City Hospitals Sunderland NHS

NHS Foundation Trust

# Strategic Plan Document for 2013-14

# City Hospitals Sunderland NHS Foundation Trust

# Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

**This document completed by (and Monitor queries to be directed to):**

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| **Name** | Julia Pattison |
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| **Date** | **30 May 2013** |

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

**In signing below, the Trust is confirming that:**

- **The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;**
- **The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;**
- **All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.**

**Approved on behalf of the Board of Directors by:**

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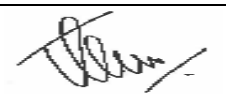
| **Name** *(Chair)* | Mr John Anderson |

**Signature** 

**Approved on behalf of the Board of Directors by:**

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| **Name** *(Chief Executive)* | Mr Ken Bremner |

**Signature** 

**Approved on behalf of the Board of Directors by:**

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| **Name** *(Finance Director)* | Mrs Julia Pattison |

**Signature** 

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| **Strategic Context and Direction** | **Trust's strategic position within Local Health Economy (LHE) including**:<br><br>**An overview of the Trust's key competitors and an assessment of the Trust's key areas of strength/weakness relative to the key competitors;**<br><br>The Foundation Trusts and Commissioners across South of Tyne and Wear have agreed a future state that describes a configuration and pattern of sustainable services in terms of safety, quality and finance. As financial pressures continue to mount there has long been agreement that having three acute Foundation Trusts offering broadly the same range of services is not a viable option. On this basis each of the three Foundation Trusts face a different future and the work stream to take forward the future state is called the 'Accelerated Bigger Picture'. This work stream has seen the amalgamation of the pathology services across the Trusts and the concentration of activity in areas such as acute paediatrics at City Hospitals Sunderland using a hub and spoke model.<br><br>Geographically, the closest Trusts are Gateshead Health NHS Foundation Trust (Gateshead) and South Tyneside NHS Foundation Trust (South Tyneside) and these are part of the Accelerated Bigger Picture described above. We compete for specialised services with The Newcastle Upon Tyne Hospitals NHS Foundation Trust (Newcastle Hospitals) and South Tees Hospitals NHS Foundation Trust (South Tees) and whilst both are strong players, their strength and greatest market share lies outside our main catchment area so the patient volumes at risk for the Trust are very low. To the south of the region we compete with County Durham and Darlington NHS Foundation Trust for County Durham patients. This competition can be split into general services, where we have around 15% market share due to the fact that we are geographically closer and more convenient for patients from the Easington area of Durham, and specialised services such as ophthalmology and ENT, where we compete directly over a large proportion of their geographic area and where we have retained a market share of around 50%.<br><br>South Tees NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust are located in the extreme south of our catchment area and we have very little competition with these two Trusts due to the distances involved. The only significant service we provide in this area is ophthalmology outreach in Hartlepool where we currently hold approximately 90% market share.<br><br>We have an 85% overall market share with our main Commissioner (Sunderland Clinical Commissioning Group (CCG)) where we are the only hospital covering an area that is coterminous with Sunderland Local Authority. This can be contrasted with 15% in the Durham Dales, Easington and Sedgefield (DDES) CCG, 15% in the South Tyneside CCG area and only 5% in the Gateshead and Newcastle CCGs. These market shares are heavily influenced by geography, convenience and preferred travel patterns for patients. Our 5% share for Gateshead is due to the fact that the majority of commuting and shopping journeys are to Newcastle rather than Sunderland.<br><br>We offer a wider range of services than either Gateshead or South Tyneside hospitals and have more specialised regional and sub-regional services which makes it easier for the Trust to maintain a critical mass and thus recruit the staff needed to sustain or grow services. Our main competitors for specialised services are The Newcastle Hospitals NHS Foundation Trust and South Tees NHS Foundation Trust though, due to the geographic split of the population and distances involved, there is currently very little direct competition between the three Trusts.<br><br>City Hospitals Sunderland continues to focus on becoming the 3rd Centre in the region (alongside Newcastle and South Tees) which means that we will continue to develop more complex/specialised services for both elective and non-elective care. Our aim is to become one of approximately 50 acute Trusts in England that will deliver an array of specialised services. Our focus as a Trauma Unit is supplemented by our world class Integrated Critical Care Unit and the development of more complex diagnostics which will include a full interventional radiology service. |

The development and integration of more complex Colorectal, Vascular and Stroke services will mark the beginning of a Cardiovascular, Renal and Metabolic Service designed to work alongside Primary Care.

**Forecast health, demographic, and demand changes**

In terms of expected changes in demand for individual Trusts, the main change over the next three years will be the agreements which are reached under the banner of the Accelerated Bigger Picture work.

In terms of demographic profile, Sunderland CCG is in the worst 10% nationally for:

- Under 75 mortality rate from respiratory disease
- Emergency admissions for alcohol related liver disease
- Health related quality of life for people with long term conditions
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's
- Emergency admissions for children with lower respiratory tract infections

These are areas, included in the NHS Outcomes Framework, which may inform the development of the Joint Strategic Needs Assessment (JSNA) and future commissioning strategies.

The population numbers are relatively stable with insignificant growth though it is an ageing population which is likely to exacerbate existing issues around the number of patients suffering from Dementia. The population are fairly high consumers of both social and medical care, and it's unlikely that any changes in lifestyle over the next three years would generate any major reduction in the requirements for medical services.

The population will continue to become increasingly elderly and frail increasing the burden from complex long-term conditions with the resultant increase in demand for emergency department treatment and acute hospital admissions. Also, the levels of obesity and alcohol-related conditions are certainly set to rise over the next three years which will impact on both elective and emergency admissions again putting pressure on our services. The increasingly elderly population coupled with the factors cited above is likely to counteract any demand management schemes that local CCGs put into place. In addition, the trust has had to deal with substantial year-on-year increases in Accident and Emergency demand and there is no indication that this will reduce in the near future.

The CCG's are still in their infancy and as yet have no clear direction in terms of service provision that might impact on the Trust's market share. The main driver for this year's contracting round has mainly been resolving the budget splits between commissioners such as CCGs, specialised commissioners and local authorities along with the shift in funding due to the changes in resource allocation formula which has moved funding away from some local CCGs. Although the CCGs have "a plan on a page" and have identified some transformational schemes there are no details about how these might be implemented nor any clear timescales for delivery.

