

SOME QUOTES ON STRATEGY

“A Strategy delineates a territory in which a company seeks to be unique”

Michael Porter

“A satisfied customer is the best strategy of all”

Michael Le Boeuf

“However beautiful the Strategy, you should occasionally look at the results”

Winston Churchill

“Do not repeat the tactics which have gained you one victory, but let your methods be regulated by the infinite variety of circumstances”

Sun Tzu

“Perception is strong and sight weak. In Strategy, it is important to see distant things as if they were close and to take a distanced view of close things”

Mijamoto Musashi

“The processes used to arrive at the total strategy are typically fragmented, evolutionary and largely intuitive”

James Quinn

“There is always a better strategy than the one you have; you just haven't thought of it yet”

Sir Brian Pitman

“We don't like their sound and guitar music is on the way out”

Decca Recording Company rejecting the Beatles in 1962

“You have to be fast on your feet and adaptive or else a Strategy is useless”

Charles De Gaulle

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I Introduction

1.1 The Trust Board have reviewed their previous Corporate Strategy and have decided to publish a simpler and updated version covering a 3 year period, for 3 reasons:-

- We want the Strategy to be relevant to, understood by and broadly agreed by our own staff and our stakeholders.
- The pace of change in the NHS is such that strategies quickly become outdated.
- Our Strategy should be simply stated and fundamental in setting a course which is both exciting and worth striving for.

1.2 Underpinning everything we do is a desire to treat and care for patients in a manner that we would want for ourselves were we the patient. The Corporate Strategy should be seen as a longer term plan to successfully navigate a route to achieve that desire.

1.3 Some facts about Southport & Ormskirk Hospital NHS Trust at the time of writing this Strategy in 2014:-

- We employ 3,016.77 whole time equivalent staff.
- We serve a minimum population of 225, 766 and sometimes we treat patients from outside our catchment area of North Sefton and West Lancashire.
- Our turnover is £189,224,000.
- The broad disposition of clinical services is:-

Ormskirk	Southport
Women's Services	Accident and Emergency
Children's Services	Intensive Treatment Unit
Day Case Treatment Centre	Surgery
Elective Orthopaedics	Medicine
Radiography	Pathology
Operating Theatres	Critical Care Unit
West Lancashire Health Centre	Orthopaedics
Outpatients	Outpatients
Community	Operating Theatres
	Radiography
	Community

1.4 The Trust has embarked on a major cultural change project that will take several years to fully embed and whilst not wholly dependent upon resources, the timescale of delivery will be affected by people, money and equipment. The key elements of the cultural change are:-

- Moving from an acute hospital admission focus to a health maintenance model, treating and caring for an increasing number of older, chronically ill patients, wherever possible, in their communities or homes.
- Meeting the challenge set by Hard Truths : The Journey to Putting Patients First, Volumes 1 and 2.
- Delivering improved patient safety through a reduction in harm.
- Empowering patients to understand their own health and welfare and to play a part in the management of longer term conditions.
- Empowering staff to remove barriers to excellent care and treatment.
- Coping with demographic change that produces greater numbers of older, frailer and sometimes demented patients.
- Challenging old fashioned practices and attitudes.
- Meeting and surpassing regulatory standards.
- Developing new roles.
- Improving outcomes and outputs.
- Working in partnership with other organisations.

And doing all of the above with fewer resources than we presently own! It is not surprising therefore, when we say that such cultural change will be challenging, take considerable management expertise and above all, time to properly deliver the vision of the Trust we want to become.

1.5 Having briefly outlined the cultural challenge that has been set for us and by us, it may be helpful to describe our immediate service development plans to give a more tangible and pragmatic response to what happens next. There are five big service developments that will support our strategic thrust and help drive the cultural change required. These are:-

- **TO DELIVER EXEMPLAR INTEGRATED CARE ORGANISATION (ICO).** We are an ICO and much of our effort is currently focused on developing that model to treat patients, wherever possible, outside of hospital. This is described in more detail in paragraph 3.3.
- **TO INVEST IN INFORMATION TECHNOLOGY (IT) THAT SUPPORTS OUR VISION AND STRATEGY.** The Trust is investing £9 million over the next 3 years in the following projects which will both change the way we work and improve patient safety:-

- New Patient Administration System (PAS).
 - New Community pilot in recording patient details on hand-held devices.
 - Exploring links with the GP system EMIS WEB.
 - An Electronic Data Management System (EDMS) to reduce the amount of paper we store.
 - An Electronic Patient Record (EPR) to store patient records electronically and allow other systems to interact with the EPR.
 - Vital PAC clinical software system has been purchased to improve patient safety through early warnings of deterioration.
- **TO REVIEW ALL SERVICES FOR PRODUCTIVITY, EFFICIENCY AND COST EFFECTIVENESS** thus ensuring that both clinical and non clinical services contribute to the Trust's Business Objectives in the best way possible.
 - **TO REVIEW ESTATE UTILISATION** to ensure that our assets are appropriate and used to their utmost potential.
 - **WORK IN PARTNERSHIP WITH OTHER ORGANISATIONS.** Wherever partnership working enhances services locally, improves outcomes for patients or decreases costs, we will examine those opportunities.

1.6 Inside the front cover of this Strategy are some quotes from the famous and not so famous about strategy and in the conclusion are some comments on these quotes which demonstrate that no Strategy is certain and that every Strategy is contingent.

