Salisbury
NHS Foundation Trust

Salisbury NHS Foundation Trust
Operational Plan 2017/19
2018/19 Refresh

July 2018

1. Executive Summary

This revised document updates Salisbury NHS Foundation Trust's operational plan for the second year of the 2017/19 period in light of the revised control total which the Trust accepted in June reflecting ongoing dialogue about the ability for SFT to reduce its underlying deficit in a sustainable way. This follows further work on our finances producing plans to advance the situation whilst ensuring that the quality of services is not compromised, that the sustainability of services is maintained and that staff are engaged in developing new plans.

The second year of the operational plan will be building on the foundations laid during 2017/18, in particular seeking to deliver a robust financial recovery plan. Underpinned by the Trust strategy, the Trust is evolving a series of plans to adapt its services to the challenging environment we face, working with partners locally and across the Bath Wiltshire and Swindon Sustainability and Transformation Plan (STP) area. In 2018 the Trust will be working with partners in Wiltshire to undertake a programme to speed up the delivery of integrated care pathways, particularly focusing on south Wiltshire. With an emphasis on transformational change at the local level, which can then be upscaled to apply across Wiltshire, the programme will support the development of new models of care – and will complement the Trust's strategy with its focus on the frail elderly and the management of complex patients in the community. This will enable the Trust to work with other partners to achieve reductions in cost across the whole system and begin to adopt different funding approaches in subsequent years. A case for change will be presented to the Board and then to commissioners towards the end of the calendar year.

Linked to this scheme, and building up from the Trust strategy, we will be designing our own clinical strategy, emphasising the connections between the high quality services we provide and working with our partners to achieve better outcomes, more effectively.

There are important levers that will be required to support the development of these clinical strategies. The biggest challenge for the organisation by far is staff recruitment and retention, both in terms of delivering services to the standards to which we aspire, but also in terms of the impact on the financial position. We will be introducing structural change to assist with our workforce management, as well as taking every innovative opportunity to improve recruitment. In the next twelve months we will take forward our estates scheme, developing both the clinical and financial case for change, and describing a masterplan for the site which will contribute to the health and wellbeing improvements of both the local population and staff working on site. All of this needs to be supported by technology which makes life easier for staff. In 2018 we have to invest in technology which is no longer supportable, but we will also be taking the opportunities to improve the digital offering we have.

All of these strands of the Trust's strategy must come together to deliver a financial recovery plan which delivers a viable future for the organisation. The Trust was offered a

revised control total by NHSI in June 2018. In signing the control total, the Trust has access to the provider sustainability fund and can benefit from opportunities to be par to national funding bids where appropriate (eg provider digitisation fund) which is clearly a step forward in improving the long term financial sustainability. In agreeing the revised control total plan, this ensure the Trust is making positive steps to reducing the underlying deficit year on year. However this increased savings requirement is not without challenge, the Trust currently benchmarks as an efficient Trust in line with the Model Hospital, and the delivery of a 5% cost improvement programme would push efficiency levels into the upper quartiles nationally. This is also to be seen in the context of increasing non-elective demand and workforce capacity shortfalls particularly in registered nursing staff groups. The Trust is fully committed to improving financial performance and 2018/19 is the first step on what is a longer journey to financial sustainability.

2. Strategic Context to the Operational Plan

2.1. SFT Strategic Plan

This update to the operational plan is set within the context of the Trust's recently revised strategic plan (2018-22) complemented by the Bath, Swindon and Wiltshire Sustainability and Transformation Plan (STP) being developed to deliver the objectives set out in the Five Year Forward View.

Our Vision

Salisbury NHS Foundation Trust's strategy is based on our vision of providing:

An Outstanding Experience for Every Patient

In seeking to deliver this vision, the Trust has described three strategic priorities:

- **Local Services** – 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
- **Specialist Services** – to provide innovative, high quality specialist care delivering outstanding outcomes for a wider population
- **Innovation** - 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

And three enabling objectives:

- **Care** - treating our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm
- **People** - making SFT an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams
- **Resources** - make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources

Underpinning those goals, the Trust seeks to work consistently to the standards of our agreed set of values and behaviours of being:

- **patient-centred and safe,**
- **professional**
- **responsive, and**
- **friendly**

2.2. Progress with Our Strategic Plan During 2017/18

Our strategic focus has been to provide high quality local services enhanced by the regional services we provide to a wider catchment population. In 2017/18 we maintained progress on a number of fronts. The hospital continues to see increased numbers of patients

choosing to be treated here and the Trust has been successful in offering waiting times which are better than the national average. Referral to treatment (RTT) waiting times are reducing with , diagnostic waiting times are one of the lowest in the country and consistently in excess of 99% and up to February all the cancer standards have been achieved this year with the exception with the 62 day waits for patients referred following screening.

This has happened at a time when emergency pressures have been substantial – whereas attendances to ED have been largely consistent with the previous year, there has been an 6% increase in emergency admissions reflecting a higher level of acuity. At the same time that the volumes have been increasing flow through the hospital has been constrained by high numbers of patients waiting for care to be provided outside of the hospital.

Since May 2017 a navigator role has been established within the Emergency Department (ED) to ensure that patients presenting at the department are clinically assessed promptly with an early indication of the clinical priority of the patient identified. This development has improved patient safety in the ED waiting room for example by expediting patients directly to a more senior clinician and has also seen about 7% of presenting patients being redirected to the co-located GP out of hours service. The Trust is recruiting to formalise this service again for the winter months, starting in early Autumn.

During 2017 an Older Person's Assessment and Liaison (OPAL) team was established. The OPAL team comprises a coordinated, multi-professional team, led by therapists and specialist nurses and consultant geriatrician, who see and assess frail older patients and assess and treat to avoid unnecessary admissions. Where acute admission is required, all patients with identified frailty will leave ED with a completed or initiated comprehensive geriatric assessment (CGA) and onward management plan. An audit undertaken showed that 63% of patients were discharged from their attendance location, 70% were discharged on the same day and length of stay was significantly lower, with fewer readmissions.

The Trust has undergone a major reconfiguration of its bed base with the aim of improving access to and capacity for medical patients. In December 2017 a new, expanded acute medical unit (AMU) was opened providing increased numbers of ambulatory care spaces designed to assess, diagnose and manage the care of emergency patients and provide a plan for their care which does not require onward admission to a downstream medical ward. As a consequence of this development the Trust has been able to increase the number of patients discharged from AMU within 24 and 32 hours. In addition the Trust's inpatient and daycase chemotherapy services moved into new facilities in May 2018.

Despite pressures caused by high levels of urgent work, including the requirement to open additional bed capacity and the associated challenges, we have continued to provide a high standard of care to our patients. Our rates of infections have fallen – we have now had no MRSA bactaeremias for almost 3 years and notifications of clostridium difficile are substantially below this time last year. Salisbury is one of 59 hospitals nationally who have

achieved a 10% or greater reduction in hospital onset E-coli bloodstream infections – with numbers reducing by over 40% (from 30 in 2016 to 17 in 2017).

The numbers of pressure ulcers have has stayed at broadly the same level as in 2016/17. Positively, there has been a reduction in the number of falls during 2017/18 with those causing major harm reducing by almost a third.

Patient feedback remains extremely positive and the support shown by local people for the hospital is strong. During 2017, the Trust received one of best results in the country from the patient survey for our emergency department services. Around 850 people who attended A&E in the summer were asked their views on facilities, waiting times, the quality of care and the way they were treated and was considered by patients to be one of the top performers in the country in eight out of nine categories. Communication of waiting times, length of visit, respect and dignity and overall experience were all areas where the trust was considered one of the best on the country.