Sunderland is relatively isolated geographically and of insufficient size to attract in major new providers. The main impact may come from existing private providers such as Specsavers who expanded from their traditional market into Adult Hearing in response to the Any Qualified Provider (AQP) tender process. Although this was initially seen as a threat, their entrance into the market has actually increased overall demand and our service is busier than ever for both AQP and non-AQP patients.

**Impact assessment of market share trends over the life of the plan.**

With Sunderland being relatively geographically isolated it is likely that the 85% market share for the Trust will continue. With the two local Trusts (Gateshead and South Tyneside) being part of the Accelerated Bigger Picture it's unlikely that there will be increased competition on the borders of the Sunderland region within the next three years. Areas that might seem vulnerable would be services such as ophthalmology where the Trust holds significant market share outside its core catchment area. In practice, the competing local ophthalmic units are likely to lose market share as they are finding it increasingly difficult to recruit new staff in order to replace staff that are retiring or moving. The Trust is having no problems recruiting into our large ophthalmology department and this should allow us to grow or, at the very least, consolidate our market share over the next 1 to 3 years.

The largest change in market share over the next 3 years is likely to be related to the Accelerated Bigger Picture but as already stated this is being carried forward on a cooperative rather than competitive basis.

**Threats and opportunities from changes in local commissioning intentions**

**An overview of the key changes to local commissioning strategy and intentions and their anticipated impact on the Trust, including:**

**QIPP & demand management;**

The local Primary Care Trust's (PCT's) have in the past suggested demand management schemes that would reduce both the volume and income for the Trust. However, none of the schemes suggested have been put into place effectively as demand for both elective and non-elective activity has continued to rise year-on-year. In terms of QIPP, the CCG's are concentrating on shifting activity from day cases to outpatient procedures, thus achieving the same volumes and the same outcomes but at lower cost to the CCG's. As long as the Trust can move these procedures from operating theatres into treatment room settings the reduction in income will be matched by a reduction in the cost to deliver these treatments.

Another priority that the CCGs are progressing relates to their reinvestment of readmission monies in readmission or admission avoidance schemes designed and implemented by the Trust. This is a balancing act for the Trust as income may be reduced however if enough admissions are avoided then the Trust can reduce its cost base by reducing number of beds/wards it has open. Of concern to the Trust is the funding of admission and readmission avoidance schemes with other providers. Whilst this is not an issue if significant numbers of readmissions and admissions are avoided, it becomes more problematic if the funding has been spent outside the Trust but does not deliver significant admission/readmission reductions for the Trust.

**Decommissioning**

So far commissioners have not looked to decommission any major hospital services. The services being decommissioned have been those provided in the main by the former community service arms of the Primary Care Trusts. Decommissioning is having little detrimental effect on the Trust so far as the Sunderland Community Services were merged with South Tyneside NHS Foundation Trust so we have no responsibility for community service provision. Paediatric Speech and Language Therapy services for Durham is being decommissioned from community services although the service is going through a market procurement to potentially secure an alternative provider rather than the service itself being decommissioned.

This may provide an opportunity for the Trust to gain market share where providers, rather than services, have been decommissioned. The only Trust service that is likely to be decommissioned is the weight management service, currently commissioned by the local authority, but this is a relatively small service and again it is not clear if the service is being decommissioned or if it will be offered out to tender.

**Potential "Any Qualified Provider" Tenders**

The Trust has been successful in all local AQP tenders so far and the process seems to have stimulated market demand to such an extent that the Trust's activity is higher than before AQP despite new players, such as Specsavers, coming into areas such as the adult hearing aid market. As discussed, the entry of Specsavers into this market has expanded the overall market to such an extent that the activity levels of the Trust in terms of complex and non-complex patients have both increased.

This pattern appears to have been replicated across the country and it's likely that commissioners will avoid using AQPs as a vehicle for new services, or as a tendering process for existing services, due to issues of demand management and affordability.

**Shifting care delivery outside of hospitals**

Sunderland was at the forefront of developing primary care centres and the original site at Grindon Lane was held as a national exemplar. On this basis, the Trust has already moved a significant amount of care delivery into the community over the past seven years. That is not to say that additional activity could not be carried out in the community, but the impact is likely to be reduced, as the volume of services already provided by the Trust from primary care centres, in conjunction with the AQP services in the community, mean that there is likely to be a relatively small volume of activity that could be taken on by community providers. Instead the Trust is working cooperatively with its main CCGs to develop new activities that can be carried out in the community: For example, Elderly Medicine has developed a community Geriatrician service with CCG colleagues. This will provide GP's with rapid access to urgent clinics for senior clinical review, comprehensive geriatric assessment as well as support and advice for managing patients in the community. The role will also work into nursing and residential homes to support GP's and community teams, both with a view to avoiding admission for patients and early intervention to prevent exacerbation of existing illnesses and minimise the unavoidable deterioration of patients. If the service proves successful there is an ambition to expand the working hours of the service.

The Trust carries out a substantial volume of telephone triage to avoid unnecessary journeys and visits for patients and has also embarked on a number of telehealth/telecare projects to further reduce unnecessary patient visits.

The areas currently being worked on include:

- Electronic prescribing decision support
- Voice Power recognition in paediatrics
- Telehealth monitoring for gestational diabetes
- Telehealth monitoring for mild/moderate hypertension in pregnancy
- Text review of results in GUM and sexual health clinics
- Remote follow-up of Pacemakers
- Telemedicine, as part of the stroke network, which enables consultants to view patients in the emergency department of any hospital in the South of Tyne & Wear.

As part of the Trusts regional and sub-regional services, we provide a range of outpatient and inpatient interventions, for areas such as ENT, Maxillofacial, Urology and Renal services in a variety of locations and premises across the North East region.

The Trust owns a GP practice and is planning use this as a test bed to work with Sunderland CCG in order to improve care integration/ care delivery in the community across acute and primary care services as well as social care services.

The Trust will continue to work collaboratively with community services (managed by South Tyneside NHS Foundation Trust) in order to encourage facilitated discharge and support care in the community in order to reduce unnecessary readmissions.

