Appendix C

Salford Royal NHS
NHS Foundation Trust

University Teaching Trust

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Operational Plan for 2017/18 and 2018/19

Salford Royal NHS Foundation Trust

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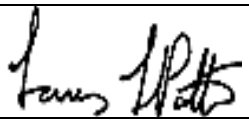
Date	23rd December 2016

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years.

Approved on behalf of the Board of Directors by:

Signature ***(Chair)***	

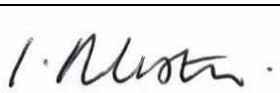
Name **Mr. J Potter**

Approved on behalf of the Board of Directors by:

Signature ***(Chief Executive)***	

Name **Sir David Dalton**

Approved on behalf of the Board of Directors by:

Signature ***(Finance Director)***	

Name **Mr I Moston**

The 2017/18 and 2018/19 Operational Plan

Contents

1. INTRODUCTION AND CONTEXT

1.1 The Trust

The Salford Royal NHS Foundation Trust (SRFT) is a statutory body, which became a public benefit corporation on 1 August 2006.

SFRT aims to be the safest organisation in the NHS providing safe, clean and personal care and services to every patient and service user, every time.

SRFT has a strong track record of delivering improvements in outcomes, patient experience and safe transformational efficiencies. This has been evidenced by the award of an 'Outstanding' rating by the Care Quality Commission (CQC), following a formal inspection in January 2015. SRFT was the first Trust in the North of England to achieve this rating.

SRFT is one of the first trusts in the country to be accredited by NHS Improvement (NHSI) to lead a group or chain of NHS Providers, the aim of which will be to replicate standardised and reliable high quality care at scale and deliver services which are better value for money.

SRFT has been identified as one of twelve Centres of Digital Global Excellence enabling the trust to build on the high level of digital maturity already achieved to further develop pioneering approaches to service delivery. This programme will improve the way technology is used to benefit patients and service users at Salford Royal and with partners in the Group.

The Trust provides a comprehensive range of health and social care services to the population of Salford, as well as a wider range of specialist health services across Greater Manchester (GM), the North West of England and beyond. The Trust has seen significant service changes over the last five years, including:

- A phased reconfiguration of Stroke Services.
- Integration with Community Health services.
- Reconfiguration of Maternity services.
- The establishment of shared pathology and sterile services with Wrightington, Wigan and Leigh Foundation Trust (WWLFT).
- A phased implementation of the Major Trauma reconfiguration.
- The establishment of the Integrated Care Organisation (ICO) in 2016/17.
- The development of the proposal to establish a Group operation, with Pennine Acute Hospital Trust as the first member.

The 2017/18 and 2018/19 Operational Plan builds on the priorities identified in 'Saving Lives, Improving Lives', the Trust's Service Development Strategy for the period 2014-2019. It also incorporates priorities contained within the:

- Five Year Forward View and NHS Mandate.
- 'Taking Charge of our Health and Social Care in Greater Manchester', Greater Manchester's Devolution and Sustainability and Transformation Plan (STP) for GM.
- Salford's Locality Plan (jointly developed by the statutory health and social care partners).
- Organisation-specific plans to address financial and operational pressures.

1.2 Link to the GM Devolution Plan and Salford Locality Plan

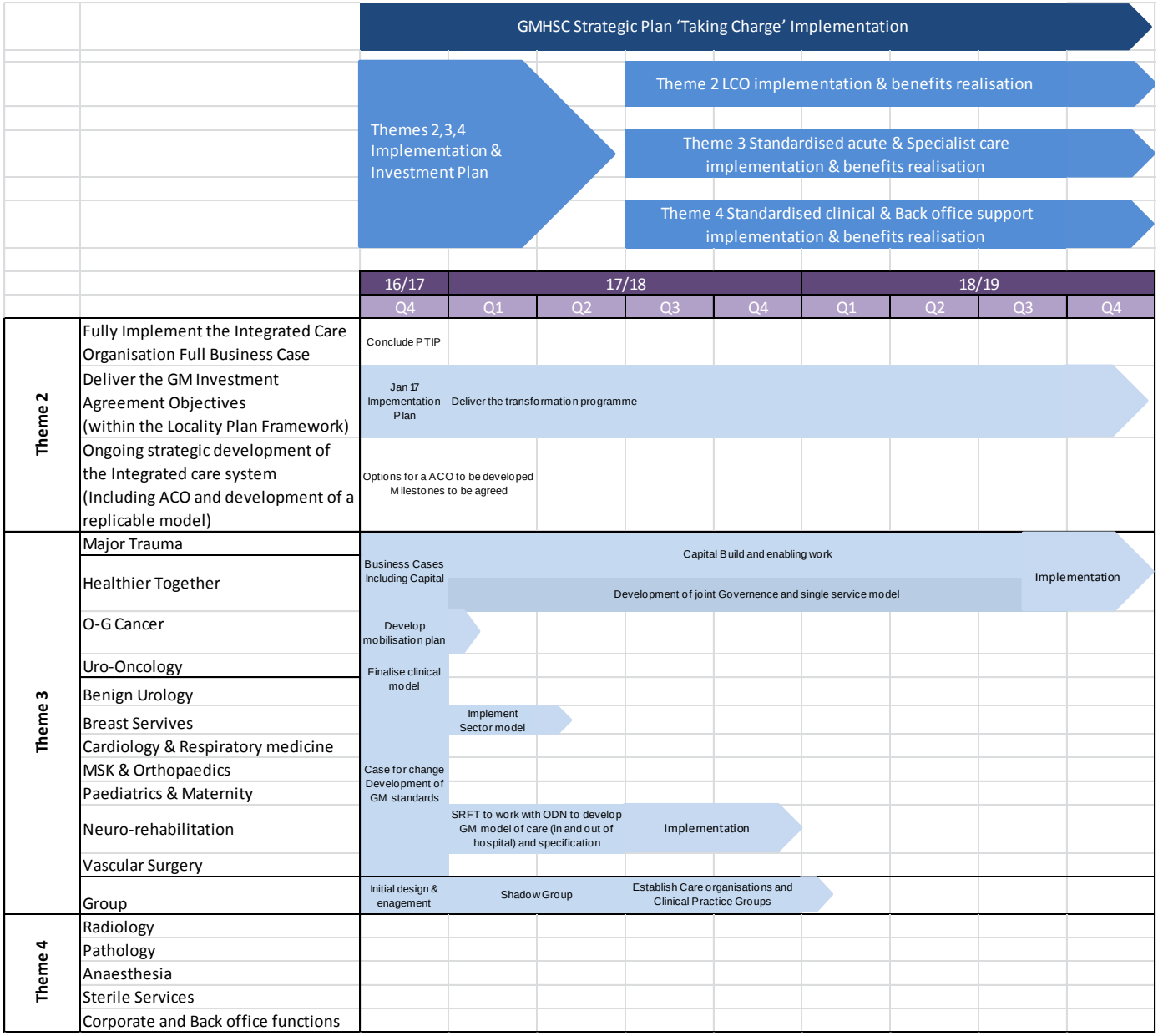
Salford's Locality Plan has been jointly developed by partners in Salford, including:

- Salford Clinical Commissioning Group (SCCG)
- Salford City Council (SCC)
- Greater Manchester West Mental Health NHS Foundation Trust (GMW)
- Salford Royal

The priority themes identified in the Locality Plan reflect those in the SRFT Plan and are directly aligned to the five GM STP Themes (see also overleaf).

GM Theme	Salford Theme	Salford Work Areas	Salford Royal FT Priorities
	**Prevention** Upgrading population health, prevention and self-care	1.1) Social Movement for Change	4.1 Work with partners across the Salford Locality to transform community based care and upgrade population health 6.5 Corporate Social Responsibility & Public Health Strategy
		1.2) Place based working	
		1.3) Best start in life	
		1.4) Promoting healthy lifestyles and improving mental wellbeing	
		1.5) Screening and early detection	
		1.6) Wider determinants of health and wellbeing	
		1.7) The role of carers	
	**Better Care** Transforming community based care and support and standardising acute and specialist care	2.1) Quality of Care	1. Pursuing Quality Improvement to become the safest, highest quality health and care service
		2.2) Integrated care	4.1 Work with partners across the Salford Locality to transform community based care and upgrade population health
		2.3) Hospital Based Care	4.2 Work with partners to reconfigure services across the NW Sector 4.3 Work with partners across GM to reconfigure and develop specialist services 4.4 Develop the Royal Health Group improving services through standardisation at scale in association with Pennine Acute
		2.4) Transforming Community Based Care	4.1 Work with partners across the Salford Locality to transform community based care and upgrade population health
		2.5) Long term conditions	
		2.6) Mental health	
	**Enabling Transformation** Standardising clinical support and back office services and enabling better public services	3.1) Integrated commissioning and streamlining back office support	4.4 Develop the Royal Health Group improving services through standardisation at scale in association with Pennine Acute
		3.2) Information management and technology	6.4 IM&T & Innovation Strategy
		3.3) Estates	6.3 Hospital Redevelopment/Estates Strategy
		3.4) Workforce	3.1 Deliver the Workforce Strategy
		3.5) Co-production and social value	6.4 IM&T & Innovation Strategy 6.5 Corporate Social Responsibility & Public Health Strategy
		3.6) Research and Innovation	6.1 Research & Development Strategy
		3.6) Public engagement	3.4 Implement the Membership Development Strategy

Alignment with GM Implementation Plans



1.3 GM Devolution Plan (STP), Locality and Trust Governance

The GM STP, Salford Locality Plan and SRFT Governance Frameworks have been put in place to provide assurance that performance standards are being achieved and strategic and transformation programmes are being delivered and coordinated at all levels. The current governance structures are summarised below, noting this is still evolving and does not a comprehensive list of committees and sub groups.

