

Annual Plan

Summary 2007/08

STOP PRESS

A big ambitious goal – to be the **best**

During 2007/08, the Trust will launch a new Quality Strategy that will deliver patient care services to unprecedented levels of safety, cleanliness and personal service.

The ambition of this strategy is huge. It will not be for the faint-hearted, but the prize for our patients and therefore our staff is so great. So what can we achieve? During a 12 month period crossing 2005-2006, staff at this Trust saved an additional 230 patient lives than that predicted by our HSMR (basically a measure of the likelihood of patient deaths). The reasons for this fantastic success are complex,

but it shows what can be achieved.

The new Quality Strategy will focus on key interventions that are known to improve patient care. Staff will be trained and enabled to implement these interventions and will evaluate their success.

Over coming months, clinical leaders, managers and staff will be involved in developing the strategy and devising implementation plans.

We must continue our already excellent performance – this is what this Annual Plan is about, but on top of this we plan to become the Best of the Best.

Facts & Figures

The Trust's planned income is
£243 million
Most of this money will be spent on our
4,400 staff
who will work together to provide services to:

56,500
inpatients

22,500
day cases

65,000
new outpatients

218,000
follow up patients

77,600
emergency attenders

Our plans for 2007/08

Provide Safe, Clean and Personal services

- Agree new quality improvement strategy
- Achieve an excellent rating in the cleaning and environmental standards
- Achieve target reduction in hospital acquired infection rates, including MRSA and C Diff
- Maintain Level 3 NHSLA standard – the highest NHS safety standard
- Adopt the national Dignity in Care charter
- Increase the percentage of people who say they can find their way around the hospital easily.

Meet agreed contractual performance requirements

- Achieve good or excellent ratings for clinical quality
- Annual Health Check
- Achieve excellent on the Healthcare Commission effectiveness
- Achieve good performance in the following categories: cancelled operations target of no more than 10 times; cancelled operations target of no more than 10 times
- Meet patient activity plans including an increase in patient activity

Develop new strategies for improvement

- Produce a quality improvement strategy for the whole organisation based on the principles of the Institute of Healthcare Improvement
- Implement new Code of Governance and recommendations arising from the review of the Board's Assurance Framework to strengthen governance and control arrangements.

Become employer of choice for the North West

- Deliver improvements in staff survey results over previous year, including improvements to levels of appraisal and personal development planning and appropriate reduction in turnover rates.

Develop 'Spirit of Success'

- Actively support nurse leaders to improve ward level
- Promote decision making at department group level and below and develop the concept of 'earned autonomy' including incentives so that clinical groups are motivated to find solutions to their own problems

Deliver a sterile services joint venture

- Appoint a preferred partner
- Agree timetable for service change.

Agree a business plan for aseptic nutrition services (TPN)

- Develop a business case for third party provision. Agree operational policies for on site provision.

Exploit opportunities for joint venture working

- Develop options for the expansion of the Neuro Clinical Assessment and Treatment Service
- Develop commercial models for satellite radiotherapy centre
- Develop a business case and seek partners for an ETHOS R&D facility to develop clinical trials capabilities

Improve patient satisfaction with the Trust's services

- Achieve above average scores against the national patient satisfaction survey for discharge arrangements.

Align service plans with commissioning plans

- Engage and develop relationships with GP commissioners to determine a work programme which can respond to the needs of GPs and primary care clinicians
- Agree a new approach to prescribing across hospital and primary care e.g. for statins (cholesterol reducing drugs).

Engage and develop

- Establish Governance members by target
- Participate through of hospital

Develop and support

- Develop Governance and support of

Standards and best practice clinical standards
Quality and use of resources as assessed by the Healthcare Commission's

on's development standards: D1, patient safety; D2, clinical

challenging targets: A&E department waiting times; cancer waiting
times less than 0.5%
Increase in inpatient activity and day case rates.

Reduce waiting times (18 week targets) to offer services of choice to patients, their GPs and service commissioners