**Reconfiguration plans**

The bulk of reconfiguration plans for the Trust relate to its cooperation with the two other local acute Trusts as part of the Accelerated Bigger Picture and this covers areas such as:

- Non-elective paediatrics
- Pathology
- Medical Physics
- Breast service
- Endovascular service
- Diagnostics
- Maternity services
- 24/7 acute emergency services

The Trust has embarked on a strategy of Safe and Sustainable Emergency Care which is linked to the current rebuild of the Trust's Emergency Department. In essence, it is an internal reconfiguration to radically improve the flow of patients through the hospital from admission to discharge. This will help to avoid unnecessary admissions where appropriate, eliminate waiting and waste thus reducing length of stay whilst improving patient experience.

The Trust has been given notice to vacate clinical space on the Mental Health Trust site at Monkwearmouth which has been used as an outreach outpatient facility. The Trust is currently working to develop an integrated plan that will provide optimal relocation of the services with minimum disruption for patients.

**An explanation of how the Trust has factored these considerations into its strategy;**

The Trust strategy is to develop as the 3rd Centre and this means concentrating on developing complex regional and sub-regional services. The Trust is differentiating itself from the local competition by offering a wider range of increasingly specialised services, and in this way can grow its market share at the expense of both Newcastle and South Tees hospitals by offering patients a local alternative with much reduced travel. A key strategy that the Trust has developed is the "Knights Move" strategy which is a driver to improve the performance and profitability of services before increasing market share and in this way, planned increases in market share will be profitable for the Trust.

A key element of improving the profitability of services is the shift towards more ambulatory care pathways, improving diagnostics and related support services/pathways to deliver faster diagnosis with resultant reductions in length of stay. In this way, whilst patient experience and quality of treatment are improved, the Trust can significantly reduce its cost base by reducing the number of beds it requires in order to manage increasing activity levels.

In addition the Trust will aggressively compete for any tenders/AQPs that align with its strategy/direction of travel and the core service lines/key competencies.

The Trust has always taken a conservative approach to basing improvements in financial performance on initiatives that are reliant on increasing market share. The Trust approach has been to improve quality and efficiency thus reducing waste and lowering services delivery costs.

**Analysis of how the Trust's demand profile and activity mix has evolved over recent years and what changes are forecast**

As described, the Trust has faced an ever-increasing demand for both elective and non-elective services. In addition the move to become the 3rd Centre has shifted the activity mix towards a more complex patient mix; however this must be contrasted against national drive to incentivise outpatient procedures which will dilute the activity mix, in terms of income, for some services such as ophthalmology. The Trust has also concentrated on reducing the number of outpatient follow-ups and has also moved, to day cases wherever possible which has enabled the Trust to reduce its bed stock.

**Details of how the Trust is diversifying its income streams**

Through the Director of Research and Development (R&D), the Trust is looking to develop commercial relationships with international equipment suppliers in order to introduce new techniques into UK healthcare and act as a reference site for the equipment suppliers. The Director of R&D's focus is also to improve participation and income from clinical trials and research projects. There is a local private hospital which limits the Trust's ability to raise substantial income from private patients.

**Collaboration, Integration and Patient Choice**

**Plans to integrate services to provide better care and/or increase efficiency;**

The Accelerated Bigger Picture is at the centre of integrating services in order to improve the quality of care provided, improve the sustainability of services as well as increasing efficiency through economies of scale. The Trust is also integrating services with CCG's and this can be illustrated by the use of GPs within the A&E department in order to triage and stream patients into the most appropriate service within the emergency department to meet their needs.

In addition the Trust is looking to develop integrated care pathways across primary and social care as part of its process for bidding against readmission and reablement monies.

The Trust is working in partnership with the Mental Health Trust to provide an integrated 24/7 mental health assessment service as part of the emergency department which will reduce A&E waits for patients and improve flow through the emergency Department.

**Development of partnerships and collaborations with other providers**

The Accelerated Bigger Picture work is a clear example of partnerships and collaborations with other local providers with the aim of enabling each provider to deliver robust, sustainable and efficient services into the future. The Trust is also working collaboratively with Newcastle Hospitals to explore the possibility of providing radiotherapy on our Sunderland Royal Hospital site. The provision of a local service should improve the uptake of radiotherapy treatment by the local population by reducing the travelling time and cost currently associated with radiotherapy treatment as this is only available in Newcastle or Middlesbrough. The implications of this have not yet been factored into the activity or financial plans as discussions remain at an early stage.

The Trust works closely with its local university to identify ways to work together to benefit both organisations as well as our patients, our staff and students. This includes making better use of our resources and infrastructure, student placements, developing programmes of training for staff and looking at opportunities to improve our Research & Development portfolio.

**Consideration of impact of proposals in relation to competition rules and patient choice**.

The proposals relating to the Accelerated Bigger Picture are unlikely to fall foul of the Principles and Rules for Cooperation and Competition (PRCC) as the work is being carried out on a cooperative rather than competitive basis and the changes are based on the improved sustainability and quality of the services provided. In this way it is little different to the accepted practice of having relatively few local cancer centres as the increased volume of patients per consultant ensures better outcomes for patients.

**Membership report**

| Class/Constituency | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|---|---|---|---|---|---|
| Total | **8878** | **9768** | **12367** | **13800** | **14414** | **14982** |

Generally our membership continues to grow and broadly mirror the demographic of the City which has an ageing profile from which it has always been possible to attract members. Whilst we recognise that it is important to grow the membership and to encourage diversity the Trust believes it is more important to ensure that members feel engaged and involved thereby making a real difference within the overall governance arrangements of the Trust.

