1. Introduction and summary

1.1. Ipswich Hospital NHS Trust

We are an organisation with a proud history and one that has long adapted and responded to changes in health needs and circumstances.

Ipswich Hospital is recognised by our patients and peers as a provider of good quality healthcare with a reputation for delivering caring, compassionate services.

There are challenges ahead and we recognise that in many aspects of healthcare and supporting services, we have further to go to achieve the high performance levels of some other acute healthcare providers in England and Wales.

Our strategy describes our vision and strategic objectives for the next five years, the next chapter in our story. Our business plan describes how we will bring that strategy to life over the next two years. As we finalise our strategy in early 2017 we will develop detailed implementation plans in line with our business plan.

1.2. Building on a solid foundation

Over the last three years we have:

- Strengthened grip and productivity across clinical and corporate services;
- Reduced length of stay;
- Improved quality of care by redirecting funding to invest in safer staffing;
- Created a regional spinal centre;
- Created a Single Point of Access;
- Built the Ipswich Heart Centre;
- Partnered with Macmillan Cancer Support to build Woolverstone Day Unit;
- Built a new drug centre for the manufacture of chemotherapy drugs; and
- Redesigned central Outpatient reception and waiting area.

Across the Trust we have carried out ‘Red-to-Green’ weeks. These target specific services and departments to improve delivery, for example the Emergency Department. The Red-to-Green concept won first prize in the 2016 HSJ awards, in the value and improvement in emergency medicine category. Red-to-Green weeks have served to identify key constraints and areas for improvement within the Emergency Department and relieved pressure during busy periods in winter. This has helped patients return home more quickly and maintain their independence.
We are working to achieve sustainable reductions in the cost of providing care, or to put it another way, to accommodate increasing demand within existing resources. A number of schemes are underway to achieve this, including:

- A focus on reducing reliance on agency staffing;
- Building a stable and highly skilled work force through recruitment, training and retention;
- Improving resilience of staff resource and safeguarding key skills by converting agency resources into permanent positions;
- Plans to close/limit reliance on costly escalation beds through enhanced demand management;
- Review of all expenditure for cost-saving opportunities through better procurement; and
- Changes to service provision where appropriate for patients, for example, extension of spinal surgery services.

We are starting to change patient pathways to support people to live and be treated in the community. Our review of technology has led to the hospital being one of the early adopters of Lorenzo Regional Care to drive change and deliver additional capacity as it underpins operations as a key enabler to working differently.

Over the next five years we will continue to evolve our organisation, responding to both internal and external changes, to become an outstanding provider of health services for our population.

1.3. Changing landscape

The Trust has developed a clear vision of where it wants to be over the next five years, alongside and consistent with the Suffolk and North East Essex Sustainability and Transformation Plan. In the immediate future there are three key decisions which will affect the way in which our vision is delivered but no the overall destination. These are:

- Community services contract – The current contract, managed by West Suffolk NHS Foundation Trust, Norfolk Community Health and Care NHS Trust and Ipswich Hospital NHS Trust expires at the end of September 2017. The CCG are expected to announce the future contractual approach during December 2016. However for the purposes of this business plan current contract and service line configurations are assumed to continue.

- Colchester Hospital University NHS Foundation Trust (CHUFT) – a Strategic Outline Case is scheduled for January 2017 to outline the shortlist of options for developing the partnership between CHUFT and Ipswich Hospital. A final decision will not be made until later. Other than current work under the Every Patient Every Day programme to gain synergies from collaborative working, our plans assume the two organisations remain separate over this planning horizon.

- The Pathology Partnership (TPP) – Following the servicing of notice by Cambridge University Hospitals NHS Foundation Trust to withdraw as host of TPP, there may be structural and hosting changes to the service. However our plans assume no impact on Ipswich Hospital from hosting changes over the two year horizon.
2. Trust strategy and plan for 2017/18 and 2018/19

2.1. Our 5 year vision and objectives

Our vision is to be an outstanding provider of health services for our population.