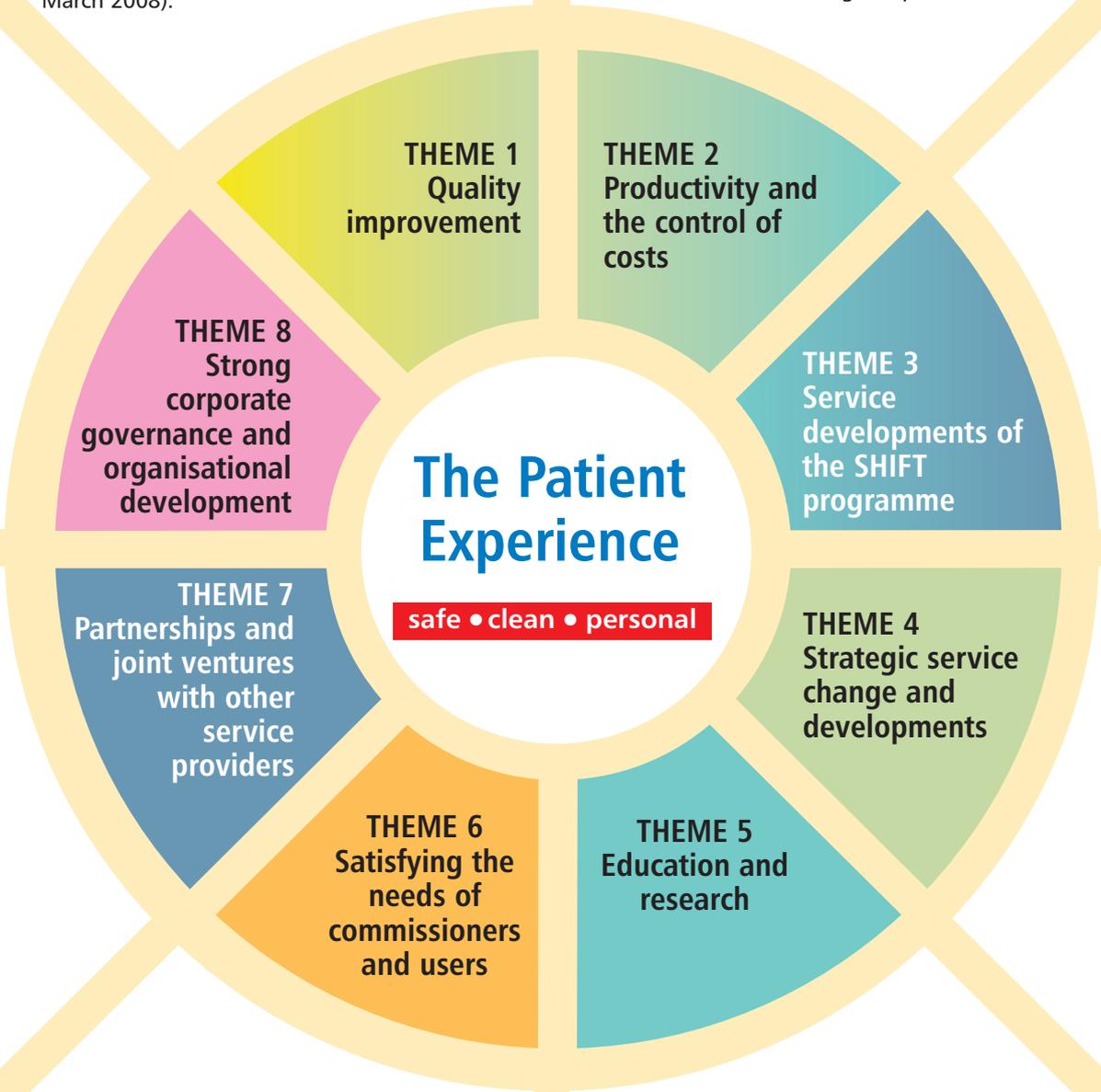
- Provide a new convenient assessment service which can assess 80% of patients in four weeks (by October 2007) and 100% in four weeks (by March 2008).

Deliver the annual financial plan

- Achieve EBITDA plan (earnings Before Interest, Tax, Depreciation and Amortisation) plan
- Achieve planned surplus margin/ rate of return
- Achieve liquidity rates – prudential borrowing.

Deliver productivity and cost reduction plan

- Achieve 25% reduction in occupied bed days in all specialties
- Reduce emergency bed days by 5%
- Reduce admissions that occur before the day of procedure
- Reduce corporate overheads by £500,000 from 06/07 base
- Reduce absence levels to 3.6%
- Improve theatre utilisation
- Achieve £500,000 savings on procurement.



Develop the Foundation Trust membership
Form a sub-group to promote membership and recruit additional public
to meet target profile
through open days and membership events, including 125th anniversary

Support the Council of Governors
Support the Council of Governors through an agreed work programme, including the establishment
of Governors' sub-group arrangements

Develop the research strategy consistent with national/GM strategies

- Establish an integrated R&D directorate with Salford PCT
- Agree with the University of Manchester and the GM Comprehensive Research Network a joint development plan for the Trust's R&D activity
- Produce a business case for the ETHOS (population based) research service and seek stakeholder support.

Ensure organisational arrangements support delivery of financial objectives and maximise opportunities for growth

Develop the 'Business Unit' concept for clinical groups

Develop service (speciality) line costing that is owned by clinical groups

Introduce new arrangements for DGH satellite neurology, neurosurgery and dermatology.

