GP to coordinate her ongoing needs.

Subsequently the ESD team supported Doreen's husband in his own hospital admission. He was very pleased to see the team during his admission as he found the familiar faces extremely re-assuring. Doreen and her husband were determined that they wanted her to remain at home. By working with Doreen and her family across the boundaries of our local organisations we were able to join up her care and support and empower Doreen's family to ensure that her care needs were assessed and met in her chosen environment.

Six months later Doreen had to come back into hospital but because she was well known to the teams they knew Doreen's usual condition and her, and her loved ones' aspirations for her to return home. Doreen was discharged home with ESD support quickly improving her mobility and working with her GP, the community teams and Age UK to manage her at home, including trips to the local lunch club.

How will we recognise success?

- 60% of medical patients discharged directly from the acute medical unit and acute elderly unit
- Delayed transfers of care reduced to 5% of the total bed base
- Average length of stay for non-elective admissions reduced by 2 days
- Reduction in cancelled operations back to 15/16 baseline (10 cases per month)
- Main access targets delivered (ED, RTT, cancer), reductions in waiting times for follow up appointments
- Planned orthopaedic activity increased by 10%
- An agreed plan for the development of the estate with a clear funding route
- Reduction in readmission rates by 5%
- Increased discharges to patients' normal place of residence – as more patients are cared for in the community

Specialist Services

Our Priority

We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population – more than 11 million across Southern England for the Spinal Centre and over three million for patients across Wessex for burns and plastics, cleft lip and palate, genomics and specialist rehabilitation services.

What we mean by this?

Our ambition is to build on decades of outstanding regional and supra-regional services which remain an essential element of the portfolio of services provided at Salisbury. The level of expertise and specialism is second to none with outstanding microsurgical techniques, management of patients with serious burns, cancer care, reconstructive surgery (eg cleft lip), care of the spine injured and the provision of a genetics services as part of a wider collaborative. In particular the plastic surgery service plays a vital role in the major trauma service for Wessex, with a surgeon present on site in Southampton every day to provide reconstructive input for major trauma cases. In addition the specialist services allow our local services to provide a level of care beyond the remit of a typical local hospital eg complex cancer reconstructive surgery, urology treatments for patients with spinal cord injuries, the close working relationships with tertiary colleagues from University Hospitals Southampton (eg for paediatrics).

Our focus will be on

- Delivering the capacity to allow the plastic surgery service to keep elective and trauma work separate to ensure that all aspects of care are provided to patients quickly and effectively
- Taking the lead for provision of plastic surgery across the Wessex area, playing the lead surgical reconstructive role for the major trauma centre
- Development of the Salisbury Skin Service providing outstanding care across dermatology and plastic surgery to manage increasing demand for skin cancer treatment
- Building up the reconstructive service provided to military personnel who have suffered major traumatic injury
- Developing new care pathways for babies with cleft lip and palate and their families to improve experience ensuring timely interventions and improved experience
- Reconfiguring the care pathway for spinal cord injured patients
- Subject to a Board approved business case, bidding with other genomics providers as a collective to be a genetics central hub laboratory

Patient Story

Earlier this year, Jo suffered a serious burn injury when her clothing caught alight after coming in to contact with a gas fire in her home. She was brought to the Emergency Department at Salisbury District Hospital. This was to be the beginning of a 6 month journey to recovery that involved the entire burns multi-disciplinary team.

Jo had sustained deep burns that covered 26% of her body. After a short period of stabilisation in the Emergency Department, Jo was taken to the Plastics and Burns Unit where specialist burns nurses cleaned her burns and applied dressings. Her condition was monitored closely by doctors from intensive care and the burns and plastics team. Jo required skin grafts to help her burns heal. Over the months that followed, she met the physiotherapists and occupational therapists who supported her with her first steps to recovery. The dietician ensured she received nutritional support to enable her wounds to heal. The pain team helped to ensure she was comfortable. The psychologist supported Jo through her treatment and fears for the future.

Just over 5 months after her injury, Jo was discharged home with support from her local district nurse and the rehabilitation team. She continues to attend the burns dressing clinic and has been referred to the scar management team for on-going management.

How will we recognise success?

- Reduced access times for both planned plastic surgery cases and for trauma cases
- Take the lead the delivery of a network based plastic surgery service across Wessex
- Compliance with national burns standards
- An agreed care pathway for spinally injured patients with patients clear on rehabilitation outcomes and the next steps to achieve those outcomes
- Reduced length of stay within the Spinal Centre
- Agreed investment plan for reconfiguring the Spinal Centre
- Continuing to support the delivery of supra-regional genetics services through collaborative partnerships
- Patients and families have a clear understanding of their clinical pathway/s including key interventions, timescales and desired outcomes for the treatment of cleft lip and palate.

Innovation

Our priority

We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered making a positive contribution to the financial position of the Trust.

What we mean by this?

We will listen and learn from clinical evidence and best practice engaging in national initiatives and programmes and participating in clinical research to benefit our patients offering them access to new and better treatments. We will be innovative in how we develop commercial services which provide a financial benefit to the organisation.

We will

We will ensure that opportunities for delivering excellence is at the forefront of what we do and is reflected in our programme of quality improvement. We will equip our workforce with the skills for participating in, and leading, quality improvement and innovation programmes consistently at scale. We will continue to look for opportunities to develop ways of increasing non-clinical services at the Trust where they will benefit us financially.

We will ensure opportunities for innovative new clinical pathways are provided for locally, to ensure improved outcomes for patients. For example the management of enlarged prostate through a new laser technique which requires far less invasive surgery and extending the early supported discharge services which are helping patients return home more quickly.

We will continue to seek out best practice from other parts of the NHS which can be adopted in our hospital, for example the use of colour coded mobility aids to provide the correct assistance more quickly; participation in national initiatives such as *end PJ paralysis* which helps our patients get up and get dressed to assist their recovery; the use of biosimilars which combine effectiveness and value for money, and Breaking the Rules, inviting our staff, patients and carers to help us to remove systems and processes which hinder an outstanding experience.

We will adopt new practices to transform our services improving patient safety, increasing clinical productivity and driving operational efficiency. The transformation agenda will touch all areas of our business as we review all that we do to ensure that every activity undertaken is required, that it is carried out by the most appropriate member of staff, at the right time in the correct sequence to provide an outstanding experience and outcome.

We will continue to invest in the creation of new products and equipment developed by our staff supported by our innovations team.

Innovation Example

The Trust is one of six hospitals across the country introduce GS1 standards to provide a consistent means of identifying and tracking patients, equipment, medications, equipment and locations across the organisation. Here is what one clinician said about the system:

“Knowledge is power – not only does this provide us with a level of data and insight that can be used to better challenge clinical practice and variation, helping us to reduce inefficiencies and improve patient experience and outcomes – more importantly it ultimately helps to safeguard our patients from avoidable harm. In the event of a product recall, we can now easily and quickly track an affected product to the right patient.”

How will we recognise success?

- Agreed programme of care pathways designed locally with others (GPs, community teams, social care) using evidence on best practice to improve the care provided
- Reviewing our business processes to ensure that they are effective, and that they make best use of our resources, especially scarce clinical resources
- A consistent approach to quality improvement used by all levels of the organisation with measurable outputs
- Identifying and developing leadership talent
- Outcome measure for research
- Increased contribution from commercial activities, eg My Trusty, Laundry, Scan 4 Safety consultancy
- Implementing the new prosthetic treatment for nasal speech for children with cleft lip and palate
- New innovative procedures in place, eg systems to prevent pneumonia, arterial connecting systems, point of care testing introduced for identifying more rapidly conditions such as flu and norovirus, introduction of improved test for bowel cancer screening programme
- Fewer patients coming to clinic to be seen – more managed in primary care, more virtual outpatients, conversations between clinicians to manage patients differently. Also reducing follow ups – see and treat services, patients managed post treatment in liaison with primary care, use of technology to manage patients remotely (eg plans within urology for PSA tracker software)
- Explore the possibility of computer assisted diagnosis and image interpretation within radiology
- Development of ultrasound guided regional anaesthesia.
- Staff are individually recognised for their innovative work within the wider NHS
- Achievement of innovations tariff where a positive business case can be made

Our Three Enabling Objectives

There are three enabling objectives which provide the structure on which the Trust is able to deliver on its key strategic priorities – an absolute focus on high quality, safe care; working with our staff to develop as individuals and as teams; and providing services as effectively as possible.