Greater Manchester

- Greater Manchester Health and Social Care Strategic Partnership Board and Executive
- Transformation Portfolio Board and supporting Groups & Delivery Boards
- Greater Manchester Provider Federation Board

Locality

- Salford Health and Well Being Board
- Locality Leaders Group
- Locality Plan Programme Management Group
- Locality Plan Theme Boards (Prevention, Better Care and Enabling) including the Integrated Care Advisory Board, Acute Sector Programme Boards, Workforce, Estates and IM&T Groups

SRFT

- Board of Directors, Council of Governors and Corporate Assurance Committees
- Executive Lead Divisional Assurance and Risk Committees.
- Corporate Operations and Performance Board.
- Productivity Improvement Board.
- Strategy and Investment Committee.
- Executive Strategic Programme Board and supporting individual programme boards.
- ICO Programme Board
- North West Sector Programme Board and subgroups.
- Workforce Strategy Board.
- IM&T Major Programmes Board
- Centre of Global Digital Excellence Programme Board and Clinical, Technical Advisory and supporting Projects Groups

Group

- Establishment of a Group Governance Structure

The Trust reflects any risks associated with delivery of the Operational Plan in its Board Assurance Framework and supporting risk assessment processes. These are reviewed routinely through the Divisional and Corporate Committee structures and reported quarterly at the Board of Directors.

1.4 Performance in 2016/17

The mid-year position is that the Trust is:

- Meeting or exceeding quality standards.
- Achieving 18 week RTT, Cancer and Diagnostic standards.
- Underachieving A&E targets (in line with the national position).
- Achieving financial plans.
- Making very good progress against strategic priorities and work programmes.

The principal risks to delivery include:

- Achievement of operational performance targets, as demand increases, with particular concern for the A&E target and 18 week referral to treatment targets in specialist services.
- Delivery of the Better Care & Lower Cost (BCLC) programme and financial control total.
- Progressing implementation of strategic priorities in future years, including; approval of the capital case to provide increased capacity; securing support of partners Salford, NW sector and GM and funding of the Digital and Group (Management Contract) Programmes.

2. ACTIVITY PLANNING

2.1 Approach to Demand and Capacity Planning

In 2015/16, the Trust undertook both internal and externally facilitated capacity planning exercises and these have been kept under review.

Internal work has been based on the Intensive Support Team (IST) modelling, establishing capacity plans in Outpatients, Endoscopy, Elective Surgery and Radiology. Capacity gaps identified through this work correlated with areas of high Waiting List Initiative expenditure, Locum, Bank and Agency staffing and outsourcing. This work has been used to support business cases to close some of these gaps through recruitment and commissioning of capacity. Capacity gaps remain in areas of increasing demand and where there are known recruitment difficulties.

An external capacity planning review undertaken by GE Healthcare was commissioned to review baseline demand and capacity and support the planning for future strategic developments (Major Trauma, Healthier Together, Cancer reconfiguration and Neuro-rehabilitation requirements). The exercise provided an analysis of bed usage and flow across specialties and Divisions. This work resulted in a reallocation of beds between Non-Elective and Elective activity to both reduce 'medical' outliers and to ring-fence some elective capacity. It also confirmed the planning assumptions for the strategic programmes.

Further work has been undertaken as part of the winter resilience planning exercise. This has resulted in the commissioning of more assessment capacity and identification of the need for sub-acute beds. The opening of a surgical triage unit in January 2016 has also facilitated a review of surgical beds and increased the trusts ability to rapidly assess patients preventing admission and reducing length of stay. The Ambulatory Care unit in the Emergency Village opens in December 2016.

Activity plans for 2017/18 and 2018/19 are largely based on 2016/17 forecast outturn, with some adjustments for service changes (Breast Surgery, Bariatric Surgery and GU Medicine).

2016/17 forecast outturn demonstrates an increase in demand from the 2016/17 plan, particularly in non-elective care. These forecasts have been discussed and agreed with commissioners. Future growth assumptions cap demand at this level to reflect:

- The impact of investment in increased access to Primary Care services.
- Assess to admit initiatives with increased emergency assessment and surgical triage unit capacity.
- The impact of the integrated programme for older people, proactively managing high risk patients through multidisciplinary groups in the community and the extension of this to all adults.
- Reduced length of stay due to early supportive discharge.

The Trust has outsourced activity in some specific areas in 2016/17:

- Bariatric Surgery. This was largely due to the Trust taking referrals from the service commissioned from the Countess of Chester Hospital mid-year as the Trust withdrew from the service.
- Orthopaedic Surgery. This was outsourced to clear waiting list backlogs.
- Radiology reporting.
- Histopathology reporting.

The Trust has benchmarked its services and activity plans using Dr Foster, Rightcare and Carter Review standards to identify appropriate improvement targets for its BCLC and the ICO efficiency programmes.

2.2 Delivery of Activity and Access Targets

In 2016/17 the Trust has utilised the following additional capacity:

- Outsourced activity in Radiology, Orthopaedics and Gastroenterology/General Surgery.
- Additional activity provided through Waiting list Initiative and Locum cover In General Surgery, Dermatology, Neurology, and Radiology.

The following action has been taken to ensure resilience in capacity in 2016/17 to meet the planned activity levels and achieve cancer and 18 week standards:

- Approval of business cases to provide additional capacity previously delivered at premium rates.
- Continuation of demand management and triage agreements with commissioners in areas of particular pressure (e.g. for out of Salford referrals to Dermatology / Neurology).

The Trust is currently exploring additional offsite solutions to increase its capacity and reliance.

There is ongoing dependence on waiting list initiatives and locum in specialties where there are national shortages of staff. Radiology is continuing to use Inhealth to meet demand.

2.3 Planning Resilience in the Urgent Care System

A comprehensive analysis of the pressures in the Urgent Care System has been completed. Resilience planning has taken place with partners across the locality, throughout the year, and specifically for winter. Key workstreams include:

- Increasing deflection from A&E, including
  - Increasing access to GP Urgent care Monday to Friday 9-6 from October 2016.
  - Increased dedicated GP appointments from December 2016.
- A new Ambulatory Care Area in EAU for medical patients from November 2016.
- Increased Medical and Advanced Nurse Practitioner cover earlier in the day to prevent backlogs.
- Improvement in performance against in-reach response time from specialties.
- Earlier EAU acute physician ward rounds with additional Consultant appointments.
- Increased capacity in the Surgical Triage Unit with extended access criteria.
- Development of a sub-acute model with a planned facility offsite with a focus on rapid discharge
- Commencement of the HomeSafe scheme from October 2016 to expedite discharge, support people at home and avoid admissions.
- A focus on readmissions with establishment of a task and finish group using Quality Improvement methodology.

Other pressures being addressed include:

- Work with Trafford CCG to expedite discharge.
- Repatriation of patients on the Stroke pathway across GM.
- Reduced delays in transfers of care.

3. FINANCIAL PLANNING

3.1 Financial Forecasts and Modelling

SRFT's Operational Plan forecast is set out below.

	2017/18 £m	2018/19 £m
A surplus / (deficit) matching our notified control total of:	(1.367)	4.728

SRFT's financial plans for 2017/18 and 2018/19 have been set taking into account the offer from the national Sustainability and Transformation Fund of £10.4m; the conditions of which include delivering annual income and expenditure control totals included in the table above.

Acceptance of the Sustainability and Transformation funding is made on the basis that:

- Agreement can be reached with commissioners in respect of all of contracted activity. This assumes contracts recognise a realistic level of demand which can be delivered without the need to plan for premium rate labour.
- Final tariffs do not materially alter aggregate income from that indicated using the October 2016 draft tariff.
- Agreement can be reached with the specialised commissioner on the schemes that will be implemented to deliver their advised QIPP target. Currently the Trust's contract offer has a 2.4% reduction (£4.4m) deducted without agreed schemes in place to deliver such reductions to cost.
- No financial risk from services subject to a competitive commissioner tendering process. Bariatric surgery currently live and Intestinal Failure withdrawn by the specialist commissioner but is expected to be reissued. Bariatric surgery is a risk of c£1m contribution should SRFT not be successful or not be able to negotiate continuation of existing tariffs. In the event of loss of service there is an additional risk of semi and fixed costs that may require more than one year to manage.
- No impact from the Specialist Commissioner seeking expressions of interest for all services not already subject to review to comply with Public Contracts Regulations (2015).
- SRFT is able to secure full CQUIN funding, deliver the required improvements and continue to achieve a level of financial return (cost versus incentive level) that is consistent with prior years. The 2017/18 and 2018/19 plans are based on 2.0% funding from the specialist commissioner with the higher percentage payment expected from CCGs.
- SRFT's hosted services continue to be excluded from the control total in line with advice previously received from NHSI.