1.7 A review of our strategic intent since 1999 reveals fundamental truths that, despite a rapidly changing environment, have stood the test of time and are consistent lessons in our evolving Strategy. These lessons are, in no particular order:-

- **INVESTMENT IN DEVELOPMENT, LEARNING AND TRAINING** is usually money, time and effort well spent. As the area's biggest employer, we rarely if ever regret such investment and the range of opportunities to develop, learn and resource specific training is immense, although there are always opportunities to improve that range.
- **STRATEGIC VISION AND OPERATIONAL GRIP** are dependent upon each other. If you can't manage the day to day delivery of targets and operational detail, no one will have faith in your strategic vision. Equally, if you concern yourself with operational detail, without reference to the broader plan, you are unlikely to succeed. As Mintzberg (1994) has said in describing the "fallacy of detachment":-

"Effective strategists are not people who abstract themselves from the daily detail but quite the opposite; they are the ones who immerse themselves in it, while being able to extract the STRATEGIC MESSAGES from it."

- **THE BEST LAID PLANS OF MICE AND MEN OFTEN GO AWRY.** Despite our best intentions, strategies are sometimes wrong or overtaken by a rapidly changing environment. To counter this effect we review the Corporate Strategy itself annually and our progress to deliver the Vision twice yearly. We also have devised alternative strategies which specifically address different ways of acting in the event that our original strategy is not working.
- **REAL TIME INFORMATION.** As a healthcare business we require real time information. We have invested in a new IT and Information Strategy, new leadership and new hardware and software to make this a reality.
- **THE EQUILIBRIUM BETWEEN FINANCIAL targets and the improvement of QUALITY OUTCOMES AND PERFORMANCE TARGETS** is a delicate balance. Fundamental to the success or failure of the ICO is the ability to ensure that the Trust is able to deliver a consistent financial performance whilst delivering increased safety and improving clinical outcomes to patients. Get the equilibrium wrong and either patients suffer or the organisation is unable to meet its contractual obligations.
- **SIZE MATTERS.** Whilst an annual income of £189million officially classifies the Trust as a medium sized organisation, there are key risks, both in acute services and community services, associated with a Trust of our size. Amongst the mitigating actions we have taken to offset the risk that our Trust might face, due perhaps to the loss of a key individual or the need for a relatively large investment in staffing or equipment, is the development of strategic and clinical alliances with neighbouring Trusts. As an illustration, we currently have clinical alliances with the following Trusts:-
 - Renacres Hall Hospital
 - Royal Liverpool and Broadgreen University Hospitals NHS Trust
 - Aintree University Hospitals NHS Foundation Trust
 - Liverpool Chest and Heart Hospital NHS Trust
 - The Walton Centre NHS Foundation Trust
 - Lancashire Care NHS Foundation Trust
 - Mersey Care NHS Trust
 - St Helens and Knowsley NHS Trust

We would expect these alliances to expand over time.

1.8 As a conclusion to this introduction, we describe below the discernible features of our organisation in three years' time, if our Strategy has been successfully implemented:-

- An Exemplar ICO.
- An organisation renowned for its' empowerment and development of staff.
- An employer for whom staff clamoured to work.
- A low rate of patient harm compared to the rest of the NHS.
- IT systems that give real time information to benefit patients, staff and partners.
- More partnerships and alliances.
- An efficient and effective NHS Foundation Trust.

1.9 Whilst the Trust Board have produced and “own” the Corporate Strategy, it has been formed from discussions with patients, carers, staff, shadow governors and stakeholders. It is written in what we hope is a simple style to allow as many people as possible to understand our goals.

1.10 The following strategies spring from the Corporate Strategy and help support its intent:-

- QUALITY STRATEGY “Right first time, every time”
- CLINICAL STRATEGY
- NURSING and ALLIED HEALTH PROFESSIONAL STRATEGY
- ORGANISATIONAL DEVELOPMENT STRATEGY
- WORKFORCE STRATEGY
- CARE CLOSER TO HOME STRATEGY

2 How the Strategy is Developed

- 2.1 The formulation of the Trust's Strategy is a process led by the Board that subsumes a number of different influences and opinions, both internal and external to the Trust, that are summarised in the diagram below:-



- 2.2 The strategic domains are informed by a combination of internal and external assessment combined with the business requirements of the Trust and the opinions and experience of others.

- 2.3 The internal assessment consists of a range of methods to determine what the Trust can contribute to the strategic domains. This would usually start with the strengths and weaknesses of the organisation as determined through the SWOT analysis. This will be supported by the downside model, contained in the Integrated Business Plan and in part determined by the Monitor financial forecast. The Trust has always developed its own capacity plan to assess the requirements to deliver its performance objectives. The assessment is further elaborated by the Service Line Reporting and business analysis that gives a profit and loss account of each clinical specialty and the QEP target and individual schemes to deliver up to 5% annual cost savings. There is also an assessment of the service developments we wish to make each year, which is intrinsically linked to the contract settlement.
- 2.4 The external assessment consists of a range of predictions, mainly informed, that examine to the best of our ability, what might happen in the life span of the Strategy to the external environment.
- 2.5 The values of the organisation are stated as:-

**PROVIDING SAFE, CLEAN, FRIENDLY
and PROFESSIONAL CARE**

The Trust has invested time, energy and resources in ensuring that our values are not just a strap line on our letter head and website, but that they actively embody what we would want if we were a patient of the Trust. The values are reinforced at every induction session and in particular we have recently been revisiting with staff the expectations in respect of professionalism. Originally these values were articulated by our patients and carers.