Care

Our Intent

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

What we mean by this?

First and foremost we will prioritise patient safety, reducing harm and protecting the most vulnerable. We want to provide services which reassure patients about their quality and standards of care and which are delivered with warmth, kindness and compassion at every point in the patient journey. Patients remember how they were treated, how they were spoken to, how they were made to feel safe. We must treat each patient as an individual, and the care they receive be personal and personalised. And we must value our patients' time in hospital – every minute must add value, no patient should spend more time in hospital than they need to. We will work with patients to understand their needs and preferences so that we can offer services that work for them. We will constantly seek feedback from our patients and that feedback drives how we develop what we do.

We will place a much greater focus on health promotion and prevention supporting staff to educate and empower local people to know how to keep themselves well and when to access services.

Early in the life of this strategy we will have another CQC review and our intent is to improve the rating that this hospital receives.

We will achieve this by:

- A safety first approach with a sustained focus on reducing avoidable harm through the *Sign up to Safety* initiative, with particular emphasis on reducing harm from pressure ulcers,

catheter associated urinary tract infections and from falls, and fully embedding the GROW programme within maternity

- Improving the care of the frail elderly with a focus on better identification and management of needs through the comprehensive geriatric assessment (CGA) and develop personalised care plans accordingly. Emphasis will be placed on reducing the deconditioning in our elderly patients which happens in hospital.
- Reviewing a percentage of all in-hospital deaths to establish whether they could have been avoided by problems in care, ensure learning is achieved and improvements made
- Sustaining reductions in hospital acquired infections
- Providing person centred and personalised care: with patients as equal partners in planning, developing and monitoring their care to make sure it meets their needs
- Improving our approaches to the treatment of cancer – diagnosing patients within 4 weeks of referral, improving how we care for patients who have had their primary treatment
- Promoting 7 day services where viable to do so
- Increase the range of services provided to children within the Sarum unit, and develop outreach service for children cared for in ED and Day Surgery
- Creating a culture of continuous learning and improvement – outstanding every time
- Develop a midwife-led birthing unit to provide increased choice on birth options for local families
- Delivering on our Quality Account priorities and CQUIN targets

Patient Story

Alice was admitted requiring treatment for a medical condition. She had a learning disability but at home she'd lived independently with a strong and supportive network of friends and her church. Alice's condition meant that she had difficulty understanding why she was in hospital and she refused to eat or drink. The nurses tried everything they could to help her eat; finding out from her friends what she liked to eat and making mealtimes a sociable event with friends coming in from her village to eat with her. The nurses also tried hard to make her time in hospital as fun and non-clinical as possible, taking her to the chapel and out for walks. Eventually Alice started to eat and her condition improved. Getting her home again was challenging and the multi-professional teams in hospital and the community worked closely together and she was discharged back to her own home. Recently Alice became unwell again and was re-admitted to another ward in the hospital. As soon as the original team heard this they quickly arranged for her to be transferred back to them as they knew that the relationships they had built up with her would help her recovery. It did.

We will measure success by

- Achieving a *Good* CQC rating and then working towards an *Outstanding*
- Being in the lowest decile for patient harm
- Reducing levels of hospital acquired infection rates
- Sustain below 1% the percentage of deaths where there was a 50% chance or more of death being due to problems in care.
- Measuring the outcomes of each our patient safety programme workstreams.
- Patient feedback in the top quartile as measured by national surveys and the friends and family feedback
- Having no patients waiting in hospital for discharge when they no longer need acute care
- Sustain the reduction in the number of still births and neonatal deaths

People

Our Intent

We will make SFT an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams’

What we mean by this?

To provide consistently high standards of care SFT must have a flexible workforce which is motivated, feels valued and empowered and shares the same values as the organisation. We will improve our workforce planning and recruitment processes to ensure we have sufficient resources when and where we need them most. Strong leadership across all levels of the organisation is crucial to maximise our potential. We must give individuals and teams the scope to grow and develop and feel empowered to transform how services are provided and make the contribution we need to deliver this strategy. We must contribute to making our workforce healthy and well at work, but above all we want them genuinely to enjoy coming to work every day.

We will achieve this by:

- Implementing a resourcing strategy which sets the direction and the proactive actions to ensure we are able to attract, recruit, deploy, retain and reward the workforce we need to deliver outstanding patient experience both now and sustainably into the future.
- Improving our use of the temporary workforce to make it more financially sustainable and responsive to the needs of the organisation.
- Establishing effective partnerships with directorates to ensure business and HR strategy are aligned.
- Delivering effective and efficient HR transactional services with streamlined and consistent processes and policies.
- Implementing support for managers through self-service with guidance and toolkits.
- Creating centres of excellence which provide leading edge, innovative HR solutions.

- Delivering a health and wellbeing strategy which focusses on proactive interventions to improve physical, mental, spiritual and financial wellbeing.
- Creating a diverse and inclusive culture where everyone feels engaged, valued and empowered and are committed to delivering excellent care.
- Developing our staff, offering opportunities to take on extended roles, enhance their skills and making sure they have excellent learning opportunities and a clear development path allowing us to develop talented individuals within the workforce. We will use talent mapping tools and techniques to identify high potential members of staff.
- Supporting staff to access development opportunities across the health system whereby staff work for the health system, not for one organisation.
- Developing clinical leadership across the Trust.
- Engaging and communicating with our workforce on the future delivery of services and their role
- Taking the time to celebrate with our staff the achievements we make and the successes we have

Member of staff story

Ever since I completed my degree in (BSc) Nursing in India, I realised I have a very strong calling and passion toward this profession. It became my dream to explore the field of nursing to extract the best out of it. I came to UK in 2006, and initially I preferred to work in community nursing homes - to start with, as those were the best opportunities to get to know the changes in practice and of course the cultural differences. Working as a staff nurse, I was always determined to make my work place the very best. To begin with raising my three musketeers and looking after my ill husband were the only targets I was focusing on.

I consider every challenge as an opportunity to take me to a place where I can advocate my ideas for improving the care I offer. Joining SDH in 2015 was a milestone in my professional life. I was helped to identify and work on my own potential to develop further. Soon I realised it was the right time for a change, came out of my comfort zone, and I believe I gracefully carried out my new role with confidence and made an impact. Never stopping for a moment since then, I became a band 6 sister for the older persons' unit within 3 months, and then stepped up to band 7 role after a further 5 months. And finally, here I am ready to open a new ward too...Achieving things which you never imagined of achieving makes you feel successful in life.

We will measure success by

- Achieving the key deliverables through the People Strategy in four areas: resourcing and talent management, health and wellbeing, business partnering and organisational development and engagement.
- Increase staff in post to ensure we spend our pay bill effectively and minimise spend on temporary workforce.
- Developing workforce plans for each Directorate to ensure effective deployment of staff and pro-active management of future workforce needs.
- Maintain staff turnover rates at between 7 to 10%
- Reduce staff absence to 3% or below
- 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%, and reporting in the top 20% in the annual NHS Staff Survey.
- Improve the quality of appraisals, ensuring they reflect staff development aspirations and reflect delivery of key organisational targets
- To increase statutory/mandatory training compliance rates year on year to a level of 90%
- Ensuring all managers and leaders are trained through Trustwide leadership programmes.

Resources

Our Intent

We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources.

What we mean by this?

We must ensure that we secure maximum value for the public funds for which we are custodians. We must spend wisely, minimise waste and seek to deliver the greatest amount of health gain. We will manage budgets for a population providing care where it delivers the most benefit and encouraging better value for money for the whole health economy.

SFT currently has a substantial financial deficit. By early 2018 we will have in place a plan to manage that financial position into a sustainable position over the next two years. This will involve us doing things differently, reducing demand for services and their cost and working towards a completely different financial regime of population based budgets.