Total income and expenditure for the Trust is forecast to rise again in 2017/18, primarily as a result of recognising the full-year impact of the ICO established on 1st July 2016 bringing health, adult social care and mental health within a single supply chain.

Our plans require a BCLC programme that delivers £28.7m (4.5% of operating expenses) of cost efficiency gains in 2017/18 and a further estimated £22m (3.6%) in 2018/19. Key drivers of this are: the national efficiency factor included in tariffs for 2017/18 and 2018/19, the end of transitional income for our PFI development, recurrent risks from our 2016/17 BCLC programme, cost pressures exceeding national estimates and further stretch targets included in the sustainability fund offer. Phasing of our programme towards the second half of the financial year reflects risks in our opening BCLC plans.

Clinical income

Activity

Our plans include volume changes to reflect 2016/17 outturn activity, adjusted for:

- Further planned reductions expected to be required to our emergency admissions and A&E department activity linked to Better Care Fund investments and alignment with our local STP.
- Removal of non-recurrent activity e.g. bariatric surgery provided for the specialist commissioner in 2016/17 following the withdrawal of service by another provider.
- Removal of activity no longer provided by SRFT including breast surgery and sexual health services.

The following table sets out the main changes from 2016/17 plans to 2017/18 plans.

2016/17 Plan		Elective and Day Case	Non-elective	Out-patients	A&E
		Spells		Attendances	
		52,767	**38,256**	**427,920**	**99,585**
Plan to Outturn	All specialties	1,883	2,302	3,036	1,400
Classification changes	Sleep studies/lung function & Echo activity			1,782	
Currency changes	Stereotactic Radiosurgery (fractions to spells)	-188			
	Nephrology outpatient to telephone clinic			-2,210	
Service changes	Transfer of Trafford A&E to SRFT				2,555
	Transfer Breast Service to new provider	-158		-3,534	
	Remove non recurrent Bariatric activity	-101		-102	
	Part year effect Oldham Nephrology transfer	40			
Developments	New Dermatology Clinic			164	
	Increase paediatric dermatology			300	
	Functional Disorders Neuropsychology			600	
	Dystonia service			252	
	Expansion of Ambulatory Care				-3,911
Adjustments to baseline - capacity & demand	All other specialties	-345		757	
	Reduction in admissions linked to Better Care Fund		-2,000		
	Increase in Dermatology			632	
	Increase in ENT Demand	189		1,176	
	Increase in Neurosurgery Skull Base Demand			480	
	Total Adjustments	**1,320**	**302**	**3,333**	**44**
	Grand Total 2017/18 activity	**54,087**	**38,558**	**431,253**	**99,629**

Developments

Recurrent income is assumed in the draft plan of £32m to reflect the full year impact of the costs of the ICO established in July 2016.

Transformation funding has been committed for SRFT and its partners of £18.2m for the ICO from 2016/17 to 2018/19 (our 'Investment Agreement' for the ICO). This allocation has not been reflected in our expenditure plans for 2017/18 or 2018/19 as the funds are expected to be managed by Salford CCG and paid to SRFT on the basis of evidenced expenditure.

Transformation funds will be used to support programmes of work to deliver our shared vision of better health and social care outcomes, better experience of service users and carers and a reduction to combined health and social care costs.

Tariffs
The average tariff inflator indicated by NHS Improvement is an uplift of +0.1% comprising tariff uplift of 2.1% for cost inflation and national efficiency requirements of a minimum of 2.0%.

Our data indicates a gain under the new (draft) tariff of £0.9m which is included in our financial plan.

The proposed movement to a national tariff for Bariatric Surgery as part of the current national tendering exercise will lower our clinical income for this service by c.£1m.

Non clinical income
STF funding: this has reduced by £1m from 2016/17 levels as a result of the national revision to the formulae used to calculate individual organisations share of the total.

Education: the proposed HEE transition to tariff reduces our education income by a further £1.0m. This is the final year of education tariff transition.

PFI transition funding: we have received all of our PFI transition funding allowance and no further non-recurrent income is included in our forward plans to support our investment in our PFI build.

CQUIN
A reserve of £1m has been created to hold 0.5% of our 2017/18 CQUIN funding expected to be received from CCGs.

Expenditure
Activity growth: costs of delivering developments are matched to income and currently include the full year impact of the ICO of £32m.

Principles for recognising budget pressures have been agreed with senior operational managers and include:

- Funding unavoidable budget pressures linked to national arrangements including contribution increases to the Clinical Negligence Scheme for Trusts, funding the Apprenticeship Levy and recognising forecast increases to property rates.
- Funding costs associated with meeting essential national standards. This includes schemes designed to assist in meeting the A&E 4 hour standard and standards in critical care (specifically consultant intensivist numbers in Surgical High Dependency).
- Funding costs associated with business cases already approved through our Executive Finance, Information and Capital Committee not included above. This will include costs associated with replacing medical equipment through lease or managed services arrangements and operationalising developments such as the Trendcare system to use technology to support delivery of safe staffing in clinical services.
- Using a proportion of income earned from activity growth agreed with commissioners (comparing 2016/17 plan to 2017/18 planned activity based on forecast outturn) to fund capacity including 'front-line' staff and clinical support services such as radiology and pathology.

Pay costs
Our planning is based on a 1% national pay award and payment of increments in line with Agenda for Change rules. A recurrent sum of £1.6m associated with payments to the Apprenticeship Levy starting in 2017/18 is also included.

Further investment in staff costs to expand our seven day services will remain subject to business cases to establish affordability (return on investment) and impact on clinical outcomes.

Non pay costs
Our planning includes our notified CNST increase of £2.9m for 2017/18 and average inflation of 1.8%

Risk and transformation
Our draft plan assumes a budgeted sum of £1.8m to manage in year risk and costs of transformation.

Better Care @ Lower Cost
Loss of non-clinical income and loss of contribution from clinical activity means our draft plan includes an in-year requirement to reduce costs in 2017/18 by £28.7m (4.5%).

This exceeds the 2.6% needed as a deficit Trust in 2016/17 to achieve our 2017/18 control total, deliver the 2% national tariff efficiency factor, manage above average increases in CNST premiums and manage reductions in STF income.

The BCLC requirement for 2018/19 is estimated to be £22m, which allows for a number of local budget pressures to be funded, including a CNST contribution increase of £3m; costs to replace diagnostic equipment through a managed service contract of £1m and other divisional cost pressures of £3m.

Risk Assessment
Delivering the planned case is sensitive to three key issues:

- Delivery of a £28.7m BCLC programme in 2017/18.
- Achieving national standards – particularly those linked to payment of the Sustainability Fund (achievement of A&E, Referral to Treatment 18 week and 62 day cancer trajectories).
- Negotiating final contracts with commissioners including recognising the impact of tender outcomes on our income projections and our ability to negotiate a fairer settlement.

The following table provides an assessment of potential downside, base case and upside risks to the 2017/18 plans and indicates a range of an increase to our planned deficit of £27.2m to a position that is £13.3m better than planned.

	Downside	Base	Upside
Risks to 2017/18 financial plans	**£m**	**£m**	**£m**
Underachievement of 2017/18 BCLC	-14.0	-10.0	0.0
Non-recurrent 2017/18 BCLC	0.0	5.0	5.0
Under achievement of 2017/18 national targets and indicators (A&E) - linked to £10.4m Sustainability Funding	-1.3	-0.7	0.0
Under achievement of 2017/18 financial plan - linked to £10.4m Sustainability Funding	-7.3	0.0	0.0
Release provision to fund CNST increases non-recurrently	2.9	2.9	2.9
Specialist Commissioner deducts QIPP 2.6%	-4.4	0.0	0.0
Variance against plan - 'PbR' activity (+/-1%) - 30% contribution	-1.1	0.0	1.1
Premium cost working required to deliver activity plans	-2.0	0.0	0.0
Radiology equipment investment	0.0	0.0	1.0
Trust inflation compared to national average	0.0	1.0	1.5
Transformation reserve	0.0	1.8	1.8
Total	**-27.2**	**0.0**	**13.3**

On an income and expenditure basis, if all of the downside risks were experienced, mitigating actions to completely close the gap are unlikely to be fully achieved; however, our current assessment is that a level of downside risk could be experienced in 2017/18 and that successful mitigating actions to protect cash balances could be achieved as summarised overleaf.