The Trust has an on-line membership database which has ensured that the data is more accurate and accessible. It also allows us to target individual age groups and geographical areas where membership is low by giving generic addresses so that we may write to households identifying the benefits of membership

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| **Approach taken to quality** (including patient safety, clinical effectiveness and patient experience) | **An outline of existing quality concerns (CQC or other parties) and plans to address them;**<br><br>The Joint Advisory Group (JAG on Gastro Intestinal Endoscopy) ensures the quality and safety of patient care by defining and maintaining the standards by which Endoscopy is practised. City Hospitals Sunderland went through its 5 year revalidation visit in December 2012 and the outcome of the assessment was deferred for 6 months pending further compliance with mandatory recommendations. An action plan has been developed to ensure that the unit meets the JAG recommendations and the Endoscopy team involved in the JAG process are meeting frequently to prepare the unit for a follow up inspection later in the year. In addition we are designing and planning to build a completely new endoscopy unit to future proof the service. This may move forward as a standalone option for the Trust or we may work in partnership with South Tyneside Foundation Trust to develop a joint solution that would benefit from critical mass and economies of scale.<br><br>In February 2013, the Care Quality Commission (CQC) undertook a routine monitoring visit on our compliance with the Mental Health Act (1983). In its narrative report summarising the outcomes of the review the CQC identified a number of improvements that the Trust must make to ensure that it is in full compliance with the Mental Health Act (1983) legal framework and its associated Code of Practice. An action plan has been agreed, which includes developing more formal agreements for the provision of mental health services into City Hospitals Sunderland, improving our documentation for capacity assessments, and providing information leaflets and posters advising patients on their rights under the Mental Health Act (1983).<br><br>Performance on C difficile remains a risk and is regularly reported through the Clinical Governance Report and the Service Report to the Board of Directors. Directors are also regularly updated by the Medical Director on actions being taken to address this issue. There will be a continued focus on C difficile for 13/14 as our target will be 36 cases which is a further reduction from 44 for 2012/13 which was not achieved. During 2012/13 an external review conducted by Price Waterhouse Cooper (PWC) on behalf of Monitor made no recommendations for further action with regard to C difficile due to the comprehensive nature of the arrangements and plans in place.<br>The C difficile action plan for 2013/14 is about to be finalised and has been discussed with our lead CCG. The Trust has proposed a further external review and this will be carried out jointly with CCG and community services.<br><br>**The key quality risks inherent in the plan and how these will be managed**<br><br>C difficile remains a risk to quality for 2013/14. The action plan will be monitored through our internal governance processes and as part of our arrangements with commissioners.<br><br>**An overview of how the Board derives assurance on the quality of its services and safeguards patient safety.**<br><br>The Trust's overall vision, strategy and philosophy reflect the pivotal dimensions of quality; patient safety, clinical effectiveness and patient experience.<br><br>The strategic business planning process provides a framework for delivering against key national, local and internal quality and performance objectives. Overall performance is aligned and tracked against these Trust-wide priorities for quality improvement. This ensures that quality underpins any major service change. |

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| | Our quality priorities reflect local and national priorities, as well as discussions with key stakeholders. We also consider key 'hard' and 'soft' intelligence and outcomes from a broad range of internal monitoring and assurance mechanisms. There are clear lines of responsibility in relation to the quality targets within our Service Report presented by the corporate dashboard.<br><br>The Clinical Governance Steering Group, on behalf of the Board of Directors, reviews progress against clinical quality benchmarks and outstanding risks are escalated to the Governance Committee and to the Board of Directors.<br><br>The Trust routinely analyses organisational performance on key quality indicators, benchmarked against national comparisons, leading to the identification of priorities for quality improvement.<br><br>The Board of Directors and the Executive Committee reviews the service report and dashboards monthly. There is a quarterly report to the Board of Directors from the Governance Committee to provide further assurance from external sources such as the Care Quality Commission's Quality and Risk Profile, nationally reported mortality and outcome data, information from our quality provider (CHKS), the results of national audits and external inspections. The Governance Committee therefore provides assurance upon the adequacy and effectiveness of risk management and integrated governance within the organisation.<br><br>The Board of Directors receives a quarterly self-assessment of Monitor's Quality Governance Framework in addition to an improvement action plan. This process has been reviewed by external auditors (Price Waterhouse Cooper) which has helped strengthen the rigour of the declaration process. |
| **Clinical Strategy**<br><br>(Consistent with information contained within the Trust's published Quality Account). | **Service Line Management Strategy:**<br><br>**The Trust's overall clinical strategy over the next three years;**<br><br>Our Clinical and Quality Strategy is founded on our commitment to the delivery of high quality services for patients (patient safety, patient experience and clinical effectiveness) , and demonstrated in our values of ' Best Quality, Highest Safety, Shortest Lead Time, Highest Morale, Cost Leadership'.<br><br>Our strategy will be delivered through:<br><br>• Effective clinical leadership to drive clinical input into the organisational strategy and managerial decision making processes.<br>• Patient, partner and stakeholder engagement and responding to feedback in order to improve services and quality<br>• Our workforce being engaged in our clinical and quality strategy<br>• Building on our achievements in quality and being the preferred provider based on the quality of our services<br>• Ensuring as a minimum, compliance with all statutory requirements and the national quality indicators, including CQC Essential Standards of Quality & Safety, NHS LA risk management standards, CQUIN<br>• Explicit service specific quality outcome measures aligned to local business plans and the Trust annual plan with robust mechanisms for monitoring performance<br>• Maintaining and improving our risk and safety culture, sharing and learning when things go wrong to reduce or eliminate incidents that result in harm to our patients (develop a risk aware and harm free culture)<br>• Using the evidence base to develop and improve pathways of care and change practice to deliver clinically and cost - effective patient care<br>• Ensuring the proactive use of national, local and Trust benchmark data to drive clinical practice and quality improvements |

- Developing and promoting a culture of Research and Development, innovation and technology
- Implementation of Excellence in Health/Energising for Excellence Ward Quality accreditation programme
- Embedding Clinical Audit Strategy
- Implementation of a new advanced Electronic Medical Record (EMR) with integral decision support for electronic prescribing, evidence based nursing care plans and best practice order set for disease management. This will allow us to both monitor and demonstrate that we are consistently providing optimal and safest care for all of our patients.

The key changes required to progress the Trust from its present position are:

- To further develop and embed a culture of risk management and patient safety
- Embed service improvement methodology which puts patients and quality I improvement at the centre
- Visibility and monitoring of performance on quality at ward/department level
- Implementation of the Meditech Version 6 EMR with First Data Bank decision support for prescribing and Zynx Care and Zynx Orders for evidence based care. This was delayed to 2012/13 due to technical difficulties with the software and is due to go live end May 2013.