We will achieve this by:

- Constructing a financial plan which describes how the Trust will secure financial sustainability, reducing its financial deficit over time
- That financial plan to be underpinned by a transformation strategy devised with a clear vision of the business change we want to achieve and how we can deliver that change
- Reduce agency spend within all staff groups

- Achieve financial savings from the introduction of new technology
- Our estates transformation scheme will unlock the potential for reducing the cost of delivering services and also generate new sources of income
- Harnessing digital technologies to make the delivery of care more effective, eg use of System1 to increase knowledge about patients' health and care outside of hospital, expanding the usage of GS1 technologies, moving towards replacing paper notes with electronic data recording, sharing data between organisations more effectively
- Undertake a series of service reviews in light of model hospital, service line reporting, the *Getting It Right First Time* initiative to determine plans for ensuring sustainability of services and maintaining high standards of care
- Extend the range of services being provided on an ambulatory basis eg upper limb trauma in orthopaedics, day case prolapse and hysterectomy procedures particularly with the new 23 hour day unit.

Improving Our Use of Resources Example

In Salisbury we have worked on a project to allow complex reports that are normally only available on paper to be visible on the PACS system. Reports of tests such as heart ultrasounds (transthoracic echocardiograms) and reports of vascular ultrasounds are now available alongside more traditional radiological reports such as CTs and MRIs. Patients with certain illness need to have their treatment options discussed at multi-disciplinary team (MDT) meetings. At these meeting it is very important that all information such as images and reports and blood test results are available to make the best possible treatment plan. MDT co-ordinators can now save time when preparing for MDTs as these results are visible on the PACS system and can easily be shown to the whole team. This has also saved the valuable time of consultants and nurses who can see these reports whenever and wherever they need to. Previously one of our chest consultants would have to send a nurse to the cardiology department multiple times during every clinic to retrieve paper copies of her patients' reports, whereas now she can see them in the system she uses all the time.

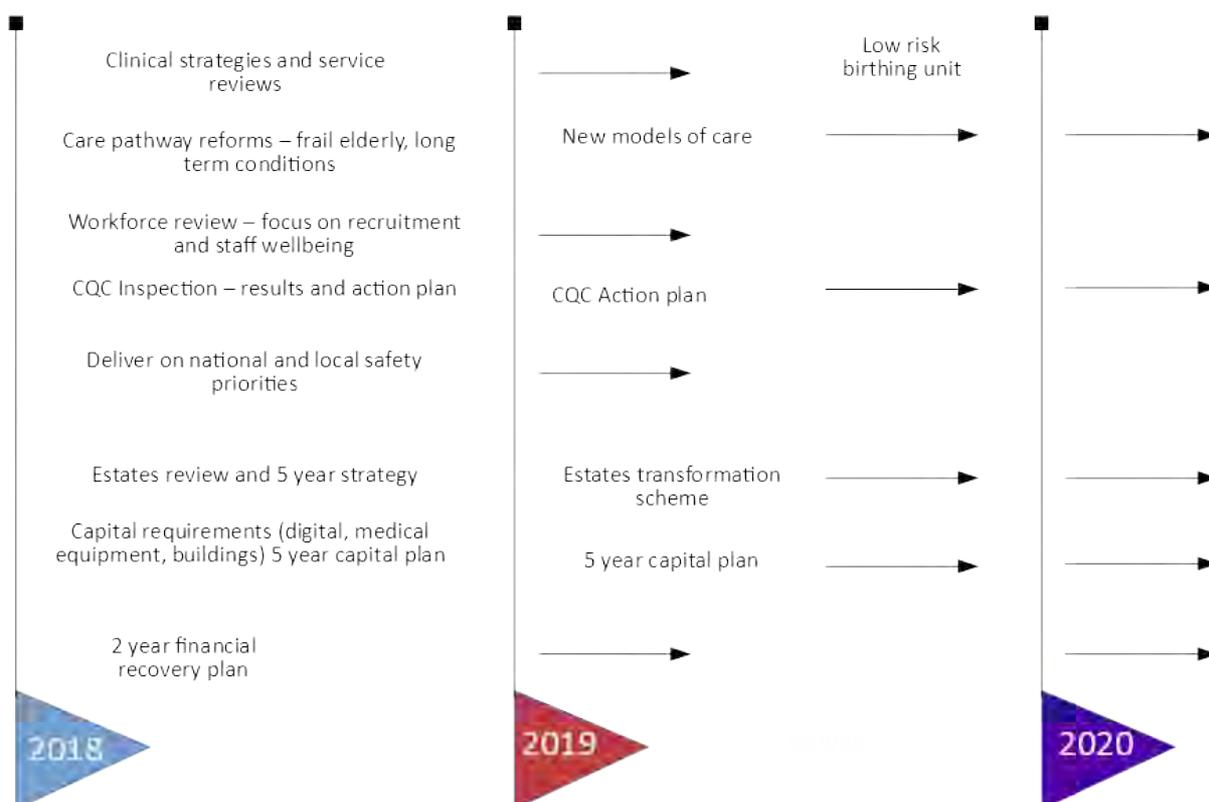
We will measure success by

- Achieve financial balance by 2020
- Weighted cost of our services substantially below the national level
- Trust services delivered more effectively than national Carter metrics
- Services reviewed against the *Getting It Right First Time* criteria and all services to be assessed against Model Hospital standards and using the outputs from service line reporting
- Outcomes from estate transformation scheme
- An agreed digital strategy setting out how the Trust will use technology to improve the quality of care, support good clinical practice, help patients manage their care and enhance the efficiency of our services

Progressing the Strategy

Governance

The full list of priority and enabling objectives are listed in Appendix A. The Trust Board will monitor progress against delivery of the strategy receiving quarterly reviews based on the detailed plans described in Appendix C. Executive Directors will report to Board sub-committees more frequently on progress as per the listing in Appendix B. The Trust’s annual operational plans will be firmly based on moving forward the strategic priorities within this document.



Conclusion

This strategy seeks to set out a sustainable future for Salisbury NHS Foundation Trust. In order to manage the demand from a growing local catchment population, the services delivered by SFT must be both clinically and financially sustainable. This will not be possible without close, mutually beneficial co-operation with other local providers and with all our commissioning and regulatory bodies. In line with the *Five Year Forward View* we believe that budgets will need to be managed jointly across organisations and we will work with others in an open and transparent way to achieve this. In the first instance, however, it is essential that we establish a solid financial base and the first two years of this strategy will emphasise this. At the same time we will be working across

organisations to refine and improve care pathways to provide the safest and most effective care for our local and specialist services.

Appendix A - Priority objectives

Priority	Objective	Exec sponsor
LOCAL (FINANCE & PERFORMANCE) We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	Frail Elderly	1.1 Development of an integrated frail elderly service COO
	Emergency Care	1.2 Implement new systems to manage the flow of emergency patients COO
	Delayed discharge	1.3 Develop with partners a series of initiatives to ensure patients do not stay in hospital any longer than they need COO
	Access	1.4 Improving access to core services to support prompt, responsive care COO
SPECIALIST (FINANCE & PERFORMANCE) We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	Spinal Centre	2.1 Reconfiguration of spinal cord injury (SCI) pathway MD
	Plastics	2.2 Delivery capacity to separate elective and emergency care. Lead provision of plastic surgery network across Wessex COO
	Partnership working	2.3 Work with our partners in networks to develop care pathways for specialist services which improve effectiveness and patient experience (eg burns, cleft lip, genomics) MD/COO/DoCD
INNOVATION (CLINICAL GOVERNANCE) We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	Research	3.1 Deliver an increased range of high quality research which directly benefits patient care and optimises the level of research income earned MD
	Improvement	3.2 Build a culture of innovation and continuous improvement adopting a consistent QI methodology COO
	Innovation	3.3 Introduce innovative processes, pathways and to change how we deliver our services to improve effectiveness of our services and to bring additional benefit for our patients MD/COO