	2017/18 (£m)		
	I&E & Cash	**Cash**	**Total**
Downside income and expenditure position - variance from plan			**-27.2**
Maintain working capital (liability) balances at 75% of 16/17 values	0.0	9.7	9.7
Defer capital expenditure	0.0	2.0	2.0
Utilise balance of transformation reserve for I&E and cash headroom	1.8	0.0	1.8
Non-recurrent cost reduction measures deployed including vacancy freeze and further reductions to discretionary spend	5.0	0.0	5.0
Defer the radiology managed equipment service project	1.0	0.0	1.0
Deliver additional inflation avoidance schemes through Procurement workstream	1.5	0.0	1.5
Utilise capacity released through BCLC schemes to deliver above plan clinical activity	1.1	0.0	1.1
Request Salford CCG additional funding support	1.0	0.0	1.0
Negotiate QIPP savings with NHS England on an 'as identified and transacted' basis	4.4	0.0	4.4
Negotiate recovery of 50% of Sustainability Fund penalties with NHS Improvement	4.3	0.0	4.3
Increase Hosted Services Levy	0.3	0.0	0.3
Total mitigation adjustments	**20.4**	**11.7**	**32.1**
Revised mitigated downside income and expenditure position			**-6.8**
Revised mitigated downside cash position			**4.9**

3.2 Efficiency Savings for 2017/18 to 2018/19

Section 4.2 describes the approach to delivering the BCLC programme. The programme sets out to deliver a £51m saving over 2017/18 and 2018/19; £28.7m in 2017/18 and the balance in 2018/19.

3.3 Capital Planning

To maintain safe and effective services, we are planning to spend capital of £13.6m in 2017/18 on maintenance of our operating theatres, replacing essential medical, surgical and IT equipment, managing risk, meeting regulatory standards and investing in capacity building projects to enable delivery of our BCLC programme. We also plan to spend a similar sum in 2018/19, continuing with our programme to upgrade our operating theatres and non-PFI clinical accommodation, replacing essential medical, surgical and IT equipment and managing risk.

The cash to support capital expenditure and repayment of existing loan principal will be met from internally generated funds.

Further expenditure is planned for 2017/18 and 2018/19 of £40m, over two years, to build our surgical centre to provide additional operating theatre, critical care and diagnostic capacity to allow SRFT to become the single receiving site for Greater Manchester Major Trauma activity and to be the provider of High Risk General Surgical activity for the North West sector of Greater Manchester. Each of these developments is in response to commissioner-led requirements with clinical activity flows expected to start in 2019/20. Additional income is planned from commissioners to fund loan capital and is consistent with discussions with our commissioners in support of our business cases for these developments.

Modelling of operating cash flows, depreciation and working balances indicates we are able to manage £10m of risk in cash terms (i.e. before our cash balance is equivalent to two days of operating expenditure) in 2017/18 and 2018/19.

4. SALFORD ROYAL DELIVERY PRIORITIES

The Trust's Operational Plan is presented under the following themes and priorities.

Salford Royal NHS Foundation Trust
2017/18 and 2018/19 Operational Plan

Strategic Theme	Annual Plan Priority
1. Pursuing Quality Improvement to become the safest, highest quality care organisation	1.1 Save and Improve lives through reliable and safe care 1.2 Delivering personalised care
2. Better Care @ Lower Cost	2.1 Drive efficiency and sustain financial performance, reducing costs by £45m over 2017/18 and 2018/19
3. Supporting high performance and improvement	3.1 Deliver the Workforce Strategy 3.2 Support and develop our people to deliver Safe, clean & personal care 3.3 Improve Engagement with and the Well Being of our People 3.4 Implement the Membership Development Strategy
4. Improving care and services through Integration & Collaboration	4.1 Work with partners across the Salford Locality to transform community based care and upgrade population health 4.2 Work with partners to reconfigure services across the NW Sector 4.3 Work with partners across GM to reconfigure and develop specialist services 4.4 Develop the Royal Health Group improving services through standardisation at scale in association with Pennine Acute
5. Delivery of Mandatory Standards	5.1 Clinical and Quality Standards 5.2 Financial Standards 5.3 IM&T Standards 5.4 Access Standards 5.5 Workforce Standards 5.6 Buildings and facilities Standards
6. Implement Enabling Strategies	6.1 Research and Development Strategy 6.2 Under and Post Graduate Education 6.3 Hospital and Estates Redevelopment 6.4 IM&T and Innovation Strategy 6.5 Corporate Social Responsibility and Public Health Strategy

4.1 Pursuing Quality Improvement to become the Safest, Highest Quality Care Organisation

4.1.1 Approach to Quality Improvement

The Trust launched its third Quality Improvement (QI) Strategy in 2015. This builds on the Trust's ambition to be the safest organisation in the NHS, work which commenced in 2007. The Strategy has the full commitment of the Board of Directors to support staff to make continued improvements. Delivery of the strategy is led by the Deputy Chief Executive/Executive Nurse and overseen by the Executive Quality and People Committee. The Trust has a dedicated Quality Improvement team and access to Haelo to support delivery of this strategy.

The strategy puts the needs of patients and service users, their families and carers first, and as well as supporting the Trust priorities and the requirements of national and local plans.

The Trust's 'outstanding' CQC rating in March 2015 is a reflection of the longstanding quality improvement approach, which has embedded safe, effective, caring, responsive and well-led practice into the standards and systems of the Trust. These approaches have been rolled out to the new parts of the organisation, as the Trust has integrated community services, launched the ICO and to support key programmes of work, including BCLC.

Quality outcomes are monitored through the Trust Assurance Framework, with a 'Ward to Board' approach of measurement, summarised through Divisions and Corporate Committees and with key measures and those being exception reported to the Board. The outcomes evidence the impact in the quality improvement approach.

The strategy identifies five clear aims:

Save and improve lives through reliable and safe care

1. No preventable deaths including improving the quality of mortality review
2. Continuously seeking out and reducing patient harm including Serious Incident investigation and subsequent learning and action.
3. Achieving the highest level of reliability.

Delivering personalised care

4. Delivering what matters most; working in partnerships with patients, carers and families to meet all their needs and better their lives.
5. Delivering innovative and integrated care close to home which supports and improves health, wellbeing and independent living.

The programme will also support:

- Maintaining NHSLA standards.
- Meeting CQC standards.
- Meeting the National Safety standards for invasive procedures (NatSSIPs).
- Implementation of the mortality review board requirements.
- Meeting Quality Governance requirements.
- National Clinical Audits.
- CQUINs.
- Working towards 7 day and safe staffing levels.
- Infection prevention and control and anti-microbial resistance.

The Quality Strategy provides ongoing focus on delivery of the national safety thermometer indicators and compliance with assessment standards. It builds on the Trust's success in reducing:

- Acute catheter days.
- Acute CaUTI (Catheter associated infections).
- Catheters in the community.
- Grade 2 pressure ulcers (and elimination of grade 3 & 4).
- Falls.

The Trust has continued to build capability through its Clinical Quality Academy, Quality Improvement Fellowships and engagement with trainees, collaborative programme and clinical microsystem work.

The Salford Locality, including the SRFT Board of Directors, has signed up to the Making Safety Visible Programme, 'Safer Salford', and this is a key deliverable in the Salford Locality Plan. The key outcomes of the collaborative are:

- Improved and shared understanding and capability for measuring and monitoring safety at Board and SCCG Governing Body level.
- A whole Locality plan for measuring and monitoring safety, linked to Sign up to Safety.
- Improved measuring and monitoring of safety across the health and care economy.

The priorities for this work include:

- Medicines management/optimisation.
- Clinical communication, with a focus on transfers of care.
- Care Homes.
- Mental Health.
- Building capability.
- System wide culture.
- Implementing the productive community.

It is recognised that SRFT's ambition must remain affordable and the Trust has made an explicit link between quality improvement and delivering BCLC, as cost reduction is vital to its continued success. Triangulation of key performance measures is in place through the integrated Board scorecard and supporting assurance framework, ensuring the impact of service changes are monitored.

The programme of work for 2017/18 and 2018/19 also includes supporting the following priorities:

- Development of a Control Centre with demand and capacity monitoring and predictive planning,
- Working towards implementation of 7 day working across the locality, with a focus on supporting the emergency village and community based out of hours care, moving towards the standards set out for Major Trauma and Healthier Together (Emergency and Acute Medicine, Surgery, diagnostic services and critical care).
- Responding to adverse incidents and complaints.
- Responding to divisional requirements with microsystem support.
- Supporting staff transformation work associated with the adoption of new technologies.

The Trust has taken into account the time pressures on staff delivering clinical services and reinforced its commitment to undertake this improvement work. It is proposed to pursue accreditation of the collaborative methodologies through external bodies to contribute to continuous professional development and revalidation. The Trust will maximise the benefits it secures through quality improvement through joint work with Divisions to improve operationalisation of improvements and with IM&T to support and maintain the integrity of measurement.

4.1.2 Summary of the Quality Impact Assessment process

The Trust has an established Quality Impact Assessment (QIA) process, meeting the National Quality Board requirements.

