

Gateshead Health NHS Foundation Trust

Strategic Plan 2014/15-2018/19

Summary for Publication

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1.0 Introduction

This public summary explains some of the aspirations and plans for the next five years which have been set out clearly in our first strategic plan.

The full strategic plan is a much longer and more detailed document which describes the context in which we deliver services and provides an assessment of the challenges facing the Trust and draws conclusions as to the clinical and financial sustainability of our services in the future.

The plan is developed in the context of the local priorities and planning currently being undertaken within the Local Health Economy (LHE). It takes a 'whole-system' view of work being developed with all partners throughout the LHE and wider agencies in the third and independent sectors. It contains an analysis of the market in which we offer services at high level and within the specialty based analysis.

This public summary is intended to give an overview of that plan and describe the extent of our ambitions for patients, patient choice, quality and safety and the practical ways in which key services will be transformed to lead to better, sustainable care at reduced cost.

1.1 Our Services

The Trust serves a local resident population of approximately 200,000 and other people in surrounding areas, who choose to access its services. Significantly wider populations are served for specialist screening services and Gynaecology-oncology services. These include, South of Tyne, Northumberland and Humberside, Cumbria and Lancashire.

Our service portfolio is wide-ranging and offers an extensive spectrum of clinical specialties, from those usually associated with medicine and surgery and diagnostics within a DGH but also including Palliative care, Old age Psychiatry and Gynaecology-Oncology. In November 2014 the Trust will open its new state of the art Emergency Care Centre (ECC) on the Queen Elizabeth Hospital site (QE), to provide single point of access for urgent care including medical surgical and paediatric assessment, integral diagnostic services, and short stay facilities. In April and June 2014 the Trust took over the management of walk-in and minor injuries facilities located at the QE and at Blaydon Primary Care Centres respectively, following the award of contracts by Gateshead Clinical Commissioning Group. Integration of clinical services at the point of assessment is a core feature of these developments and provides an opportunity to streamline patient pathways, improve quality and deliver efficiencies. New patient pathways for adults and children arising out of the Gateshead LHE Urgent Care Review are integral to this development.

The Trust also provides surgical and theatre facilities that include state of the art accommodation for elective surgical patients in single en-suite accommodation, a key strength underpinning our surgical strategy.

Our extensive specialist screening services incorporate a bowel-screening hub, bowel-scope, breast and aortic aneurysm screening. In addition, the Trust new Centre of Excellence for Pathology, will serve the South of Tyne populations, following a £12m new build on-site and extensive change management processes.

Whilst Trust services are still provided principally from the Queen Elizabeth Hospital, a significant and increasing proportion of the care is being delivered within a community setting and/or delivered in close cooperation with others in the health and social care system. We deliver services in offsite, secondary care outpatient facilities, community and primary care settings, and in patients' homes and are offering rapid access and ambulatory care services that reflect the national and local policy shift towards 'Right Place,

Right Time and Right Person' assessment and care, ensuring that patients enter hospital only when they need to.

The Trust also holds the contract for the management of 24 Intermediate Care, Assessment and Rehabilitation (ICAR) "step up and step down" beds, an innovative facility at the centre of a wider network, located in Sunderland, and following the award of a contract in 2011/12.

2.0 Strategic Context and Analysis

2.1 The Challenge Ahead

The NHS England 'Call to Action' document describes the unprecedented challenges facing the NHS into the future. As with all health providers, these challenges will impact upon the Trust and its plans for the next five years. The wider plan considers a range of issues that has informed our thinking:

- Continuing economic austerity throughout the public sector and the need for demonstrable productivity targets and efficiency gains across the whole system, as well as within individual service lines;
- An aging population placing an increasing pressure on services with increased dependency, co-morbidities, long term conditions, sensory disability and frailty;
- A challenging local health profile with marked differentials in quality of health and life expectancy across the Borough;
- A policy shift away from acute hospital care towards primary care-led models and care closer to home, underpinned by the financial rules governing payment for emergency admissions to hospital and reduction in re-admissions. The pace at which complex service transformation can take place within all sectors within the LHE, will directly impact on productivity going forward, given the pace with which increased demand is being experienced on services;
- New commissioning approaches to deliver on the 'Right Place, Right Time and Right Person' care philosophy which is challenging providers to work across organisational boundaries to develop innovative care solutions that provide high quality holistic, patient-focused outcomes;
- NHS planning guidance emerging from the Keogh review, the ten clinical standards and the need for extensive plans to deliver seven-day working, together with recommendations from Francis and Berwick, all of which seek to universally raise quality standards across the NHS;
- Functioning in a competitive market where:
 - Locally there is a close concentration of acute providers seeking income from limited resources;
 - Nationally, there is a clear strengthening of competition from the Independent sector, including significant market leaders entering the NHS market;
- Ongoing national reviews on the provision of high volume specialist centres for example Stroke and maternity.

2.2 Unit of Planning

The Trust has been extensively involved in the development of the Gateshead Unit of Planning plan. Gateshead CCG has led the development of this plan in conjunction with Gateshead Council and the other major health providers in the area.

A unit of planning group has been established to develop the Gateshead plan which aims to deliver on the outcome ambitions of NHS England and as such, has established the following set of measures, which will be addressed through the 5 year area plan:

1. Securing additional years of life for the people of England with treatable mental health and physical conditions - target 7.2% reduction in years lost
2. Improving the health-related quality of life for the 15 million people with one or more long term condition including mental health conditions – target 5% improvement
3. Reducing the amount of time people spend in hospital through better and more integrated care in the community outside of hospital – target 15% reduction in avoidable admissions
4. Increasing the proportion of older people living independently at home following discharge from hospital – target to be confirmed
5. Increasing the number of people having a positive experience of hospital care – target 2.5% improvement
6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside of hospital in general practice and in the community – target 5% improvement
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care – target 10% improvement in 2014/15 compared to 2013/14 (the focus is on medication errors in General Practice).