At the end of 5 years we will know we have succeeded in delivering our vision when we have delivered:

- An “Outstanding” CQC report
- Top 25% patient and staff experience
- Top 10% safest hospital in the UK
- A healthier population
- Increased activity within 2016/17 cost base

To achieve this we have set strategic goals with a series of measure of success, so we know we are on the right path:

<table>
<thead>
<tr>
<th>Deliver a great care experience</th>
<th>To be recognised as a leading innovator in healthcare nationally</th>
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<tbody>
<tr>
<td>• Work with others to deliver seamless, safe patient pathways across the system, supported by consistent communication</td>
<td>• Embrace new ideas to deliver new, technology enabled, financially viable ways of working</td>
</tr>
<tr>
<td>• Improve the environment care is delivered in</td>
<td>• Improve the health of our population and the use of self-care tools</td>
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<tr>
<td>• Ensure we deliver all care in accordance with our values</td>
<td>• Increase provision of care in the community</td>
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<td>• Push the boundaries through innovation and managed risk taking</td>
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<table>
<thead>
<tr>
<th>Financially secure</th>
<th>Deliver a great staff experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meet increasing demand without increasing resources</td>
<td>• Engage and train staff to continue to deliver, and support the delivery of, care in a changing environment</td>
</tr>
<tr>
<td>• Use resources more effectively to maximise efficiency of service models/ patient pathways</td>
<td>• Proud of the care we provide</td>
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<tr>
<td></td>
<td>• Empower staff to take personal responsibility every day</td>
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The table below is a summary of our objectives for the next two years. Further detail is provided in each section within the business plan.

During 2017/18 we will build on the work we have already done, and ensure our systems and processes are fit for our new ways of operating. In 2018/19 we will continue to develop and innovate while starting to see the real benefits from our early work coming through.
<table>
<thead>
<tr>
<th>Strategic goal &amp; objective</th>
<th>To do this we will...</th>
<th>To support this we will...</th>
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</table>
| **Deliver a great care experience** | • Know ‘what matters to me’ about our patients and act upon it.  
• Work with our partners to create urgent and emergency care pathways which treat patients in the most appropriate place.  
• Integrate elective and chronic care pathways so patients only come to hospital when they really need to and all our services are safe and secure with a sustainable future.  
• Work with our Alliance partners to ensure there is appropriate capacity in the right place in the care system.  
• Improve the care we provide in areas agreed with our patients and partners through our Quality Accounts and Quality Strategy. | • Embed Red-to-Green principles into behaviour and processes so flow is constantly maintained across the system.  
• Make sure priority IT systems within and across organisations can talk to each other.  
• Revolutionise the way we communicate with patients and GPs.  
• Deliver seven day working in priority areas.  
• Improve our estate in priority areas.  
• Review our corporate decision making processes so the views of patients and carers are heard.  
• Change the way we work with partners so we build a reputation as an organisation to do business with. |
| **To be recognised as a leading innovator in healthcare nationally** | • Develop areas of leading clinical practice and innovation in pursuit of our strategic goals and objectives.  
• Pilot and embed innovative technologies to support the wellbeing of our population in the community.  
• Agree and start implementing a system wide approach to supporting people to live well in care homes.  
• Create a quality management system (QMS) so care is consistently of a high quality standard, and learning is embedded across the organisation. Clinical documentation will drive the quality of care and not be an administrative burden. | • Create an environment and infrastructure that supports managed risk taking and innovation, supported by a clear digital roadmap.  
• Build our predictive analytics capability to support real time and proactive operational and clinical management.  
• Look widely for innovative methods and technologies to improve patient care.  
• Develop new roles to meet the future needs of our patients.  
• Embrace the development of new contractual models to deliver the STP. |
| **Financially secure** | • Implement improvements from Lord Carter recommendations.  
• Change the way corporate services (IT, estates, HR, finance) operate to release time back to the front-line.  
• Deliver our financial control total and efficiency targets. | • Establish the long term partnership with CHUFT.  
• Equip our workforce with the technology to give them real time patient information. |
| **Deliver a great staff experience** | • Invest in workforce development and leadership so teams have the skills and confidence to deliver care in changing settings.  
• Revolutionise staff engagement and communications.  
• Recognise our staff by celebrating our successes and raise our profile by playing a full and active role in our communities.  
• Improve the quality and value of appraisal and performance conversations and embed meaningful, stretching objectives.  
• Work with the Freedom to Speak Up guardian to create an environment that supports challenge at all levels.  
• Continue ‘what matters to me’ discussions with our staff and act upon them | • Work with partners to implement and invest in innovative education and training programmes.  
• Develop clear career paths, competency frameworks and rotational/collaboration opportunities.  
• Map and develop talent at an early stage and embed succession planning.  
• Invest in the workforce infrastructure (ESR and eRostering) so teams have the tools and information to self-manage.  
• Work with partners such as Suffolk Mind and Stonewall to develop an inclusive and supportive workplace environment. |
3. Quality planning

3.1. Approach to quality governance

The Director of Nursing and the Medical Director are joint executive leads for quality of care and clinical outcomes, supported by the Director of Governance, whilst recognising that everyone is responsible for quality. The Trust works on a risk and escalation basis for managing quality, and this has been built into our structures and processes.