The sub strategies that need to be in place to support achievement are:

- Roll out the Quality Assurance programme to <u>all</u> wards and departments. In phase 1, in 2012/13 Matrons, Non-Executive Directors, Estates and Facilities staff have been engaged in the programme. A Non-Executive Director of the PCT was also involved. The CCG Non-Executive Director will participate in this programme in 2013/14.
- Further engagement of staff in leadership development opportunities through the North East Leadership Academy (NELA). A wide range of staff (doctors, nurses, allied health professionals and managers) have participated in 2012/13.
- The Trust Ward Sister/Charge Nurse Programme will be rolled out early 2013/14.
- In 2012/13 a Ward Sister/Charge Nurse Forum has been developed to support senior nurses in their role.
- The Compassion in Care Strategy will be developed and implemented in 2013/14. Initial stakeholder input has been implemented. The Strategy will be Trust-wide engaging <u>all</u> staff. An educational module has been jointly developed with our partners Sunderland University, following the success of a Privacy and Dignity course which was developed in 2011/12.
- Implement the new processes developed for PALS/Complaints Service following a Rapid Process Improvement Workshop in February 2013. This will ensure rapid action on complaints and learning from feedback from patients.
- Implement new processes required to comply with the Duty of Candour.
- Continue to monitor and develop our C.difficile action plan. In 2012/13 we have been unable to achieve the target set. A second stage review by PWC commissioned by Monitor, suggested that assurance had been gained and that the Trust had a comprehensive plan in place and that there were no additional recommendations.
- Continue to develop actions required to improve performance against the 4 elements of the Safety Thermometer. In November 2012, the Trust appointed a Tissue Viability Specialist Nurse and additional training and supervision has been provided as a result. It is anticipated that performance will improve over 2013/14 once robust baseline data is collected.

- Continue to retain a focus on improving incident reporting levels in particular in relation to “near misses” and to ensure lessons are learned quickly through rapid root cause analysis and feedback to staff and patients. The assurance programme will be further developed in 2013/14 to improve the “independent” scrutiny of compliance with risk management standards and CQC outcomes, and to provide assurance of lessons learned from incidents, Ombudsman cases, Coroner’s inquest (Rule 43) etc. In 2013/14 there will be mid-year reviews of nurse staffing and skill mix following the baseline review carried out in 2012/13. This process has been clarified and will ensure appropriate monitoring of cost improvement plans (CIPs).

**Plans for 2013/14 (from our Quality Report)**

Our Trust aims are to enhance the quality of life of patients with long term conditions especially by improving the in-hospital management of patients with Dementia through:

- Patients assessed as ‘at-risk’ of dementia having diagnostic assessments, investigations and appropriate follow-up
- Reducing the number of falls and serious injury, particularly among those patients with dementia
- Dementia patients being assessed on their risk of developing malnutrition and dehydration within 24 hours of admission (MUST score)
- Reducing the length of stay of patients with dementia
- Appropriate training of staff who care for patients with dementia
- Ensuring that carers of people with dementia feel supported

Ensuring that we give compassionate care and people have a positive hospital experience through:

- Improving the likelihood that patients would recommend our services to their friends and family
- Increasing the proportion of patients who feel listened to and involved in their care
- Enhancing the patients perception of pain management, i.e. reduce number of delayed / omitted analgesics
- Offering all patients a choice of food
- Ensuring real time feedback is acted on and improvements are made to practice
- Improving end of life care through implementation of the ‘Deciding Right’ programme
- Training of staff in compassionate care

Treating and caring for patients in a safe environment and promoting ‘harm free’ care by:

- Reducing the number and severity of hospital acquired pressure sores
- Reducing the number of medication errors, with a particular focus on insulin related errors
- Increasing the number of ‘near miss’ incidents reported by staff
- Improving staff recording, recognition and response to deteriorating Early Warning Scores (EWS)
- Reducing the number of patient slips, trip and falls and associated injury
- Maintaining the Trust’s low mortality figures
- Ensuring continued focus on prevention of hospital acquired infection.

Our quality priorities are such that we will need to continue our efforts against the priorities identified for 13/14. In collaboration with our commissioners who are currently developing their own strategy and quality priorities, we will set the priorities for 14/15 and 15/16 following discussions with them.

**The Trust's service line strategy over the next three years**

The Trust's service line strategy is based on the concepts of the 3rd centre and the Knights Move strategy which have been previously highlighted. The 3rd centre concept is about developing the Trust's regional and sub-regional specialties to ensure a differentiated product offering when compared to neighbouring Trusts. This concept means that the Trust will compete with the larger training hospitals such as Newcastle and South Tees to offer specialised services but with the advantage of them being available locally rather than requiring the long-distance travel required to reach these other two Trusts. The Knights Move strategy ensures performance consolidation and then profit improvement before any planned increase in market share and thus any planned increase in market share should automatically deliver an improvement in the profitability of the Trust. In terms of improving profitability, this is also linked to improving quality so in essence the service must deliver top quartile performance in terms of its key performance measures before it is allowed to expand its market share. The key performance indicators have been chosen to ensure waste reduction, efficiency improvement and quality improvement which deliver improved profitability, which is based around cost effectiveness rather than a simple lowest cost strategy, whilst bringing benefits for both staff and patients.

The Trust's performance at Directorate level is monitored by monthly performance team reviews and by the quarterly review process which is led at Director level and is supported by the Head of Performance, the Head of Business Development and the Head of Contracting.

The Trust is updating its hospital information system and as part of this process will be increasing the level of resources in terms of the business analysis and performance management teams.

**The inputs the Trust used to develop this strategy (e.g. SLM, benchmarking).**

Extensive benchmarking (Dr Foster, CHKS, national audit office and reference costs) has been used to establish the key performance indicators as well as establishing top quartile or decile performance levels. The recent Dr Foster report showed that City Hospitals had lower than expected mortality rates coupled to lower than expected costs thereby demonstrating that efficiency improvements and a concentration on quality improvement has enabled the Trust to deliver good performance in a cost effective manner. The Trusts patient level information and costing system has provided the basis for SLR/SLM and Boston matrix type diagrams are plotted within the system to track the profitability and market share of all service lines.

The monthly corporate quality report is used to track the progress and performance and this is supported by subsidiary dashboards at specialty level which enable detailed performance monitoring and allow improvement to be proactively managed or escalated appropriately.