Business cases and project initiation documents prompt staff involved in developing schemes to consider the following:

- Patient safety (e.g. patient satisfaction, complaints, waiting times).
- Clinical effectiveness (e.g. safety thermometer, patient satisfaction).
- Patient experience (e.g. complaints, satisfaction).
- Staff experience (e.g. turnover/sickness absence).
- Equality and Diversity (e.g. waiting times/LOS).
- Targets/Performance (e.g. all of the above and the wider range in the performance framework).

Each QIA is scored, reviewed, signed off and challenged if necessary by the Executive Medical Director and Executive Nurse. High scoring BCLC schemes are reported at the Productivity Improvement Board and where appropriate risk assessments added to Datix (the risk management system) to provide additional assurance that risks are being managed appropriately. Processes are in place to monitor, through the Divisional and Corporate assurance committees and performance reports the impact of service changes.

An overview of performance is maintained through routine performance reports and using quality improvement measurement to ensure any significant trends are identified over time. Specific KPIs are identified associated with specific workstreams and these are monitored at a local level. KPIs include those relating to Adult Social Care and Mental Health services.

4.1.3 Summary of Triangulation of Quality with Workforce and Finance.

The Trust assurance processes consist of monitoring at Service, Division and at Committee level. Bi-annual service reviews for all Clinical Divisions and Corporate Departments provide an opportunity to review services as a whole and triangulate quality, workforce and financial indicators.

These reviews are supported with a through briefing report including governance, performance and finance reports as well as the local risk register. The reviews incorporate a commentary from the senior management teams (medical, nursing, and management leads) and provide the opportunity for challenge and discussion with Executive Leads and Full Executive team.

The outcomes of the reviews are reported to the Executive Risk and Assurance Committee, with risks scored over 10 reported onwards to the Board of Directors.

4.2 Better Care @ Lower Cost: Driving Efficiency & Sustaining Financial Performance, through reducing costs by £50.7m over two years

The Better Care @ Lower Cost (BCLC) Programme has a target of £28.7m in 2017/18 and £22m in 2018/19. The intention is to establish a programme of work and targets over a three year period based both on locally identified schemes and meeting national targets. Opportunities are focused on those highlighted from the Carter Review, NHS Benchmarking and Guidance. They also reflect workforce strategy plans, technology efficiency gains to patient care, and shared service opportunities as a result of the ICO, Greater Manchester Transformation and Group strategic programmes.

The 2017/18 and 2018/19 workstreams include:

- The Command Centre (including the previous Patient Flow programme).
- The ICO efficiency plan.
- Effective and efficient workforce.
- Procurement.
- Diagnostics and prescribing.
- Space Utilisation.
- Shared Corporate Services to support both Pennine and SRFT.
- Technology Assisted Service Redesign (TASR).
- Divisional Programmes.

In 2017/18 there will be greater collaboration between the BCLC and QI teams with QI methodologies being used on projects which would benefit from this approach. The BCLC and QI teams are developing a 90 day cycle approach to service review with a view to identifying 10% gains in both quality and efficiency.

The delivery of the programme is supported by the Project Management Office (PMO) and is accountable to the Productivity Improvement Board, a standing committee of the Board chaired by the Executive Director of Finance. Each work stream is overseen by a steering group chaired by an Accountable Executive Director.

The programme is supported by automated reporting systems, project management processes and QI improvement measurement. The Productivity Improvement Board:

- Oversees the development of schemes to reduce costs.
- Monitors the delivery of savings against agreed objectives.
- Challenges the management of delivery risks and barriers.

BCLC schemes are scoped and detailed in project initiation documents. These include robust quality impact assessments, with each scheme being scored and monitored by the appropriate KPIs. This is described in section 4.1.2. Agreed trigger points for each KPI escalate any concerns arising from these schemes. These are routinely reviewed through the Trust's assurance framework.

4.3 Supporting High Performance and Improvement

4.3.1 Workforce Planning

The Trust has put significant effort into developing workforce plans that focus on:

- Addressing workforce gaps, including areas where there are national or local shortages of staff and/or dependence on non-contract staff.
- Workforce redesign to support new models of care, including review of skill mix and achievement of productivity improvements.
- Meeting quality standards, including 7 day working.
- Planning for strategic service developments.

The Workforce template submission details an increase in the whole time equivalent staffing in 2017/18 and 2018/19. This position reflects the baseline of staff in post in 2016/17 which is under the funded establishment and the plans to replace waiting list initiative funded capacity, locum, bank and agency staff and reduce the outsourcing of activity with a SRFT employed establishment. The plans also reflect the remodelling of the workforce, with new roles, and addressing the requirements of strategic programmes.

Methodology, engagement and governance

As part of the development of the workforce plan, the Skills for Health six step model has been used to inform the Health Education North West (HENW) commissioning numbers. Human Resource Business Partners (HRBPs) and service managers have undertaken training provided through HENW in Population Centric Workforce planning and this methodology is being used to develop a further iteration of the workforce plan.

Divisional Managing Directors and their teams have been involved in the development of ongoing workforce strategies for their Divisions to complement the high level People Strategy that had been developed following wide consultation with service colleagues and staff organisations and approved by the Board of Directors.

The Trust has an established Workforce Strategy Board (WSB) which reports into the Quality and People Experience Executive Assurance Committee, EARC and Board. The terms of reference of the WSB have been reviewed and strengthened, and include senior divisional leaders. The WSB is monitoring performance against workforce plans on an ongoing basis.

Finance, service managers and HRBPs work collaboratively on workforce and service planning and any plans for reductions in the workforce are considered by the Executive Medical Director and Executive Nurse, in respect of impact on quality of services. This process is described in section 4.1.2.

An internal efficiency target of pay costs as a percentage of clinical income has been set, with a target of 71% to be achieved in the current planning round.

The temporary staffing function has been centralised within the Human Resources department to ensure a standard approach to reducing agency costs and agency use. The Trust has worked with NHS Professionals (NHSP) on nursing staffing, since 2000, and more recently engaged with them to provide other staff groups through the bank. This year, the Trust entered into partnership with NHSP Doctors and are working with NHSP on bank building and agency migration for this group. The Trust is a member of the APP collaboration with NHSP and has a low usage of nursing agencies, in part through work done within that group on agency rates and collaboration on agency migration across NHSP partners in GM.

Work to review skill mix internally and across strategic programmes is being supported through the use of Workforce Repository and Planning Tool (WRaPT) and Trendcare systems. Transformation work has commenced within the ICO supported by the use of the WRaPT to consider the impact of new care models and pathways on the workforce. Work is underway across the sector on the workforce implications of Healthier Together and workforce modelling has been undertaken to inform the requirement of a combined surgical service. There has been extensive engagement on new models of care including the development of a surgical triage and ambulatory care models within the Trust and across the sector.

E–rostering is in place for nursing and the Doctors Rostering system (DRS Realtime) has been implemented for doctors rotas. Service reviews looking at agency and WLI spend and workforce requirements to reduce those have been undertaken lead by the Deputy Director of Human Resources and staffing and recruitment plans put in place to reduce that spend. Work is ongoing with Inpatria to employ overseas doctors who are currently in the country.

A full job planning process was concluded in September 2016 and job plans will be revisited on an annual basis with the next round of reviews commencing in January 2017. A Job plan of 9 Direct clinical care (DCC) sessions CC to 1 Supporting professional Activity (SPA) session is standard within the Trust with any additional SPAs being evidenced.

Divisions have plans in place to meet the seven day standards with further developments being subject to business cases to establish affordability and tests of change the impact of clinical outcomes.

The trust has engaged with managers to ensure that apprentice numbers have been identified so that we can utilise the levy when it comes into effect in 2017. Managers are working on the Carter recommendations on administrative services, pharmacy and pathology. The Trust is working with Pennine Acute Trust to develop shared corporate services, this is being supported by PA Consulting.

It is not expected that the change to bursaries will impact on staffing in the current planning period. The impact of Brexit on the workforce is not yet clear although we would anticipate this would not be significant, due to the numbers of European staff employed. We recognise that impact elsewhere could affect workforce supply and impact on the Trust through a tightening of the labour market.

Support and develop our people to deliver safe, clean and personal care

Significant work has taken place to improve the induction experience for new starters. This is followed up with a survey and meeting with the Director of Organisational Development to gain feedback early into their careers so that processes are kept under review and any issues identified.

The Trust Contribution Framework ‘appraisal’ system is now well embedded and has high compliance levels (90%). Our aim is to increase compliance to 95% by the end of 2017/18. Furthermore, we are seeking increased feedback as to how helpful colleagues have found the process via the Friends and Family survey.

The content of all leadership programmes will be subject to a review during 2017 to ensure they meet the needs of the Trust and its people. In 2017/18, we will refresh of our People and Organisational Development Strategy, with a major component of this being a reward and recognition strategy.

In anticipation of significant changes for the Trust (and across partner organisations) over the next few years, we are also implementing a formal Organisational Development Change methodology to ensure we fully engage and support our people during this period.

The Trust remains committed to deliver, through the QI team, courses to develop capability in QI methodology.