Over 2017/18 the Trust's mortality rate has consistently reduced and is now within expected levels. The results from a number of audits have been received and provide testimony to the quality of care provided across a number of clinical areas:

- Excellent results in the National Institute for Cardiovascular Outcomes Research (NICOR) heart rhythm audit and NICOR percutaneous coronary intervention audit: 488 cases in 2015 – 90% via radial route and a complication rate of 0.5%
- NICOR heart failure audit – all metrics better than national average
- National Emergency Laparotomy Audit shows improving mortality and quality indicators
- 7 day services audit – SFT achieved a significantly higher figure (93%) than the national average for consultant review within 14 hours of admission
- MMBRACE study on perinatal mortality showed SFT had a rate slightly lower than the national average
- RCEM audit of management of severe sepsis better than national average
- National Neonatal Audit – improvement in administration of antenatal steroids and outstanding breastfeeding rates
- Excellent results in national dementia audit

The Stars Appeal funded Breast Unit, which was opened early in 2017, was highly commended in the Patients' Choice category of the Building Better Healthcare awards which celebrate innovation in the design and build of NHS facilities.

We have continued to focus on our improvement plan following the CQC inspection in 2015. This has involved completion of required actions as well as staff engagement events. During 2018 we have been invited to be one of five trusts in the south to be part of the 'moving to good' collaborative supported by NHSI. Activity to ensure the Trust's services are

ready for future unannounced inspections is continuing. Preparatory work is delivered through core area workshops, visits and feedback to clinical areas by experienced managers and peers. The Trust is taking part in a Requires Improvement to Good initiative sponsored by NHS Improvement in spring/summer 2018. The Trust had a well-led review which reported in April and the Trust is undertaking an implementation plan to respond to the recommendations.

3. Progressing the strategy – 2018-19

A sub-committee of the Board has been established since March to review the Trust's progress against the objectives it has set itself in the strategy. It will oversee the development of other supporting strategies, notably the production of a clinical strategy, together with strategies for technology, estates and will ensure there is close alignment. The Strategy Committee will update the Board regularly on progress and will recommend on amendments to the Trust corporate strategy.

The following sections describe how the Trust will be progressing its corporate strategy during the coming year:

3.1. Local

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

To create a sustainable health economy we need to deliver care in different, collaborative and more efficient ways. Delivering excellent care in the most suitable setting for patients involves working with partners across health and social care. Seeking, listening and responding to feedback from patients, carers and stakeholders will help us to continually improve the care and treatment we offer.

Implement New Systems to Manage the Flow of Emergency Admissions and Attendances
The ED pathway has already been improved and updated and we will continue to standardise and refine the model of care in light of the continued growth in the number of patients. As demand increases, we will focus on how to sustain the service, introducing more nurse and AHP led pathways and developing the leadership of the unit to ensure we can deliver a well-managed, resilient service. Other initiatives include:

- 4 hour safety board round – this will be implemented 8:00-24:00 during the coming year
- Developing a new 'front door' process – this will reduce the time to assessment, reducing the clinical risk associated with patient waits and improved delivery of the 4 hour target.
- Review pathways from ED to the specialties – these will be undertaken to improve access to specialty input into ED and speed up discharge from ED

- Improving urgent and emergency care – building on the success of the emergency gynaecology pathway which now sees about 95% of patients requiring urgent care in the outpatient department, rather than on a ward.
- Improving ambulatory flow through ED will assisted by introducing tools to determine in both ED and AMU which patients would be able to be treated on an ambulatory basis

It is our intent that these developments will contribute to the Trust continuing to exceed national ED standards of an improving trajectory from September 2018 of 90% to in excess of 95% by March 2019 as per the following trajectory:

Performance Measures

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Attendances	4096	4406	4386	4634	4322	4345	4391	4212	4095	4031	3880	4270
4hr target	91.1%	94%	96.2%	95.7%	92.5%	93.5%	95.1%	95.1%	88.6%	89%	91%	95%

Development of an Integrated Frail Elderly Service

The emerging plan for developing an integrated frail elderly service is centred on the collaborative development and implementation of integrated frailty services by locality, with direct community-based/outreach support from the elderly care medical and Older People's Assessment and Liaison (OPAL) teams. Specifically this will include the implementation of rapid access community-based specialist/MDT clinics, virtual ward rounds for complex patients requiring specialist support, specialist support to community beds, development of the discharge to assess model with community services, access to consultant advice, and development of an OPAL outreach service.

Within the hospital, there will be closer links between the Acute Medical Unit (AMU) and the acute assessment ward for older people aided by improved co-location with the opening of the new AMU in December 2017. This will allow for older people admitted to be AMU and ED to be assessed rapidly and the most appropriate location for their ongoing needs to be determined.

Reducing Length of Stay in Medicine

Building on work begun in 2017/19, and adopting the SAFER methodology, there will be a drive to reduce length of stay for medical patients such that the Trust can live within its complement of funded beds, thereby reducing the need for escalation beds, reducing the number of medical outliers and the need for agency staff. To achieve this we will be investing in acute physician and nurse practitioners within the acute medical unit to increase the number of patients assessed and discharged in AMU. We will expand the therapy input at routes in to the hospital again with the intent to reduce admissions and reduce length of stay. Early supported discharge services will be extended and additional end of life care will enhance the quality and timeliness of discharge home.

Performance Measures

We will reduce medical average length of stay from just over 8 days to 7 days.

We will reduce the number of medical patients in hospital for more than 14 days from a median of 110 to 80

We will target having no medical outliers and no escalation beds

Improve Partnership Working to Reduce Delayed Transfers of Care

During 2018 we will review all clinical pathways to assess the opportunities for streamlining the review and assessment process, with clear outcome measures described and monitored. Regular face to face senior decision maker meetings will be implemented ensuring that there is a particular focus on 'green to go' patients. To increase community wide capacity, and working with the Better Care Fund and the voluntary sector, a further 9 beds will be established in the community. There will be a drive to ensure that the majority of continuing health care (CHC) assessments are carried out in the community. All these initiatives will come together to reduce delays and also increase the proportion of patients discharged to their own home.

Performance Measures

Increase the proportion of patients discharged to their usual place of residence by 2.5% in the coming year.
Significant reduction in delayed transfers of care through close inter-agency working.

Improving Access

To support prompt, responsive care for our patients, the Trust will be undertaking a number of initiatives to improve access. This will be underpinned by a demand and capacity modelling exercise to deliver constitutional standards, initially emphasising a number of high priority areas. We will comply with national standards that the overall waiting list for March 2019 is no higher than March 2018

Performance Measures

No patient waits more than 52 weeks
More than 92% of patients waiting less than 18 weeks throughout the year

Some specific initiatives to improve access include:

- Increasing diagnostic capacity – in radiology, we will be installing a fixed, temporary MRI (rather than the transient mobile van) which will both increase capacity and allow the Trust to differentiate inpatient and outpatient flow.
- Through a restructure of the theatre timetable, we will be more effectively separating trauma and elective capacity which will improve access times especially within orthopaedics and plastic and reconstructive surgery.

- The expansion of the ophthalmology team will allow the Trust to streamline pathways, moving to a high volume cataract model to deliver faster access times and improved patient experience. We will also continue to review models of care for patients with long term conditions such as glaucoma and age related macular degeneration (AMD) using different staff groups and timely diagnostics to ensure all patients receive appropriate monitoring. We will be setting up a corneal graft service enabling patients to receive this treatment locally, currently there are high waiting times for this procedure in other units

Our expectation is that we will continue to deliver diagnostic waiting times of less than 6 weeks for 99% of patients, with our main risk being around the delivery of MRI and audiology waiting times:

Performance Measures

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Diagnostic waiting list	**3,774**	**3,797**	**4,066**	**4,021**	**3,552**	**3,315**	**3,331**	**3,652**	3,054	**3,423**	**3,574**	**3,653**
Over 6 weeks	**38**	**38**	**41**	**40**	**35**	**33**	**33**	**36**	**30**	**34**	**36**	**36**

Following on from input from the GIRFT team, in orthopaedics we will be focused on reducing length of stay for patients requiring major orthopaedic surgery and for surgery more broadly:

Performance Measures

Length of stay for hip replacements (both cemented and uncemented) will reduce from 4½ days to 3 days.
Length of stay for knee replacements will reduce from 4 days (cemented) and 6 days (uncemented) to 3 days
Reduce surgical elective length of stay

Cancer Services

Year on year more patients are diagnosed with cancer and improved survival rates mean more people are living with cancer and the effects of its treatment. In line with cancer transformation initiatives, our cancer strategy includes a number of initiatives to increase early diagnosis, in collaboration with primary care, and maintain short waiting times for diagnostic tests. We will ensure that 95% of all suspected cancer referrals have the diagnosis confirmed or excluded within four weeks by April 2019. We will be prioritising the prostate and colo-rectal pathways for particular focus to ensure that patients are assessed and referred on for surgery in a timely way. In relation to patients with breast cancer we have introduced stratified follow ups with patients initiating follow up appointments or seeing specialist nurses as appropriate.