Five delivery programmes have been agreed which will ensure the delivery of these ambitions and which map through to the transformational models;

- Collaboration and wellness;
- Coordination and personalisation;
- Closer to home, locality based care;
- Responsive, needs based care, and
- Effective planned care

2.3 Better Care Fund

The Gateshead Better Care Fund (BCF) is a pooled budget of some £17.2 million, for transformational service delivery. In Gateshead the intention is to deliver a CARE system (Community based; Aligned; Responsive; Empowering), using the Better Care Fund as a vehicle to achieve this. Implementation of these initiatives form specific objectives with the Gateshead ‘Coordination and Personalisation Framework’, and will provide a transformative vehicle on the path to implement the wider vision set out in that plan. This overall Plan provides an overview of the BCF implementation locally, as this is a significant issue for the Trust both in terms of patient pathways and flow and in terms of activity and revenue. It is an exciting opportunity for the Trust to be involved in more coordinated care.

The BCF population will predominantly be elderly. Determining factors are:

- People who are at risk of admission to hospital and/or care home, thereby requiring particular health and care support (people at very high risk and high risk of admission);
- People whose progression along the risk ladder can be halted or delayed through proactive preventative support (people at moderate risk of admission)

11 initiatives have been agreed for the BCF. They are:

- A Single Point of Access (SPOA) for urgent health and social, intermediate care services;
- Alignment of community nursing services and older people’s nurse specialists and rapid intermediate care nurses; establishment of a GP ‘frailty register’ for case-management of ‘at risk patients’ (underpinned by a frailty strategy);
- Establishment of an ‘elderly care coordinator role’ and the alignment of the hospital-based frailty team with community nursing teams;

- Establish a dementia pathway across Gateshead - improving screening, identification of early diagnosis and support for patients and family/carers;
- Expansion of Ambulatory Emergency Conditions (AEC) pathways;
- Establish a 24/7, seamless palliative care service;
- Establish an Urgent Domiciliary Support Service – aligned to health colleagues for supporting people into their homes during acute crisis;
- Alignment of discharge support teams and the ‘Coordination Officers’ to facilitate discharge to alternative pathways of care;
- Expansion of intermediate care services including an increase in ‘step-up’ Intermediate Care Beds; introduce ‘roving GP’ to aid decision making and mental health support - providing the ability to risk manage ‘crisis’ in care, out of hospital;
- Expansion of the Gateshead Care Home Initiative into ‘residential only, care homes and explore 7-day services; and
- Enhance a seamless falls service.

2.4 Demographic overview

The strategic plan looks at demographics in much more detail and explains the impact this will have on planning over the next five years. The population of Gateshead is currently 200,300, and is set to increase by about 5% over the next 20 years. The age profile shows that Gateshead has an older population compared to the national average (37,196 are aged 65 and over). 21% of the population are above state pensionable age compared with 19% nationally and 20% in the North East of England as a whole.

Gateshead’s Health and Wellbeing Strategy: ‘Active, Healthy and Well Gateshead’, 2013/14 to 2015/16, sets out the aspirations and priorities to improve the health and wellbeing of all communities across Gateshead. The document recognises and sets out the efforts required to address new and existing health and wellbeing challenges in Gateshead, and the need to reduce the unacceptable gap in healthy life expectancy within Gateshead communities and between Gateshead and the rest of the country.

The big challenge for the health and care system in Gateshead will be in meeting this future demand, on the limited resources which will be available and in successfully balancing the life expectancy and health and care outcomes for the people of Gateshead. It is within this service and demographic context that we describe our Strategic Plan.

2.5 Market Analysis

The Trust is a smaller acute Trust in the centre of the conurbation of Tyne and Wear. There are other acute based Foundation Trusts within a short commute:

- South Tyneside NHS Foundation Trust;
- City Hospitals Sunderland NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust

Each of the above Trusts is the dominant provider in their own locality/CCG area, as historically, patient movement across boundaries is relatively limited. As some specialist services are not provided by the Trust, Gateshead patients tend to go across the Tyne Bridge for these, to the Newcastle upon Tyne Hospitals Foundation Trust, which is a tertiary centre. This factor is important to bear in mind when analysing the high level information about percentage market share by specialty. In addition, some GP practices to the west of Gateshead in particular, tend to refer a greater proportion of patients into

Newcastle, reflecting geography, transport links and patient choice as well as historic connections and patient flows.

The Trust central position also provides opportunities for collaboration and clinical networks that both sustain and ensure high quality services for patients across localities. The Trust works closely with each of the Foundation Trusts identified with service level agreements in place for a range of services, for example, Urology, ENT, Vascular services.

The Trust is the main provider of acute care for Gateshead CCG and although an increasing proportion of our income is received from NHS specialist commissioners, the majority of our income base is still made up from this contract.

Competitor analysis is undertaken both at corporate and at specialty level, the latter is the most meaningful level of analysis with which to inform our detailed plans.