Improve engagement with and the wellbeing of our people

Significant work has taken place to improve communications and general engagement with our staff. This includes:

- Weekly Trust newsletters.
- Monthly letter and video from the CEO which is sent to all staff.
- Leaders Forum with divisional focus, breakout sessions and feedback loop to the Executive.
- Cascade team briefing.
- Prioritisation of staff engagement in the objectives of senior leaders.
- Executive led engagement and visioning sessions.
- Monthly Clinical Senates.
- Appointment of Trust and local guardians to support speaking up safely.

Significant work has taken place to ensure we provide proactive and reactive services to enable us to have amongst the healthiest and best attending workforce in our sector.

The Trust is continuing work to become accredited on the Workplace Wellbeing Charter and there are ongoing discussions with Salford City Council and 'Being Well Salford' to explore additional ways to work together. The Trust launched the Employee Assistance Programme in 2016 providing advice to staff on a wide range of issues.

4.3.2 Membership and Elections (Implement the Membership Development Strategy)

Membership is a key vehicle through which the Trust embraces patient and public engagement. Salford Royal's Council of Governors (COG) is the key conduit to listen to the views of those members, patients and the local community.

Engaging with members, patients and the public ensures the views of local people, and those living outside Salford, contribute to service improvement, ensuring their views are taken into consideration when making plans for the year ahead.

A number of COG elections were held during 2016/17, with results formally announced at the Annual Members Meeting in October 2016. The results were as follows.

Name	Constituency/Organisation	Term of Office (Ends)	Contested/ Uncontested
Karen Rogers	Public: Ordsall and Langworthy	3 years (2019)	Uncontested
Ann-Marie Pickup	Public: East Salford	3 years (2019)	Contested
Michelle Watson	Public: Eccles	3 years (2019)	Contested
Jim Collins	Public: Claremont, Weaste and Seedley	3 years (2019)	Contested
Steven North	Public: Little Hulton and Walkden	2 years (2017)	Contested
David Trenbath	Public: Out of Salford	3 years (2019)	Contested
Sandra Breen	Public: Out of Salford	3 years (2019)	Contested
Nicola Kent	Staff – Corporate and General Services	3 years (2019)	Contested
Agnes Leopold-James	Staff – Salford Healthcare	3 years (2019)	Uncontested

During 2017/18 elections will be held for the following constituencies:

- Public: Irlam and Cadishead.
- Public: Little Hulton and Walkden.
- Public: Ordsall and Langworthy.
- Public: Swinton.
- Public: Worsley and Boothstown.
- Public: Out of Salford.
- Staff: Clinical Support Services and Tertiary Medicine.
- Staff: Surgery and Neurosciences.*

* Reflects revision to the composition of the COG approved at the Annual Members Meeting October 2016 and Board of Directors and COG in November and December 2016 respectively.

Salford Royal provides its Governors with access to a range of internal and external training and development opportunities to further support them in their role. The annual programme includes:

- Governor Induction.
- Holding to Account and Seeking Assurance.
- Introduction to NHS Foundation Trust Accounting.
- Quality Data Interpretation and Understanding Patient Experience Measures.
- Engagement, Inclusion and Equality.

Each year the Trust's membership is analysed to identify underrepresented groups to focus recruitment over the course of the year. During 2015/16 the COG focused on recruiting more young members, utilising networks with partner universities and colleges. During 2016/17 the COG has again continued to focus on increasing the number of young members aged 17-21 and those living in underrepresented areas of Salford, specifically East Salford.

Each year, the COG lead an engagement project to provide meaningful feedback to the Board of Directors. During 2016/17 Governors have been engaging with members, patients and the public to ensure Salford Royal's District Nursing Service meets the needs of the communities it serves. The engagement methodologies have included an online questionnaire, supported by face to face feedback.

Governors also supported the QI and BCLC Teams to host an interactive engagement event to gather the views of members about their experience at Salford Royal, identifying the good parts of their journey and what we could have done better to help inform quality improvement projects.

On a more regular basis the COG communicate with members, patients and the public using a range of channels and feedback mechanisms including:

- Members Newsletter - The Loop.
- E-communications.
- Salford Royal's website.
- Medicine for Members seminars.
- Patient Focus Groups.
- Online Surveys.
- Open Day and Annual Members Meeting 2015.
- Social media – Twitter.

4.4 Improving Care and Services through Integration and Collaboration

4.4.1 Work with Partners across the Salford Locality to Transform Community Based Care and Upgrade Population Health

Integrated Care is a core component of the 'Better Care' theme of Salford's Locality Plan and the Greater Manchester Health and Social Care Strategy.

Following the establishment of the ICO on 1 July 2016, work continues to transform community based care and support population health improvement. Salford Primary Care Together was established on 1 October 2016, federating 46 GP practices across Salford, providing a further platform for integrated care and the development of an Accountable Care System.

Salford Together partners (Salford CCG, Salford City Council, Greater Manchester West NHS Foundation Trust, Salford Primary Care Together and Salford Royal) have developed a programme of transformation for the adult population of Salford, with the triple aim of improving outcomes, improving experience, and reducing costs.

An Investment Agreement (£18.2m) has been agreed with the Greater Manchester Partnership. This covers three years (2016/17 to 2018/19) and will enable delivery of the integrated care (adults) element of the Locality Plan, supporting person-centred care and integrated neighbourhood working, and associated improved health and wellbeing outcomes and financial savings.

For 2017/18 and 2018/19 the key priorities for Salford Royal will be as follows:

- Continue to implement the ICO Full Business Case to ensure that benefits are realised.
- Play a major role in delivering the Salford Together transformation programme to deliver the improvements set out in the Locality Plan and Greater Manchester Investment Agreement.
- Further development of the integrated care system to radically upgrade population health.

Continue to implement the ICO Full Business Case to ensure that benefits are realised.

Key areas of focus will be:

- Continued implementation and refinement of the Post Transfer Integration Plan and Quality Governance Plan.
- Deliver the Action Plan developed in line with Advisor recommendations.
- Implement the agreed efficiency plan for the ICO resulting from the integration of services and support functions within it using proven SRFT quality impact assessment and monitoring methodologies, quantified through cost benefit analysis, and supported by deep staff engagement. The four major areas of focus for efficiencies are:
  - Reducing non pay cost
  - Increasing productivity
  - Workforce Redesign
  - Service transformation

This will be overseen by SRFT's ICO Programme Board, reporting to the Executive Strategic Programmes Board, and working together with the governance of operational delivery through the ICO Board.

Play a major role in delivering the Salford Together transformation programme to deliver the improvements set out in the Locality Plan and Greater Manchester Investment Agreement.

This will be delivered through four 'domains' and an enabling workstream:

- *Prevention, early intervention and self-care:* this workstream focuses on engagement and community assets to support people to support themselves where possible and linking with other public and third sector providers.
- *Care navigation, co-ordination and transfers:* the focus of this workstream is to improve how the system works as a whole to enable people and professionals to access the appropriate service at the right time. Areas of work include extending the risk stratification approach to the full adult population, broadening the Multi-Disciplinary Group approach to include adults with complex planning needs and further developing the Centre of Contact into a clinical hub to allow triage and rapid access to services.
- *Neighbourhood community based care:* using RightCare analysis, this workstream focuses on pathway redesign in particular for people with Long Term Conditions and Mental Health, clinical pharmacists in general practice and a redesign of Home Care provision. Each pathway redesign is based on the principles of person-centred, asset focused prevention and early intervention, co-designed with people and their carers.
- *Quality and Safety:* following the Making Safety Visible programme in 2016/17, Salford has invested in a Safer Salford programme for the Salford Together partners. It has seven key areas of work including medicines and Care Homes.
- *Enabling:* there are several workstreams supporting delivery of the programme – information and risk stratification, population health management, strategic workforce development, communications and engagement, digital strategy, contracting and pricing approach, improvement approach, measurement and evaluation that are in development for implementation during the timeframe of the Operational Plan. The Programme Management Office, hosted by Salford Royal, co-ordinates the activities across the programme and supports the governance framework.

Salford Together partners have established robust governance arrangements for integrated care. A Joint Committee has been established by Salford City Council and Salford CCG to enable integrating commissioning through the adult pooled budget. Working alongside this, an Advisory Board has been established, which includes all Salford Together partners, to develop the strategy for integrated care and oversee transformation programme. Both the Advisory Board and the Joint Committee form part of the Locality Plan monitoring and governance.

Further development of the integrated care system to radically upgrade population health.

The areas of work that are in development include the following:

- Salford Together partners continue to explore options for Accountable Care in Salford. Development work is currently underway and it is anticipated that milestones will be agreed phased implementation over 2017/18 and 2018/19.
- Working in partnership with the City Council to support to health improvement.
- Working with partners in Greater Manchester, through the emerging Group structure, to support the establishment of Locality based integrated care models, and share learning through the national Vanguard programme.

Progress will continue to be overseen by the Executive Strategic Programmes Board.

4.4.2 Work with Partners to Reconfigure Services across the North West Sector

The GM North West Sector partnership (Bolton, Wigan and Salford) began in October 2013 and now includes all three Foundation Trusts, CCGs and City Councils working together, under an established governance framework, to implement the GM Heathier Together recommendations and take forward a wider range of services reconfigurations where a collaborative approach delivers patient, service and financial benefits.