- 2.6 Upon the formation of the ICO we employed a company to work with all our staff in an exercise called “The Big Conversation”, which was designed to elicit the views of staff about the culture and values that they wished the new ICO to espouse. In summary form, the behaviours the staff wished to see were:-

VALUE STATEMENT Staff of Southport & Ormskirk Hospital NHS Trust must be:-	DESCRIPTORS	BEHAVIOURS and OUTCOMES
SUPPORTIVE	Teamwork, Fairness, Helpful attitude, Respectful to Colleagues, Tactfulness.	Working together and valuing each other for the benefit of patients.
CARING	Compassionate, Desire for Best Care, Responsiveness, Sensitivity, Empathy, Thoughtfulness, Understanding.	Caring for our patients as individuals, safely and with compassion.

(CONT...)

VALUE STATEMENT Staff of Southport & Ormskirk Hospital NHS Trust must be:-	DESCRIPTORS	BEHAVIOURS and OUTCOMES
OPEN AND HONEST	Positivity, Honesty, Frankness, Informative and Knowledgeable, Transparency, Learning from mistakes, Encouraging.	Acting with the highest standards of integrity, behaviour and accountability.
PROFESSIONAL	Recognition that working in Healthcare and undertaking Clinical Practice are a privilege. Good communication, Supportive to Colleagues, Desirous of High Standards, Smartness, Well Mannered, Happy, Interested, Friendly, Helpful, Innovative.	Aspiring to be the best in everything we do.
EFFICIENT	Effectiveness, Timeliness, Willingness to look at new ways of working, Joined up working, Questioning, Desire for Improvement, Clean and Safe.	The best quality care within the resource available.

2.7 These values are known as SCOPE values and every new employee is briefed on their importance.

2.8 Our vision is simply stated as:-

EXCELLENT, LIFELONG, INTEGRATED CARE

2.9 Recognising the contingent nature of Strategies and the quotes from the Decca Recording Company saying that strategy often fails, the Trust has taken steps to consider alternative strategies should ours begin to falter. However, we have previously described the ICO concept as a “big bet” and it would be fair to say that as early evangelists have correctly predicted that integrated care would become the Department of Health’s mantra, but were that model to fail for whatever reason, it is unlikely that the Trust would be sustainable in its current format.

3 Strategic Domains

- 3.1 The Trust's Corporate Strategy is divided into 5 interlocking objectives which we call "Domains". They are all of equal merit and the Domains are described in more detail in this section. The 5 Domains are:-



- 3.2 The rest of this section contains a broad description of the opportunities, challenges and risks associated with the Trust's stated aim of successfully completing each domain.

3.3 Strategic Domain I - Provide Lifelong, Integrated Care across the Local Health Economy

As described in paragraph 2.9 the Integrated Care Model is a “big bet” strategically. The Trust sought to merge acute and community services before it became a key objective nationally and we have worked together with our partners in CCGs and Local Authorities to make our vision a reality. There were two fundamental realities that drove the adoption of this Domain by the Trust Board and these were:-

- Experience and learning from other health systems demonstrates that integrated treatment and care will always, in terms of quality, trump un-integrated treatment and care; and
- The current growth in demand for acute hospital admission is financially unsustainable into the future.

The adoption of this Domain has overtly signalled to our staff and stakeholders that we have embarked on a process of major cultural change, which brings to an end over 60-years of the growth and expansion of hospital services in favour of the development of new care pathways that place emphasis upon keeping patients, wherever possible, out of hospital. We call this process of cultural change our “Care Closer to Home” (CCtH) Strategy. There is no one agreed definition of Integrated Care, but our Care Closer to Home Strategy is a reasonable substitute for a definition.

Our Care Closer to Home Strategy may be distilled as:-

- Establishing new services and investing in existing services to meet patients’ needs, wherever possible, in their homes and communities.
- Ensuring that primary care services are both accessible and high quality to support the intent to reduce hospital services.
- Delivering and commissioning health and social care services in a collaborative manner such that they support a diminishing reliance upon hospital services.
- Educating and empowering patients to take control of and responsibility for their own health and wellbeing.
- Investing specifically in reducing the need for patients suffering long-term conditions to require hospital admissions.
- Exploring the role that technology can play in supporting the above objectives.

This process is now more than 3 years old, a short timescale in terms of the need to undertake cultural change, but sufficient time to demonstrate through integrated care pathways, active case management of frequent users of our hospital services, risk stratification tools and investment in increased community staffing that decreased dependence upon hospital services can be delivered. Because of these measures and other internal changes to the urgent care pathway, Southport and Ormskirk is the top performing Trust in Merseyside in 2013/14 for A&E performance.

The Trust would wish to see the following changes and initiatives delivered over the life of the Strategy under this Domain:-

- Discussion with Commissioners about those community services that were specifically excluded from the ICO such as an integrated child health service and hopefully, resolution.
- Development of clear Community metrics that allow national comparison similar to acute service metrics.
- Demonstrable evidence that integrated care really does trump unintegrated care.
- Implementation of community record keeping that utilises hand held devices and is shared with GPs.
- New clinical pathways that avoid admission embedded.
- Greater understanding by staff, public and GPs of the aims and achievement of Care Closer to Home.
- Agreement on the utilisation of the Better Care Fund to provide increased integration of services between health and Social Services and to keep patients out of hospital where possible.