The Trust has also identified that there is scope for income growth by:

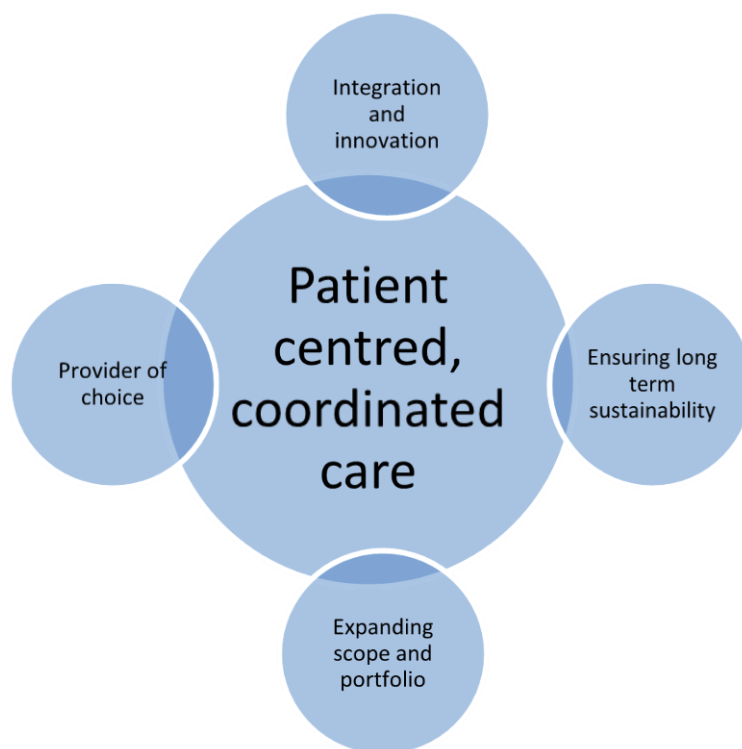
- Influencing elective activity through patient choice and with marketing campaigns. However we have a clear grasp of the potential in this area and ensure that plans are realistic;
- Tangible opportunities to assist neighbouring providers to manage activity pressures and capacity gaps in a range of key service areas, both elective and non-elective, where the Trust has, capacity, expertise and excellent facilities, and
- Clear development plans in areas of specialist expertise and reputation, both within and out-with the geographical area as described in our strategic themes and vision for services below.

We have also summarised the key issues facing the Trust and have undertaken a SWOT analysis. The following sections within this document summarise our response to this exercise, in the form of strategic themes and priorities in section 3.3 below.

3.0 Strategic Themes: our vision for our services in 2018/19

3.1 What will our Services look like in 2018/19?

The diagram below describes our strategic themes, which we set out in the Operational Plan submitted in April 2014.



We have developed vision statements to describe these themes, and what services will look like in 2018/19:

Patient centred, co-ordinated care: *Our vision is that the patient is at the heart of everything that we do, and our patients will be empowered to influence at all levels of care. Our services will be of the highest quality and will be moulded around the patient’s individual needs; joined up with other providers and community based care to look after the whole person.*

Integration and innovation: *We will transform our services from a hospital based system to a system integrated into the local care system, supporting the locality cluster model in primary care. Our services will support the CCG in delivering the 7 outcome ambitions and we aspire to work in collaboration with our partners to deliver joined up, community based care. We will build on our partnership model for diabetes services and the integration in urgent care to achieve the transformation required.*

Ensuring long term sustainability: *We will proactively review and horizon-scan our services to ensure long term, clinical and financial sustainability. We will use our planning processes and performance review system to continuously assess developments, e.g. with technology advances, national conditions or clinical guidelines/standards, and what our patients are telling us, to ensure consistently high quality and sustainable services.*

Provider of choice: *we aspire to be the provider of choice for the population of Gateshead and for those on our borders and in surrounding areas. We will ensure information about our service portfolio and quality is accessible to those making choices about secondary care, so that, where people do need to be cared for in a hospital environment, they choose our services. Our focus on excellence in patient experience and being the best employer, together with our patient experience and involvement strategy, will support this priority.*

Expanding scope and portfolio: *We will pursue opportunities to develop our service portfolio, and to diversify into other services and catchments both to deliver our aim of integration and innovation, and to ensure our sustainability in the longer term. We will build on our excellent local and national reputation to achieve this priority.*

3.2 The Gateshead Unit of Planning Plan

The Gateshead area plan is based around 5 key programmes which will deliver the vision for the care system in Gateshead and the targets around the 7 outcome ambitions. Our Strategic Themes have been developed with commissioning intentions of the CCG and the vision of the Health and Wellbeing Board firmly in mind. The excellent working relationships that the Trust has with partners across the borough of Gateshead has helped to ensure we have a clear understanding of the aspirations of the CCG in time to develop our strategic thinking. The joint work on the production of the Better Care Fund has also supported this.

We have therefore been able to successfully map the Gateshead area delivery programmes across to our 5 Strategic Themes, and this is shown in the following diagram (pale blue is Trust priorities, grey is Gateshead Unit of Planning plan delivery programmes):

Patient centred coordinated care	Integration and innovation	Long term sustainability	Provider of choice	Expanding scope and portfolio
<ul style="list-style-type: none"> •Co-ordination and personalisation 	<ul style="list-style-type: none"> •Co-ordination and personalisation •Closer to home, locality based care 	<ul style="list-style-type: none"> •Planned care •Responsive, needs based care 	<ul style="list-style-type: none"> •Planned care 	<ul style="list-style-type: none"> •Closer to home, locality based care •Responsive, needs based care

While some of the Trust strategy goes beyond the Gateshead patch, for example where we aspire to develop some of our specialist programmes (Pathology, Screening, and IVF) there is a significant degree of congruence with the Trust's aspirations and those of the Unit of Planning.

The Trust recognises that delivery of its strategy to support care closer to home and Right Place and Right Person' care will require significant transformation and re-modelling to become an organisation, which is routinely outward-facing, and works collaboratively with partners across the LHE, as part of everyday practice. There will be times when the 'Right Place' is in an acute setting, but our strategic aim is that the dependency of the local population on hospital based services will lessen. This will be challenging. We will need to re-model and transform our services in line with the local strategic plan, while ensuring the long term financial and clinical sustainability of hospital-based care. However the Trust has a history of working positively with partner agencies across the LHE, which is already providing the foundations for accelerating this approach. A Clinical Transformation Board is being established as part of the delivery of the Gateshead Unit of Planning Plan, where clinicians and hospital leaders will jointly own and co-produce the transformation of planned care.