Working with the South West Alliance, and local commissioners, we are enabling the development of living with and beyond cancer (LWBC) recovery packages and the introduction of holistic needs assessments (HNAs) and care plans. There is planned to be a 40% increase in HNAs within one month of diagnosis and a 40% increase within 6 weeks of

the end of treatment. During the coming year, there will be ongoing review of outcome measures as well as assessment of patient, carer, community engagement and volunteering. sustained and innovative deployment of AHP role, metastatic nurse role and nurse in CNS training. There will be active involvement in psychology programme with support training provided alliance wide. There will be participation in wider staff development and training plans and delivery with utilisation of health and wellbeing support allocated funds to link with primary care/practice nurses to develop 'treatment room cancer care reviews'

Our planning trajectory for 62 days treatment from referral is as follows (nb the target is monitored quarterly).

Performance Measures

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total seen	51	56	59	53	65	53	53	51	51	56	47	52
< 62 days	82.4%	84%	89.8%	84.9%	86.2%	84.9%	83%	86.3%	86.3%	83.9%	83%	88.5%

3.2. Specialist

Specialist Services – to provide innovative, high quality specialist care delivering outstanding outcomes for a wider population

Work with Partners to Develop Care Pathways for Specialist Services which Improve Effectiveness and Patient Experience

We are determined to ensure we use networks and partnerships to enhance our services as we work collaboratively with other organisations within our STP footprint and beyond.

Our collaboration with Southampton continues with the plastic reconstructive role in the trauma network, consultant input from Southampton for our baby hip and neurology clinics, interventional radiology on site at Salisbury and a partnership between clinical genetics at Southampton and the regional genetics laboratory at SFT. In urology we have developed further pathways with Southampton and now have a high risk bladder cancer clinic at SDH with visiting specialists from Southampton delivering specialist care locally, in particular for reconstructive urology services. In ENT we have recruited to a joint appointment with Southampton to provide further head and neck services. We will formalise this role this year, and continue to provide a responsive service with competitive access time for both cancer and non-cancer pathways.

The Wessex Regional Genetics Laboratory working across Salisbury and Southampton is contributing to a bid to become one of seven Genetics Laboratory Hubs across the country together with Birmingham Women and Children's Hospital and Oxford University Hospital Trust and University Hospital Birmingham. A bid was submitted at the end of April with the new service due to be operational from the beginning of October.

The Trust is an active member of the South 6 consortium of pathology providers and will be working to establish the network, developing different approaches to testing across the geography and reduced costs per test.

Developing Plastic Reconstructive Surgery Across Wessex
Early plans to expand the delivery of our Plastic and Reconstructive Surgery Unit to a wider geographical area are being discussed, with network approved clinical pathways for emergency and elective care and an agreed workforce plan. This will deliver an agreed 24/7 on call provision for emergency care and, through close modelling of capacity and demand, improvements in RTT delivery. A major review of the funding of burns and plastics has been undertaken to ensure that agreed activity levels are provided in line with contract and appropriately coded to reflect the complexity of the work being undertaken in this specialist unit. As with other services, a major focus on the coming year will be to keep elective and emergency care separate to improve efficiency, patient experience and the use of resources enabling emergency demand to be met whilst allowing the service to reduce waiting times down.

The challenges of consultant recruitment in dermatology have been overcome by launching the Salisbury Skin Service; combining dermatology, plastic reconstructive surgery and the laser service to deliver an improved and more resilient service. The newly reorganized service will reduce waiting times, enhance the skill set of the nursing staff and allow the development of more specialist services such as MOHS.

Delivering World Class Services for the Rehabilitation of Patients with a Spinal Cord Injury
With the appointment of a new clinical lead for the spinal injuries unit, the service is well placed to embark on a major project to embed a culture of continuous improvement which will include work on: culture, workforce planning across medical, nursing and therapies, and clinical pathway development. There will be an improved admission process to reduce the length of time patients wait to be admitted to the unit from the time they are fit for transfer. To assist with capacity within the unit we have commissioned a number of step down beds and will be reviewing pathways in the light of this development.

Performance Measures

Reduce the number of spinal patients waiting for return appointments from more than a hundred to less than 25. *Reduce the time from admission to the spinal unit from referring hospital from an average of 19 days to an average of 14 days*

3.3. Innovation

Innovation - 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

Deliver an Increased Range of High Quality Research which Directly Benefits Patient Care
We will look to increase significantly 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. Develop research skills and teams across the Trust and introduce a programme of continuous improvements.

Performance Measures

Increase the number of participants recruited into NIHR portfolio studies to 1,800 (target was 1,100 in 17/18
Increase the proportion of studies in the NIHR portfolio delivering to recruitment target and time to 80% (both commercial and non-commercial studies)

Build a Culture of Continuous Improvement Adopting a Consistent Quality Improvement (QI) Methodology
The Trust will implement and embed a single and consistent QI approach Trust-wide developing a single QI approach supported by a standardised suite of improvement methodologies.

Introduce Innovative Procedures, Pathways and Change How We Deliver our Services to Improve Effectiveness of our Services and Bring Additional Benefit to our Patients
We will introduce a revised new procedure policy and this will be launched to the organisation, encouraging development of new techniques linked to business planning processes. During 2018/19 we will increase the range of orthopaedic surgery we offer including day case unicompartmental knee replacement.

3.4. Care

Care - treating our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm

Achieve a CQC Rating of Good
During 2018 we expect to have a return CQC inspection and it is our intent that the work we have done since the last review will enable us to move our rating up from 'requires improvement' to 'good'. The Trust is working as part of an NHSI collaborative designed to help trusts achieve exactly that. There is an action plan in place and all previous 'must do's' from the previous report have been actioned. There has been a programme of staff

engagement events to communicate improvements and expectations. The Trust has commissioned a 'well-led' review which is being carried out by Deloitte's.

Deliver on Local, Regional and National Patient Safety Initiatives

The focus for the Trust will be (subject to review in quarter 1):

- falls resulting in serious harm, with the implementation of a falls reduction strategy (reduce by 10%)
- maternity safety – maintain stillbirth rate of 0.3% and neonatal deaths at 0.3%
- perioperative safety and reduction of never events
- patient deterioration and the implementation of NEWS2 (early warning system)
- Improve compliance with sepsis 6 interventions through reliable application of sepsis care bundle

Maintain our Focus on Reducing Rates of Infection

We will seek to maintain our impressive track record on sustained low levels of hospital acquired infections through day to day focus and attention on infection prevention and control in line with our strategy. We will be involved in system wide work on gram negative reductions and the reporting of gram negative sepsis via PHE. To maintain robust and reliable processes for anti-microbial stewardship we will review all antimicrobial policies and will monitor antimicrobial prescriptions <72 hours with feedback and education to clinical teams.

Deliver Outstanding Care to Patients Dying in our Hospital and Ensure Learning from Deaths is used to Improve 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 with increased use of advanced care planning is increased and more patient centred piloting the ReSPECT process. We will work closely with our partners to improve access to quality end of life care.

All staff dealing with patients and families towards the end of life will have the skills and knowledge to deal with their needs with compassion and understanding.
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 ones received and share any quality improvements with them

Work with our Patients to Plan and Improve the Services we Provide and Ensure the Care Delivered Meets Patients' Needs

During 2018/19 we will be reviewing our patient and public involvement (PPI) strategy to ensure it is fit for future purpose. We will continue to have patient stories at the public board meetings. There is a major patient involvement project underway looking at improving the standard of appointment letters which is already proving extremely beneficial. Patient involvement in the design of new accommodation will also continue.

3.5. People

People - making SFT an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams

In order to deliver a sustainable and quality service, our staff need to be well trained, professional and valued. Our recently developed workforce strategy describes the steps we need to take to move our organisation forward towards this objective.

Resourcing
This element of the strategy is designed to deliver a cohesive plan to attract, deploy, retain and reward a flexible workforce. In 2018/19 we will develop a clear employer brand, with a strong social media presence, which describes an updated incentives package to enhance our ability to retain valuable staff. We will improve the recruitment process, ensuring that prospective employees are not 'lost' during recruitment. We will develop a 'grow your own' strategy, starting with a nursing apprenticeship programme.

Business Partnering
We will establish effective partnerships, through designated People Business Partners, to align business and workforce strategies, improving staff transactional services with streamlined and consistent processes and policies. We will develop a number of centres of excellence providing leading edge workforce solutions.

Health and Wellbeing
We will contribute to making our workforce healthy and well at work. We will develop a health and wellbeing strategy, describing one–stop shop for physical health and wellbeing opportunities and re-launching *Shape up at Salisbury*. To support family-friendly approaches, we will refresh the flexible working policy.

Organisational Development and Engagement
We will develop a diverse and inclusive culture where staff feel engaged, and have scope to grow and develop, empowered to transform how services are provided and committed to delivering outstanding care. An Organisational Development and Engagement Strategy is being developed to support this.

Leadership
In order to deliver the size of the agenda facing the organisation will necessitate strong leadership capability across all levels. In 2018/19 we will develop a leadership framework that incorporates a strong coaching / mentoring element.

People Performance Measures

In month staff turnover will reduce from 9.4% in 17/18 to 8.5%
We will reduce staff absence from 3.7% to 3% during this year
In month vacancy target rate will reduce from 6% in 17/18 to 5% in 18/19

Appraisal rate will increase to 85% *A mandatory training rate of 86% from the current rate of 82%*

3.6. Resources

Resources - make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources

Financial Recovery Plan

Our new Outstanding Every Time Transformation Programme (OET) will address areas of challenge through ensuring the Trust continues to use its resources in the most effective and efficient way. The 2018/19 schemes focus on improving efficiency, maximising productivity and continuing to deliver good quality of care for our patients leading to the Trust becoming a financially sustainable entity, as further elaborated on in section 6.

Digital

During 2018 we will be completing a digital strategy describing how the Trust will develop technology in a way that improves care for our patients and improves the effectiveness of the organisation. This will include developing a business case for the introduction of electronic prescribing. During this year we will be investing in our infrastructure to increase resilience and improve robustness, particularly in relation to cyber security.

Estates Development

The Trust is in the early stages of developing an estates strategy which will seek to improve the facilities from which clinical and non-clinical services are provided. That plan will seek to refashion the estate so that we separate planned and emergency workloads, will provide alternative accommodation for patients no longer needing acute care, and offer a range of opportunities for other sectors to come on site.

Service Reviews

Using benchmarking (eg model hospital, Getting it Right First Time), we will undertake service reviews to ensure our services are efficient and sustainable. During 2018 we will clarify the methodology that will be used, with due allowance for specialty differences and taking into account the Trust strategy, and will begin a series of reviews.

3.7. Managing the Risks

SFT has a comprehensive risk management process. Key strategic risks are documented, monitored and managed via the board assurance framework (BAF) which clearly describes

the principle risks, the key controls, assurances and the gaps in control and in assurance and the approaches being taken to manage and mitigate those risks. The BAF is reviewed by the Board, alongside the corporate risk register on a bimonthly basis.

4. Approach to Quality Planning

4.1. Quality priorities (goals) 17/18 and 18/19:

Our quality priorities are built on national and local (including STP) priorities and reflect the Trust's vision that every patient has an outstanding experience of care. Key milestones and performance indicators related to the priorities are reported in our Quality Account and monitored by the Clinical Governance Committee. In summary these are:

Priority 1	Identify frail older people to ensure they receive effective care and treatment and reduce the number of patients who fall and injure themselves in hospital
Priority 2	Improve the flow of patients through the hospital to ensure the right patient is cared for in the right place by the right team at the right time
Priority 3	Improve the recognition and management of deteriorating patients as well as treatment of adults and children with severe infections using Sepsis Six practices on our inpatient wards
Priority 4	Improve engagement with the health and wellbeing of our staff

Quality Improvement Plan

- Improve the CQC Trust rating from 'requires improvement' to 'good' – comprehensive plan in place, staff engagement, well-led review
- Improve partnership working to reduce the number of patients delayed in hospital who are fit for discharge – collaborative work with Wiltshire Health & Care, Wiltshire Council and third sector.
- Implement new systems to manage patient flow – patient flow work programme (board rounds, ED navigator, pathway redesign, acute frailty unit and OPAL team)
- Improve performance of key constitutional standards - ED 4 hour target, RTT, diagnostics and cancer waiting times – action via delivery group.
- Continue to focus on sustaining low levels of health care associated infection and sustain reductions in antimicrobial use across the Trust
- Workforce – nursing and medical staff vacancies – workforce planning, retention and recruitment process.
- Improve the culture of innovation and continuous improvement to drive change – implement a QI training programme.

- Reduce the number of patients who fall resulting in fracture or serious harm – refreshed falls reduction strategy.
- Sustain improvement in surgical safety and eliminate never events – implementation of WHO surgical safety checklist and human factors training across theatres.
- Sustain a reduction in stillbirths and neonatal deaths – implementation of the GROW programme.
- Improve the recognition and treatment of deteriorating patients – introduction of NEWS2, education and audit.
- Improve the treatment of adults and children with severe infections – application of sepsis care bundle
- Improve rapid discharge of patients who wish to die at home – collaborative work with partners and Wiltshire End of Life Care Strategy group
- Meet the 'Learning from Deaths' standards and use the themes to drive improvement.
- National CQUIN schemes – deliver the five national CQUIN schemes in full in 18/19

Key risks to quality and how these will be managed

- Sustaining improvement in the 'should do's' and 'must do's' CQC action plan - core service preparation events, NHSI moving to good programme and CQC steering group
- Reducing the number of delayed transfer of care patients in hospital – collaborative work with partners and patient flow programme.
- Staffing – the inability to recruit sufficient numbers of nurses to meet the safer staffing requirements and insufficient doctors to fully staff rotas resulting in reliance on agency staff mitigated by workforce planning and recruitment process.
- Finances – the impact of cost reduction programmes, mitigated by quality impact assessments of all schemes.
- Focus on daily operational pressures results in limited capacity of staff to deliver quality improvement activity – implementation of a QI training programme and support.

4.2. Approach to improving quality

There are two executive leads responsible for reporting to the Board on the progress of quality, safety, risk, learning and improvements – the Director of Nursing and the Medical Director. The Medical Director is the Executive Lead for Clinical Effectiveness, End of Life Care and Mental Health. The Director of Nursing is the Executive Lead for Patient Safety, Risk, Patient Experience, Safeguarding (Adults and Children) and is the Director for Infection Prevention and Control (DIPC).