Appendix A - Enabling Objectives

Priority	Objective	Exec sponsor
CARE (CLINICAL GOVERNANCE) We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	CQC 4.1 Achieve a CQC rating of Good	DoN
	Safety 4.2 Deliver on safety priorities, both local and national	DoN
	Infection 4.3 Maintain our focus on reducing rates of infection	DoN
	End of Life Care 4.4 To deliver outstanding care to patients dying in our hospital and ensure learning from deaths is used to improve care	MD
	Patient experience 4.5 Work with our patients to plan and improve the services we provide to ensure the care delivered meets patients' needs	DoN
PEOPLE (WORKFORCE) We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	Resourcing 5.1 Deliver a cohesive plan to attract, deploy, retain and reward a flexible workforce	DoODP
	Business Partnering 5.2 Establish effective partnerships to align business and HR strategies	DoODP
	Health & Wellbeing 5.3 Improve the health and wellbeing of staff	DoODP
	OD & Engagement 5.4 Develop a diverse and inclusive culture where staff feel engaged	DoODP
	Leadership 5.5 Develop strong leadership capability across all levels of the organisation to support an innovation culture	DoODP
RESOURCES (FINANCE & PERFORMANCE) We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	Financial recovery plan 6.1 Deliver on financial recovery plan to secure financial sustainability	DoF
	Campus Scheme 6.2 Develop a financially viable scheme to rejuvenate and improve the utilisation of the estate	DoCD
	Digital Strategy 6.3 Develop and implement a digital strategy which will enable the delivery of more effective care through the use of technology	DoCD
	Service Reviews 6.4 Using benchmarking (eg model hospital, GIRFT) and working with partners, review services to ensure they are efficient and sustainable	MD

Appendix B - Governance



Quarterly Board review

LOCAL (F&PC)	SPECIALIST (F&PC)	INNOVATION (CGC)	CARE (CGC)	PEOPLE (WORKFORCE)	RESOURCES (F&PC)
Frail Elderly	Spinal Centre	Research	CQC	Resourcing	Financial recovery plan
Emergency Care	Plastics	Improvement	Safety	Business Partnering	Campus Scheme
Delayed discharge	Partnership working	Innovation	Infection	Health & Wellbeing	Digital Strategy
Access			End of Life Care	OD & Engagement	
			Patient experience	Leadership	Service Reviews



Operational Plan | Clinical Strategies

Appendix C – Plans on a Page

Objective 1.1 Frail Elderly



Development of an integrated frail elderly service

Exec Sponsor: COO

What will be different in 5 years?

Improved link between all providers of pathways for the Frail and Elderly

Underlying plan detail

Domain	Deliverables	Year 1 Milestones	Year 2 Milestones	Year 3 Milestones onwards
Acute Frailty Unit (ACU)	<ul style="list-style-type: none"> - Reduced Length of stay and patient ward moves - A combined Acute Frailty Unit (ACU) operational 	<ul style="list-style-type: none"> - Implement MSAM score on AMU to improve flow of patients - Attend post-take ward rounds 	<ul style="list-style-type: none"> - Increase number of GP practices virtual ward rounds 	<ul style="list-style-type: none"> Ongoing management of patient pathways
Staffing	<ul style="list-style-type: none"> - Business Case approved by DMC for medicine. - Recruitment for 2 elderly medicine consultants 	<ul style="list-style-type: none"> - CSFS DMC approve therapies element of business case. - Funding allocation identified. - Job descriptions prepared 	<ul style="list-style-type: none"> 7 day OPAL service operational 	<ul style="list-style-type: none"> 7 day OPAL service operational
Documentation	<p>Patients transferred directly to Acute Frailty Unit avoiding SSEU, following successful implementation of SAM score within ED.</p>	<ul style="list-style-type: none"> Increase the number of patients directly admitted to the Acute Frailty Unit 	<ul style="list-style-type: none"> Ongoing review of documentation and pathways 	<ul style="list-style-type: none"> Ongoing review of documentation and pathways
Data systems	<ul style="list-style-type: none"> - CDC forms available on Lorenzo. - CGA proforma to include wider staff input 	<ul style="list-style-type: none"> - IT systems in place - ED checklist in place 	<ul style="list-style-type: none"> - IT systems in place and monitoring/reporting functions available 	<ul style="list-style-type: none"> ... Ongoing review and monitoring

Objective 1.2 Emergency Care

Implement new systems to manage the flow of emergency patients

Exec Sponsor: COO

What will be different in 5 years?

Improve access to Emergency treatment and seamless flow between services

Underlying plan detail

Domain	Deliverables	Year 1 Milestones	Year 2 Milestones	Year 3 Milestones onwards
4 hourly safety board round	All identified staff attending on a daily basis	<ul style="list-style-type: none"> - Implement 4 hourly board rounds between 08.00-23.59 - Introduce electronic recording 	Implement 4 hourly board rounds 24/7	Ongoing monitoring and development
ED Navigator post	<ul style="list-style-type: none"> - Funding identified - Robust data sources for reporting developed 	<ul style="list-style-type: none"> - Business case for continuation of post approved - Data capture confirmed 	<ul style="list-style-type: none"> - Post review to identify additional opportunities - Data available for reporting 	Data available for reporting and monitoring
Review pathways from ED to specialities	Speciality discussions between ED and clinical leads	<ul style="list-style-type: none"> - ED/Rheumatology pathway set-up - Gynae pathways identified 	<ul style="list-style-type: none"> - Identification and set-up of additional pathways - Ongoing monitoring 	<ul style="list-style-type: none"> - Identification and set up of additional pathways. - Ongoing monitoring
AMU re-configuration	Data demonstrates increased number of 24 and 48 hour discharges.	Increase number of discharges from AMU as per business case	Increase number of discharges from AMU as per business case	Increase number of discharges from AMU as per business case
Development of Short stay surgical Unit (SSSU)	Direct streaming from ED for surgical pathways Reduced length of stay	SSSU pathways agreed for admission Increase number of patients streamed to SAU	Increase number of patients streamed to SAU	Increase number of patients streamed to SAU
Implement SAM Score in ED and AMU	<ul style="list-style-type: none"> - Patients arrive in correct ward area - Patients arrive with an EDD set automatically 	<ul style="list-style-type: none"> - SAM score identified in ED and AMU - Electronic recording available 	Ongoing monitoring of SAM score and EDD	Ongoing monitoring of SAM Score and EDD

Objective 1.3 Delayed Discharges



Improve partnership working to reduce delayed transfers (DTOC) of care and patient length of stay (LOS) to ensure stability in bed compliment and financial balance

Oversight Committee:

Exec Sponsor: COO

What will be different in 5 years?

Plans and processes will be in place with all organisation to support the Trust running with zero DToC and reduce LoS

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Clinical Pathways	Streamline existing pathways Relaunch the Wiltshire wide Choice Policy Task & Finish Group Daily validation Face to Face senior decision makers weekly meetings Increased focus on green to go patients	All clinical pathways in place, and reviewed. Outcome measures in place	<ul style="list-style-type: none"> Regular review of pathways, informed by improved outcome data DToC reduce to 14 	
Capacity	Extending Home from hospital linked with Age UK Regular urgent care net work meetings	Ensure additional 9 beds through the Better Care Fund are maximised		
CHC Process	Moving CHC patients out of the acute Trust for the CHC assessment to be completed in the community	<ul style="list-style-type: none"> CHC patients reduced LoS No more than 15% of CHC checklist done in the acute Trust 		
Finance		<ul style="list-style-type: none"> Increased discharges to patient own home by 2.5% 	<ul style="list-style-type: none"> Increased discharges to patients own home by 7% 	<ul style="list-style-type: none"> Review of service provision

Oversight Committee:
Finance & Performance

Exec Sponsor:
COO

Objective 1.4 Access



What will be different in 5 years?