The following strategic priorities have been adopted to ensure that the Trust embraces the challenges outlined.

3.3 Strategic Themes and Priorities

The Strategic Themes were developed within the Operational Plan, with the focus in that document on the immediate priorities for years one and two.

The longer term vision, including initiatives, is shown in the following template:

Strategic Outcomes	Priorities
1) Achieving integration and innovation for high quality care across Gateshead	<ul style="list-style-type: none"> • Working together across the LHE to develop new service models that embracing 'Right Place, Right Time and Right Person'; • Ensure care focus upon the full spectrum from health promotion and ill-prevention, self-care and support through to assessment diagnosis, care and treatment; • Building upon our new state of the art Emergency Care Centre and the recently awarded Walk-in Centre contracts, on the QE site and at Blaydon, to significantly contribute to our commissioners' vision for an integrated urgent care pathway for the people of Gateshead; • Work with the CCG and LHE to deliver the Long Term Conditions Strategy within the context of 'Right Place, Right Time and Right Person' care supporting high quality out-of hospital assessment care and support for the Frail Elderly and people with COPD, Heart Failure, Osteoporosis, Musculoskeletal conditions or those suffering Acute stroke and TIA; • Work with the LHE towards development of services that better support localities as per the CCG/Unit Plan; • Work across LHE to achieve the broader service vision as set out in Better Care Fund to ensure the effective use of the pooled fund to deliver the best outcomes for patients; • Build upon existing strong clinical networks with health partners to identify and explore further opportunities for networking, in line with the direction of travel indicated in the Keogh Review and ensure the best outcomes for local people and most efficient use of resources to underpin longer term clinical sustainability of key services for the local population; • Implement best practice in change management and health and well-being strategies to equip, engage and support the workforce through service transformation; • Deploy best HR practice to underpin implications of service changes including staff engagement and clinical involvement in all decisions; • Ensure that workforce capacity and new ways of working, are congruent with service plans going forward, and with quality standards.
2) Ensuring clinical and financial sustainability.	<ul style="list-style-type: none"> • Ensure a sustainable Financial Plan in the context of LHE plans, ensuring we continue to deliver value for money for our patients and commissioners; • Ensure delivery of new ways of working and transformational integrated clinical pathways, within an affordability envelope, as described in (1) above; • Ensure successful delivery of efficiency, productivity and revenue generation plans; • Plan for seven-day working and the delivery of the Keogh 10 Clinical Standards, work in collaboration with commissioners to agree a timeframe for delivery of these standards and in doing so, to reduce the variation in outcomes for patients, and • Ensure our workforce and estates strategies are congruent with all service plans, and • Implement Trust Workforce Plan, Estates and IM&T strategies.

Strategic Outcomes	Priorities
3) Expanding the scope of our Services.	<ul style="list-style-type: none"> • Clarify and develop the Trust’s future contribution towards service models and plans that will deliver on ‘Right Place, Right Time and Right Person’ and, seamless care; • Consider market and service opportunities to offer choice to patients locally, in areas of specific expertise and reputation; • Implement plans for full utilisation of the new Pathology Centre of Excellence, maximizing upon opportunities locally, regionally and internationally; • Focus on further development of clinical networks and strategic alliances in health and social services in the interest of securing better outcomes for patients.
4) Delivering patient-centred, coordinated care	<ul style="list-style-type: none"> • Improve coordination and communication within services to strive for holistic care management and planning, for example, the Dementia Pathway, Services for Younger Adults with Complex Needs and Palliative Care; • Deliver strategies that support joined-up care and reflect best practice; • Aiming for Best in Class across services; • Implement the Trust Quality and Risk Strategy incorporating Trust combined response to Francis, Berwick and Keogh; • Ensure customer care and what quality means to patients and the public, remain central to the Trust ethos; • Further develop the way in which patients, family and carers participate in care management, service planning and design; • Achieve compliance with all key performance targets in line with provider licence going forward; • Implement the Trust Leadership Strategy; • Source and develop technology to improve patient care and communication for example, continue to play a key role in delivery of Gateshead Medical Inter-operability Gateway (MIG) to improve communication across secondary and primary care; • Deliver safe, effective services, based around patient need across all services, to sustain the Trust brand for quality and excellence and accessible services.

Strategic Outcomes	Priorities
5) 'Provider of Choice'	<ul style="list-style-type: none"><li data-bbox="524 197 2103 268">• Build on marketing opportunities and public relationships, wherever appropriate to highlight the quality and accessibility that the Trust can offer;<li data-bbox="524 272 2103 308">• Deliver plans in areas of specific clinical expertise and reputation;<li data-bbox="524 312 2103 416">• Complete all key new builds and commissioning e.g. Emergency Care Centre and Pathology Centre of Excellence and undertake rationalisation and re-configuration of the Estate to ensure best use of resources and services that constitute value for money;<li data-bbox="524 421 2103 456">• Ensure high quality patient environment;<li data-bbox="524 461 2103 531">• Ensure that workforce capacity and investment plans and new ways of working, will deliver service and quality plans going forward, and<li data-bbox="524 536 2103 600">• Progress collaborative work on integrated information systems to support new service models and continue to push forward on technology that improves patient care and increases timely access to diagnostics results.

4.0 Service Transformation and New Care Models and Service Opportunities

The LHE plans for new ways of delivering care continue to evolve, reflecting national policy, planning guidelines and local commissioning strategies for Urgent Care and Long Term Conditions. This includes delivering on the 11 initiatives identified within the Better Care Fund Plan.

The building blocks are now being established to create the strategic shift that will occur throughout the period of this plan, from acute-centred, curative models of care, to transformational models that will focus upon care provided for the whole person, 'not the person's parts' and promote continuity in care and working behaviours. Central to this approach is the development of the integrated or patient-centred, coordinated models of care. This model transcends organisational boundaries and brings together professionals within primary, community, social and secondary care, engaging the patient, their families and carers in shared decision-making and care management. Irrespective of the specialty areas, the approach shares common characteristics and desired outcomes which are set out below.

