

Annual Plan

Summary 2008/09

Quality improvement –
our aim to be the **safest**
hospital in the country

We have an ambitious plan – to be the best.

Our patients expect and deserve nothing less. Patients have told us that they want us to provide services which are safe, clean and personal.

Our aim is to:

Reduce
hospital
mortality rate

Saving 1,000
lives over
three years

Reduce
harmful events
by 50%
over three years

Facts & Figures

The Trust's planned
income for 2008/09 is
£275.7 million

The Trust employs over
4,500 staff
who will work together
to provide services to:

45,200
inpatients

24,000
day cases

273,700
outpatients

73,250
A&E attendances

Annual Plan 2008/09

– Key Objectives

What matters to us most is our vision to improve quality and the patient experience with a focus on improvement projects under the headings of safe, clean and personal.

The Annual Plan is organised into eight themes which in turn have a set of key objectives which are described in the diagram to the right.

Develop new organisational arrangements ensuring that the Trust is best placed to deliver its plans and improve its performance

- Establish new organisational structures and systems which enable “service line management” and provide earned autonomy to new “Business Units”
- Develop the capability of clinical leaders and devolve responsibility to the front line to enable the improvement of services

Produce new R&D strategy

- Ensure R&D activity “adds value” to the Trust
- Develop effective partnership arrangements with other research active Trusts and the University through the creation of Manchester Academic Health Sciences Centre

Achieve “excellent” rating for use of resources by Healthcare Commission and “Green” rating by ‘Monitor’

- Achieve a financial surplus of £1.7m
- Achieve EBITDA return of 5.5%

Deliver a 3% cost improvement

- Achieve a reduction in length of stay of 10% and liberate 12,500 occupied bed days to enable more hospital admissions

Launch and deliver phase 1 of the quality improvement projects

- Improve Hospital Standardised Mortality Rate by 5% (saving 200 more lives) and reduce incidence of harm by 15% (preventing 1600 avoidable harms)
- Achieve infection control targets

Deliver Healthcare Commission standards for quality of services and achieve "excellent" rating

- Achieve 18 week waiting time milestones
- Achieve requirements of key service indicators

Develop relationship with GPs and Practice Based Commissioners

- Develop an approach to identify, anticipate and satisfy patient needs profitably

THEME 1
Quality improvement

THEME 2
Satisfying the needs of commissioners and users

THEME 3
Strategic service change and development

THEME 4
Partnership and joint venture

THEME 5
Hospital redevelopment

THEME 6
Productivity and control of costs

THEME 7
Education, research and development

THEME 8
Strong corporate governance and organisational development

Improving quality and the patient experience

safe • clean • personal

Develop stroke services

- Secure agreement for SRFT to be the comprehensive stroke centre for Greater Manchester. Design and develop the operational plans for the new service. Achieve a 90%+ level of compliance to the key treatment and care standards for patients with stroke

Develop cancer services

- Fulfil role as Associate Cancer Centre to deliver specialist cancer surgery for Wigan, Bolton and Salford
- Agree business case for the development of radiotherapy on site: "Christie @ Salford" including stereotactic radiosurgery for the treatment of brain tumours

Manage new hospital construction project and ensure service resilience

- Meet key milestones of: Car park and block E to be commissioned by 31 March 2009; Worthington House de-commissioned by 31 March 2009; infrastructure enabling works complete by November 2008

Deliver the capital programme

- Deliver schemes to improve the existing hospital building facilities

Engage FT public membership to be involved in plans for the future

- Engage and involve public members of the Foundation Trust through Salford's community committee arrangements and joint working with patient interest groups so that they may contribute to the development of our plans

Redesign urgent care services

- Agree role of hospital based urgent care services in liaison with primary care services which enables effective and efficient service delivery

Review dermatology services

- Produce plan for the future organisation and delivery of dermatology services across Greater Manchester

Redesign assessment and treatment services

- Develop new "one stop" assessment services for a minimum of five surgical conditions to replace traditional outpatient services. Ensure services are responsive to patients' needs so that they continue to choose Salford Royal as their preferred hospital. Minimise income loss from competition

Review and develop urology services

- Agree with partner Trusts (e.g. Wigan and Bolton) the design of a comprehensive and integrated urology service which may include the rationalisation of inpatient services

Agree future service plan for women's and children's services

- Plan for the future of maternity and neonatal service. Establish new

services for children: open new observation and assessment unit in spring 2008 and start new day surgery services for children in summer 2008

Review requirements for vascular services on the Salford site

- Identify requirements for improving access to vascular services and agree with partners how this can best be provided on the SRFT site

Improving the **quality** and **safety** of our **services**

Patients have told us that they want us to provide services which are **safe • clean • personal**

Patients have told us that they want us to provide services which are safe, clean and personal.

Our aim is to save an additional 1000 lives over three years and reduce unintentional harm by 50% in three years.