The Trust has a good track record of including quality improvement training within development programmes such as the Health Improvement Programme (HIMP) for F1 doctors. They evaluate the impact of their individual projects and present these to the Clinical Management Board annually as part of the formal project evaluation. We offer leadership development to our preceptorship nurses. The Programme Management Office provide a Quality Improvement (QI) training programme to a number of clinicians and as part of the CMI Leadership and Management Level course run by the Trust. From 2018 a

new quality improvement training programme will be provided as a key part of building capability for improvement in our workforce and creating a culture of sustainable change. This will include a session on using quality impact assessments effectively for change.

In order to ensure the Trust has a holistic view of Trust performance it has an Integrated Governance and Accountability Framework to ensure it is sighted on the key risks to the strategic objectives and mitigation is in place. The Clinical Governance Committee on behalf of the Trust Board is responsible for assuring the Trust delivers the key principles of quality, safety, risk, clinical effectiveness and patient experience, identifying where learning and improvements are needed. The Trust Management Committee on behalf of the Trust Board provides oversight of operational, health and safety, education and training and workforce functions which impact on quality and safety. Executive Directors provide leadership for the performance management of the system for assuring governance of quality, safety and risk.

4.3. Summary of quality impact assessment process

The Trust has a robust Quality Impact Assessment (QIA) process, which was reviewed in December 2017. The process for completing an initial impact assessment on quality and safety, remains unchanged. In all cases, a basic QIA will be completed and, if a full impact assessment is required, a review by the full DMT will be undertaken and signed off by the Clinical Director and Directorate Senior Nurse, and then the Medical Director and Director of Nursing. All schemes that exceed £50k or with a risk score of 4 or more automatically require a full QIA. QIAs are monitored via the DMT who are required to complete a post implementation review within 6 months and are reviewed at the performance meetings. Any schemes with a score of 12 or above will be monitored through the Outstanding Every Time Board and included on the appropriate risk register.

Front line clinicians use the formal DMC meetings to raise ideas for challenge and implementation in practice. A key part of the QIA process is to ensure any impact on safety, effectiveness and patient experience are considered along with the impact on the workforce. All schemes are signed off by the DMC and Executive leads.

The financial benefits and the benefits for patients and associated quality indicators are a key part of the assessment process. As part of the proposed change baseline data is generally included as part of the case for change. The Executive performance meetings consider integrated performance metrics. The Outstanding Every Time Working Group is responsible for reporting to the Trust Management Committee to ensure that cost improvement plans do not adversely impact quality and safety.

All schemes which pertain to an individual theme or pathway are co-ordinated through a transformation programme which reports to a number of relevant assurance committees.

4.4. Summary of triangulation of quality with workforce and finance.

The approach to triangulation is by reports submitted to every Trust Board on quality, performance, workforce and finance metrics along with supporting narrative. The Board receives an integrated performance report showing trends and benchmarks. The information is used to question and challenge where improvements are needed. Quality Impact Assessments are also taken into consideration if there is likely to be any adverse impact on quality, performance, workforce and finance, before a decision is made to go ahead with changes. The same information is also provided at Directorate level, enabling targeting of specific hot spots. Each Directorate undertakes service level reviews using service line reporting and performance data to measure the impact on quality, workforce and finance.

5. Approach to Workforce Planning

The Trust's workforce plans are completed in conjunction with Directorate Teams and Professional leads and signed off by Executive Directors, including Nursing and Medical Directors. Workforce risks (e.g. shortages of appropriately skilled nursing staff and hard to recruit to consultant vacancies) are flagged up to the Trust Board and actions taken as part of the Workforce performance management process, through Directorate Management Teams and the Trust's Operational Management Board. KPIs including vacancies, turnover, sickness, agency costs etc. are closely monitored at Board level and actions carried forward on a monthly basis.

Priorities for the local STP include managing demand in urgent care, workforce, (including easier movement of staff between employers), a collaborative training academy, and measures to improve finances through productivity and efficiency, estates rationalisation, and digital footprint. The STP will be looking at opportunities to share services resources where appropriate. The Trust is working in partnership with staff representatives to ensure adequate representation at local and regional STP groups.

Workforce plans are signed off by the Trust Board as part of the Trust's Monitor/NHSI submission. Workforce performance against plan is monitored month by month at the Operational Management Board.

Detailed pay savings for 2018/19 are being developed by Directorates across the Trust. We will continue to identify recurring and non-recurring pay savings for skill mix and wte reductions.

Workforce plans submitted to NHSI reflect service and financial planning priorities e.g. planned activity and service changes, better care fund, education and training, research, CQUIN, seven day services, safer staffing.

We will continue to work closely with our Health Education England partners through our Local Education and Training Board to ensure our workforce has the right skills, values and behaviours in order to deliver care in the right place at the right time. The Trust is engaged with other organisations including CCGs, acute, mental Health and community providers in activity to support delivery of workforce plans and ensure alignment with the future workforce strategy.

The STP programme of work is being put in place to assess the level of activity described in terms of care functions required in the future as a result of demographic change and service transformation, and to translate that activity forecast into an estimate of the workforce required to deliver it based on the ideal mix of skill levels required to deliver each care function, and an estimate of the staffing input per unit of activity, with ongoing monitoring of safety and quality as a priority.

Major workforce transformation programmes being taken forward within the context of Trust-wide transformation schemes. All are concerned with improving the way we work, bring efficiencies and improvements to patient care and the patient experience. The Trust has assessed the results of the Carter review for improved productivity, and is taking actions to address its findings where appropriate.

Our local STP has a workforce work stream with a number of elements. We will be looking at scope for further collaboration between organisations, for example a shared bank of staff, shared workforce planning across the STP, shared training "passporting", (e.g. skilling up staff in care homes to undertake duties currently undertaken in hospital), exploring a common approach to apprenticeships, common vision and values work, looking at opportunities to reduce back office spend including shared services/outsourcing.

Our STP is using a strategic workforce planning tool (WRaPT) for health and social care that enables the collection, analysis and modelling of workforce information from providers across the whole health and social care economy.

Our workforce tool enables different scenarios to be built by changing activity, workforce and skill mix so we can understand the workforce resources required if activity levels change or move between teams or organisations, if efficiency increases or if new services, hospitals or healthcare providers are commissioned.

Agency costs for the Trust for 2017/18 have increased compared to the same period in 2016/17. NHSI cap breaches for both nursing and medical agency continue. Measures have been introduced to ensure that there are robust escalation processes in place for all agency requests. Notice has been given to end the master vend contract for medical agency from July 2018. The Trust is currently reviewing options to increase bank usage which includes a managed service provision (for the whole bank).

International recruitment initiatives to fill substantive nursing posts are continuing, with additional campaigns to run during 2018 to target new areas ie Australia and UAE. A number of schemes are in place to achieve recruitment targets including re-branding the Trust as an "employer of choice", implementing a new recruitment system to reduce the recruit to hire time, use of microsite to advertise vacancies, increasing the Trust's presence on social media to help with recruitment, local media campaigns and increased attendance at career and job fairs both within the local area and outside of catchment. Other initiatives to encourage the use of hospital 'bank' staff and improved utilization of the electronic rostering system are also in place. The Trust will continue to evaluate innovative solutions to develop the workforce to reduce the use (and cost) of agency provided staff. This is an explicit part of our cost improvement plan.

The Trust will continue to evaluate innovative solutions to develop the workforce to reduce the use (and cost) of agency provided staff. This is an explicit part of our cost improvement plan. We are linking our recruitment strategy with the proposed immigration health surcharge for overseas recruits. Via the STP and our Local Workforce Advisory Board, the Trust is engaged with other organisations including CCGs, acute, mental health and community providers in activity to support delivery of workforce plans and ensure alignment with the future workforce strategy.

6. Approach to Financial Planning

6.1. Financial Plan

2018/19 is set to be a financially challenging year for SFT. The Trust is subject to an agreed set of enforcement undertakings which include the production of a two year recovery plan. 2018/19 is the first year of this plan and therefore the Trust needs demonstrate improvement on the 2017/18 financial outturn to exit the S106 undertakings and to ensure the Trust has a financially sustainable future for its patients and workforce.

