



Our strategy for 2017/18 and beyond

Trust Board
January 2017

Our strategy is reviewed each year and includes:

Review of
vision

Review of
values

Review of
**strategic
intent**

Review of
**strategic
objectives**

Review of
**SWOT
analysis**

What is our strategy?

To become an 'outstanding' organisation which is **responsive and agile**, clinically led and where patients are at the centre, we link with community services and establish a health campus through our partnerships

our strategy will be delivered through our...

vision

values

strategic
intent

strategic
objectives

...to become both a provider
and employer of choice

Our vision

We will pursue perfection in the delivery of safe, high quality healthcare which puts *the people* in our community first.



Our values



One team

We work together and have a 'can do' approach to all that we do recognising that we all add value with equal worth



Dignity & respect

We value each person as an individual and will challenge disrespectful and inappropriate behaviour

Compassion

We respond with humanity and kindness and search for things we can do, however small; we do not wait to be asked, because we care



Safety & quality

We take responsibility for our actions, decisions and behaviours in delivery safe, high quality care



Our strategic intent

Excellence

- Safe
- Effective
- Caring
- Responsive
- Well led

Affordability

- Deliver excellence
- Reduce harm, waste and variation
- Improve productivity
- Use technology
- Work with partners

Leadership

- Clinical leadership
- External influence
- Work with partners

Locally based services

- Bring services closer to home ***where possible***
- Develop services in the community
- ***Work with others to ensure the clinical sustainability of services***

Our strategic objectives

safe

Deliver safe, high quality care **and improving** services which pursue perfection and be in the top **25% of** our peers

effective

As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy

caring

Work **with compassion** in partnership with patients, staff, families, carers **and community partners**

responsive

To **continue to be** the secondary care provider of choice for the **people of our community**

well-led

To be **a high quality** employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model

Proposed annual priorities 2017/18

- To improve the efficiency and responsiveness of elective care
- To ***continue to*** improve the health, well being and working lives of our staff
- To create, promote and implement the best environment for patients and those caring for them
- To reduce avoidable harm
- To improve discharge planning so that it is timely, patient centred and effective

Our strategy on a page

Patient

Vision

We will pursue perfection in the delivery of safe, high quality healthcare which puts the people of our community first

Values

Safety & quality

One team

Dignity & respect

Compassion

Strategic objectives

safe

effective

well-led

caring

responsive

Annual priorities

Reduce avoidable harm

Improve discharge planning

Staff health, well being and working lives

Create best environment for patients

Improve efficiency of elective care

Through integration and partnership to become both a provider and employer of choice

SWOT analysis

Our SWOT analysis describes our strengths, weaknesses, opportunities and threats.

<h3>Strengths</h3> <p>Current factors that have prompted outstanding organisational performance</p>	<h3>Weaknesses</h3> <p>Organisational factors that increase healthcare costs or reduce healthcare quality</p>
<h3>Opportunities</h3> <p>Significant new business initiatives available to a healthcare organisation</p>	<h3>Threats</h3> <p>Factors that could negatively affect organisational performance</p>

SWOT analysis – Our strengths

1. Clinical leadership model in place and being further enhanced
2. Good CQC report which evidences consistent delivery of quality and performance
3. Loyal, engaged and committed workforce with high level of morale
4. Track record of delivering transformational change to improve both clinical and financial performance
5. Acknowledged clinical strengths and areas of expertise across a range of services
6. Well developed governance mechanisms
7. Strong history of research and development
8. Establishment of ward to board metrics monitoring performance and delivery at all levels
9. Associated university hospital status and increasing number of medical students

SWOT analysis – Our weaknesses

1. High level of bed occupancy and increasing emergency activity
2. High agency staffing costs
3. Vacancies in nursing and AHP workforce and issues recruiting and retaining these staff
4. Underlying financial deficit that needs to be resolved
5. Ratio of non elective to elective activity is too high
6. Outpatients environment, system and processes “require improvement”
7. Theatres productivity
8. Community facilities not owned with variable quality of rented estates

SWOT analysis – Our opportunities

1. Develop integrated pathways with local health community challenging existing model of care
2. Develop core strength of providing high quality care to patients particularly elderly and cancer services
3. System wide sustainability and transformation plan
4. Work with private sector, commercial, third sector and joint NHS providers to generate income for Trust and develop health campus on main site
5. Ensure that our interface with primary, community and social care is delivered in most appropriate environment.
6. Increase service user, carer and public involvement
7. ***Increase in elective referrals***
8. Opportunities around research and development
9. Improve reputation through working with public, referrers and stakeholders
10. ***Income opportunities from private patients***

SWOT analysis – Our threats

Which of the following threats would you rank as **first**?

1. Financial context and uncertainty of national economy, future funding models etc.
2. Non delivery of CCG planned reductions in emergency activity
3. Impact of provider failure regime on neighbouring Trusts
4. Loss of services as they are contracted through an AQP process
5. Loss of market to alternative providers
6. New ownership structure for NHS property driving increase in cost of rented estate