David Dalton, Chief Executive, said: "Patients assume their hospital is a place of safety where they will receive safe and effective treatment and care. It is our duty and responsibility to patients not to harm them either by our actions or by not doing something we should have done.

"Despite the extraordinary hard work and best intentions of hospital staff, patients are unintentionally harmed in hospitals everyday. Fortunately catastrophic events are rare but we must acknowledge that, unintentionally, a significant number of our patients experience some harm. Hospital-acquired infections, adverse drug events, surgical errors, pressure sores and falls are examples of how patients can be harmed.

"We plan to save lives and reduce unintentional harm through a series of projects to focus on safe, clean and personal services."

We will be engaging with our Foundation Trust members. We will organise their support and involvement in advisory groups.

The quality strategy will also form the basis of our financial and organisational development strategies.



Safe

1. **Acutely unwell adult**
2. **Reliable care:**
 - ⇒ Acute myocardial infarction
 - ⇒ Heart failure
 - ⇒ Hip & knee replacement
 - ⇒ Community acquired pneumonia
3. **Stroke**
4. **Falls**
5. **High risk medications**
6. **Pressure ulcers**

Clean

1. **Reduction of infection:**
 - ⇒ Clostridium difficile
 - ⇒ Central and peripheral line
 - ⇒ Surgical site infection
 - ⇒ Urinary catheter infection
 - ⇒ Ventilator acquired pneumonia
2. **Environment**
 - ⇒ Toilets and bathrooms

Personal

1. **Staff engagement and awareness**
2. **Patient engagement and awareness**
3. **End of life care**
4. **'Customer care'**

2008/09 projects at a glance

During 2008/09 we plan to improve the safety and quality of our services through a number of projects:

C-difficile

We have already achieved a reduction of over 50% in c-difficile in elderly care wards and we know we can do even better. We are now aiming to reduce hospital acquired c-difficile by 70% by March 09. This will also help us to reduce the average length of stay and re-admission rates.

Reliable care

This project seeks to improve care and treatment to a 95% compliance level against standards for heart failure, acute myocardial infarction, community acquired pneumonia and elective hip and knee replacement. This will result in a reduction in complications which will reduce mortality, average length of stay and re-admission rates.

Central and peripheral lines

We are aiming to reduce central and peripheral line infection rates by 50% within one year.

Stroke

The aim of this project is to improve outcomes for stroke patients through

providing the highest level of care in the early hours after a stroke and in rehabilitation.

Care of the acutely unwell adult

The aim of this project is to reduce the number of cardiac arrests outside wards by 50% by April 2009 by identifying and acting on those patients whose condition may quickly deteriorate.

High risk medications

This project aims to reduce medication errors associated with opiates and anticoagulants by 50% within one year.

Hip and knee

We will ensure that over 95% of patients receive 'gold standard' care and treatment within 3 months of their GP referral.

Falls

This project aims to reduce falls by 30% by introducing a more rigorous process for identifying patients who are at risk of falling.

Environment

The aim of this project is to improve satisfaction with bathrooms so that 95% of staff and patients rate bathrooms as good or excellent.



The new clinical building from Eccles Old Road

Our state-of-the-art £200m hospital development

We are investing in a five-year programme to provide 36,000 sq metres of new accommodation and refurbishment of existing buildings.

This £200 million project will vastly improve facilities for patients, visitors and staff with more single rooms, a more modern environment and easier access to wards and clinics.

Phase one is underway comprising a new education block and multi-storey car park. These will be completed during early 2009. There will also be a new clinical building which will provide:

- a new A&E department including eight resuscitation bays
- an integrated 55-bedded emergency assessment unit and the new paediatric observation and assessment unit
- a new 32-bedded intensive care and high dependency facility
- new ward facilities for urology, renal and intestinal failure services.

The main benefits from the investment will be:

Enhanced facilities for clinical care

– ranging from more single rooms and the development of purpose built accommodation for clinical departments to a design that will help the Trust in tackling hospital acquired infections. One simple, but important example is that half the rooms in the

new building will provide single, en-suite accommodation.

Improved linkages between services

– co-locating key clinical services, for example, integrating A&E and associated departments into an Emergency Village. Models of care will be streamlined, such as through the linkages between A&E and critical care.

Supporting education, research and development

– the Trust has an expanding role as a university teaching hospital in the education of a wide range of health professionals, including undergraduate medical students. The new education block will provide state-of-the-art education facilities in which health staff will receive basic education, postgraduate education and continuing professional

development. The building will provide a full range of simulators to train clinical skills including, for example, a simulated operating theatre.

Better site access – the new clinical building will provide a focal point entrance along Eccles Old Road. The site has been designed to improve traffic flows and there will be a new 1100 space multi-storey car park.

Developing the healing environment

– the design brief has been to develop the environment to support patient care, for example through creating attractive open spaces and, wherever possible, providing separate ‘routes’ for patients currently transferred along crowded, multi-use thoroughfares.

The new hospital will be completed in 2012.

How the hospital site will look in 2012