Quality governance comes together through the Quality Committee, which is supported by:

- Sub committees covering patient and staff safety; clinical effectiveness and patient and carer experience. These groups also oversee groups such as the mortality review group, and Divisional and Clinical Delivery Group level governance meetings which cover all aspects of quality;
- Dedicated audit days and clinical audit function;
- Schwartz rounds and after action reviews (AARs);
- Comprehensive SIRI investigations and reporting;
- Quality priorities reporting to Board through the Integrated Performance Report;
- Quality metrics embedded into the Trust’s Accountability Framework;
- Ward level capture and reporting on quality and safer staffing; and
- Quality heat maps reviewed monthly by the Board.

Our measures of success for quality improvement being agreed through our refreshed strategy are:

- Reduction in complaints regarding communication;
- Reduction in number of people on end of life care dying in hospital;
- Reduction in unwarranted clinical variation, as measured by Carter;
- Reduction in delayed discharges of care;
- Minimise delay of clinical support services in patient pathways;
- Improvement in the Patient Led Assessment of the Care Environment review; and
- Improvement for patient recommendation scores.
Key quality risks identified at this stage are:

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<th>Likely to manifest as:</th>
<th>Risk management and mitigation</th>
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• Negative impact on patient flow and access targets  
• Long term impact on staff resilience and poor retention of staff | • Use of agency staff with resultant impact on financial plans  
• 3 month/12 week rosters prepared  
• Dedicated work to improve recruitment process and attractiveness as employer  
• Working across system to address workforce shortages and jointly manage impact |
| If system partners do not work optimally together then we will not deliver the best care for patients | • Organisational priorities are placed ahead of patients’ needs  
• Sub-optimal pathways are developed and implemented  
• Too many patients are treated in the hospital and not in more appropriate places | • Alliance approach removes key organisational barriers  
• Engagement and relationship building with key partners  
• STP strategy sets shared principles agreed by all partners |
| If business planning risks are not adequately controlled then we may not be able to provide the level and scope of services currently offered to our local community | • Deterioration in contractual performance  
• Deterioration in quality of service provision | • Guaranteed income contract creates shared incentives  
• Devolved budgets and local delegation to clinical leaders supported by moderation and oversight  
• Supporting division to identify opportunities and mitigating actions  
• Delivery of sustainability and transformation programme |
| If staff do not have the required knowledge of the CQC fundamental standards for their role, there is a risk of patients receiving sub-optimal care | • Poor patient experience  
• Failure to meet regulatory obligations  
• Threat of regulatory sanctions | • Clear clinical leads identified for each area  
• Trust procedures reflect CQC standards where relevant  
• Staff CQC booklet provided on induction  
• Establish a clinical governance assurance framework  
• Continual dialogue with regulators as service changes are made |
| If we fail to recognise and manage suspected sepsis early then patient outcomes may be affected | • Poor outcomes for patients  
• Additional costs of treatment and length of stay | • Sepsis guidance and training for staff  
• Sepsis prompt section on drug charts  
• Updated policy to reflect latest NICE guidance  
• Explore business case for sepsis module on nerve centre  
• Explore business case for sepsis nurse specialist role |
| If site wide redevelopment of the hospital estate does not occur then some parts of the estate may become unfit for purpose | • Parts of estate become unmanageable  
• Service users affected | • Backlog maintenance programme managed through Estate Strategy Board  
• Develop options for Bridge School and North End  
• Premises Assurance Model |
3.2. Summary of the quality improvement plan (including compliance with national quality priorities)

The Trust is in the third year of its Sign Up to Safety Campaign, and the 5 priorities identified through this process are reducing patient falls, reducing pressure ulcers, improving detection of deteriorating patients (including sepsis, acute kidney injury and avoidable cardiac arrests), seven day working and clinical outcomes. These areas are being reviewed and refreshed alongside the refresh of our Quality Strategy and Quality Account due in March 2017.

The Trust has agreed action plans in the following areas:

- Better births;
- Antimicrobial resistance; and
- Improving mortality reviews.

Within the STP footprint the following quality priorities have been agreed:

- Cancer, including delivering the 28 day diagnosis standard, of which the Trust is one of the five national pilots;
- Dementia, with further improvements to the diagnosis rate and our hospital environment; and
- Mental health, covering integration of physical and mental health.

Working within the STP we aim to build stronger and more resilient communities which support our citizens to maintain independence as they take responsibility for managing their own health and wellbeing. This is based on our clinical vision which covers:

- Self-care & independence – supporting people to stay in their homes;
- Community based care – supporting primary care and delivering more care closer to home; and
- Hospital care – focussing on more complex cases and the potential specialisation of the Ipswich and Colchester sites in different clinical areas to improve safety and quality of care.