The measurement of the success of Domain I would involve the following elements:-

- A reduction in medical admissions and
- A reduction in occupied bed days such that
- Medical bed capacity diminishes
- Patient experience improves
- Other economies seek to copy our model.

3.4 Strategic Domain 2 – Ensure Excellence in Treatment and Care

The Trust Board has conspicuously led on the need for the Trust to demonstrate high quality standards, not just in treatment and care, but also in all the supporting activities that assist in such outcomes. Using a definition of quality that encompasses effectiveness, experience and safety, the Trust Quality Strategy uses the NHS Outcomes Framework (2010) to define our quality purpose.

Safety	Do the patient no harm
Effectiveness	Clinical Outcome, mortality and survival rates, patient reported outcome measures
Experience	Safe, effective, personalised, dignified, respectful and compassionate care.

Each year the domains are redefined to move quality outcomes upwards. The strategic aims and objectives of the Quality Strategy ('Right First Time, Every Time) have been colloquially named the CEO Big 5 and are given to all staff on a credit-sized card, which also depicts the SCOPE values. The aims and objectives chosen by the Trust are as set out below.

THE CEO'S BIG FIVE QUALITY IMPROVEMENTS

BIG DOT AIM	DRIVERS	PROJECTS
Mortality We will reduce the Mortality Ratio to 85 (National Average 100) in 24 months as measured by the HSMR	Reliable recognition and early treatment of sepsis; Reliable monitoring to identify and respond to treat the deteriorating patient as measured by EWS and Fluid Balance Audits and Cardiac Arrest Audits.	Continuous Mortality Audit using Global Trigger Tool. Monthly review of Bells and Bars. Audits identified by Bells and Bars Review. Purchase of VitalPAC CBU Dashboard.
	Improved Identification of GSF Framework and End of Life Care patients as measured by the numbers of patients achieving their preferred place of care. Improved record keeping Accurate diagnostic coding.	Consultant Dashboards. Deaths in Low Risk Conditions Audit. HSMR at Weekend. Access to Treatment for Hip Fracture at Weekend

BIG DOT AIM	DRIVERS	PROJECTS
<p>We will reduce hospital acquired pressure sores by 25% each year to reach the following levels:-</p> <p>Grade 4 – Zero Grade 3 – Zero Grade 2 - <5</p> <p>This is a reduction of 36 pressure sores</p>	<p>Reliable and consistent risk assessment of all patients using the Waterlow Tool as measured by:-</p> <ul style="list-style-type: none"> - Matrons Checklist; - NW Core Care Indicators. - Complaints Monitoring. - Feedback to Matron. - Mini CQC Assessments. - DANI Audits 	<p>CARE AS CARE SHOULD BE – Nursing Strategy.</p> <p>Safety Thermometer.</p> <p>Harm Free Care.</p> <p>Intentional Rounding.</p>
<p>We will improve the undertaking of hand hygiene audits to 100% within 12 months and the results of hand hygiene audits to 100% within 24 months.</p>	<p>Number of Cdifficile cases.</p> <p>Number of MRSA cases.</p> <p>Cannula related infections.</p> <p>HCAI Surveillance.</p>	<p>Hand Hygiene Audits.</p> <p>Mandatory Professional Standards.</p> <p>Root Cause Analysis (RCA).</p> <p>Anti-microbial stewardship:-</p> <ul style="list-style-type: none"> - Indication - Stop Dates
<p>We will improve use of expected date of discharge to 90% within 12 months.</p>	<p>Ward dashboards.</p> <p>Consultant Dashboards.</p>	<p>Discharge Database.</p> <p>Reducing ALOS.</p> <p>Reducing Readmissions.</p>
<p>We will eliminate preventable morbidity in maternity care within 4 years</p>	<p>As measured by:-</p> <p>Unplanned admissions of full term babies to Neonatal Unit.</p> <p>Elective Inductions prior to Term + 12.</p> <p>Cord Ph at delivery.</p> <p>Reduction in the number of unnecessary Caesarean sections.</p>	<p>CNST Audit of all admissions to Neonatal Unit.</p> <p>Audit of all inductions.</p> <p>Audit of done/not done.</p> <p>Development of EWS for the New-born.</p> <p>Audit of all Caesarean sections</p>

There is a clear assurance and escalation framework for quality management within the Trust that assures and escalates upwards and cascades goals and targets downwards.