CHARACTERISTICS OF THE MODEL: Integrated pathways /Patient-centred Coordinated Care

- Single point of access to aid assessment and onward referral;
- Concept of 'Right Place, Right Time and Right Person' intervention;
- Avoiding duplicate interventions and people being passed unnecessarily between professionals/services within the health and care system;
- Smooth transfer between points of care;
- Focus on supporting people at home or as close to home as possible with secondary intervention/entering hospital only as and when required;
- Shared decision-making;
- Coordinated care management and multi-disciplinary involvement;
- Close alignment of secondary care specialists and primary care clinical teams, including support and education and shared learning;
- Close alignment with social services and wider agency networking to support individuals manage their situation at or near to home;
- Clear signposting for patients their families and professionals;
- Communication flows and the technology necessary, to underpin coordinated service delivery and ensure patient focused outcomes
- Optimum use of resources across the health system through effective demand management, and
- A person-centred, not disease centred approach to care

This model is at the core of the BCF and aims to meet the needs of patients most at risk within the community and who are frequently admitted to hospital due to health and /or social crises or exacerbations in their condition. Many of these issues, if pre-empted or subject to earlier intervention and an appropriate network, could be supported at home. As well as avoiding inappropriate hospital admission, this service model also seeks to positively influence length of hospital stay and support effective hospital discharge to community and social care teams for those who need to enter hospital, through proactive care-planning and cross-agency coordination. It will also ensure optimum use of scarce resources within the LHE.

Working with commissioners and the wider LHE in development of this model is central to the Trust strategy and is clearly set out in our strategic priorities and business plans. Whilst services differ in nature, range and complexity, elements of this model are applicable across a wide range of services including Care

of the Frail Elderly and Care of People with a wide range of LTC. Realistically, development of models of this complexity can take years of dedicated planning and collaboration to achieve. However the successes achieved to-date with pioneering work undertaken with commissioners, clinicians across primary, secondary, community and social care should assist with the pace with which the LHE is able to embrace these whole pathway models, throughout the period of this Plan.

4.1 Service opportunities to build and grow

As previously described, internal analysis has identified a range of opportunities upon which to further explore and build during the period of this Plan. These opportunities arise from a combination of factors including:

- Local specialist expertise;
- State of the art new facilities and asset capacity;
- Outcomes from market and competitor analysis that has identified market potential,
- Areas in which neighbouring providers are seeking our input,
- The Trust brand and reputation for accessible high quality care, GP and patient satisfaction.

Plans are in hand for priorities identified for 2014/15. Other areas are more aspirational and will be subject to further capacity and demand, market analysis and business modelling, in the line with roll out of the service line management infrastructure, now embedding within the Trust. Opportunities that relate to services currently commissioned by Gateshead CCG are realistic with regard to the affordability. They are modest in assumption, arising from known commissioning intentions within the LHE strategy.

The establishment of the new Pathology Centre on the QE site, delivering Pathology services for Gateshead, Sunderland and South Tyneside, is a major asset and an area of significance with regard to plans going forward. This is a brand new facility, equipped with cutting-edge technology which can exploit the latest diagnostic techniques. There is heightened automation which has been designed with full account of lean processes and the ability to scale capacity up and down, with adequate floor space to significantly increase capacity if required. The Laboratory has been equipped with some 'first country testing' analysers, that will support its reputation as a leading edge test development centre. There are many new markets that the Trust can explore which have the potential to bring in income and work to the Trust, to optimise capacity that is available. Our plans set out the key markets and initiatives to develop this asset over the next five years.

5.0 Financial Overview

Against the background of a continued squeeze on tariff funding, inflationary pressures and the ambition of transformation towards a more integrated, community based healthcare model, the financial plan for the 5 year period presents a dual challenge of cost improvement and revenue generation through changes in service delivery, totalling around £33m around the period of the plan. In addition the completion of our Emergency Care Centre in 2014/15 results in a reduction of liquidity. However a positive, supportive relationship with our lead commissioners underpins a plan that is challenging but achievable maintaining an I&E surplus across the Plan and delivering a COSR of at least 3. Achievement of the CIPs, reducing cost, opportunities for growth and management of working capital are therefore essential to delivering a successful financial outcome. The Trust has a history of sound financial stewardship to-date however our plan reflects a significant financial challenge.

Key headlines are shown in the table below:

	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m
Total Income	208.569	206.503	227.163	229.377	231.549
Total Revenue Expenditure	216.404	204.037	224.673	226.925	229.028
Capital Expenditure	15.473	4.667	4.712	5.012	4.840
CIPs	6.906	9.346	6.071	4.551	4.801
EBITDA	6.835	11.103	11.142	11.066	11.096
Underlying I&E Surplus*	2.165	2.466	2.489	2.450	2.521
Liquidity Metric	-3.3	-1.2	0.2	2.5	5.0
Continuity of Service risk rating	3	3	4	4	4

*surplus/deficit less impairments and restructuring costs

6.0 Quality and our Ambition for Patients

Our Trust values, vision and strategic themes encompass our ambition for patients going forward throughout the period of this Plan. We place the patient experience at the centre of all we do and strive for quality and excellence at all times. In the strategic plan, we emphasise our approach to patient-centred, coordinated care, built around meeting individual need and, empowering patients, their families and carers to share in decision-making. Our service transformation agenda is aimed at providing accessible, timely, safe and coordinated care that reduces duplication and unnecessary, repetitive interventions or dialogue.

We describe our plans for delivering services across organisational boundaries, building relationships and new technology that will ensure effective communication with patients and between professionals and the wider network of services able to support individuals managing their own health and well-being, within the community. We seek to enhance this with clear clinical and referral guidance, signposting and patient information.