Improving access to core services to support prompt, responsive care

Underlying plan detail

<u>Domain</u>	<u>Deliverables</u>	<u>Year 1 milestones</u>	<u>Year 2 milestones</u>	<u>Year 3 milestones</u>
Modelling	To model capacity & demand	Implement modelling in ENT, Gastro, Orthopaedics & Plastics	Complete modelling for remaining services	Regular updating of models to ensure they are up to date and used for service management and planning
Performance Improvement	To improve performance against all constitutional standards	Produce recovery plans for all areas under reporting	To implement plans	Monitor performance with predictions of future performance
Monitoring	To continually monitor performance to predict performance deteriorating and respond ahead of time	All pre existing reports operational and monitored through Delivery Group	All Dashboards and reports used daily / weekly	All Dashboards and reports used daily / weekly

Oversight Committee:
CGC

Exec Sponsor: MD

Objective 2.1: Improvement in Spinal Cord Injury Service

To deliver world class services for the rehabilitation of patients with spinal cord injury

What will be different in 5 years?

We will have the commissioned capacity in the spinal centre to meet demand within our catchment area.
There will be reduced lead time to admission and patients will have shorter more intensive rehabilitation interspersed with periods in the community.
Patients will be given a choice of telemedicine or face to face follow-up and be able to participate in NIHR portfolio research

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Leadership and Culture	Strong and engaged clinical leadership and an embedded culture of continuous improvement	<ul style="list-style-type: none"> Appoint new clinical lead Review roles and responsibilities of senior clinical and admin staff 	<ul style="list-style-type: none"> Integration of support specialties (eg urology, respiratory, spinal surgery) into the spinal centre 	<ul style="list-style-type: none"> Quality improvement methodology being used to continuously improve services
Workforce	The medical nursing and therapy workforce have the skills and capabilities to deliver world class spinal injury rehabilitation	<ul style="list-style-type: none"> Further develop the general medical skills of senior medical staff Develop the therapy offer including the use of recreational assistants voluntary sector and new roles 	<ul style="list-style-type: none"> Develop rotations for nursing medical and therapy staff to improve skills and retention Develop administrative staff to enhance links with primary care 	<ul style="list-style-type: none"> The spinal centre is fully recruited to establishment and has low staff turnover rates except for developmental opportunities
Care Pathways	Patients will be admitted to the spinal centre as soon as they are ready and will have a positive experience of intensive rehabilitation, co-designing their care and leaving the centre ready to live the life they choose.	<ul style="list-style-type: none"> Improved acceptance / admission process Inpatient care pathways improved Introduction of telephone clinics and specialist clinics 	<ul style="list-style-type: none"> Trial of step-down facility Strong collaborative working across all disciplines resulting in service improvements Patients able to participate in research 	<ul style="list-style-type: none"> All beds commissioned Short sharp top-up admissions Step down facility commissioned and in use
Finance and Business Planning	The financial model of the spinal injury rehabilitation service is sustainable and supports the delivery of high quality care	<ul style="list-style-type: none"> SLR data is available providing patient level costing Business case is developed to reflect the cost of providing the revised service model 	<ul style="list-style-type: none"> Commissioner support for revised service model 	<ul style="list-style-type: none"> Close working between the spinal centre management team and commissioners supports service development and improvement

Objective 2.2 Plastic Surgery



Delivery capacity to separate elective and emergency care. Lead provision of plastic surgery network across Wessex

Oversight Committee:

Exec Sponsor: COO

What will be different in 5 years?

Provision of a sustainable outcome driven plastic surgery service across Wessex, ensuring timely treatment is provided in an effective and efficient way at the most appropriate location

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Clinical Pathways	<ul style="list-style-type: none"> Network approved clinical pathways for emergency and elective care <ul style="list-style-type: none"> Care is provided in the correct location 	<ul style="list-style-type: none"> Network action plan in place with priority pathways agreed Outcome data used to inform pathways 	<ul style="list-style-type: none"> All clinical pathways in place, and reviewed. Outcome measures in place 	<ul style="list-style-type: none"> Regular review of pathways, informed by improved outcome data
Capacity	<ul style="list-style-type: none"> 24/7 on call provision for emergency care Achievement of emergency care and RTT targets Robust demand and capacity plan in place with commitment from Network to resource 	<ul style="list-style-type: none"> Demand and capacity plans implemented Appropriate treatments in appropriate environment RTT compliance Emergency care measure compliance 	<ul style="list-style-type: none"> A review of inpatient capacity Network review of capacity 	<ul style="list-style-type: none"> A review of inpatient capacity Network review of capacity
Workforce	<ul style="list-style-type: none"> A network wide workforce in place to deliver all elements of service provision A well led team motivated and focused on good outcomes Staff are supported by hosting organisations to deliver high quality care 	<ul style="list-style-type: none"> Workforce review across network Clear, sustainable workforce plans in place Evidence of improved retention in all staff groups 	<ul style="list-style-type: none"> Business case / implementation of recommendations 	<ul style="list-style-type: none"> Review implementation Skills assessment
Finance	<ul style="list-style-type: none"> Agreed activity is provided with in financial contract 	<ul style="list-style-type: none"> Information captured to allow accurate coding Accurate SLR information Accurate reference costs Financially viable SLA's in place 	<ul style="list-style-type: none"> Network wide financial review of service to ensure equitable financial balance and provision 	<ul style="list-style-type: none"> Review of service provision

Objective 2.3: Partnership Working



To work with our partners to develop care pathways for specialist services which improve effectiveness and patient experience

Oversight Committee:
CGC

Exec Sponsor: MD

What will be different in 5 years?

We will be working in clinical networks to provide sustainable high quality services to larger populations, in some cases reducing costs by economies of scale.
We will develop closer links between related specialties within the trust to provide seamless integrated care.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Burns & Plastics	Care of children with burns is delivered in a dedicated children's ward with trained and experience burns nurses working closely with the paediatric team. Salisbury is the regional plastic surgery hub providing inreach services to the major trauma centre and other hospitals.	<ul style="list-style-type: none"> ▪ Closer links between B&P, laser and skin service developed to improve clinical pathways ▪ Two tier plastics on call rota providing enhanced services to the major trauma centre (MTC) 	<ul style="list-style-type: none"> ▪ Plastics service integrated with that in Portsmouth hospital to improve resilience ▪ Develop occupational rehabilitation for major trauma and spinal injury patients 	<ul style="list-style-type: none"> ▪ Step down rehabilitation provided for major trauma patients between surgeries
Genetics	Wessex regional genetics laboratory is a part of a large genomics central laboratory hub including services in Birmingham, Oxford and Southampton	<ul style="list-style-type: none"> ▪ Alliance model developed ▪ Genomics tender is issued and response prepared with a review of the financial case going to Board 	<ul style="list-style-type: none"> ▪ Tender is successful and services across the network of laboratories are rationalised to improve quality and cost-effectiveness 	<ul style="list-style-type: none"> ▪ Hub and spoke model is fully established ▪ High quality clinical laboratory service ▪ Active research network ▪ Translational research and personalised medicine being developed
Pathology	Pathology services are networked with other providers in the "south 6" region	<ul style="list-style-type: none"> ▪ Pathology strategic steering group ▪ Joint procurement of managed services contracts ▪ Joint procurement of LIMS systems to allow better networking 	<ul style="list-style-type: none"> ▪ Tests rationalised within the network to reduce outsourcing 	<ul style="list-style-type: none"> ▪ Clinical network fully established with savings on cost per test and maintained or improved quality.
Fertility	Fertility services for our catchment population are provided on a sustainable footing working with other providers	<ul style="list-style-type: none"> ▪ Horizon scanning and informal networking with other providers ▪ Improve offer of blastocyst culture by developing 6 day working model 	<ul style="list-style-type: none"> ▪ Business plan is developed to deliver services once the Dorset contract ends 	<ul style="list-style-type: none"> ▪ New service model in place

Objective 3.1: Research

To deliver an increased range of high quality research which directly benefits patient care

What will be different in 5 years?