FIGURE 7 – QUALITY ASSURANCE AND ESCALATION PROCESS



In addition to the CEO Big 5, the setting of annual goals across the five domains and the annual Quality Account, which reports our success against our goals, the Trust has a number of innovations that support the Quality Strategies. Amongst these are:-

- **Back to the Floor (BTTF)** – Board Members agree an annual programme of visits to areas to talk to staff and to carry out certain routine tasks. This enables visibility and some experience of the everyday barriers to excellent service;
- **Secret Shopper** – We employ actors who impersonate patients and then re-enact their experience of how staff have reacted to them, which is filmed and shown to staff. The objective is to improve customer care;
- **Patient Safety Talkabouts** – Based on the National Patient Safety First Campaign, Directors visit all areas to talk about safety concerns that the staff may have and to encourage reporting of incidents;
- **Induction** – The CEO attends formal induction meetings for all staff, reinforces the SCOPE values, the ‘Safe, Clean and Friendly’ strapline and encourages staff to demonstrate their belief in our values through their actions. All new staff receive the SCOPE values and the CEO Big 5 goals on a small card that can be attached to the security pass or in the pocket;
- **Back to Basics** – The Director and Deputy Director of Nursing carry out visits to nursing areas and actively assist in care delivery. This gives visibility and access to Directors and allows experience to dictate policy;

- **Mini CQC Inspections** – Unannounced mock inspections allow us to assure ourselves and Board that CQC standards are observed;
- **VitalPAC® Hand-Held Early Warning System** – Bought with central funds, the £1million system provides an escalating early warning system to nurses and doctors of patients’ clinical deterioration. Results elsewhere show reduced mortality, morbidity and length of stay;
- **Improvement Methodology** – Some staff have been trained in the Theory of Constraints, LEAN Methodology and Six Sigma and others have been trained in project management to enable quality improvements to be staff-led;
- **Listening into Action** – The Board invested in training staff to identify barriers to excellent treatment and care and to empower staff to resolve those issues themselves; This work is iterative and is now branded alongside our values as “SCOPE for Change”.
- **Mandatory Professional Standards** – The Board have supported twelve Mandatory Professional Standards, telling staff that mandatory means ‘ must’ and encouraging staff to comply with patient harm reduction or ultimately face disciplinary action.

It is impossible to over-estimate the effect of the Francis Report and the Cavendish, Berwick and Clwyd/Hart Reports that followed in its wake. The Trust has produced a Hard Truths action plan to ensure our response to all of the reports is comprehensively dealt with. The Mersey Internal Audit Agency have given this process and gap analysis a rating of significant assurance and we continue, as part of our strategic intent, to embed the lessons in relation to governance, early warning systems and patient safety.

The Trust would wish to see the following changes and initiatives delivered over the life of the Strategy under this domain:-

- A demonstrable reduction in patient harm.
- A demonstrable increase in patient and staff satisfaction.
- Compliance with Nurse staffing norms as required.
- Completion of the Hard Truths Action Plan.
- Proof that the SCOPE values are lived and experienced within the Trust.
- Publicised success in excellent service, treatment and care, both internally and externally.

The measurement of the success of Domain 2 would involve the following elements:-

- CQC Standards compliance and the outcome of the Chief Inspector of Hospitals’ Report
- Mortality comparison with other Trusts is very good.
- Infection and pressure sore rates drop
- Friends and Family Test and patient experience bear comparison with others.

3.5 **Strategic Domain 3 - Deliver Performance, Within Resources, Comparable with the Best the NHS Can Offer**

The 'holy trinity' of quality, performance and finance needs to be in equilibrium and meeting both national and local targets in order for a Trust to be judged as well-led and sustainable. Recognising that targets will change over time, in order to position the Trust strategically as top-performing on a continuing basis, we have adopted the following parameters in respect of performance:-

- Meet national targets
- Meet Trust 'stretch' targets
- Reset Trust 'stretch' targets as they are met
- Comparison with neighbouring Trusts
- Comparison with top performers nationally

Performance encompassed all our activities, not just clinical treatment and care, so, for example, we look at the ERIC scores, which give comparative performance data on support services and energy costs. The Trust employs Dr Foster to provide comparative clinical data and risk alerts.

Clearly, being a high-performing Trust is a beneficial target in itself for patients, but it also has strategic value in the following ways:-

- In an increasingly competitive recruitment market staff will be attracted to higher-performers because of the employment capital the Trust provides and because it is a key indicator of the sustainability of the organisation.
- In a competitive market, where patients and GPs exercise choice, higher performance than your peers might attract additional patients, which in turn, might attract increased revenue.
- Increasingly higher-performance should begin to attract 'best practice' tariffs.
- Contracts in future may be influenced by performance history. So, for example, as the ICO model begins to demonstrate improvements in the urgent care pathway that may influence commissioners if we bid for additional services elsewhere. The corollary to this is that poor performance will attract penalty payments and may ultimately lead to contracts being placed with other providers.
- High performance has reputational value across the Trust.
- High performance has benefits in terms of attracting additional, often non-recurrent allocation from the centre.

Thus, in addition to a moral and professional imperative to strive for high performance, such achievements also generate a number of associated strategic benefits.

The Trust would wish to see the following changes and initiatives delivered over the life of the Strategy under this domain:-

- Quality, Financial and Performance targets are met annually.
- Over and above the targets above, we develop outcomes and outputs that specifically matter to patients, carers and GPs.
- Complete the planned investment in the following IT and information areas:-
 - Electronic Document Management Systems (EDMs).
 - Electronic Patient Record.
 - Community Information Systems.
 - Patient Administration System.
 - VitalPAC early warning system.

And demonstrate the efficiency and effectiveness of that investment.

The measurements of the success under Domain 3 would involve the following elements:-

- Performance across a range of indicators to include outcomes, outputs and financial delivery, bears comparison with the best in the NHS.
- Minimisation of harm to patients and staff.
- Positive experience of care.