In 2018/19 the organisation faces a number of significant challenges which underpin its financial position including (but not restricted to):

- A continuing increase in non-elective activity in both terms of acuity of patients and the volume of patients seen this places greater pressure on capacity available and the ability to achieve the elective income and activity plans.

- The ongoing challenge in reducing the overall length of stay, particularly of medical patients, working with system partners to reduce DTOC's, and refine pathways to

support earlier discharges. This continues to place pressure on the overall capacity of the Trust and increases the number of medical outliers into surgical capacity.

- The ongoing shortages of key clinical posts in registered nursing and medical staffing placing both capacity pressures and financial pressures from the cost of premium staffing.

6.2. 2018/19 Summary

	FY 2017/18 £'m	FY 2018/19 £'m	Change £'000
Operating income from patient care activities	195.2	203.4	8.2
Other operating income	23.5	26.9	3.4
Employee expenses	(140.4)	(146.4)	(5.9)
Operating expenses excluding employee expenses	(76.2)	(78.5)	(2.3)
EBITDA	**2.1**	**5.5**	**3.4**
Finance income	0.1	0.1	(0.1)
Finance expense	(2.1)	(2.6)	(0.5)
Depreciation & amortisation	(8.2)	(8.4)	(0.3)
Movements in fair value of investments etc	0.4	0.0	(0.4)
Other gains/(losses) including disposal of assets	(0.0)	0.0	0.0
PDC dividends payable/refundable	(3.7)	(3.5)	0.2
SURPLUS/(DEFICIT) FOR THE YEAR excl PSF	**(11.4)**	**(9.0)**	**2.4**
PSF	0.0	3.8	3.8
SURPLUS/(DEFICIT) including PSF	**(11.4)**	**(5.2)**	**6.2**
Add back depreciation of donated assets	(0.7)	(0.6)	0.1
Add back donations of physical assets	0.4	0.3	(0.1)
Add back impack of impairments	(1.4)	0.0	1.4
SURPLUS/(DEFICIT) including impact of donated assets	**(13.0)**	**(5.5)**	**7.6**

2018/19 summary

The current financial plan for 2018/19 assumes a deficit of £5.5m (including accounting for donated assets and Provider Sustainability Fund), this is derived from:

- Underlying deficit of c£16m
- Requirement to achieve national efficiency requirement £3.3m
- Local cost pressures £3.5m
- Less savings identified £12.2m
- Achievement of Provider Sustainability Funding (PSF) £3.8m

6.3. 2017/18 outturn

The plan for 2017/18 assumed the Trust would deliver a deficit of £7.0m, in agreeing this plan the Trust was not able to accept NHSI's control total (CT) of a £2.1m deficit and was therefore not eligible for £5.4m of Sustainability and Transformation Funding (STF). In

January 2018 the Board approved the submission of a revised forecast outturn of a £12.4m deficit to NHSI (£12.4m including the impact of donated income and donated asset depreciation).

The forecast outturn is underpinned by a number of non-recurrent actions, the table below bridges the outturn to an underlying deficit of £16.3m:

	Total £'m	Income £'m	Pay £'m	Non Pay £'m	Finance Charges £'m
2017/18	**(13.0)**	**219.0**	**(140.4)**	**(86.4)**	**(5.3)**
Adjust for:					
Donated assets	0.3	(0.4)	0.0	0.7	0.0
Impairments	1.4	0.0	0.0	1.4	0.0
Major incident	0.0	(0.5)	0.4	0.1	0.0
2017/18 excl impairment, donated assets & major incident	**(11.4)**	**218.2**	**(140.0)**	**(84.2)**	**(5.3)**
N/R income	(3.3)	(3.3)	0.0	0.0	0.0
N/R CIP	(2.2)	0.0	(1.1)	(1.1)	0.0
N/R Consultancy	0.5	0.0	0.0	0.5	0.0
2017/18 underlying	**(16.3)**	**214.9**	**(141.1)**	**(84.8)**	**(5.3)**

6.4. 2018/19 control total

In February the Trust received a revised control total offer from NHSI for 2018/19. The changes reflect the difference between CNST income and cost changes with the intention of making this cost neutral for all providers. There is an additional benefit arising from income provided for in the tariff (£300 million) and actual contribution change (£116 million) has been allocated to each provider through the 2018/19 CTs as a risk reserve.

For 2018/19 STF will be referred to as Provider Sustainability Fund (PSF) in order to differentiate from the newly introduced Commissioner Sustainability Fund (CSF).

No flexibility had been allowed for the Trust's underlying financial performance versus the original control totals issued for 2017-19.

Initial NHSI control total – February 2018	£'million
Current 2018/19 control total surplus (including allocated PSF)	**5.7**
Net impact of CNST income and spend changes	(1.4)
Risk Reserve (available for deployment)	(0.5)
Additional PSF allocation	2.2

2018/19 control total surplus (including allocated PSF) before flexibility	**8.8**
CT flexibility changes made if 2017/18 control total (excluding PSF) is delivered	0
Revised 2018/19 control total surplus (including allocated PSF) after flexibility	**8.8**

In order to deliver the proposed control total SFT would have been required to deliver a savings plan of £18.4m (c8.%), before any local cost pressures, in excess of three times the amount delivered in recent years. On this basis the Board felt unable to sign up to this control total for 2018/19 as it failed to take account of the underlying deficit position.

Following the review of plans submitted on 30 April 2018 NHS Improvement have reviewed the Control Total offer to the Trust; a revised offer of a £9.0m deficit was proposed, a £2.5m improvement on the original £11.5m deficit plan submitted by the Trust. The proposed agency cap remained at £5.7m. The Trust accepted this proposal.

In return for signing up to the revised Control Total, the Trust will have access to 50% of the original £7.6m.

Revised NHSI control total – June 2018	£'million
Current 2018/19 control total surplus (including allocated PSF)	**8.8**
Reduction in control total	(10.2)
Reduction in PSF allocation	(3.8)
Revised 2018/19 control total deficit (including allocated PSF)	**(5.2)**

6.5. 2018/19 Baseline

National Tariff and assumed Inflation Impact 2018/19 (£3.3m)
All NHS providers are subject to a national efficiency challenge each year. In essence this means the Trust expects to incur inflation costs for pay awards, increments and other pay changes. In addition further increases are expected for non-pay inflation costs, which reflect the general inflation rates as per the Office for Budget Responsibility and drugs inflation which historically runs significantly higher.

The national tariff is uplifted to cover some of these costs, however the gap between the tariff price rising and the estimated rise in costs the Trust will incur is the annual efficiency requirement for the Trust.

SFT inflation assumptions	Funded £'m	SFT £'m	Impact £'m
Pay inflation	2.2	(2.9)	(0.7)
Other cost inflation	1.3	(1.7)	(0.4)
CNST	1.0	0.3	1.3
Tariff efficiency		(3.4)	(3.4)
Total inflation	**4.5**	**(7.7)**	**(3.3)**

Activity Growth assumptions (+£2.0m)

High level growth assumptions have been applied to income and expenditure, while these are being validated at directorate level an initial blended activity assumption of 2.0% and excluded drugs and devices (pass through costs) growth of 6.2% results in an increase in contribution of £2.0m.

Wiltshire County Council population growth assumptions (based on the 2011 census) assume an annual growth of 0.7% for the population as a whole, but growth of 3.9% in the over 70s.

Marginal costs for this activity have been worked up as 80% of clinical income; this figure has been validated through the bottom up budget setting process.

Contracting position

The Trust agreed contracts in 2018/19 which are affordable and deliverable for the health economy, however they were at a lower activity and financial value than the Trust anticipated receiving, due to a number of differing assumptions to the CCG's/ NHSE.

These predominately related to the Trust's assumption based on the infancy of the QIPP plans shared, that the CCG QIPP would not deliver, service developments the Trust anticipated, including realignment of capacity to demand and Trust savings plans to improve productivity, overall this equated to growth of c£7.0m. The Trust included estimates for this over performance income within the overall financial plan.