The sector recognises the significant challenges facing health and social care services and the need to work together to meet the agreed quality and safety standards and achieve financially and operational sustainable services.

Healthier Together

The sector has initially focussed on the requirements of Healthier Together; developing 'single shared services' for emergency and high risk surgery, urgent emergency and acute medicine and radiology.

In General Surgery, work is underway to prepare for the consolidation of high risk surgery onto SRFT's site and implement a consistent ambulatory care model on all three sites. The sector has agreed to appoint a Clinical Director for the shared service and is establishing joint clinical governance arrangements. Clinicians are working together to develop pathways to support the new model of care.

In Emergency and Acute Medicine, there has been significant clinical engagement to determine how services can be better co-ordinated across the three sites. These discussions include spreading best practice from one or other site across the sector; focusing on the frail and elderly; exploring how out of hours provision of some diagnostic services might be structured; improving resilience; developing a cross-sector rota for some conditions; data sharing; and combined education and training.

The capital requirement to support both Major Trauma Centre and Healthier Together implementation has been identified and is supported by the Sector and Specialist Commissioners. Further work is ongoing to finalise the full business case by March 2017.

Other Sector Single Services

Work is continuing within the sector to develop options for single services in other specialities and services, with priorities being agreed by commissioners and aligned to the GM STP Themes. A three phase programme of work has been agreed and will be kept under review to inform GM workstreams and develop local solutions to approved reconfigurations and models of care.

- Phase 1: Back Office functions, Pathology, Sterile Services, Breast Surgery, Urology, Paediatrics, Elective Orthopaedics, Dermatology and Neuro-rehabilitation. A sector solution for Breast Surgery is being progressed for April 2017, subject to readiness in Bolton and WWL FT services.
- Phase 2: Obstetrics & Gynaecology, Cardiology, Respiratory Medicine, Gastroenterology. Ophthalmology and ENT are due to commence in April 2017
- Phase 3: Anaesthetics, Critical Care and Trauma and due to commence in September 2017.

4.4.3 Develop Specialist Services and Partnerships

Principal Receiving Site for Major Trauma

Following approval of the Strategic Outline Clinical Case for a Principal Receiving Site for Adult Major Trauma in Greater Manchester, the Trust has concluded phase one of implementation and is currently planning for full implementation.

Capacity plans have identified the requirements for additional Emergency Department, diagnostic, theatre, bed and critical care capacity. Reconfiguration of Critical Care facilities is also planned to meet the national Critical Care standards, a requirement of both Major Trauma and Healthier Together standards.

Workforce plans are being developed with partner Trusts to support the Trauma lead and orthopaedic trauma rotas. Shared pathways are being agreed with Central Manchester Foundation Trust, University Hospital South Manchester Foundation Trust and Wrightington, Wigan and Leigh Foundation Trust.

GM Theme 3 Service Reconfigurations

Cancer Reconfigurations

Following the award of the contract to be a single provider of OG cancer services for GM, SRFT will be developing a mobilisation plan to implement the single service, maintaining local outpatient services but transferring the specialist services to SRFT.

SRFT will support the implementation of an Uro-Oncology service model for GM, once the Benign Urology service model is finalised.

Other Service Reconfigurations

The GM Transformation Unit, reporting to the GM Portfolio Board, is developing a programme of work focusing initially on the following specialties:

- Benign Urology (linked to implementing a GM Uro-oncology model).
- Breast Services.
- Cardiology and Respiratory Medicine.
- MSK and Orthopaedics.
- Neurorehabilitation.
- Paediatrics and Maternity.
- Vascular Surgery.

Radiology and Pathology are now also being progressed within this theme:

- Radiology includes securing access to Vascular, Non-Vascular & Interventional Radiology, PACs procurement and reduction of outsourcing.
- Pathology is exploring GM opportunities for joint working. Locally this is being explored with Pennine and through the North West Sector work with Bolton FT.

Work in the North West Sector for both Healthier Together and other services is aligned to this with the Sector informing the development of GM plans and working up local solutions to them.

4.4.4 Develop the Group, improving services through Standardisation at Scale

Delivering safe and sustainable services enabled through scale and technology

The Board has set out a strategy to develop a health and care group that will provide services to approximately 1.7 million population. Working in partnership with organisations, as well as the integration of Trusts into the group, the proposition is that scale will leverage the 'standard operating model' (SOM) to deliver safe and sustainable care. SRFT has taken the first step in this strategy by its proposal for supporting the services currently provided by Pennine Acute Hospitals Trust (PAHT).

SRFT has set out a proposition to acquire Oldham, Bury and Rochdale hospitals and the community services of PAHT (with North Manchester General moving to the proposed new Manchester Trust). The legal form of the acquisition is work in progress. SRFT is working with partner organisations to determine timescales, but planning is being conducted on the basis of the integration of PAHT into the Group in 2017/18, subject to regulatory approval.

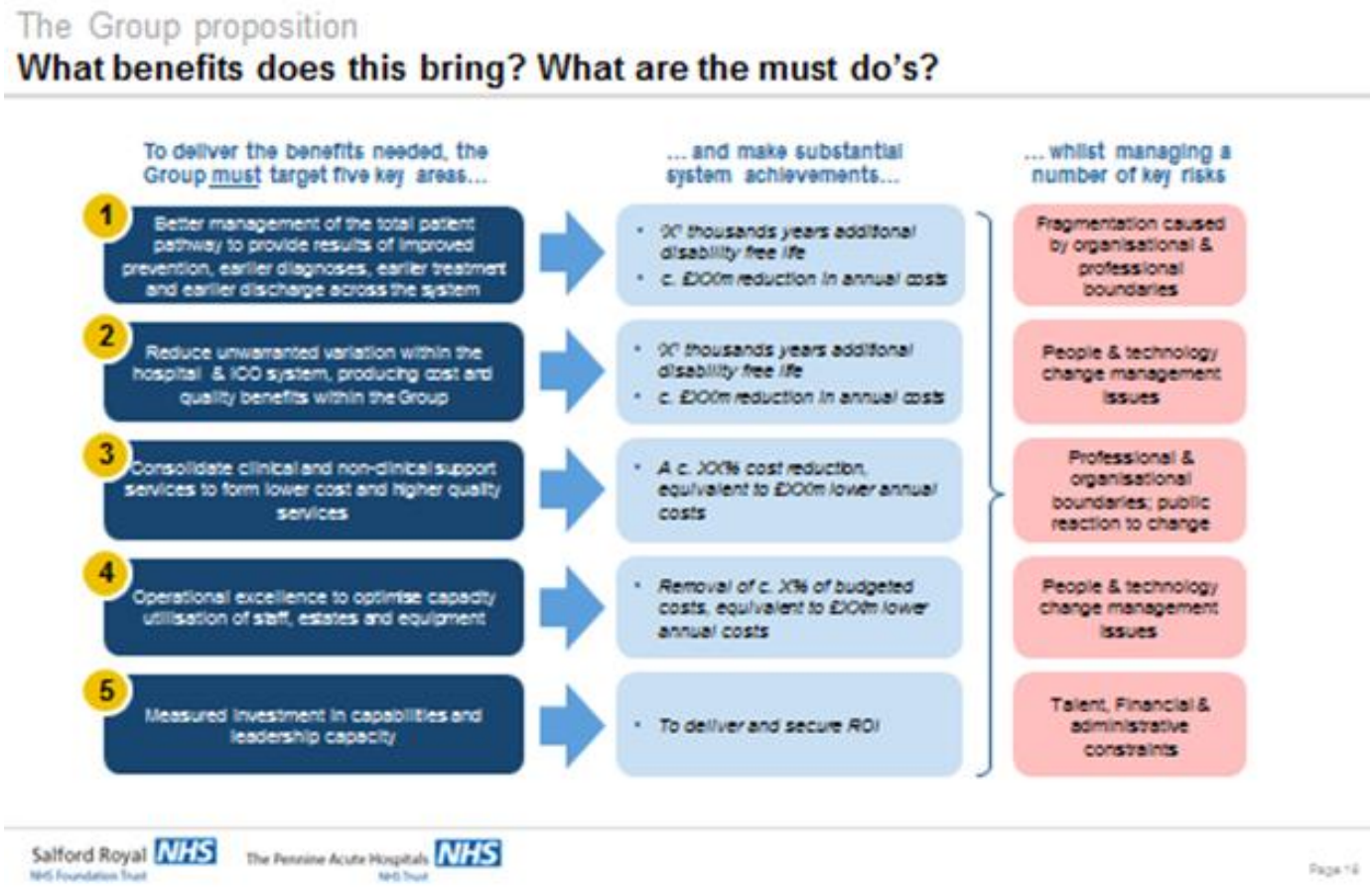
As one of only four NHS Trusts accredited by NHSI to establish hospital chains, SRFT's credentials to deliver on this large scale change has been validated. However, there is a significant development plan to ensure that the Group has the right capabilities to deliver the ambitions. The development plan has been given significant impetus through the (unique in the NHS) award of two New Care Model Vanguard programmes, one of which was the Acute Care Collaborative. Supporting SRFT's Group development is the work of GM H&SC Partnership. Leaders of the partnership are working with SRFT to develop, and invest in, the capabilities required to deliver the transformational change across a wider population. This regional support is of significant benefit and also helps manage the risks of change. Additionally, NHS Digital has awarded SRFT the Global Digital Excellence Programme. This is a significant investment of money and support that will fast track some of SRFT's digital components of the SOM.