We will continue to focus on the delivery of outstanding care through increased engagement, understanding our patients' priorities, dealing with them and keeping the public informed on progress.

We will continue to apply our values to all staff and patient groups, including minority groups. By becoming a more representative workforce that treats patients in accordance with our values we will ensure all our staff are in the best possible position to deliver outstanding care. By ensuring that we represent all patient groups in our plans we will be best placed to deliver outstanding patient experience and outcomes to all of our population:

- Knowing ‘what matters to me’ about our patients and acting upon it – treating everyone as an individual and involving them in decisions;
- Reviewing our corporate decision making process so that the views of patients and carers are heard – although this goes hand in hand with communicating the current challenges and the recognition that more of the same will not solve our problems;
• Revolutionising the way we communicate with our patients and GPs – moving from paper to electronic correspondence, creating a single point of access, timely discharge summaries in line with recommended formats, and simplifying correspondence while ensuring they meet NHS Accessibility Standards; and
• Changing the way we work and communicate with partners – ensuring artificial barriers based on past reputation and perceptions do not prevent the system coming together to deliver the best care for patients – backed up by new contractual models that support mutual success.

The Trust is also starting to explore how it will create a quality management system (QMS) that will ensure:
• Care is consistently provided to a high quality standard;
• Red to Green principles are embedded into processes to maintain consistent flow through the hospital;
• Learning from incidents, clinical audits (including all national audits) and research can be quickly embedded into systems to drive consistent improvements in care;
• Pathways and protocols, and changes, are consistently applied so we always Get It Right First Time;
• Assurance can be available in real time and at all levels across the Trust, such as safe staffing levels and red flags;
• Clinical documentation will drive the quality of care and not be an administrative burden; and
• Systems will support temporary or rotational staff to do the right thing at the right time, rather than relying on supervision and post event audits.

The Trust has also reviewed how it ensures changes to protocols and consistency of care are embedded without needing constant monitoring and review. While the QMS will be core to ensuring all staff deliver consistently high quality care, we must ensure we maintain our focus on continual improvement, and that consistent care is always delivered compassionately and in accordance with our values. Therefore we will:
• Work with local teams to develop their skills and confidence to manage and lead change locally;
• Review the adoption of the Plan-Do-Study-Act methodology for service and quality improvements; and
• Work with the Freedom to Speak Up guardian to create an environment that supports challenge at all levels.

The Trust is also planning improvements to the overall care environment, and we are focussing on areas that improve the patient care experience:
• The Trust has recently opened a Musculoskeletal Admission Unit to streamline the admission process for patients about to undergo surgery;
• We will also focus on making improvements to priority areas highlighted in our PLACE assessments; and
• Expansion of car parking spaces for visitors and alternative options for staff to relieve pressure on spaces continues to be explored.
3.3. Summary of quality impact assessment process

All service development and efficiency plans are developed through a bottom up process from Clinical Delivery Groups, through Divisional Boards. Therefore they must be initially proposed and scoped with the authority of the lead clinician and nurse for the Clinical Delivery Group, before being approved by the Divisional Board which is chaired by a Clinical Director. At this stage any risks to patient experience, safety, clinical outcomes, staff or Trust objectives/strategy must be flagged and mitigations proposed.

Schemes are then reviewed directly by the Director of Nursing and a wider panel to sense check for quality impacts, and any unassessed or unintended impacts on other areas.

Finally all schemes will be delivered through a Programme Board focussing on key areas, who will undertake a final scrutiny of the proposal. These Programme Boards report into the Sustainability and Transformation Portfolio Board to ensure cross-cutting issues are identified and addressed.

Every scheme that is proposed is required to identify relevant KPIs as well as a financial target. These KPIs include at least one ‘quality risk’ KPI i.e. a measure that is monitored on a monthly (at minimum) basis to ensure the scheme is not impacting on quality, alongside standard risk management processes. As schemes are grouped into projects, and projects into programmes, so an overarching quality KPI needs to be agreed at each level which will act as the warning indicator to any quality issues.

3.4. Summary of triangulation of quality with workforce and finance

The Trust has an Accountability Framework in place which brings together a range of indicators at a Divisional level. These are then grouped into the CQC quality domains and a financial score. Monthly meetings are held between the Divisions and the Executive to review performance. Escalation reports are also presented to the Board and relevant sub-committees.
Each Division is given an oversight category based on their performance. These are:

1. Special Measures
2. Rapid improvement
3. Intervention
4. Standard oversight
5. High performer

The examples of intervention under special measures include one or more of the following:

- Financial – Suspension of delegated authority;
- Financial – Director approval of all purchase orders;
- Loss of decision making powers;
- Divisional Board Capability review by Third Party;
- Division Board to Trust Executive, special meeting(s);
- Improvement plan(s) to be approved and monitored by Trust Executive via the AF Oversight meetings or other stated forum;
- Further reviews as needed; and
- Any other intervention as determined by the Trust Executive taking into account the specific circumstances triggering this escalation.