2018/19 contracting position

The Trust is in the process of finalising capacity and demand planning to underpin the overall income and activity plan. The contracting round for next year is based on month 7 forecast outturn (as agreed STP wide).

Good progress has been made in contract negotiations and the Trust has agreed contracts with most of our commissioners. There is an outstanding dispute with Dorset CCG which has not been resolved which leaves the Trust exposed to some risk in 2018/19. Activity and Income assumptions included in the plan at this stage assume:

- Non Elective Growth at 2.6% £1.4m, which assumes an increase of c511 spells based on an average of 10 beds at current LOS (6.1 days). This additional activity will be delivered via the ambulatory care business case, and the additional medical ward opening winter 2018/19.
- Day case/elective assumes base growth of 2.6% (£0.8m) plan exceeds growth, delivered via the surgical short stay business case, additional productivity gains from theatre utilisation work streams and the final stage of the orthopaedic business case.
- Outpatients, assumes base growth of 4.1% (£1.2m) plan exceeds growth delivered by savings programme to increase productivity, and the final stage of the orthopaedic business case delivery.
- In addition there are more working days in 2018/19 which assumes additional income include in the plan.

Local cost pressures

In addition to the national efficiency requirement there are a number of local pressures the Trust is facing in 2018/19:

- IT costs (-£1.3m). As EPR moves from implementation to business case usual there are two key arising revenue pressures: supports staffing that are now longer classed as capital expenditure, and the commencement of annual maintenance charges associated with the hardware and software.

- The Trust has had a limited capital programme in recent years, and funded the main EPR from internal generated capital (depreciation less loans), this has had a significant impact on the remaining capital available for replacement IT, medical equipment and estates work. The impact of the reduced investment is now impacting on revenue costs as the Trust has to replace the infrastructure network in 2018/19 c£4m investment. This pressure is included increased depreciation and increase in lease costs.

Reduction in agency through recruitment

Included within the Trust's 2017/18 forecast outturn is £8.9m on agency staffing, working on the assumption that the cost premium is 100% for medical staffing and 50% for other staffing groups, this would imply that there is circa £3.0m of agency premium assumed in the 2018/19 baseline. Medical recruitment and work to reduce LOS, and therefore medical bed base means that the Trust is planning to reduce this gross expenditure to £5.7m in 2018/19, in line with the NHSI ceiling.

6.6. Savings programme 2018/19 £12.2m

The new Outstanding Every Time Transformation Programme (OET) will address areas of challenge through a focus on the efficient and effective use of resources. The schemes will improve efficiency, maximise productivity and continue to deliver good quality of care for our patients. We will:

Use our existing services more productively
Ensure our theatres and outpatient services are more efficient and ensure full utilisation, minimise cancellations and DNAs (do not attends). We will use digital technology to forward look and operationally plan our bookings more productively as well as using more frequent and focused SMS text messaging. This will help us ensure we make best use of our existing services and maximise the income available to us.

Review our capacity and demand to see what opportunities there are to expand our services and carry out work for other hospitals, as well as exploring opportunities to provide services in different ways such as virtual or group outpatient clinics.

Manage our beds differently so that patients are in the right bed at the right time with the correct level of clinical support. We will continue to work across the STP and with our community partners to minimise the number of medically fit patients and delayed transfers of care and maximise access to community services to discharge patients who do not need to be in hospital. This will be supported by a full site reconfiguration; ensuring the right number of medical beds are available and to maximise our surgical elective services.

Work closely with our STP partners, and other local Trusts, to maximise productivity opportunities for sharing back office and corporate services.

Strive for excellence in our practice
Use GIRFT (get it right first time) and the Model Hospital to benchmark ourselves against others and deliver best practice in our services.

Be innovative in the ways in which we manage discharge planning, rolling out “perfect weeks” across our wards so that we increase the early flow of patients from our emergency admissions areas into the correct bed first time as well as discharging patients earlier in the day, maximising delivery of SAFER flow. We will continue to use innovative practice such as End PJ Paralysis to get patients up, dressed and moving as part of effective hospital rehabilitation, as well as continuing to expand our already successful services in early supported discharge bridging the gap between hospital and home to reduce lengths of stay.

Build a sustainable workforce and reduce agency spend
Reduce the cost of agency staff through our workforce transformation strategy, increasing our own bank services and improving our recruitment and retention to secure a sustainable workforce. Our first focus will be on nursing and we are looking already at roles, career progression and development. We have partnered with other organisations such as Wiltshire College to make some roles are more interesting and we are looking to make it

easier for staff to move around the hospital from ward to ward so that they can pick up new skills. We are also working with other organisations within our STP area to make it easier for staff to move between organisations to make roles more interesting and provide new experiences. We will continue to run a rolling programme of recruitment days and maximise the use of social media and external marketing to attract staff to work here. We will maximise opportunities for staff development through the apprenticeship levy.

Continue with the development of new support roles, such as the new ward support workers, so that frontline staff have more time to look after the clinical care of patients. We will make training and development a priority, maximising career opportunities so that staff don't have to move away to progress their careers.

Expand our use of digital and clinical technology

Develop a detailed digital strategy and invest in IT to maximise opportunities for transforming our services such as better use of technology to forward plan clinics, moving to Paperlite where possible, as well as exploring a digital communication strategy to ensure patients are informed quickly and in ways other than letter by post.

Continue to explore and invest in new advances in clinical technology; such as Urolift, providing new services for patients which offer benefits such as reducing hospital stays. We will expand and maximise our Scan 4 Safety programme to provide best clinical value.

Deliver a more ambitious procurement strategy and optimise medicines

Ensure clinically led procurement to maximise purchasing opportunities which improve or maintain quality, whilst providing more efficient solutions. We will continue to standardise and collaborate within national and regional purchasing networks to procure greater volumes at better prices. We will continue to expand our use of digital systems to benchmark and improve our services.

Continue to drive value through the optimisation of medicines including the use of generics and biosimilars, and reducing unnecessary medicines waste.

6.7. System Wide Transformation

In recognising the financial challenges facing the Trust, a system wide response to deliver transformation change is required, in the longer term. We are in the early stages of developing an integrated care system with our partners for South Wiltshire. This will give the Trust and the wider system the opportunity to reduce cost across all pathways through real transformation, with the developing estates strategy giving the organisation an opportunity to develop new models of care delivered in the most efficient way in the most appropriate location for the patient. To support the transformation required, the Trust recognises that it must move to a different funding model, supported by the transformation of clinical pathways. South Wiltshire offers the STP a conduit for testing and implementing STP wide priorities at pace.

We will work on the principles of co design and that any new models must be scalable to Wiltshire, and we will support wider geographical pathways where appropriate with our STP colleagues. The Trust is looking at 2018/19 as a year of transition, with a different payment mechanism in place for 2019/20 to support reduction in costs across the system and to enable the pathway work to flourish.

This approach will link in with the Trust's emerging estates plans providing a catalyst for different ways of working.

6.8. Capital planning

The Trust has only committed capital expenditure for 2018/19 to the extent that it can be financed from internally generated funds. This results in a maximum capital programme of circa £6.9m in line with the forecast depreciation charge (less loan commitments).
The programme seeks to achieve a balance between maintaining and replenishing the asset infrastructure, reducing risk and improving the patient experience. The Trust has been through a process of prioritisation using a weighted risk scoring methodology, which includes factors such as safety, capacity and sustainability/resilience.