Significantly increase the opportunities for Trust patients and staff to participate in high quality National Institute for Health Research (NIHR) portfolio research studies that are run, as part of core services, efficiently and effectively by appropriately trained staff

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
An outstanding research experience for every patient	Significantly increased opportunities for Trust patients and staff to participate in high quality National Institute for Health Research (NIHR) portfolio research studies that are run, as part of core services, efficiently and effectively by appropriately trained staff	<ul style="list-style-type: none"> Incorporate research metrics into Trust reporting 	<ul style="list-style-type: none"> Increase the breadth of research opportunities available Secure funding and training opportunities for a Research Fellow Deliver research recruitment to time and target as determined by the local research network 	<ul style="list-style-type: none"> Develop (and deliver) 'research awareness' training; Use existing Trust publications and introduce a new research bulletin to disseminate information regarding Trust performance and study outcomes to staff Directorate operational plans to contain research plans
Develop research infrastructure	Develop research skills and teams across the Trust and introduce a programme of continuous improvements	<ul style="list-style-type: none"> Promote the Research Design Service Roll out EDGE across the Trust as 'one stop shop' for research Develop a rigorous approach to study feasibility and delivery, to identify studies that will succeed, and decline those destined to fail to recruit to time and target 	<ul style="list-style-type: none"> Add research training to the MLE Develop Standard Operating Procedures for common research processes to improve quality and consistency 	<ul style="list-style-type: none"> Roll out 'Good Clinical Practice' and 'Fundamentals of Clinical Research' training to clinical staff
Support patient engagement	Support patient engagement by increasing visibility of research, contributing to encouraging patient feedback	<ul style="list-style-type: none"> Ensure that all Trust led grant applications are developed with appropriate patient engagement 		

Objective 3.2: Improvement

Build a culture of innovation and continuous improvement adopting a consistent QI methodology

Exec Sponsor: COO

What will be different in 5 years?

The Trust will have implemented a single approach to improvement; developed the capacity and capability for continuous improvement and embedded a culture which empowers its workforce to drive bottom up change to strive for an outstanding experience for every patient.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Quality Improvement methodology	Implement and embed a single and consistent QI approach Trust-wide	Develop a single QI approach supported by a standardised suite of improvement methodologies.	Continue to implement and embed the use of the QI approach within the organisation.	Sustain.
QI training programme	Implement a programme of QI training with progressive levels of learning for all staff.	Develop and commence delivery of a four level improvement training programme; 1. Introduction to QI (online e-course) 2. Bronze level (online e-course) 3. Silver level (face to face training) 4. Gold (face to face training)	Continue programme delivery Year 1 cohorts engagement in future change opportunities.	Evaluation of course impact developed
Develop staff to deliver improvement	Develop a workforce skilled to use a standardised improvement approach with time out to work in teams to resolve problems	15% of workforce trained (638 staff)	40% of workforce trained (1702 staff).	75% of workforce trained (2340 staff).
Infrastructure	Establish a QI Academy and develop a team of QI facilitators and coaches to deliver face to face training and support staff through delivery of improvement projects.	25 QI coaches and 9 trainers recruited and trained.	45 QI coaches and 10 trainers recruited and trained.	65 QI coaches and 11 trainers recruited and trained
Governance	Developed a governance framework to oversee and monitor implementation of the improvement programme	QI academy reference group established. Programme Implementation Plan in place. Robust reporting established.	Monitoring	

Oversight Committee:
Clinical Governance

Exec Sponsor:
MD/COO

Objective 3.3: Innovation

Introduce innovative processes, pathways and to change how we deliver our services to improve effectiveness of our services and to bring additional benefit for our patients

What will be different in 5 years?

We will have embedded a culture of quality improvement which challenges the existing way of doing things.
We will have fostered a culture of learning from best practice internationally

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
New Procedures	The process for introducing new procedures is straightforward and well understood with clear clinical and financial governance	<ul style="list-style-type: none"> New procedure policy is re-launched . Clinicians are supported with governance for new procedures including business planning 	<ul style="list-style-type: none"> Process for evaluating the effectiveness of new procedures is embedded 	<ul style="list-style-type: none"> Procedures which are not effective or efficient are quickly abandoned
New Clinical Pathways	Quality improvement methodology and patient engagement is used to improve care pathways	<ul style="list-style-type: none"> Customer care and the clinical effectiveness team support pathway improvement as per the service improvement guidance 	<ul style="list-style-type: none"> School of quality improvement established 	<ul style="list-style-type: none"> New and existing staff are trained in QI methods and using them to improve care pathways
New Technology	The electronic patient record allows paper light working and improves patient safety. Patients and GPs are able to access our services using new technology	<ul style="list-style-type: none"> EPR stabilisation complete and future strategy in place Telephone and email advice service in place Skype is used for some meetings and use of videoconferencing is increased for MDT meetings 	...	

Objective 4.1 CQC

Achieve a CQC rating of Good

Exec Sponsor:
DoN
Clinical Governance
Committee

What will be different
in 5 years?

Trust has as a minimum a CQC overall rating of 'Good'

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Planning	Comprehensive CQC preparation plan that closes down all previous must do's	<ul style="list-style-type: none"> CQC action plan in place All previous 'must do's' identified as actioned and embedded Staff clear on improvement journey and inspection requirements Well led review Engagement with core services on key improvement areas 		
Inspection	CQC inspection completed 2018 with resulting judgement of 'good'	<ul style="list-style-type: none"> Inspection successfully managed Draft inspection report fully assessed and responded to 		Reinspection
Post Inspection	Improvement plan in place post inspection	<ul style="list-style-type: none"> Post inspection review of report with each core service Agreed improvement plan 	Improvement plan in place and all core services engaged with plan to improve on rating at next inspection	

Objective 4.2 Safety



Deliver on the local, regional, and national patient safety initiatives

Exec Sponsor:
DoN

What will be different in 5 years?

The Trust will have an embedded track record on improving safety with tangible improvements for patients

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Reduced patient harm	<ul style="list-style-type: none"> 10% reduction in falls resulting in serious harm Sustained reduction in stillbirths and neonatal deaths Reliable application of sepsis care bundle Reduced never events 	<ul style="list-style-type: none"> Implementation of the GAP/GROW programme Involvement in national maternity collaborative Improving compliance with sepsis 6 interventions Human factors training across theatres Implementation of falls reduction strategy 	<ul style="list-style-type: none"> Future initiatives determined by local priorities and national initiatives 	<ul style="list-style-type: none"> Future initiatives determined by local priorities and national initiatives

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Objective 4.3 Infection



Maintain our focus on reducing rates of infection

Exec Sponsor:
DoN

What will be different in 5 years?

The Trust will have low levels of Healthcare Associated Infections and be able to show excellent antimicrobial stewardship

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Infection prevention and control	Low levels of HAIs	<ul style="list-style-type: none"> Implementation of the IPC work plan Involvement in system wide work on gram negative reductions Reporting gram negative sepsis via PHE 	<ul style="list-style-type: none"> Year 2 below trajectory HAIs Gram negative reduction work in place 	<ul style="list-style-type: none"> Year 3 below trajectory HCAI System wide reductions in gram negative bacteraemias Continued focus on antimicrobial stewardship
Robust and reliable processes for anti-microbial stewardship	Prompt review of antimicrobial Prescriptions Sustained reductions in antimicrobial use across the Trust Achieve CQUIN	<ul style="list-style-type: none"> Monitoring of antimicrobial prescriptions <72 hours with feedback and education to clinical teams Programme of review of all antimicrobial policies 	<ul style="list-style-type: none"> Monitoring of antimicrobial prescriptions <72 hours with feedback and education to clinical teams Programme of review of all antimicrobial policies 	...
...

Objective 4.4: End of Life Care



To deliver outstanding care to patients dying in our hospital and ensure learning from deaths is used to improve care.

Oversight Committee:
CGC

Exec Sponsor: MD

What will be different in 5 years?