Ward level reports are also produced for safer staffing and quality heat map on a monthly basis, and these are reviewed by the Board.
4. Activity planning

A failure to manage activity growth is the single biggest risk to the sustainability of the local health economy. Therefore the Trust has agreed key activity-based objectives which will be delivered with all partners across the health system:

- Create urgent and emergency care pathways which treat patients in the most appropriate place;
- Integrate elective and chronic care pathways so patients only come to hospital when they really need to and all our services are safe, secure and have a sustainable future; and
- Ensure there is appropriate capacity in the right place in the care system.

The Trust and CCG have built a contractual and activity framework based on the following principles:

- The Sustainability and Transformation Plan (STP) provides a framework which ensures financial sustainability for the whole health system;
- Contained within this envelope is a realistic level of affordable growth – c2.5% overall per year; and
- The Trust is undertaking a bottom up assessment of growth on a specialty by specialty level for the purpose of:
  - Understanding the key areas of demand which put at risk being able to hold to the principles of the STP;
  - Agreeing joint programmes of work with partners to manage down that risk; and
  - Agreeing appropriate risk share agreements for managing unplanned changes in demand.

As system partners we all recognise that demand management schemes will be a key focus over the next five years, and already have plans in place to address this:

- Within the STP we are focussing on prevention, self-care and independence, and improved community care;
- We have launched our CAT and FAB admission avoidance schemes, and are currently piloting Discharge to Assess in Felixstowe;
- A business case has been prepared for an Urgent Care Centre on the Ipswich Hospital site which will handle all walk-in activity; and
- A system wide ‘One Team’ approach is currently focussing on delayed transfers of care.

Within our elective areas we have also developed:

- Revised and integrated pathways for musculoskeletal conditions including a Single Point of Access;
- Pre-referral guidance for GPs continues to be rolled out in a range of specialties - this provides initial treatment plans to attempt before referring, highlights alternative pathways, and ensures an appropriate history is taken with all relevant tests so the patient can be diagnosed at their first attendance;
- Rapid screening clinics in Dermatology – the consultant purely focusses on the diagnosis and can see significantly more patients in a clinic with appropriate support from other clinical staff to start the treatment of the patient; and
- A pilot of the Message Dynamics system as an alternative to follow-up appointments is currently being trialled in two specialties.
A demand management rollout programme has been agreed by the STP which covers:

- General medicine;
- Geriatrics;
- Phase 2 MSK (T&O, Pain, Rheumatology);
- Cardiology;
- Stroke;
- Gastroenterology including endoscopy; plus
- A further phase covering general surgery, vascular, breast, ENT, dermatology and A&E.

The Trust has placed an intensive focus on recovering our A&E performance. A range of initiatives have been implemented across the department, including listening events and electronic records. However flow through the hospital remains the main issue with delayed transfers being the key bottleneck, reaching over 1,800 bed days in September and double the number from the same period last year. A recent ‘One Team’ taskforce, incorporating the Trust, the CCG and Social Care, has been solely focussed on delayed transfers for a three week period, and significant progress has been made in clearing delays and fully understanding the systematic causes of such delays. The methodology has been so successful it is being considered for other areas of work.

Aside from delivering key operational standards the Trust has set itself the following measures of success for activity and demand management. These are currently in draft form as we complete our strategy consultation:

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<tbody>
<tr>
<td>Emergency Admissions</td>
<td>% reduction each year</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Outpatient Follow-Ups</td>
<td>% reduction each year</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>0%</td>
<td>52%</td>
</tr>
<tr>
<td>Excess Length of Stay (elective)</td>
<td>% of cost of LOS reduced each year</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>45%</td>
</tr>
<tr>
<td>Delayed Transfers of Care</td>
<td>% of cost of DToC reduced each year</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>74%</td>
</tr>
<tr>
<td>Re-Admissions</td>
<td>% of cost of readmissions reduced each year</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>74%</td>
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5. Workforce planning

5.1. Workforce planning

The Trust’s approach to workforce planning was revised to integrate more closely into the main business planning process. The new approach covers:

- Understanding capacity impacts from changes in activity, not just specific service developments and savings plans,
- Profiled plans for recruitment and turnover – ensuring recruitment is timed to maximum effect e.g. newly qualified staff becoming available;
- Mapping demand for staff against capacity to ensure our flexible workforce can mitigate the gap without the need for agency staffing – this is a new development for nursing and radiographers;
- Developing plans for hard to recruit posts – not just current vacancies but those at risk of arising in the next two years; and
- Targeting the use of agency staff and the development of plans to find sustainable, long term solutions.