Capital programme 2018/19	£
Estates development and buildings and works	2,288
Medical equipment	1,222
IM&T	3,120
Other	349
Total programme	**6,979**

6.9. Risks and Caveats

There are a significant number of variables which impact on this financial plan. The main uncertainties and risks include:

- Full delivery of the savings £9.7m in 2018/19 is required including the delivery of a stretch savings target in 2018/19 for which plans are yet to be identified and developed in full.
- NHSE Specialist Commissioning and Dorset Contracts are not yet agreed, therefore there is a material risk to the plan should the activity and income levels be materially different.
- Losses arising from QIPP or CQUIN as detail is finalised.
- Any changes to the pay bill resulting from the national change in terms and conditions which are not fully funded.
- Any significant increases in the rate of inflation as a result of Brexit
- The capacity pressures from workforce constraints particularly in terms of medical wards.

8. Links to STPs

8.1. Introduction

SFT is a willing and committed partner in the Sustainability and Transformation Plan (STP) process for the footprint of Bath, Swindon and Wiltshire (BSW). The CEO is on both the STP Board and Leadership Group, and all the executive directors play a role in the project work related to their portfolios. Geography and existing clinical pathways dictate that SFT must also ensure that it links in with neighbouring STP footprints in Dorset and Hampshire.

8.2. Planning for the Future

The key priorities and details of the STP were published in a document called *Planning for the* Future in March 2017. It describes three urgent areas that the STP needs to focus on:

Improving Health and Wellbeing

We need to get better at preventing disease, not just treating it. Illnesses such as heart disease and type 2 diabetes are putting significant pressure on NHS services, but by supporting people towards healthier lifestyles, we can prevent these diseases from developing.

Improving the Quality of Care People Receive

We need to ensure consistently high standards of care across the whole geographical area, from the point of a patient's diagnosis through to specialist hospital treatment, rehabilitation or social care.

Ensuring our Services are Efficient

Based on funding predictions and current demands, our health and social care system faces a financial gap by 2020/21 so we need to make tough choices about how we provide services.

8.3. Identified Priorities

The STP has identified the areas which give the opportunity to do things much better and over the next five years are planning to prioritise changes to services in five key areas. These are described below with an understanding how these align with the strategy being driven by SFT and particularly within South Wiltshire:

Create locality-based integrated teams supporting primary care

BS&W STP

In future we will see groups of practices working together to share resources, hosting health professionals with a range of skills in specific areas e.g. diabetes, mental health. These

teams will come together to work out the best treatment for a patient, which could then be delivered in their own community, closer to their home.

SFT

We will work 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

Shift the focus of care from treatment to prevention and proactive care

BS&W STP

We are exploring ways to reduce A&E admissions and hospital-based care by focusing on preventing illnesses, supporting people to manage their own care and providing a wider range of healthcare services in the community, closer to people's home.

SFT

We will make our acute emergency services more responsive and enable 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 potentially at the hospital which will work to avoid admission to acute care

BS&W STP

We will address the needs of older people with a particular focus on those most at risk of illness. Trust his will include supporting people to live independently in their own homes, maintaining independence and reducing social isolation. We will work closely with the voluntary sector to support older people.

SFT

Development of community based frailty services which manage patients care through specialist multi-disciplinary team community services

BS&W STP

Our plan is for health and care providers, including the voluntary sector, to work together to educate and support people to manage their conditions better. There will be targeted support for older people to help them manage long-term conditions, most particularly help to manage diabetes. There will be improved access to support for patients with mental health needs.

SFT

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.

Develop an efficient infrastructure to support new care models

The BSW STP is committed to making savings and improving patient care by embracing technology. It is also looking to reduce costs by making better use of our buildings.
It has identified the following areas on which to focus with SFT's role or equivalent project described underneath:

- Adopt new technology to benefit patients and professionals

The Trust is investigation the introduction of new portal technology as a means to communicate with patients

- Share patients' records securely across health and social care providers

SFT is working with Wiltshire CCG and Wiltshire Council to promote access to information from GP and social care systems

- Reduce some patients' need to travel by using e-consultations for remote appointments

The Trust is introducing virtual clinics in a number of specialties to reduce the number of face to face outpatient appointments

- Promote smartphone apps that help patients manage their own care
- Explore opportunities to share anonymous data that will help us meet future demand

SFT is participating in the STP led project to use all of the health data collected to predict future healthcare needs

- Review how we work in all of our buildings to make the best use of space

The Trust is contributing to the STP wide review of health care accommodation as well as undertaking its own site development programme as described elsewhere (section 3.6). All plans and opportunities are being openly shared across the STP to ensure that areas where public buildings or investment can be shared to benefit the public purse are being fully investigated.

- Improve IT systems to reduce the time clinicians spend on paperwork

The Trust will be trialling voice recognition software during 2018

Establish a flexible and collaborative approach to workforce

The STP recognises that whilst it has excellent staff, but they are under pressure and it is becoming very difficult to recruit people to the area. The plan will therefore include new ways of working and initiatives to retain our high-quality staff and attract new people too, particularly within social care and domiciliary care. This is completely consistent with SFT's recently agreed workforce strategy

This will include:

- Better advanced planning for recruitment across the area.
- Developing the skills of care home and domiciliary staff.
- More opportunities for training, education and apprenticeships
- Joining up teams from different health and care organisations and introducing new roles e.g. care coordinators in GP practices.
- A programme of activity to support the health and wellbeing of our own workforce.

Enable better collaboration

The STP document *Planning the* Future describes the need to ensure the clinical and financial sustainability of their three acute NHS Foundation Trusts and how they face high demand on services with limited capacity.

The three acute hospitals are committed to leading change across the sector through closer collaboration and taking a broader system-wide view of patient needs. SFT is working with the other organisations see how efficiencies might be made. This is likely to include sharing some services (such as of finance services and IT) and investigating the possibility of joining up out-of-hours services where practical, such as pharmacies, radiology and specialist imaging.

9. Membership and Elections

9.1. Salisbury NHS Foundation Trust Governor Elections

- elections held in May 2017
- elections in 2017 were for seats in two public constituencies
- the next scheduled elections to take place in June 2018 for Staff constituencies and a range of Public constituencies

9.2. Process for governor recruitment:

In practice we are able to attract a good range of candidates for many of our governor elections, we do so by:

- a letter sent from the Chairman to all members of each constituency inviting their interest in standing for election as a governor
- once interest is shown, another letter is sent to the potential governor with a further information explaining the role of governor. They are invited to a candidates' information evening led by the Chairman, supported by the Chief Executive and the Lead Governor
- potential candidates then have a two week thinking period in which to confirm if they want to stand
- the membership manager passes confirmed candidate names to the Retuning Officer for the election process to begin

9.3. Governor induction:

The induction process varies depending on the numbers of new governors after each election, as a guide:

- meet with the Chairman – one on one
- induction pack – with all relevant information e.g. Constitution, Standing Orders, Code of Conduct, Membership Strategy etc.
- two half-days induction – for larger cohorts, otherwise on an individual bases according to their needs
- introductory meetings with the executive directors – Chief Executive, Director of Finance, Medical Director, Director of Nursing and the Head of Facilities.
- tour of the Hospital by Directorate Senior Nurses, Directorate Managers or Membership Manager
- South West Governor Engagement Network events, organised by the Trust
- Governwell – core skills and member and public engagement courses offered by NHS Providers
- in-house development days – four times a year – diverse topics

9.4. Engagement with Members and the public

- constituency meetings – held per constituency periodically
- Medicine for Members lectures – held 4 to 5 times a year - diverse clinical topics
- newsletter – twice a year – and a page in the Annual Review, which is sent to all members
- Real Time Feedback (RTF)– governors are trained on RTF and meet and engage with members of the public and patients on the wards
- PLACE Audits
- Well-attended AGM (100 to 150 members)
- use of village websites
- membership recruitment in outpatient department – Governors go to outpatient areas to recruit members, but also to engage with them

9.5. Membership Strategy:

- the Trust emphasises quality over quantity – younger, diverse ethnicity etc.
- the Trust has a good foundation of over 17,000 public and staff members who are reflective of the hospitals locality and its patients.
- letter of invitation with membership form sent periodically from the Chief Executive to past patients who aren't members – who have been to the hospital in the last 2-3 years