SRFT has developed, and is now deploying, the SOM for the delivery of safe and sustainable services. The focus is ensuring the provision of high quality, resilient acute services and developing local integrated care. The SOM is an innovative development that enables transformational change in terms of clinical reliability and the productivity of staff, facilities and equipment.

SRFT's proposition for group is summarised by the following:

- Capabilities and scale that enable agreed clinical reconfigurations at pace not achieved before.
- Consolidation of clinical and non-clinical services to maximise economies of scale benefits and resilience.
- Scale that attracts investment and enables strong returns on new technologies, services, estate and workforce that transform clinical effectiveness and productivity.

SRFT has clearly articulated the benefits of establishing a Group model; accelerating improvements in outcomes and efficiency through a focus on standardisation (i.e. reducing unwarranted variation), the increased use of digital technologies that enable the application of evidence-based care guidelines and protocols and the most effective deployment of healthcare resources to meet patients' needs. It has developed a measurement model, summarised in the diagram below.



The Centre of Global Digital Excellence and Group Programme

SRFT has been identified to become a Centre of Global Digital Excellence (CoGDE), enabling investment in digital technology platform activities in order to optimise the existing technology at pace and enable replication. The two year investment objectives for this programme are to accelerate the delivery of the Digital Health Enterprise strategy by:

- Demonstrating achievement of digital leadership through improving our HIMSS level to 6+.

- Harnessing digital to transform care in Salford, in concert with a GM-wide system, at pace and at scale, through enabling decision support, making systems accessible to patients and staff, unifying relevant data and using intelligent technologies to enable continuous improvement.
- Establishing a Digital Health and Care Centre to support replicability and spread of knowledge through talent management, development and investment in people and provide a platform for wider commercial opportunities.
- Developing a world-leading Digital Ecosystem and EPR Experience Centre with partners in order to create opportunities across Greater Manchester, including content and applications which support digital transformation across place, provider, patient and clinicians.

The programme will provide the resources to:

- Implement optimised Capacity Utilisation via the Control Centre.
- Focus on reliable implementation of standards and removal of unwarranted variation through Clinical Order sets, data standards and interoperability standards.
- Improve the efficiency of transactional processes through digitisation of workflow.
- Look at models for converging Allscripts instances and data analysis for the programme. The analytics team will be focused on mining the clinical data in EPR to inform evidence-based standardisation of care pathways.

The significant Information, Technology and Innovation programme is being supported by a bespoke leadership and staff development programme including working closely with academic leaders and the North West Informatics Skills Development Network to provide opportunities for masters degrees and other wider staff development as well as supporting analytical and technical requirements.

4.5 Delivery of Mandatory Standards

The Trust has identified the Mandatory standards to be delivered and these are identified in an Objective and KPI table which will be used as the basis of the Trust Assurance Framework and to set team and individual Goals and Objectives.

4.6 Enabling Strategies

4.6.1 Research and Development Strategy

The Trust's Research and Development Strategy was updated in 2015 to reflect changes both nationally and in Greater Manchester.

The Trust has:

- Engaged with clinicians within the Trust to ensure clinical strengths and service strategy is aligned to the wider health improvement science structure.
- Considered changes in the partnerships with the National Institute for Health Research, Manchester Academic Health Science Centre, Universities and partner Trusts.

It has also identified the:

- Need to facilitate engagement in and development of a mechanism for translational and rapid uptake of research findings into new and better treatments.
- Need to harness commercial and other funding opportunities to create a self-sustaining infrastructure.
- Opportunity for Salford Locality as an implementation funnel to demonstrate population health improvement and reliable implementation at scale.
- Opportunity for every patient to be a research patient to underpin the Trusts vision to be the safest organisation in the NHS.

R&D in Salford strategy identifies five priority areas to:

- Increase the R&D profile, activity and output.
- Develop the R&D culture and alignment to clinical services.
- Develop an integrated clinical and research workforce with increased dedicated research time and posts holding honorary research appointments with academic institutions.
- Exploit and develop R&D assets including the EPR system, promoting the use of digital and telemedicine.
- Develop partnerships with the University of Manchester, other Universities, Industry and Patients.

4.6.2 Under and Post Graduate Education

The Trust will continue to review how it meets the needs of Under and Postgraduate Education within the changing tariff, working with partners to ensure training needs are identified within capacity plans and met within the new tariff regime. Educational sessions in job plans will be aligned to ensure they are reliably delivered.

4.6.3 Hospital and Estate Redevelopment

Capital Programme
SRFT's capital programme has been modified in recent years to reflect the financial position of the Trust and the limited availability of capital. Expenditure in 2017/18 and 2018/19 is limited to essential works:

- Corridor and lift upgrades.
- Fire/HSE/DDA/ALL.
- Minor schemes and backlog maintenance.
- Swinton, Sandringham and all Non Salford SLA accommodation review.
- Backlog Theatres.
- Equipment Reserve including MEC, IM&T and PAWS/SSDU.
- CSB Decant and Replace.
- PACS.
- Ward Upgrades, sanitary accommodation and outpatient improvements.
- Decanting, Demolition and of the Clinical Science Building and redevelopment of the site.

Subject to confirmation of funding, the programme will also include the finalisation and implementation of the Major Trauma and Healthier Together business case. Specific requirements are to provide more Emergency Department, Diagnostic, Theatre and Critical Care Capacity. This is essential to support the strategic aims of the Trust. The business case is being supported by commissioners and now being progressed for approval at GM and National level.

The programme also includes the investment associated with the Trust's status as a Centre for Global Digital Excellence including:

- Control Centre
- Centre of Global Digital Excellence

Options are being explored to support the re-provision of radiology equipment, including a managed service contract.

Estate Strategy
The Trust is working closely with partners in Salford to ensure there is efficient use of both hospital and the community premises. Relocation of services not aligned to acute hospital provision is being reviewed within all strategic work programmes.

Within the ICO programme, neighbourhood hubs are being developed. Clinical teams are working to identify which services can be provided within these hubs, with a particular focus long term conditions.

4.6.4 IM&T and Innovation Strategy

The SRFT IM&T team and key clinical leads are engaged in National and Greater Manchester programmes to advance technological developments in patient care and business analytics. The success of SRFT has been acknowledged in the award of the Centre of Digital Global Excellence status, supporting further development of technologies to support patient care and services to all care users.

As SRFT develops as a digital leader, through development of the electronic patient records and strategic programmes and partnerships, commercial opportunities will be explored. The IM&T, Corporate and Research and Development teams within the Trust are currently working with Manchester Digital, Tech City North, the Landing at Media City, Haelo, Academic Health Science Network (AHSN) and North West e-health and commercial partners Allscripts and Sectra as well as exploring further partnership opportunities.

In addition to a significant programme of work detailed in Appendix D, which includes ongoing system upgrade and maintenance and delivery of the Electronic Patient Record (EPR) development programme, the priorities for the team are to support the specific needs of the Trusts strategic programmes including:

The ICO Programme
Priorities include:

- Addressing the outstanding operational issues following integration with adult social care services.
- Developing the Salford Integrated Record (SIR) to provide enhanced shared record capability across the Salford Locality.
- Digitisation within the TASR programme working with other public sector bodies to “activate” the local population to use technology.
- Improving patient involvement in decision making and scheduling of care through Digital Patient Activation and co-production.

Supporting Community working
The SRFT IMT team will continue to support the integration of the EPR into the clinical care of patients cared for outside of the acute environment. This will include the improvement of the digital experience for adult community nursing together with the expansion into Children’s community services and the supporting professionals who enable care in or close to the patient’s home.

Healthier Together and Partnership working
Priorities include:

- Identifying the requirements to manage the flow of patients in and between hospitals within the single service in the sector and with GPs and local services.

Greater Manchester
Priorities include:

- Developing a Shared Informatics Service with internal consulting capacity.
- Developing the GM Digital Roadmap, open standards and single platform.
- The Re-procurement of PACS and image sharing archive.

The Centre of Global Digital Excellence (CoGDE) and Group Programme
Details of this programme are detailed in Section 4.4.4.

4.6.5 Corporate Social Responsibility and Public Health Strategy

The Trust is committed to delivering this strategy locally by improving the health and wellbeing of patients and staff, ensuring that it contributes positively to the lives of local people, and the environment and society in which they live. Our ‘Live Well, Work Well’ strategy sets out the ways in which we are currently working to address issues such as health inequalities, employment opportunities, sustainability and environmental impact.