The Trust has a dedicated Workforce, Development and Education Committee which oversees the implementation of the corporate strategies for education, workforce and organisational development and ensures resources are sufficiently aligned to enable delivery. The Committee also provides Board assurance that where there are workforce, organisational development and education arrangements risks and issues that may jeopardise the Trust’s ability to deliver its objectives, or which have significant reputational or cost impact, that these are being managed in a controlled and timely manner.

5.2. Workforce development

By ensuring that, as we continue to develop and modernise our services, we stay true to our values, we will be better placed to be confident that our patients and staff will support the changes. We will continue to focus on the delivery of outstanding care through increased engagement, understanding our patients’ priorities, dealing with them and keeping the public informed on progress. We will continue to apply our values to all staff and patient groups, including minority groups.

By becoming a more representative workforce that treats patients in accordance with our values we will ensure all our staff are in the best possible position to deliver outstanding care. By ensuring that we represent all patient groups in our plans we will ensure that we will be best placed to deliver outstanding patient experience and outcomes to all of our population.

To do this we will engage and train staff to continue to deliver, and support the delivery of, care in a changing environment:
Successfully delivering our strategy requires staff to work differently, not simply harder. We haven't the money to fund the recruitment of additional staff to meet the increasing demand and, even if we could, skills shortages nationwide mean the people are not always available to recruit;

Working differently means we must equip our staff with the right skills and expertise. We will develop innovative education and training programmes to up-skill a workforce who can deliver the healthcare needs of our population especially where there is a recognised national shortage or particular specialist skills required; and

Our workforce strategy will be a key enabler through the development of clear career paths, competency frameworks, and training & development programmes tailored to staff groups and grades.

We will be proud of the care we provide:

- Our staff are proud of the care they provide and to deliver this strategy they must continue to feel motivated and supported in the work they, and their colleagues, do;
- We aim to play a full and active role in local community life and with our partners, help influence the health and social care system for the better; and
- We will continue our valuable and valued work with our Charitable Fund team to work in partnership with our community to invest in the services we provide. We will also celebrate the success of staff through internal communications and awards and engaging with national media, regulators and awards.

And we will empower staff to take personal responsibility every day:

- Leading and managing through change is part of life in the modern NHS. Empowering staff to challenge themselves and each other to work differently is fundamental to delivering our strategy; and
- By living by our values and ensuring our staff co-design our strategic plans we will develop an approach that gives people autonomy to enact changes whilst putting safety as our top priority. We will ensure they have the appropriate authority and skills to enact change.

We will know we have done this by delivering our measures of success (specific 2 year targets being developed through current strategy consultation):

- Top X% for training & personal-development-review satisfaction
- X% for score of: vacancies, unexpected turnovers, rota gaps and vacancy fill
- Top X% for satisfaction in the care delivered
- Top X% for communication from management
- Top X% for staff satisfaction & engagement
### 5.3. Key workforce risks

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<thead>
<tr>
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• Long term impact on staff resilience and poor retention of staff | • Use of agency staff with resultant impact on financial plans  
• 3 month/12 week rosters prepared  
• Dedicated work to improve recruitment process and attractiveness as employer  
• Working across system to address workforce shortages and jointly manage impact |
| If we do not have sufficient capacity with the appropriate skills and abilities in transformational management then we will not be able to realise our planned benefits | • Failure to deliver financial savings though cost reduction  
• Need to employ premium capacity resource to maintain access standards for patients  
• Implications for cash flow | • Streamlined programme management and planning processes  
• Capacity assessment undertaken  
• Sharing of redesign resources with commissioners  
• Use of temporary staff to focus on delivering sustainable change |
6. Financial planning

Where costs and expenditure are concerned, we benchmark well financially, but like many other Trusts, we have struggled to find financial sustainability for a number of years and face increasing deficits due to rising demand and increasing staffing costs.

Forecast growth in demand over the next five years shows that if we do not change the way we deliver care this will result in:

- A 5.8% (203 WTE) increase in workforce … in an environment where we already have vacancies in our nursing (99WTE) and medical (23WTE) establishments;
- Four more wards (97 beds) being required… where we don’t have the capital funding to invest in more inpatient beds; and
- A deficit of circa £100m in a system that doesn’t have any more money.