**Clinical Workforce Strategy**

**An overview of the clinical workforce strategy (covering doctors, nurses and other key clinical groups)**

The key strands of the Trusts clinical workforce strategy are summarised as follows:

- To implement revised staffing structures to match the hub and spoke services developed across the 3 South of Tyne Trusts as part of the Accelerated Bigger Picture

This involves TUPE transferring staff to the host Trust of the service involved, but also developing different roles, training staff in a different way to offer more specialist services across the bigger geographical area covered by the new hub and spoke service. This also has implications for diagnostic and therapy services as services transfer in and out of the Trust, requiring staff to specialise more in the fields which support the revised clinical portfolio of services offered by the Trust

- To develop leadership skills at different levels of the organisation

A priority for the Trust under its Leadership and Management Development Strategy is to develop staff at different levels of the organisation to manage and lead teams to work more effectively in providing patient care. The key focus of this work at more senior levels will be through the National and North East Leadership Academies.

**Key workforce pressures and plans to address them**

Key workforce pressures are dealt with at Directorate level as a key element of the quarterly review process. The pressures at Directorate level are aggregated within the Human Resources Department to provide an overarching view of the workforce pressures for the Trust as a whole.

Several specialties report difficulties in recruiting specialist medical staff due to changes in the numbers of doctors in training, and are looking to develop Advanced Practitioner roles to replace doctors for specific duties e.g. Endoscopy lists, running specific clinics. Similarly service expansion in areas covered by Any Qualified Provider Tenders are likely to lead to a change in skill mix with some Assistant Practitioner roles being considered to deliver services effectively. Both will have implications for training of staff and for the team make up of existing services.

The Trust is involved in discussions with Health Education North East regarding the focus of spend on Continuous Professional Development in order to meet the challenges of new role and service developments. Traditionally the focus of this spend has been on modules as part of degree pathways for nursing staff but the emphasis is likely to be changed. Similarly with the involvement of independent and private sector organisations in providing NHS services, consideration is required as to whether whole pathway training can be offered, involving staff from different agencies to provide care to patients at different stages of the same pathway.

The implications of Francis Inquiry are a key strand of the recruitment and development of our clinical staff. This includes the delivery of a degree pathway module for clinical staff in “Communication and Compassion” accredited by Sunderland University, with supplementary workshops open to all staff. There will also be implications for training and development pathways for staff and the recording of associated competences.

The recommendations from Francis Inquiry mean that there will be a particular focus on the training and development of Ward Sisters/Charge Nurses, Registered Nurses and Health Care Assistants.

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| | The Trust is engaged in the regional 'Investing in Behaviours Programme' which is about assessment and development of a safety culture. We will undertake a baseline assessment and use this to determine actions to improve staff engagement with safety issues.<br><br>The Trust has established a Nursing Resource Team of registered nurses and healthcare assistants to provide a responsive service to cover peak service demands and long-term absence whilst ensuring patient care is not compromised.<br><br>The delivery of efficient and effective acute services requires 7 day working across a range of services such as medical, surgical, diagnostic and therapies to enable better patient care in across the hospital on evenings/ weekends and the trust is working towards this. The Trust is also working with both primary and social care to ensure the development of 24/7 services in the community.<br><br>Some specialties are considering working more effectively by bringing in house services which are currently provided through locums and other agencies to provide more efficient and effective patient care through the provision of comprehensive and seamless services<br><br>**The impact of the Workforce Strategy on costs (short-term and long-term)**<br><br>Workforce assumptions have been factored into the overall anticipated cost base. A workforce assessment process has been undertaken particularly focusing on nursing numbers and the financial consequences of this have been factored into the financial plans. Numbers of senior medical decision makers are expected to increase partly offset by reduced Planned Activity (PAs) for individual consultants, but with some expansion to the support different ways of working as required by initiatives such as Safe and Sustainable Emergency Care. |
| | **Clinical Sustainability**<br><br>Clinical sustainability is a key element for the Trust and the central plank in the development of the Accelerated Bigger Picture with our neighbouring Trusts in Gateshead and South Tyneside. Services that are likely to have sustainability issues (such as the breast service) are a central part of the Accelerated Bigger Picture work to ensure that resilient services can be developed and maintained on a hub and spoke basis across all 3 Trusts. The strategy to become the 3rd centre and provide more highly specialised care enables the Trust to be more successful in recruiting and retaining both medical and nursing staff when compared to other local providers. These factors combined demonstrate the Trust is taking service sustainability seriously and, as already indicated, the Trust's concentration on both quality and efficiency improvement, means that services will be financially, as well as clinically, sustainable.<br><br>**Identification of which of the Trust's services could potentially lack critical mass**<br><br>Two services that are being discussed as part of the Accelerated Bigger Picture are Breast services and Endovascular as these two areas will require collaborative working in order to ensure sustainable services going forward. |

Areas such as diagnostics are also being covered by the Accelerated Bigger Picture to ensure both clinical and financial sustainability and this links to developing sustainability for interventional radiology services which clearly sits alongside the endovascular service. The Trust has already been successful, as part of the Accelerated Bigger Picture, in taking over the paediatric non-elective activity from both South Tyneside and Gateshead as both these Trusts were finding it difficult to maintain a sustainable service for these patients, especially considering the requirement for out of hours consultant presence to quickly and effectively deal with the majority of these patients. The Trust is also taking the lead role for Medical Physics which will be delivered by a hub and spoke model.

**Identification of which services have consultant cover below those recommended by Royal Colleges etc.**

There are compelling arguments for ensuring that the clinical services within the Trust have the optimal number of consultants and takes account of national guidance and recommendations. Some of these include:

- Rapid and appropriate decision making
- Improved safety, fewer errors
- Improved outcomes
- More efficient use of resources, shorter waits, shorter length of stay.
- Patient expectation of access to appropriate and skilled clinicians as well as information relevant to their condition and progress
- Benefits for the supervised training of junior doctors.

There is also a national debate to introduce “routine” 7 day consultant working across all in-patient areas in an effort to ensure that the quality of clinical management and safety of all in-patients is optimised across the weekends as well as week days. Some studies have highlighted worse patient outcomes and increased mortality at weekends compared with weekday activity.