Our ambition for our patients is further underpinned by our Safecare (Quality, Safety and Risk) Strategy, which sets out our intentions to:

- Build and strengthen capacity and capability in leadership for quality and safety at all levels of the organisation;
- Build on the already strong culture of safety and continuous quality improvement in the Trust;
- On-going development of systems devoted to continual learning and improvements in patient care;
- Promoting transparency in the health care we provide;
- Foster the growth and development of our staff to reflect the values of the 6C's (care, compassion, competence, communication, courage and commitment);

- Ensure our governance systems continue to support the on-going registration and regulatory requirement of the CQC;
- Ensure effective structures are in place to support SafeCare and Risk Management activity at all levels from the Board to frontline staff;
- Seek to enhance quality and patient safety, as endorsed by Francis, Berwick and Keogh reviews, including continuing the drive for:
 - o Patient and Carer involvement in decision-making;
 - o Robust measurement of quality and the patient experience;
 - o Continued focus on openness, transparency and learning;
 - o Clarity of staff roles and responsibilities in relation to safety and improvement;
 - o A systematic approach to staff development, from ward to board, with regard to quality control, planning and improvement, and
- Continue our approach towards openness, including transparency in publishing safety and improvement data.

Each year the Trust commits to quality goals through its Quality Account. These goals are developed through an inclusive process using both internal and external intelligence, (e.g. analysis of complaints and incidents, service plans and benchmarking and consultation with internal and external stakeholders). The goals are agreed with our Council of Governors and our Board. They may differ in focus from year to year but will focus primarily on projects that will reduce harm and mortality, improve the patient experience and ensure that the care we offer is evidence-based. Examples include:

- Reducing avoidable hospital deaths
- Improve the care of patients living with a diagnosis of Dementia
- Patient safety including reduction of falls and ensuring medication safety;
- Rescuing the deteriorating patient;
- Reducing harm from pressure damage;
- Reducing harm from catheter associated urinary tract infections;
- Reducing harm from Venous Thromboembolism;
- Strengthen Safeguarding Arrangements, and
- Infection Prevention and Control.

6.1 Our Patient, Public and Carer Involvement Strategy

The Trust strategic plans going forward build upon a strong base of activity and achievements in PPCI. Examples of positive work undertaken to-date include:

- Implementation of, and successful feedback from, the NHS Friends and Family test, in inpatient areas, A&E and Maternity. This included an exercise to seek patients views on how they would like us to communicate with them, for example, by text or postcard;
- The Trust performs well in National Patient Survey Programmes in Adult inpatients, Maternity, Mental Health outpatients and Emergency departments but is not complacent and actively listens to the feedback captured to develop action plans for improvement. Development arising from feedback received, has been wide-ranging and includes for example, provision of high quality, family-centred en-suite accommodation in the post-natal ward area with provision for both parents and children and also well a designated facilities to offer support and privacy to bereaved parents;
- Introducing the use of ipads to capture real time feedback from our patients, aligning key questions to reflect the NHS Chief Nursing Officer's 6Cs (compassion, care, communication, competence, commitment and courage). Safe care facilitators visit each ward and patient area on a weekly basis to discuss their experience of care, and ward managers receive a monthly report on areas where improvements can be made or good practice reinforced and sustained. These are publically displayed in the ward and department, 'Time to Care' notice boards;

- Actively involving patients in service redesign and educational events and conferences;
- Building upon a comprehensive, patient –centred approach that ensures we listen to, advise and support people with learning disabilities and their families and carers. Whilst we have staff whose dedicated role is to offer advice and support for individuals and their families, our work has also engaged members of the Gateshead Good Health Sub- Group, who themselves have learning disabilities;
- National recognition from the National Cancer Patient Experience Survey who placed the Trust 1st in the country in response to patient feedback on the care and support offered to patients and their families;
- Undertaking a detailed review, and thematic analysis of our system for handling and addressing concerns and complaints to ensure continuous improvement, and
- Working in partnership with carers, including our staff who are carers, and providing support systems, and guidance ,for example the recently published Carer’s Guide: ‘The Person with Dementia and their Carers in Gateshead : A Guide to Understanding, Coping and Responding.’

A new Strategy for Patient, Public and Carer Involvement has been agreed for 2014 – 17, building upon two previous work streams: Patient, Carer and Public Involvement and Patient Experience. This refreshed approach will enable us to manage patient experience and involvement through one governance structure, acknowledging the relationship between the work streams, enabling a more focused and co-ordinated approach going forward.

The integrated Strategy incorporates the Trust response to the important outcomes of the Francis and Berwick reports and other recent legislative changes, and of the way in which health and social care services are now working even more closely together. We want to achieve excellent results for patients and foster a dynamic, energetic and creative approach to patient involvement. This includes ensuring we are capturing and measuring how we do now in the eyes of our patients, so that we can ensure and improve service quality, but also working within an open and developmental framework which encourages innovation and partnerships with patients, partners and the public, to ensure we deliver what is needed, when it is needed and where it is needed.

Fundamentally, the aim of the Strategy is to ‘hear every voice, even if that voice is a whisper’ (Berwick 2013).

We have based our Strategy around our ‘5 steps’ framework. This has been developed to capture the essence of what patients, the public and carers want from our service, from when the journey starts with their referral to us (be it ‘planned’ or as an emergency), through to how we listen and respond to the broader views of the community when planning our services. We will consider patient experience and involvement in the framework of 5 key steps:



We believe that these 5 steps capture the main elements for focusing engagement and involvement work, and in turn develop the quality standards, outcomes and delivery framework to make a difference. We have developed quality statements within each of the Steps. These are based on the work undertaken in 2012/13 with our patients to look at ‘always events’ – the things they would wish to happen all of the time. This work provided a wealth of feedback on the aspirations of those who use our services and live in our catchment communities. We cross referenced this with the recently issued NICE Quality Standards, and the

Chief Nursing Officers 6 C's as previously described. From this we were able to develop the quality statements which will form the heart of our Strategy for the next 3 years.