This position is not sustainable for our organisation or the health economy as a whole. The scale of the challenge is significant and will require radically different solutions.

The Trust has been issued with a £16.1m deficit control total by NHSI. After accounting for Sustainability and Transformation funding this represents a stretch of £7.5m over the control total agreed through the Sustainability and Transformation Plan. We have taken the following steps to reduce the gap:

- We have agreed supplementary income from commissioners of up to £2m over the STP level, should the activity under Payment by Results reach this value; and
- We have increased our CIP challenge to the maximum that is achievable to 4%, or £12m. This closes the gap by £2.5m.

However the Trust has also:

- Removed the £7.1m STF funding; and
- Created a CQUIN risk reserve of £1m.

Therefore the Trust considers that £27.2m is the very best that can be delivered in 2017/18, and is subject to the following:

- £12m, or 4%, is the maximum CIP the Trust believes can be achieved safely;
- There is no contingency in our plans; and
- Significant levels of risk still exist.

With the emerging alliance around the community and partnership with CHUFT the Trust has created a more fertile environment for the delivery of efficiencies. External risks continue and we expect that constraints in the social care budget in particular will create risk that activity levels are higher than planned. We have no financial mitigation to this risk as it stands.
6.1. Financial forecasts and modelling

The plan is based on the following assumptions:

- Guaranteed income contract with lead Commissioner;
- Pay increase is estimated at 2.0% as per national intelligence, reflecting changes to:
  - Pay award 1.0%
  - Apprenticeship levy and incremental drift on staff in post 1.1%
- Non-pay calculated on forecast outturn, adjusted for non-recurrent items.
- Non-pay inflation assumptions are as per national guidance:
  - General non-pay 1.8%
  - Drugs 2.8%
  - CNST 10%
- 2.1% income tariff inflator applied as per national guidance

6.2. Efficiency savings for 2017/18 to 2018/19

We can no longer expect additional resources to meet increasing demand. So we must deliver services in a radically different way – changing the relationship with patients, focusing on improving the health of the population and supporting those who do get ill in a different way.

By doing this we can direct our efforts to meet increasing demand within our existing resources. The benefits will be financial security, protecting health services for future generations.

Navigating the current systems, processes and teams that span health and social care is time consuming, and costly. By using technology better to share patient records and care management plans we can create more efficient patient pathways and reduce clinical variation.

Our workforce will be equipped with the latest technology to give them real-time patient information at their fingertips. Improved mobile technology will help maximise the time that our workforce spend treating patients, being visible and accessible.

We will work closely with our neighbouring acute trusts where there are opportunities for economies of scale, improving quality, and improving services.

The Portfolio Board is overseeing delivery of the savings target. This Programme Board brings together all projects and work-streams charged with delivering financial efficiency, and includes external stakeholders as part of the core membership. The CCG are an integral part of the Programme Board and share delivery responsibility.
At £12m the efficiency target remains one of the most challenging the Trust has attempted to deliver. This must also be achieved through system redesign and fundamental changes to patient pathways – these are not savings that are made quickly or easily – but are the only way to secure a long term sustainable future. At the date of submission we have identified £6.5m of schemes on our savings pipeline, although these are at the ‘idea’ stage and have not yet been through any formal assessment process.

6.2.1. Lord Carter’s provider operational productivity work programme

We continue to be actively involved in the programme of work to implement the Lord Carter recommendations. We are involved both as active participants in developing metrics for the Model Hospital and as recipients of benchmarking data as it becomes available.

We are a member of the AHP Productivity work-stream steering group and are working closely with the work-stream lead in the development of a suitable tool for measuring AHP productivity. We have also been active members of implementing improvements in e-rostering and have recently been identified as a centre of excellence. We already roster ahead 12 weeks and benchmarked well against our peers in the recent exercise undertaken by Allocate. We have now rolled out e-rostering into our theatre teams and are looking at rostering for doctors in the future.

For all the Model Hospital metrics we are identifying those not already included within our local performance management framework - the Accountability Framework (AF) - and are factoring them into the AF for next year. We will continue to do this for all other Model Hospital work-streams as the metrics are finalised.

6.2.2. Agency

Reducing reliance on agency staff remains a key area of focus for the Trust. Clear authorisation processes are in place for all agency requests with a detailed justification required for any request to breach the cap. Improvements to processes have been made following an Internal Audit review.

A collaborative approach with partner trusts to managing with the cap started on 8th December.