3.6 Strategic Domain 4 – Empower and Develop Staff to Achieve Their Objectives

The organisation's culture has already been mentioned because of the need for change from a hospital-driven ethos, of attracting more patients to an integrated care model of investment in community services to prevent unnecessary admissions, while maintaining exemplary hospital services. It has also been referred to as a risk if we are unable to change the culture in order that our vision may be delivered.

To mitigate that risk, the strategy for organisational development has identified six objectives:-

- 1) **DEVELOPING A LEARNING CULTURE:** On the basis that research demonstrates that when the values of the staff and the public are aligned with those of the team and the organisation, there are distinct benefits for customers, we believe a learning culture consists of:-
 - Listening to patients and carers to act to raise levels of satisfaction.
 - Empower staff to improve services.
 - Engage clinicians to redesign services.
 - Learn from outside the Trust.
 - Communicate with stakeholders to celebrate success and identify further opportunities for improvement
- 2) **LEADERSHIP AND MANAGEMENT DEVELOPMENT:** We have previously invested in the development of leaders and we will redouble our efforts to ensure that potential leaders receive formal and informal training and feedback to produce a pool of talented clinicians and managers.
- 3) **ALIGN STRATEGY AND PRACTICE:** This involves communication of our objectives, staff understanding their role in delivering the organisation's vision and the adoption of strategies and goals that are consistent with the Trust's declared aims.
- 4) **STAFF AND PUBLIC ENGAGEMENT:** The Trust has begun staff engagement and empowerment by adopting the Listening into Action methodology, which has already demonstrated short and medium term projects to change how we work to improve services for patients. We have aligned this work to our stated SCOPE values for the future to ensure staff ownership and solutions for the operational barriers that prevent excellent treatment and care. For patients, in addition to improved feedback, the Trust used a service called 'In Your Shoes', which allowed managers to hear patient and carer reflections on the services they had experienced.
- 5) **ENABLERS OF QUALITY CARE:** In addition to the engagement of staff to identify and work to remove barriers to excellent treatment and care, we have supported staff to gain skills, which will assist in service improvement projects. We have trained staff to coach and to use psychometrics to identify the relationship between personality traits and performance. We have developed a project management resource to ensure projects are properly

managed and benefits realised and we have trained staff in The Theory of Constraints, LEAN Methodology and Six Sigma;

- 6) **WORKFORCE DEVELOPMENT:** We aspire to create a learning culture in which staff are empowered and continuous improvement is evident. We believe that this aim will give us an edge in a market where clinical skills are becoming more difficult to recruit and where competitive advantage is key to sustainability. Fundamentally, development objectives need to be aligned with corporate objectives which need to change rapidly to meet the changing needs of the health economy.

The Trust would wish to see the following changes and initiatives delivered over the life of the Strategy under this domain:-

- Encompass staff engagement and empowerment, continuous quality improvement, Organisational Development and a clear response to regulatory review under the following title:-



and ensure that the benefits of this approach are tangible.

- Continue to demonstrate innovation and drive in developing responses over and above that which we are required to do.
- Demonstrate earned autonomy and empowerment for staff.
- Improve training and educational uptake across the whole workforce.

The measurement of the success of Domain 4 would involve the following elements:-

- Increasing staff satisfaction scores.
- Increasing staff engagement.
- Evidence of new ways of working.
- Improved recruitment and lowered reliance on agency and locum staff.
- Improved patient experience.

Related strategies include 'Together for Excellence: A Strategy for Organisational Development', the Workforce Plan and the patient, staff members and stakeholder engagement plans.

3.7 Strategic Domain 5 - Maintain Organisational Sustainability

All of the previous Domains combine to indicate how we might maintain our organisation and make it thrive. In addition, the Trust needs to retain up to date risk analyses of its internal and external environment and move quickly to mitigate those risks if we are to sustain local clinical services for patients and employment for local people. Over and above the preceding strategic domains, the Trust has increasingly forged partnerships with neighbouring Trusts where these partnerships meet the following criteria:-

- Maintains or expands the range of clinical procedures available locally, in comparison with what we would provide without partnership.
- Maintains or increases the patient experience, outcomes or outputs in comparison with what we could provide without partnership.
- Maintains or increases patient safety.
- Utilises surplus or under-utilised assets.
- Generates a surplus, reduces a deficit or maintains the current position.
- Allows compliance with national standards.
- Allows clinical recruitment that we have been unable to match on our own.

Our strategic alliances or partnerships have steadily expanded over the year, against the above criteria. As a snapshot of current alliances, the table below, whilst not exhaustive, given an indication of the range of partnerships on which we currently rely.

Alliances with Neighbouring Trusts

CLINICAL SERVICE	DESCRIPTION OF THE NATURE OF THE ALLIANCE
ENT	Outpatient clinics and day surgery performed at Southport and Ormskirk by surgeons from Aintree.
Pathology	The Trust has recently concluded a competitive tender exercise and subject to competition scrutiny, wishes to transfer our service to St Helens and Knowsley NHS Trust.
Plastic Surgery	Outpatient clinics held by visiting consultants from the Tertiary Centre at St Helens and Knowsley NHS Trust. Supports reconstructive breast surgery.
Urology	Partnership arrangement and joint consultant appointment with St Helens and Knowsley NHS Trust.