For each of the Steps we have developed a delivery framework based to implement the quality statements. We have developed a delivery commitment, which provides a commitment of the work we will do to ensure we meet the quality standards defined. We then look at how we will ensure delivery and what the key milestones over the next 3 years will be. This is a new and exciting approach for the Trust and we are actively looking forward to developing this work with patients, the public and carers over the next 3 years.

7.0 Ensuring Capacity-workforce and the estate

7.1 Workforce strategy

The next five years will see the Trust addressing key workforce challenges, driven by both the national and local agenda for quality, transformation and managing the Economy. Delivering new models of care and associated funding structures, such as the BCF, clear productivity targets and universal quality improvements arising from Keogh, Berwick and Francis, including seven-day working, will all require a robust workforce plan, that enables us to be the 'Best Employer' and local employer of choice within a competitive regional market. This is critical to our success and ensuring that our services remain sustainable long into the future. In developing and implementing our workforce plans we will continue to place the patient at the centre of everything we do and in keeping with our brand for quality and excellence, ensure that we recruit, retain and develop suitably skilled and experienced, high calibre who can also adapt with agility to the changes ahead.

The following areas are key to the Trust's success in delivering a workforce of the high quality service, which our reputation demands.

7.1.1 National and local standards

(i) Keogh Report - 10 Clinical Standards

A major focus of the Keogh standards is to provide appropriate services over the seven days of the week and as such it is essential that the Trust is able to build and develop a workforce that is flexible enough to respond to the major changes in work patterns, practices and skill mix.

Although new ways of working will go some way to addressing these new requirements, further investment and recruitment of staff is inevitable. This will be the subject of dialogue with key stakeholders and commissioners going forward. Key activities to support the Trust in delivering "Seven Day Working" include:

- Identifying new roles/ways of working;
- Development of service models such as a "Non-medical Endoscopy Service", extended working in Pharmacy, electronic prescribing, electronic health record;
- Developing new roles to support current clinicians e.g. introduction of Acute Physicians and advanced level Practitioner roles in Nursing, Physiotherapy, Ultrasound and Neonatal areas, and
- Ensuring clinical networks continue to support patients across geographical and organisational boundaries.

(ii) Better Care Fund

The Trust is working closely with partners in the LHE, as described in earlier sections of this Plan, to develop appropriate patient-centred and integrated care pathways to ensure those with greatest risk of admission to hospital are cared for and supported appropriately, both closer to home, when possible, and also effectively when admitted to hospital. This will involve staff working across organisational boundaries. Our workforce plans will form a key part of proposals to deliver the Gateshead BCF plan initiatives and will include:

- Ensuring patients receive care from staff with the right skills and experience to provide their treatment, regardless of which organisation they work for, and
- Providing seamless services, with staff from varying professions carrying out a range of basic care tasks, to minimize the disruption to patients of numerous visits and interactions.

7.1.2 Emergency Care Services

As previously described, the new £32m Emergency Care Centre for the people of Gateshead and surrounding localities opens in 2014 an integral element of the integrated Urgent Care Pathway for Gateshead. Our plans ensure that staffing levels are appropriate to deliver the agreed pathways in terms of skill mix, numbers, competence and teamwork, to fulfil the innovative vision for this service forms a core element of the Trust's workforce plan.

The new environment will facilitate a number of workforce developments including more integrated working across clinical specialties, greater interaction across primary (Walk in Centres) and secondary care (Emergency Care Centre) and revised ways of working.

In order to achieve improved Emergency Care Services the Trust will:

- Recruit additional A&E consultant staff to address the revised pathway;
- Develop the role of Nurse Practitioners, and Advanced Practitioners to support the clinical team in triaging and treating patients, and
- Review, in conjunction with the Deanery, training placements of Junior Medical Staff to ensure new ways of working and service provision are sustained without impact on training programmes.

7.1.3 Service transformation models/new models of care, and supporting service growth plans

Over the next five years the Trust will continually review the services offered to patients, developing new pathways and models of care, to ensure 'Right Place, Right Time and Right Person', in line with our commissioner vision and LHE plan. This is described in further detail in sections 3.0 and 4.0. This will result in the new ways of working, some development of services, and maintenance or re-configuration of others. The workforce implications of each will need to be addressed to ensure the Trust is able to attract and retain a suitable and skilled/qualified workforce.

7.1.4 Recruitment challenges

In common with all complex organisations, the Trust experiences areas where 'difficult to fill' posts places a strain on service provision. To counter this, the Trust will look at ways of 'filling the gap' created by retirement, service change and 'hard to fill posts', and as such, will implement a number of strategies, including:

- Extending practice of some nurse/AHP roles, e.g. nurse endoscopists, advanced roles in Physiotherapy, Ultrasound and Neonatal services.
- Increase the complement of Trust Doctors (non-training grades) to support the medical teams;

- Employing people on a variety of contracts to meet their personal needs and the organisations requirements, enhancing flexibility and retention.

7.1.5 Succession planning

The Trust recognises the importance of developing the workforce to provide a steady supply of successors to key posts and drives the aim to be the “Best Employer”. Our plans include a range of strategies that will ensure a robust workforce into the future:

- Robust annual appraisal and personal development planning;
- Embedding a strong culture of Health & Well Being At Work, supported by a range of policies and benefits for staff to maximize retention of the workforce;
- Talent spotting;
- ‘Growing our own’ and continuing to participate in Apprentice/Cadet schemes for Nursing, Business Administration, and Scientific staff, and
- Continuing to resource comprehensive and high quality training and development both internally and externally.