The Trust will review the current network of medical and surgical specialities and assess the extent to which each area meets the level of consultant coverage and presence against specialist society recommendations. For example the Royal College of Physicians has produced a toolkit for senior hospital managers to ensure 12-hour, 7-day consultant presence on an Acute Medical Unit. The impacts have been considered as part of the Safe and Sustainable Emergency Care programme and are therefore factored into the overall financial plans.

**Innovations in care delivery developed at the Trust or in conjunction with partner organisations.**

The Trust has introduced a new hospital information system (Meditech version 6) in order to improve its already advanced information gathering and reporting capability. In addition to this development the Trust is also working with a number of other companies to develop a range of IT-based solutions to help resolve a number of key issues for the Trust and these include:

- Soliton Voice Recognition for Radiology
- DNA reminder service for outpatients
- Telehealth monitoring for gestational diabetes First databank prescribing support
- Zynx care and Zynx orders - using evidence based support through an EPR platform
- Telemedicine for the stroke service
- The Trust is carrying out joint research with a major international hospital diagnostic equipment supplier with the aim of developing and testing new equipment and diagnostic techniques.

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| **Productivity & Efficiency** | **An overview of potential productivity and efficiency gains built into plans, including financial impact of projected gains, in areas such as:**<br><br>**Length of stay**<br><br>The work that the Trust is undertaking as part of the Safe and Sustainable Emergency Care Programme is designed to avoid unnecessary admissions, reduce the average length of stay for patients by using appropriate and ambulatory care pathways, rapid consultant assessment and senior decision making, improving diagnostic capacity and capability to bring faster diagnosis and pathway development to avoid unnecessary delays or waits for patients, all of which will deliver substantial reductions in length of stay for the Trust. In addition, as part of Knights Move strategy the Trust is encouraging all specialties to deliver top decile rates of day case surgery where appropriate.<br><br>**Bank and agency spend**<br><br>As indicated in the workforce strategy section the Trust has developed a Nursing Resource team concept which allows the Trust to cover peak periods of demand whilst minimising the use of bank or agency staff. The workforce strategy indicates that some areas plan to increase the number of medical staff so that activity can be delivered at plain rates minimising the need to resort to costly overtime or additional sessions.<br><br>**Bed occupancy**<br><br>The Trust maintains a very high bed occupancy rate. Statistical analysis has demonstrated a reduction in efficiency and therefore an increase in length of stay when bed occupancy is too high. This is related to the concept that patients may not be in the most appropriate beds when occupancy levels are too high and the hospital is full. When this occurs efficiency is lost and the average length of stay for patients tends to be longer when they are in a general ward rather than the specialty ward more suited to their needs. The move to ambulatory emergency care pathways and the community geriatrician work in preventing admissions will provide a solution to some of the issues with occupancy. As more patients are appropriately directed into ambulatory care pathways it is possible that the Trust's length of stay will increase as the patients previously with the shortest length of stay would no longer be admitted. Whilst the length of stay for individual patients may go up the overall number of bed days for the Trust should be reduced.<br><br>**Theatre productivity**<br><br>The Trust has embarked on a roll-out programme to renew most of its surgical equipment. This is a risk based programme that ensures surgical instruments are maintained and always available in peak condition and it is anticipated that this will reduce the average time of patients in theatres. Additionally Meditech version 6 has a complete theatre scheduling module in place with real-time monitoring of operation times by consultant. This will allow the Trust to develop a robust database which will ensure more effective theatre scheduling which will deliver benefits for patients as well as improving theatre efficiency for the Trust. The Trust is also preparing to appoint a 'scheduler' to support the optimisation of theatre utilisation to meet the needs of our patients. |

**Emergency readmission rates**

Emergency readmission rates are one of the key performance indicators for the Trust and the aim is to move services into the top quartile and then top decile performance levels. Not all readmissions can be avoided by work carried out within the hospital and the Trust will continue to work with community services providers and the main clinical commissioning groups to ensure that community social care services in the community are provided to reduce the need for non-medical readmissions. Internally the Trust has a number of projects looking at rehabilitating and supporting patients prior to discharge as well as telephone helplines to ensure that it does as much as it can to avoid readmissions for medical issues. Performance continues to improve around numbers of readmissions within 30 days and the Trust is working with partners to develop integrated schemes to prevent unnecessary readmissions.

**CIP governance**

**An assessment of historic performance, including main drivers, and necessary further action to ensure future delivery; and**

Historically CIP design has been a mixture of broad themes matching the overall Trust direction plus smaller individual Directorate plans. For example a number of schemes have been based on national best practice projects and designed to deliver quality improvements.

These themes combined with key corporate projects such as Safe and Sustainable Emergency Care will be the foundation of cost saving plans in the upcoming three years. The main drivers for cost improvements are improved efficiencies; hence the Enhanced Recovery Pathway (ERP) within theatres is recognised as a drive towards improved working practices in emergency care and this is identified in the Safe and Sustainable Emergency Care project. The underlying aim of these projects is the improvement of patient care and the delivery of world class services. The organisation set a CIP target of £11.8m for the 2012/13, actual delivery against this was £12.1m resulting in an over delivery of £0.3m. Historically the organisation has delivered the CIP programme despite a challenging environment and this continued to be the case in 2012/13 despite significant pressures. For future years, the focus will be to move away from just specialty specific CIP plans and more towards cross cutting Divisional, Trust or organisational CIPs to identify opportunities to change the way that services are delivered. Much of the work around these corporate workstreams has been led by the Kaizen Promotion Office (KPO) ensuring consistency of approach coupled to strong managerial and clinical leadership. Linked with the workforce strategy, leadership and project management skills have been provided to those leading these projects to maximise the likelihood of success.

**An overview of PMO, leadership and assurance arrangements for the life of the Strategic Plan**

The overall governance of the CIP programme is provided by the Finance Committee, a sub-committee of the Board of Directors, attended by Non- Executive Directors, Executive Directors plus Clinical Directors from individual services.