CLINICAL SERVICE	DESCRIPTION OF THE NATURE OF THE ALLIANCE
Upper Gastro-Intestinal Surgery	UGI surgeon from Southport and Ormskirk operates at Liverpool Heart and Chest.
Mental Illness	Southport and Ormskirk has an agreement with Mersey Care to provide medical input to diagnosis or exclude mental illness and to provide a confidential counselling service to staff.
West Lancashire GPs	The West Lancashire Health Centre is based at Ormskirk hospital and provides minor injury services, GP clinics and dental surgery. The Health Centre is a joint interest company with GPs and the Trust Chief Executive and Director of Finance are on the Board.
Neurology	Neurosurgeons from the Tertiary Neurology Centre at Walton provide outpatient clinics for back pain.
Pharmacy	Outpatient dispensing is provided by Rowlands Pharmacy.

Without doubt, the issue of sustainability for a trust of our size remains a key issue. The measurement of success involves all the success targets for each strategic domain, but overall can probably best be judged by whether staff want to work for us. Similarly, the related strategies as mentioned for each domain are relevant for sustainability, but key will be workforce metrics.

The Trust would wish to see the following changes and initiatives delivered over the life of the Strategy under this domain:-

- Service Reviews are completed and reiterated.
- The Performance Management Framework is expanded.
- The Trust is both caring and business orientated.
- Further partnerships are developed where they meet our stated aims above.
- Site optimisation is completed.
- Stakeholders continue to support us because of the work we do and the value we add.

The measurement of success of Domain 5 is, somewhat obviously, that the Trust continues to provide the benefits described in this document.

3.8 CLINICAL STRATEGY

The Trust has a Clinical Vision and Intent 2014-2017 that addresses Continual Quality Improvement, response to a changing environment and patient expectations and satisfaction. This section of the Corporate Strategy embeds our Clinical Vision and Intent in the context of our Strategic Domains, placing clinical issues at the heart of our strategic intent.

Domain 1: The objectives of life long integrated care are inherently patient focused and clinically driven. This involves GPs and other clinical professions in working collaboratively to reduce hospital admissions and to support and educate chronic disease sufferers.

Domain 2: Excellence in clinical terms, consists of the following elements:-

- Professionalism, as defined by professional bodies, the Trust values and Mandatory Professional Standards.
- Compliance with best practice.
- Reducing patient harm.
- Published evidence of effectiveness.
- Continual Quality improvement.

Domain 3: Performance of clinical staff, is measured by the following parameters:-

- High patient experience rates.
- Benchmarked outputs and outcomes comparable with the best.
- An understanding of targeted improvements required.
- A financial understanding of profit, loss and contribution to overheads.
- Clinical data support systems that facilitate the above.
- Working within resources, efficiently

Domain 4: Development and empowerment of clinical staff will include the following:-

- High staff satisfaction rates.
- Recognition that all staff contribute to clinical outcomes, not just clinically qualified staff.
- Full involvement in the Scope for Change engagement and empowerment process.

- Personal Development Plans geared to personal and team performance and excellence.
- Compliance with training, validation and professional standards.

Domain 5: Organisational sustainability from a clinical perspective, includes:-

- Active recruitment and retention strategies in a difficult market.
- Continued development of alliances and partnerships.
- Performance Management Frameworks focused on future excellence and performance.
- Clear risk plans and mitigation to cope with a rapidly changing market.

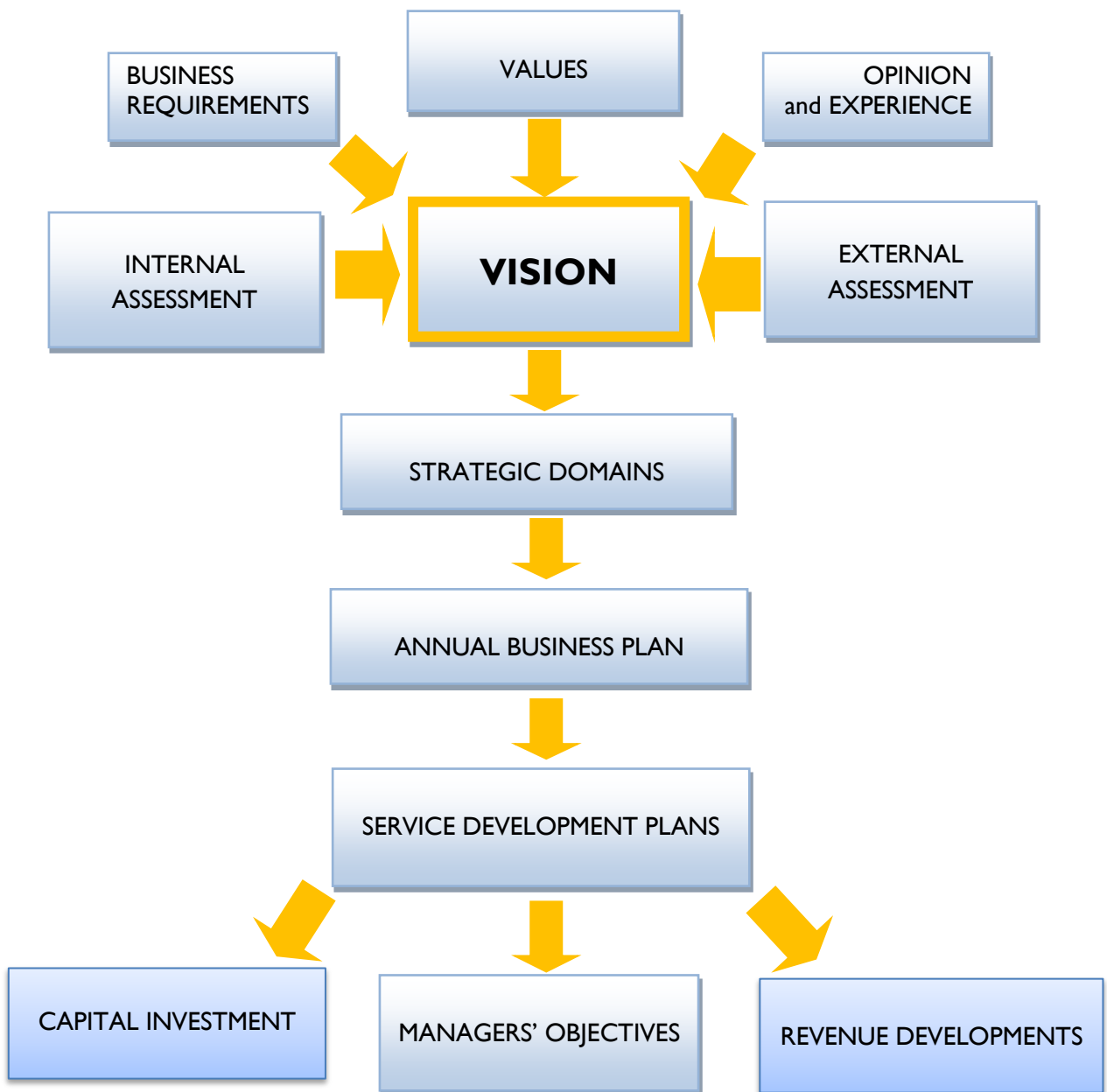
This is not intended as an exhaustive list, but demonstrates the primacy of clinical issues to our Corporate Strategy.