There continues to be a focus on managing down current reliance on agency staff, but the Trust is also improving planning processes to minimise future demands for agency staff:

- Succession planning is underway for all high risk high, impact posts. Plans have been developed which identify recruitment and retention, role redesign, or training current staff into the new roles. All of this is backed up by a wider programme of work to enhance the reputation of Ipswich Hospital as a place to work, train and be cared for; and
- Improvements to workforce planning are focussing on managing the profile of demand for flexible staff so they can be met within existing bank resources and not agency or locum staff.
Our focus on agency staff is not just financially driven – we know Ipswich Hospital staff provide better care to Ipswich Hospital patients. As we develop more electronic solutions to managing clinical administration we are increasing finding agency and locum staff cannot access or use our technology which presents a further issue in regards to quality and efficiency of care.

We also know that we have set an ambitious change programme for ourselves, and sometimes agency support provides the best short term solution to achieving our long term goals without procuring management consultancy support at an even greater price.

6.2.3. Procurement

The Trust currently works with Serco to provide our procurement service. The Director of Nursing is the SRO for procurement. A Clinical Sourcing Group, with significant clinical representation to support product selection, exists within the terms of the Serco contract.

The Trust is already working to implement nationally mandated products, GS1 standards, rationalising catalogues and increasing the percentage of on-contract spend, and will continue to actively implement the Procurement Transformation Programme.

6.3. Capital planning

The Trust has an agreed capital prioritisation process in place, as well as established contingencies to support business continuity, which is:

- Pre-existing commitments e.g. capital projects spanning more than one year;
- Agreed contingencies, based on historic need;
- Backlog Maintenance Programme – split into priority 1 bids and priority 2 as determined by the 6-facet survey;
- Medical Equipment Programme – split into priority 1 and 2, based on a formal risk assessment undertaken by the Medical Equipment Management Group. This includes an assessment of extending asset lives and the impact of a breakdown;
- IT Programme - prioritised by the e-Health Programme Board, with the focus on replacement of aging equipment and infrastructure and enhancements to functionality of existing software systems; and then
- Site Development Programme – prioritised by assessment against service development plans and the emerging Estates Strategy and associated Development Control Plan (DCP).

All future investments are tested against their impact on delivering the Trust’s strategy.
### 6.4. Key financial risks

<table>
<thead>
<tr>
<th>Risk</th>
<th>Likely to manifest as:</th>
<th>Risk management and mitigation</th>
</tr>
</thead>
</table>
| If we do not plan for financial sustainability through transformation then we will not be able to provide the level and scope of services currently offered to our local community | • Deterioration in contractual performance  
• Inability to deliver Trust strategy  
• May lead to Trust being put into special measures by regulators | • Refresh of Trust strategy alongside STP to identify opportunities  
• System wide work focussing on transformation  
• Internal transformation programme to improve efficiency of support services |
| If the Trust does not deliver the CIP then we will fail to achieve financial objectives | • Increased Trust deficit  
• Cash shortfall | • Business planning cycle to identify CIPs  
• Accountability Framework to hold divisions to account or CIP delivery  
• Sustainability and Transformation Portfolio Board to oversee trust-wide CIP delivery at programme level |
| If we are unable to secure cash support for our financial plan then we may not have sufficient cash to ensure payments are made in a timely manner | • Failure to meet access standards  
• Sub-optimal outcomes for patients  
• May not be able to sustain level and scope of service provision | • Extension of working capital facility  
• Cash management controls  
• Deliver STF fund trajectories |
7. Link to the local sustainability and transformation plan

The Trust has developed a refreshed strategy alongside the development of the local Sustainability and Transformation Plan (STP). Therefore this business plan represents the first two years of delivering the Trust’s strategy, which in itself defines the Trust’s role in delivering the STP – this plan represents the Trust’s agenda in delivering the STP. The STP itself has identified the following transformation projects:

Diagrammatically the key programmes within the STP link to the Trust’s business plan in the following way:

<table>
<thead>
<tr>
<th>STP Transformation Programme</th>
<th>Trust Strategic Objective</th>
</tr>
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</table>
| Self Care & Independence and Community Based Care | • Improve the health of our population and the use of self-care tools  
• Increase provision of care in the community |
| Hospital Reconfiguration and Transformation | • Improve the environment care is delivered in  
• Ensure we deliver all care in accordance with our values  
• Embrace new ideas to deliver new, technology enabled, financially viable ways of working  
• Push the boundaries through innovation and managed risk taking  
• Meet increasing demand without increasing resources  
• Proud of the care we provide  
• Empower staff to take personal responsibility every day |
| Collaborative Working across the System | • Work with others to deliver seamless, safe patient pathways across the system, supported by consistent communication  
• Use resources more effectively to maximise efficiency of service models/patient pathways  
• Engage and train staff to continue to deliver, and support the delivery of, care in a changing environment |