**CIP profile**

**Key CIP schemes including risk ratings for individual schemes and an outline of transformational /service redesign CIP schemes.**

Key CIP schemes for Foundation Trust include:

- Enhanced Recovery Programme (ERP)
- Safe and Sustainable Emergency Care
- Meditech V6.0, the upgrade of the hospital patient information system
- Procurement
- Accelerated Bigger Picture

Details of these schemes are included in Appendix 2.

These corporate projects align closely with the vision of the Foundation Trust and its direction to become the 3rd centre and as such are mainly transformational. As these corporate projects cover significant programmes of work to improve quality, efficiency and productivity it is no surprise that they appear as major elements within our CIP schemes. Many of these corporate projects have been initiated on the basis of national or local benchmarking data and whilst the themes are transformational many will be achieved in an incremental manner using Lean tools and techniques

All CIP schemes have been risk rated for both likelihood of success and impact on quality and safety. There are no schemes that have a high risk in relation to safety whilst approximately 30% are expected to have a positive impact on safety. Some schemes are expected to be challenging to deliver and will be closely monitored in year by the Finance Committee. In addition, the Finance Committee membership will widen to include the Medical and Nursing Directors at key points in the year.

**CIP enablers**

**The extent of clinical leadership and engagement in identifying and delivering CIPs**;

All CIP programmes have been signed off by Clinical Directors and Matrons for those areas affected. Programmes have been developed bottom up, reflecting opportunities as identified by clinical and managerial leads.

**The requirement for enabling investment in infrastructure**

In order to deliver some of the schemes there is a requirement to invest in facilities. Key investments will include amendments to the theatre facilities to expand recovery facilities and therefore support day case work as well as the centralisation of the Trust's pre-assessment facilities. The largest investment will be around the emergency care services focused around A&E redesign, but with wide ranging facility changes including the acute medical unit and the development of working arrangements at 'front of house'. A loan has been approved by Foundation Trust Financing Facility (FTFF) to support this development over the next few years.

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| | **Quality Impact of CIPs**<br><br>**The mechanism by which the Trust ensures that its CIP plans won't adversely affect quality of services;**<br><br>Clinical Directors attend an Away Session on an annual basis to develop and validate improvements plans aligned to the Trust's priorities. These are then interrogated and assessed by key Executive Directors, i.e. Finance Director, Medical Director and Nursing Director, for their ambition, robustness, impact, affordability and deliverability. All CIPS have been risk rated according to deliverability and impact on quality and signed off by the Clinical director, Nursing Director and Matron as well as being scrutinised by managerial leads. The signed off plans have been reviewed by the Finance Committee and the process and outcomes have been shared with the lead CCG who has confirmed that they are assured that the Trusts processes are robust.<br><br>The Director of Nursing and Quality has carried out nurse staffing reviews of all Directorates, to confirm baselines prior to CIP discussions and sign off. The process has involved triangulation of staffing numbers against professional bodies' guidelines (where these are available), incidents, complaints, mandatory training uptake, staff sickness and use of bank staff. This review is being used to inform the sign off of CIPs.<br><br>**The measures of quality which will be used to inform this assurance and how the Trust monitors quality impact of CIPs on an on-going basis**.<br><br>The Trust uses existing quality and performance mechanisms to monitor progress with cost improvement plans and has escalation measures in place for plans that are appearing to drift from their targets. The Governance Committee assesses indicators that may show a detrimental impact on the quality of services such as an increase in incidents or complaints. The Medical, Nursing and Finance Directors as members of the Governance Committee and the expanded Finance Committee can assess any associations with CIP plans as part of an on-going review process. Monitoring of quality will be through the Trust Clinical Governance Steering Group and the Quality Review Meeting which is chaired by Commissioners. In addition the Director of Nursing and Quality and Medical Director will attend the Finance Committee to provide challenge to discussion on CIPs, from a quality and safety perspective. There will be a mid-year review of the nurse staffing reviews to monitor any proposed changes and potential impact on quality and safety. |
| **Financial & Investment Strategy** | **An assessment of the Trust's current financial position**.<br><br>At the end of the 2012/13 financial year, the Trust delivered all of its key financial targets including the planned surplus of £2m. The cash position was behind plan but this was predominantly linked to the delay in the A&E build scheme and the delay in drawing down the FTFF loan as a consequence. The Trust ended the year in a strong financial position and delivered the planned financial risk rating of 3. |

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| | **Key financial priorities and investments and how these link to the Trust's overall strategy**.<br><br>For future years, the Trust has considered the impact of local and national changes and factored these into the plan. Main considerations have included:<br><br>• Income assumptions – traditionally the Trust has over recovered against the planned activity baselines due to over-performance particularly in non- elective specialties. Despite commissioners, as part of their QIPP plans, aiming to reduce non-elective activity, these plans have never come to fruition in any substantial manner. From 2013/14, the national commissioning environment has changed with increasing clinical engagement from GPs into the commissioning process. Local discussions are progressing well and there has been closer working between the Trust and the new commissioners. As a consequence, the Trust has assumed a small amount of growth reflecting anticipated changes associated with demographics and local referral behaviours, but has also reflected on the goals of local commissioners to provide community based services where ever relevant.<br>• Service changes – there are expected to be changes in the way that the Trust delivers emergency services into the future. These plans are included within the capital planning assumptions and workforce impacts within the skill mix and CIP plans. In addition, for the first time, the Trust has included the anticipated financial benefits associated with the Accelerating Bigger Picture work particularly around the impacts of Pathology and Paediatrics. Other changes are expected but at this stage the Trust has been prudent around the related financial assumptions |
| | **Key risks to achieving the financial strategy and mitigations.**<br><br>The main risk around delivery remains unanticipated growth. In order to deliver the main work programmes around emergency care, the Trust needs to embed the change in working practices and this process may well be affected by significant activity growth. In addition the full impact of the national commissioning changes are yet to be felt, and could include a lack of, or changing, patterns of, demand management, immature commissioning practices or financial sustainability from some of the smaller commissioners. Close working with commissioners and other supporting agencies should help mitigate this.<br><br>Further risks relate to the CIP programme. This is the fourth year of applying a significant, challenging CIP and the benefits into the future come from major change programmes influenced by numerous factors. Lead clinicians and managers within the Trust are bought into the concepts and the need for change to deliver the quality and financial agenda. However, it will be a complex and challenging process so close management and oversight will be a critical success factor. |