4 How the Strategy is Delivered

As stated in the Strategy quotes at the front and back of this document, strategies often fail. One of the main reasons for failure, alongside unexpected environmental changes and failure to adapt to changing circumstances is the inability to translate grandiose vision into detailed practical plans.

One way of converting vision and domains into a workable plan, understood by all, is to produce an annual plan which is rooted in the reality of the resources available and realistic timeframes for delivery over the year. The annual plan then determines which service developments can be delivered and those plans are embedded in objectives, capital plans and revenue investment. This process of making real in an operational sense, our strategic intent is termed “The Golden Thread” and may be illustrated thus:-

The Southport & Ormskirk Strategic “Golden Thread”



The year's achievements, in terms of operational and therefore strategic delivery, are reviewed by appraisal and performance target completion. Documents such as the Annual Report and the Nursing & Care Staff Strategy – Care as Care Should BE summarise what has been achieved and the Strategy and Domains is reviewed in the light of changing circumstances to ensure that it remains pertinent before the cycle begins for a new year.

5 Conclusion

The Corporate Strategy is the most important statement of the Trust's intent and drives our objectives every year. This document describes how the Strategy is formed, what the Strategic Domains mean and how they are translated into Annual Operational Plans. The 9 quotes on Strategy remind us that, no matter how well planned; the pace of change in the NHS requires a constant review so that the strategy remains appropriate to the prevailing circumstances.

"A Strategy delineates a territory in which a company seeks to be unique."

Michael Porter

Porter suggests, in line with his theories of competitive advantage, that strategy is about the company's unique selling point

"A satisfied customer is the best strategy of all."

Michael Le Boeuf

For Le Boeuf it would appear that the most effective strategy is to ensure that the customer is satisfied with the product or service

"However beautiful the Strategy, you should occasionally look at the results."

Winston Churchill

Churchill reminds us that the proof of the strategy is whether it delivers measurable results

"Do not repeat the tactics which have gained you one victory, but let your methods be regulated by the infinite variety of circumstances."

Sun Tzu

Although Sun Tzu's strategies and tactics were learnt on the battlefield in 6th Century China, they have influenced many military strategists. This quote suggests that circumstances drive the strategy and that they vary to a great degree.

“Perception is strong and sight weak. In Strategy, it is important to see distant things as if they were close and to take a distanced view of close things.”

Mijamoto Musashi

Musashi contends that strategy is about the future, not the present. A similar but less elegant sentiment is attributed to General Colin Powell in his statement that strategy is about looking through the windscreen, not the rear view mirror.

“The processes used to arrive at the total strategy are typically fragmented, evolutionary and largely intuitive.”

James Quinn

This quote suggests that, from experience, the formulation of the Corporate Strategy is perhaps not as organised, planned and rational as the text books would have us believe.

“There is always a better strategy than the one you have; you just haven’t thought of it yet.”

Sir Brian Pitman

The Chairman of Lloyds TSB suggests that strategy is an evolutionary and iterative process that can always be improved upon.

“We don’t like their sound and guitar music is on the way out.”
Decca Recording Company rejecting the Beatles in 1962

This quote reminds us that strategies often fail.

You have to be fast on your feet and adaptive or else a Strategy is useless.

Charles De Gaulle

De Gaulle reminds us that in a fast changing environment the strategy needs to change quickly if it is not to become redundant.