The ReSPECT process for ascertaining patient preferences at the end of life will be embedded in the hospital and our community.
Patients die in their chosen place.
Families opinions on quality of end of life care are always sought and used to drive quality improvements.
The notes of most patients who die are reviewed to determine whether care could have been improved and the learning shared

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Each person is seen as an individual and has fair access to care	We recognise those who may be nearing the end of their life and have open and honest conversations with them and those important to them, involving them in decision making about their care and future planning We work closely with our partners to improve access to quality end of life care	<ul style="list-style-type: none"> Advanced care planning is increased and more patient centred - ReSPECT process piloted 	<ul style="list-style-type: none"> ReSPECT process in place across the Trust 	<ul style="list-style-type: none"> ReSPECT process in place across the STP
Care is co-ordinated maximising comfort and wellbeing	We will provide a specialist palliative care team and EOL CNS team to provide support for the dying 7 days a week. We will provide spiritual support for those of any or no faith.	<ul style="list-style-type: none"> We will use the personalised care framework across the whole trust. We will work with all agencies to ensure, where possible, dying patients are cared for in their preferred place 	<ul style="list-style-type: none"> Provide improved care environments including appropriate areas for difficult conversations Provide a robust rapid discharge process to support patients in the last days of life to be discharged to their preferred place of death 	<ul style="list-style-type: none"> Work with Wiltshire CCG to ensure an effective Electronic Palliative Care Co-ordination System (EPaCCS). Use the EPR to facilitate sharing of end of life information
All staff and communities are prepared to care	All staff dealing with patients and families towards the end of life have the skills and knowledge to deal with their needs with compassion and understanding. We maximise the benefit of having a specialist palliative care service within the trust to promote awareness of end of life care in our local community	<ul style="list-style-type: none"> Provide end of life training, communication skills training and health and wellbeing support to all Trust staff. Have clear governance at board level for high quality palliative and end of life care. 	<ul style="list-style-type: none"> Improve engagement with our community to improve public awareness of death and dying 	<ul style="list-style-type: none"> Engage with our volunteers to support patients and their families within the hospital and hospice to develop novel ways of working across boundaries
Learning from deaths	We will review the notes of patients who have died to learn how quality of care could be improved. We will ask the bereaved their opinion of the care their loved one and share any quality improvements with them	<ul style="list-style-type: none"> Learning from deaths policy in place Screening questionnaire for bereaved and medical staff in place Mortality dashboard developed and published Improvement cycles for departmental M&M meetings 	<ul style="list-style-type: none"> Case note review process improved in line with national guidance Medical examiner system considered in line with national guidance 	<ul style="list-style-type: none"> Departmental M&M meetings all follow trust guidance, are rigorous and learning is shared

Objective 4.5 Patient Experience



Work with our patients to plan and improve services we provide to ensure the care delivered meets patients needs

Exec Sponsor:
DoN

What will be different in 5 years?

Involving patients and our public will be considered mainstream to everything we do and consider

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Development of PPI Strategy	Robust PPI strategy What's in it at the moment that can use	<ul style="list-style-type: none"> Review of PPI strategy to ensure fit for future purpose Complete ward reconfiguration work with patient involvement in design of services Patient stories in public board Patient involvement in improving appointment letters Involvement in the design of new facilities 	...	
PPI Strategy Delivery			<ul style="list-style-type: none"> Implementation of PPI strategy 	<ul style="list-style-type: none"> Implementation of PPI strategy

Objective 5.1: Resourcing

Deliver a cohesive plan to attract, deploy, retain and reward a flexible workforce

What will be different in 5 years?

We will have a flexible workforce which is motivated, feels valued and empowered and shares the same values as the organisation. We will improve our workforce planning and recruitment processes to ensure we have sufficient resources when and where we need them most.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Attract	Strong employer brand Comprehensive incentives and benefits package	<ul style="list-style-type: none"> Media campaign Incentives package updated 		
Select and recruit	Values Based Recruitment Process New Recruitment System	<ul style="list-style-type: none"> Values Based Recruitment implemented Recruitment system implemented Managers trained Reporting on recruitment key metrics 	...	
Orientation	Revised induction programme Feedback from new starters on recruitment and orientation process	<ul style="list-style-type: none"> Revised induction programme 30/100 day questionnaires implemented 		
Deploy	Trust-wide implementation of e-Roster Directorate level workforce plans Integrated resourcing function (recruitment, temporary staffing, rostering)	<ul style="list-style-type: none"> Implementation plan agreed for roster roll out Workforce plans developed Resourcing function integrated 	...	
Retain & Reward	Grow our own strategy Short term nursing retention plan delivered	<ul style="list-style-type: none"> Nursing apprenticeship programme developed Retention strategy developed 		

Oversight Committee:
Exec Workforce

Exec Sponsor:
Director of HR&OD

Objective 5.2: Business Partnering

Establish effective partnerships to align business and workforce strategies

What will be different in 5 years?

Workforce strategies will be aligned to clinical and business strategies, HR transactional services will be effective and efficient with streamlined and consistent processes and policies, and centres of excellence will provide leading edge , innovative workforce solutions

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Business Partnering	People Business Partners aligned to directorates	<ul style="list-style-type: none"> OD & People Function restructure People Business Partner JD 		
Shared Services	Streamlined processes Central Admin Hub HR policies refreshed and up-to-date Manager's Toolkits and Guidance developed for key policies	<ul style="list-style-type: none"> Process mapping exercises carried out Scoping and resourcing Central Admin Hub Policy development plan Identifying requirements for manager's toolkits and guidance 		
Centres of Excellence	Frameworks and plans for Centres of Excellence e.g. L&D Robust, accurate workforce information	<ul style="list-style-type: none"> Development of frameworks and plans ESR data cleansing exercise completed 	...	

Oversight Committee:
Exec Workforce

Exec Sponsor:
Director of HR&OD

Objective 5.3: Health and Wellbeing

Improve the health and wellbeing of staff

What will be different in 5 years?

We will contribute to making our workforce healthy and well at work, and genuinely enjoy coming to work every day.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Physical	Onsite staff facilities Fast track access to OH services Health promotions (flu, smoking)	<ul style="list-style-type: none"> Draft health and wellbeing strategy (covers all domains) Communication of one stop shop for physical health and wellbeing opportunities Calendar of health promotions communicated Re-launch 'Shape up at Salisbury' 	...	
Mental / Spiritual	Resilience / stress programme Mediation service	<ul style="list-style-type: none"> Resilience /stress training delivered to staff and managers Employee Assistance Programme implemented 		
Financial	Salary Sacrifice schemes Staff discounts / benefits	<ul style="list-style-type: none"> Salary Sacrifice schemes and staff discounts/benefits communication plan 		
Family	Flexible Working policy and process On site day nursery	<ul style="list-style-type: none"> Flexible working policy re-launched as part of health and wellbeing strategy 	...	

Oversight Committee:
Exec Workforce

Exec Sponsor:
Director of HR&OD

Objective 5.4: OD & Engagement

Develop a diverse and inclusive culture where staff feel engaged

What will be different in 5 years?

Individuals and teams will have scope to grow and develop, feel empowered to transform how services are provided and make the contribution we need to deliver this strategy. There will be a diverse and inclusive culture where everyone feels engaged, valued and empowered and are committed to delivering excellent care.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
L&D	Grow our own strategy Nursing apprenticeship plan Revised corporate induction Leadership development framework	<ul style="list-style-type: none"> L&D service review Apprenticeship plan developed Leadership framework developed 		
Cultural Change	Values based recruitment, induction and appraisal processes Coaching model embedded for all staff groups/levels	<ul style="list-style-type: none"> Values based processes implemented Review of coaching model 		
Engagement	Engagement strategy Staff engagement events Staff survey action plan NHS 70 th celebration events	<ul style="list-style-type: none"> Engagement sessions held with staff Staff survey actions plans developed with Directorates 		
Diversity	WRES Gender pay gap report ???	<ul style="list-style-type: none"> Complete returns 		
Communications	Communications strategy and plan Active social media presence Regular staff forums (including senior leaders)	<ul style="list-style-type: none"> Development of communications strategy and plan 	...	

Oversight Committee:
Exec Workforce

Exec Sponsor:
Director of HR&OD

Objective 5.5: Leadership



Develop strong leadership capability across all levels of the organisation to support an innovation culture

What will be different in 5 years?

Strong leadership capability across all levels of the organisation, including clinical leadership.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Leadership	Leadership development framework Managers passport / toolkit Senior Leaders Forum Values based recruitment, induction and appraisal processes Coaching / mentoring framework	<ul style="list-style-type: none"> Developing leadership framework Identifying requirements for manager's toolkits and guidance Setting up regular senior leaders forum Values based processes implemented Review of coaching model 		

Objective 6.1 Financial Recovery Plan

Deliver on Financial Recovery plan to secure financial sustainability

Exec Sponsor: DoF

What will be different in 5 years?