Deliver hospital redevelopment project (Phase 1)

Achieve financial close on the PFI project

Secure stakeholder approval to the Full Business Case

Deliver enabling works and commence the first phase of the public capital works – new operating theatre suite, demolitions and multi-storey car park – minimising disruption to patients, service and staff.

Implement service improvements

Develop a new service model for urgent care and A&E, including ECDU, acute physician role and reducing outliers

Develop new service model for urgent surgical care including emergency surgical assessment

Improve rapid access to diagnostics to improve patient flow

Primary care developments to reduce hospital admissions for people with long term conditions as per targets set in the long term conditions steering group action plan

Deliver arrangements to improve access to intermediate and social care services enabling earlier transfer from hospital.

Implement IM&T improvements

- Realise the benefits of the data warehouse
- Replace current systems in theatre, A&E and maternity
- Improve resilience of the IT infrastructure by building a new computer room and upgrading servers
- Implementation of electronic prescribing
- Pursue the pilot for digitised casenotes.

Ensure the interests of patients and the Trust are secured through the reorganisation of services for women and children

Following the final decision, develop plans for ensuring the continuity of safe, effective and affordable services

Establish children's services for observation and assessment and for day surgery.

Develop specialist cancer services

Agree with the Christie Trust the service and business model for the development of a new satellite radiotherapy centre – The Christie at Salford

Implement new arrangements for specialist cancer surgery (general surgery, gynaecology and urology) at Salford Royal to serve the people of Wigan, Bolton and Salford.

Develop new service models for the Greater Manchester population

- Extend access to the new Neuro Integrated Clinical Assessment and Treatment (ICAT) service providing rapid access to neurosciences assessment
- Improve ability to meet demand for Intestinal Failure services
- Implement integrated management of neuro rehabilitation units
- Develop plans for a specialist acute stroke service to reduce deaths and disability
- Review the benefits and feasibility of extending the urological inpatient service
- Develop a new model for the delivery of specialist dermatology services.

Deliver a high quality education service

Meet contracted training requirements including the development of Associate Teaching Hospital status with hospital Trusts in Wigan and Bolton

Achieve good QA reports for undergraduate and post graduate education and training.

Implement Modernising Medical Careers

- Agree an action plan to meet the requirements of new training programmes for trainee medical staff.

safe ● clean ● personal

We aim to provide safe, clean and personal care for **all** patients

Safe, clean and personal will be a theme running through all of our work.

As part of the safe, clean and personal initiative, we have developed a set of measures that will allow patients, staff and the Board to track improvement and ensure that standards are met. These include the following:

safe ● clean ● personal

- number of adverse incidents
- number of slips, trips and falls that cause harm
- medication errors
- violence and aggression incidents
- number of staff appraisals
- staff mandatory training compliance
- consistency of staffing
- length of patient stay
- meeting financial plans

safe ● clean ● personal

- MRSA rate
- C-difficile rate
- ward cleanliness assessments against the three key indicators

safe ● clean ● personal

- staff availability
- number of complaints
- pressure ulcer incident using Waterlow assessments and MUST scores
- patient experience – using feedback from patients.

We have also introduced a 'ward performance dashboard' enabling each ward to assess their performance against the safe, clean and personal indicators.

The dashboard is based on patients' understanding of what safe, clean and personal means to them and is represented by the diagram below:



A patient receives treatment from Healthcare Assistant Terri-Ann McColgan





Top five targets for 2007/08

- **access to cancer services** – by the percentage of patients seen within two weeks of urgent GP referral for suspected cancer to an outpatient appointment with a specialist and the percentage of patients treated within 2 months of the referral
- **reduce MRSA bacteraemia rates by 60%**, and reduce other Hospital Acquired Infections (HAIs), from the 2003/04 baseline
- **reduce the number of cancelled operations** and the percentage of patients not given a binding date within 28 days of their cancelled operation
- **98%** of patients should wait less than 4 hours in A&E from arrival to admission, transfer or discharge
- achieve the milestones for **'No Delays'**, to ensure achievement of the 18 week target.

No delays – 18 weeks

We have made significant progress in reducing patient waits and thousands of people now benefit from:

- earlier relief of symptoms
- less anxiety
- more convenient care.

Our ambition is to deliver the right care, at the right time, at the right quality and without unnecessary delays and we believe we are making great strides towards this.

From October 2007, we are seeking to ensure that all patients will be seen and treated within 18 weeks of the date of their GP referral.

18 weeks is the maximum but many patients will be treated more quickly – faster treatment will be guaranteed.

Progress we have made so far in reducing waiting times is shown here:

