5HSRUW WR	7UXVW %3RDUGLF	$JHQGD LWHP	6)7 D
'DWH RI 0HHWLQJ	$SULO		

5HSR ï ‰fÆ…&) B&Žô•OH ô•OH ô•F ð• ÿ ÿ 4À‡ À ! @ A” gh

		' LVFXVV	$VVXUDQ	$SSURYDO
				;
3UHSDUHG E\	/DXUHQFH $UQROG 'LUHFWRU RI &RUSRUDWH 'H			
([HFXWLYH 6SRQVRU SUHVHQWLQJ	/DXUHQFH $UQROG 'LUHFWRU RI &RUSRUDWH 'H			
$SSHQGLFHV LI DSSOLFDEOH				

5HFRPPHQGDWLRQ
7KH %RDUG LV DVNHG WR DSSURYH WKH VXEPLVVLRQ RI WKH U

([HFXWLYH 6XPPDU\
7KH 2SHUDWLRQDO 3ODQ LV GXH WR EH VXEPLWWHG WR 1+6 , GRFXPHQWV WHUPLQDWLRQ 7UXVW $VVLVWDQFH RQ WKH GLUH WUDYHO RXWOLQHG ZLWKLQ WKH UHFHQWO\ DSSURYH SODQQLQJ XSGDWH DQG VHWV WKH VWUDWHJLF FRQWH[W WR V 6HFWLRQ VHWV RXW KRZ ERWK WKLV SODQ DQG WKH 7UXVW DQG 7UDQVIRUPDWLRQ 3ODQ GHYHORSPHQWV

%RDUG $VVXUDQFH±6WUDWHJLF 3ULRULWLHV
/RFDO 6HUYLFH ZLOO PHHW WKH QHHGV RI WKH ORFDO SRSXODWI QHZ ZD\V RI ZRUNLQJ ZKLFK DOZD\V SXW SDWLH
6SHFLDOLVW :HOOEHLQJ SURYLGH LQQRYDWLYH KLJK TXDOLW\ VS GHOLYHULQJ RXWVWDQGLQJ RXWFRPHV IRU D ZL
,QQRYDWLRQ ZLOO SURPRWH QHZ DQG EHWWHU ZD\V RI ZRUNLQJ DFKLHYH H[FHOOHQFH DQG VXVWDLQDELOLW\ LQ

2. Strategic Context to the Operational Plan

2.1. SFT Strategic Plan

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

Our Vision

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

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

- Local Services – Our aim is to meet the needs of the local population by developing new and improved ways of working which always put the patient at the centre of all that we do
- Specialist Services – to provide innovative, high quality specialist care delivering outstanding outcomes for a wider population
- Innovation - promote new and better ways of working, always looking to achieve

We have continued to focus on our improvement plan following the CQC inspection in 2015. This has involved completion of required actions as well as staff engagement events. During 2018 we have been invited to be one of five trusts in the south to be part of the 'moving to good' collaborative supported by NHSI. Activity to ensure the Trust's services are ready for future unannounced inspections is continuing. Preparatory work is delivered through core area workshops, visits and feedback to clinical areas by experienced managers and peers. The Trust is taking part in a Requires Improvement to Good initiative sponsored by NHS Improvement in spring/summer 2018.

3. Progressing the strategy – 2018-19

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

It is our intent that these developments will contribute to the Trust continuing to exceed national ED standards of an improving trajectory from September 2018 of 92% to a

to deliver constitutional standards, initially emphasising a number of high priority areas. We will comply with national standards that the overall waiting list for March 2019 is no higher than March 2018 and will ensure that no patient waits more than 52 weeks. It is our intent that we will deliver more than 92% of patients waiting less than 18 weeks throughout the year.

Some specific initiatives to improve access include:

- Increasing diagnostic capacity in radiology, we will be installing a fixed, temporary MRI (rather than the transient mobile van) which will both increase capacity and allow the Trust to differentiate inpatient and outpatient flow.
- Through a restructure of the theatre timetable, we will be more effectively separating trauma and elective capacity which will improve access times especially within orthopaedics and plastics.
- The expansion of the ophthalmology team will allow the Trust to streamline pathways, moving to a high volume cataract model to deliver faster access times and improved patient experience. We will also continue to review models of care for patients with long term conditions such as glaucoma and age related macular degeneration (AMD) using different staff groups and timely diagnostics to ensure all patients receive appropriate monitoring. We will be setting up a corneal graft service enabling patients to receive this treatment locally, currently there are high waiting times for this procedure in other units

Cancer Services

Year on year more patients are diagnosed with cancer and improved survival rates mean more people are living with cancer and the effects of its treatment. Our cancer strategy includes a number of initiatives to increase early diagnosis, in collaboration with primary care, and maintain short waiting time s for diagnostic tests. We will ensure that 95% of all suspected cancer referrals have the diagnosis confirmed or excluded within four weeks. We

3.2. Specialist

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

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

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

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

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

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

Developing Plastic Surgery Across Wessex

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

3.4. Care

Care -

provide a Quality Improvement (QI) training programme to a number of clinicians and as part of the CMI Leadership and Management Level course run by the Trust. From 2018 a new quality improvement training programme will be provided as a key part of building capability for improvement in our workforce and creating a culture of sustainable change. This will include a session on using quality impact assessments effectively for change.

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

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

4.4.

agency requests. Notice has been given to end the master vend contract for medical agency from July 2018. The Trust is currently reviewing options to increase bank usage which includes a managed service provision (for the whole bank).

International recruitment initiatives to fill substantive nursing posts are continuing, with additional campaigns to run during 2018 to target new areas in Australia and UAE. A number of schemes are in place to achieve recruitment targets including rebranding the Trust as an “employer of choice”, implementing a new recruitment system to reduce the recruit to hire time, use of microsite to advertise vacancies, increasing the Trust’s

2018/19

In February the Trust received a revised contractual offer from NHSI for 2018/19. The changes reflect the difference between CNST income and cost changes with the intention of making this cost neutral for all providers. There is an additional benefit arising from income

2(2018)110(/)(h)6 Tc 0 Tw (-)Tj -0.001 T -0.003 Tw 12 0 0 156 -5

Activity Growth assumptions (+£2.0M)

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

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

Local cost pressures

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

- IT costs-(£1.3m). As EPR moves from implementation to business case usual there are two key arising revenue pressures: supports staffing that are now longer classed as capital expenditure, and the commencement of annual maintenance charges associated with the hardware and software.
- The Trust has had a limited capital programme in recent years, and funded the main EPR from internal generated capital (depreciation less loans), this has had a significant impact on the remaining capital available for replacement IT, medical equipment and estates work. The impact of the reduced investment is now impacting on revenue costs as the Trust has to replace the infrastructure network in 2018/19 c£4m investment. This pressure is included increased depreciation and increase in lease costs.
- GS1 project-(

Salisbury FT Operational Plan 2017

8.3. Identified Priorities

The STP has identified the areas which give the opportunity to do things much better and over the next five years are planning to prioritise changes to services in key areas

BS&W STP

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

9.4. Engagement with Members and the public

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