The Trust will be in a financial sustainable position, with an ongoing process in place and the skills across the organisation, to develop new innovative ideas in responding to the financial challenges that may lie ahead.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Planning & Delivery	<ul style="list-style-type: none"> Fully developed plan of initiatives to reduce cost base/increase productivity. Plans profiled and metrics to monitor agreed. Resource identified to support delivery. Governance process to monitor success embedded in the organisation. Long term financial model completed to support financial strategy. 	<ul style="list-style-type: none"> Delivered the savings programme identified for the year. Secured resource to delivered programme. Outstanding Every Time Board established to drive delivery & progress. 	<ul style="list-style-type: none"> Delivered the savings programme identified for the year. 2 year planning cycle in place for transformation schemes. 	<ul style="list-style-type: none"> Delivered the savings programme identified for the year.
Capability & Capacity	<ul style="list-style-type: none"> Transformation scheme pipeline in place for future schemes Strengthened PMO in place to deliver transformation schemes. Wider systematic review of benchmarking information to input into the transformation programme. 	<ul style="list-style-type: none"> PMO structured and resourced to deliver transformation programme. Transformation Director in place. Systematic review of GIRFT & Model hospital opportunities. 	<ul style="list-style-type: none"> Permanent structure for supporting transformation in place. Transformation Director no longer required. 	

Objective 6.2: Campus Development



Develop a financially viable scheme to rejuvenate and improve the utilisation of the estate

What will be different in 5 years?

Site masterplan agreed and local authority approved which underpins Trust clinical strategies and health & wellbeing aspirations. Has a clear funding and cashflow plan and an implementation plan with a number of enabling projects commenced.

Underlying plan detail

Domain	Measures of Success	Deliverables	Year 1 Milestones	Year 2 Milestones	Year 3 Milestones onwards
Site Planning	<ul style="list-style-type: none"> Site masterplan developed in line with clinical and health & wellbeing strategies. 	<ul style="list-style-type: none"> Evaluation of current site condition and space utilisation. Linkage with adjacent landowners plans. Agreed vision and site masterplan. 	<ul style="list-style-type: none"> 6 facet survey completed. Space utilisation reviewed. One Public Estate bid submitted and approved. Local stakeholder engagement and input. 	<ul style="list-style-type: none"> Planning approved site masterplan, for all development categories required. Agreed planning linkage with adjacent landowners scheme. 	<ul style="list-style-type: none"> Ongoing individual projects submitted for detailed planning as part of the agreed and approved masterplan.
Financial Scheme	<ul style="list-style-type: none"> Secure funding for development activity. Defined cashflow projections. Generate incremental revenue. Robust governance arrangements. 	<ul style="list-style-type: none"> Required MOU's signed. Funding sources identified. JV structures agreed. Business cases developed. NHSI approvals secured. Revenue and cashflow models agreed. 	<ul style="list-style-type: none"> Fund sources agreed and commercial structures approved. JV structures legally completed. NHSI approvals secured. Revenue projections incorporated into Trust LTFM. 	<ul style="list-style-type: none"> Early revenue assumptions pressure tested. Cashflow models refined as more agreements are established. Progressing JV and partnership agreements to delivery on site. 	<ul style="list-style-type: none"> Revenues from early enabling projects start landing into the financial model. Operational and productivity impacts to be analysed as a result of early progress of the Campus plans.
Enabling works	<ul style="list-style-type: none"> Agreed plan with clear understanding of funding implications, Trust fixed points, interdependencies and new commercial opportunities. 	<ul style="list-style-type: none"> Fixed points established and agreed. Commercial opportunities sequencing agreed. Preliminary works identified and progressed to design phase/ implementation phase. 	<ul style="list-style-type: none"> Fixed points established and Board approved. Commercial opportunities reviewed and approved for progression. Full enabling programme established and progressing to implementation. 	<ul style="list-style-type: none"> Early projects to commence and complete on site, which unlock land take and improve patient and staff experience. eg. decked car parking and new Welcome Centre. Progression of new clinical adjacency activity as part of overall plan. 	<ul style="list-style-type: none"> Progression on site of new Elective Centre, incorporating Private Patient Unit and Rehabilitation. Progression of added value projects such as Education, Patient Hotel and Older Peoples Residential.

Objective 6.3: Develop Digital Strategy



Develop and implement a digital strategy which will enable the delivery of more effective care through the use of technology

Oversight Committee: Strategy

Exec Sponsor: DoCD

What will be different in 5 years? Digital strategy agreed that has led to the development of digital tools which have delivered improved ease of use for staff, have reduced the reliance on paper documentation and have increased the ability of the Trust's services to work across care settings.

Underlying plan detail

Domain	Measures of success	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Strategy Development	...Board approved strategy developed in line with clinical strategies that has had wide consultation and input	<ul style="list-style-type: none"> Approved strategy with clear deliverables, timescales and indicative costs Substantial clinical engagement including process change required. 	<ul style="list-style-type: none"> First draft developed with wide engagement Consultation on draft with subsequent amendments Final version to Board with indicative 5 year financial plan. Workplan for the department 	<ul style="list-style-type: none"> Regular review of progress at Board 	<ul style="list-style-type: none"> Regular review of progress at Board Update strategy in light of progress and changes in strategic context
Governance	...revised governance structure put in place to deliver on the strategy	<ul style="list-style-type: none"> Robust programme management approach Good user involvement and engagement Approved business cases for all major schemes outlining clear rationale, incl benefits and realistic view of all costs and risks 	<ul style="list-style-type: none"> Programme Board established with clinical engagement Clinical Reference Group in place Programme of business cases established 		
EPR Development	...deliver on the priorities outlined within the strategy	<ul style="list-style-type: none"> Electronic recording of information first time is the default Information is safely shared between organisations to improve patient care Staff are assisted by technology to deliver care 	<ul style="list-style-type: none"> Nursing documentation Electronic correspondence Windip replacement POET rollout, incl scanning 	<ul style="list-style-type: none"> Order comms Theatres 	<ul style="list-style-type: none"> Electronic prescribing Shared care record Technology is used to manage patient care in their homes
Infrastructure	...a robust and efficiently maintained infrastructure is in place to support the organisational needs	<ul style="list-style-type: none"> Infrastructure is resilient, promotes mobility Compliant with legislation 	<ul style="list-style-type: none"> Infrastructure refresh Dashboards Website NHSMail HSCN Improving remote access GDPR (May 25th) 	<ul style="list-style-type: none"> Intranet ICID replacement Data warehouse 	<ul style="list-style-type: none"> Windows10

Objective 6.4: Service Reviews

Using benchmarking (eg model hospital, GIRFT) and working with partners, undertake service reviews to ensure services are efficient and sustainable

What will be different in 5 years?

All services will have undergone a systematic review to determine their financial and organisational wide contribution to the Trust, which will be presented to the Board.
The review will include an assessment of the service's ongoing viability within the context of the services provided by the Trust.

Underlying plan detail

Domain	Deliverables	Year 1 milestones	Year 2 milestones	Year 3 milestones
Established process	Service review process agreed with confirmed methodology, with appropriate specialty level adjustment	<ul style="list-style-type: none"> Service review methodology developed and agreed To include a critical analysis of the sustainability of the service Determine whether commercial strategy approach can be applied at least in part Agreed timetable of service reviews to be undertaken 	<ul style="list-style-type: none"> Methodology reviewed in light of experience of services reviews undertaken 	<ul style="list-style-type: none"> Methodology reviewed in light of experience of services reviews undertaken
Service Reviews	Service reviews timescales agreed with Directorates and process initiated	<ul style="list-style-type: none"> Confirmation of the service reviews to be undertaken over the next year and in subsequent years High quality reviews completed, presented to Board with agreed actions arising 	<ul style="list-style-type: none"> Confirmation of the service reviews to be undertaken over the next year and in subsequent years High quality reviews completed, presented to Board with agreed actions arising 	<ul style="list-style-type: none"> Confirmation of the service reviews to be undertaken over the next year and in subsequent years High quality reviews completed, presented to Board with agreed actions arising

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