7.1.6 Staff engagement

The Trust is committed to working with staff and staff-side colleagues in partnership, to respond positively to today’s changing and challenging environment. Understanding how staff feel, and what would help support them in their work is fundamental to staff engagement. The Trust will support the national "Friends & Family (Staff) Test", adding this feedback to the Staff Survey results. Supporting Action Plans will ensure that areas for improvement are addressed in a timely manner and progress monitored.

Building upon the Trust’s Investor in People (IIP) Gold award and success to date in health and well-being programmes for staff, we will continue to promote and develop this agenda.

Partnership working with Staff Representative Colleagues is an on-going and evolving relationship. Consultation and where appropriate negotiation will continue through the Joint Consultative Committee and Local Negotiating Committee (Medical Staff), with working groups convened as necessary to ensure appropriate communication about key issues e.g. TUPE matters, takes place.

7.2 Estate strategy and capital plans

The Trust has a fully developed Estates Strategy, spanning 2014/15 to 2019/20 approved by the Board in January 2014. The Estates strategy supports the strategic priorities of the Trust, in areas critical to our success and will enable the Trust to seize opportunities as they arise. Strategy aims are as follows:

- To provide solutions to ensure that the Trust’s estate improves as a result of recent developments and changes and crucially each department is functionally and environmentally fit for purpose;
- To ensure delivery of key elements of our service strategy as discussed earlier in this Plan and which can only be achieved with the support of an effective estate;
- The property overhead must be minimised to achieve an efficient, fit for purpose, lean estate which has disposed of old, tired and out of date premises;
- Ensuring we have the right numbers and complement of beds to meet current and future service needs;
- The effective re-use of vacated space is key to achieving the correct ‘estates mix’ which will mean a substantial movement of staff and facilities both into the new developments and into newly vacated space left by the departmental moves. For example, the proposed move of maternity into the recently

vacated pathology labs would greatly benefit from the close location of the operating theatre complex, and

- Continued improvement of the environmental performance of the estate.

Above all, the Strategy aims to deliver building and facilities that are fit for purpose, ideally situated for patients and delivery of high quality services and which are well cared for, are able to adapt to clinical needs and support service transformation over time. The Strategy incorporates longer term capital plans and equipment replacement. Capital investment has been revisited in the light of our internal service sustainability assessment, underpinning this strategic plan, to ensure that phasing and content reflect key service requirements and dependencies. The resulting outcome is a coherent planned approach that constitutes a combination of currently approved investment plans together with future aspirations that will be subject to further consideration in line with Trust financial plans, going forward.

The Strategy provides a coherent planned approach that commences with the completion and commissioning of the new build being undertaken on the Queen Elizabeth Hospital site i.e. Pathology Centre of Excellence and new Emergency Care Centre (ECC), subsequent demolition and major period of rationalisation and re-configuration that will provide an opportunity for re-location and improvement of accommodation for other key services including Maternity, Paediatrics and Gynaecology, Cardiac Diagnostics and re-location of the existing Ambulatory Care clinic to enable proximity to the new Emergency Care accommodation. A number of poorer, peripheral buildings will be demolished, which will release revenue savings. On-site car-parking will be significantly improved. Examples of our plans and aspirations include:

- Refurbishments in existing inpatient accommodation to provide more single en suite rooms and improved associated facilities;
- Maternity Unit re-provision;
- Further development and rationalisation of offsite/outreach facilities;
- X-Ray and Cath Lab accommodation upgrade;
- Demolition plan and car park rationalisation – Phase II;
- Re-provision of Paediatrics outpatients;
- Re-provision Gynae-oncology;
- Re location and expansion of Bowel Screening Hub;
- Endoscopy expansion;
- Relocation of Cardio diagnostic;
- Relocation of Ambulatory Care Unit closer to Emergency Care Centre;
- X-ray provision for fracture clinic;
- Bensham General Hospital rationalisation;
- Tranwell building usage, and
- Ongoing equipment replacement programme over the period of the Plan

With regard to the overall quality of the environment, the Trust performs well. Within the 'Patient-led Assessment of the Care Environment' (PLACE) introduced in April 2013, for cleanliness, wellbeing food, privacy and dignity, condition, appearance and maintenance, all scores to-date, exceed the national average. In addition, the Trust is embarking on a range of phased initiatives and projects to incrementally improve the dementia friendliness of wards and outpatient areas.

Finally, the Trust is voluntarily committed to the European Union Emissions Trading Scheme (EU ETS); the Carbon Reduction Commitment Programme (CRC) and participates in the Salix Fund (carbon reduction programme). The Trust has achieved early success ahead of schedule and plans include comprehensive and pro-active sustainability measures that are approved on an annual basis.

8.0 In summary

This document sets out the highlights of Trust strategic priorities for the next five years within the context of the environmental challenges faced, the opportunities presented and the planning intentions and aspirations of the Gateshead Unit of Planning.

We are developing a comprehensive communications plan to ensure our priorities and plans, and the context within which they have been developed, are shared with all key stakeholders, both external and internal. This will include working with commissioners and partner agencies through the Gateshead Health and Well-being Board and Gateshead Unit of Planning Stakeholder group and utilising our links with agencies such as Healthwatch Gateshead, the wider voluntary sector, our Governors and Trust membership.

We will continue to develop innovative ways to support a two-way dialogue with our patients, their families and carers and the general public. We will use our internal communications infrastructure to involve and inform our staff from ward to board

The priorities will be incorporated into our internal performance management infrastructure and departmental and Board monitoring processes to ensure that we perform well in the delivery of our plans and that we rigorously manage ongoing risk. Any challenges arising, as we go forward, will be clearly identified within Business Unit and Trust-wide planning processes and shared as appropriate, with partner agencies, within the LHE, and plans amended accordingly.