Strategic Plan Document for 2014-19

North Tees and Hartlepool NHS Foundation Trust

Summary for Publication
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### 1.1 Declaration of sustainability

| The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time. | Confirmed |

**DECLARATION OF SUSTAINABILITY**

In line with the requirements of the *NHS Provider Licence, Risk Assessment Framework* and the Health and Social Care Act 2012, the Trust Board of Directors (‘the Board’) is cognisant of the obligations presented in law and in regulation on the provision of health care services and the required governance structures to ensure sustainability for the future.

This Strategic Plan covers a period of unprecedented economic challenge within the NHS, with a fierce and progressive squeeze on public spending set to continue, with acute Trusts receiving significantly lower rates of growth and the deflation in the tariff being used to curb spending on health care. In addition, with the policy focus on improved quality and safety standards and enhanced clinical, health and social care outcomes, the realism of the challenge to effectively balance the risks to quality and access to care with greater specialisation, workforce requirements and the effects of payment systems, is well understood by the Board.

In using 2013/14 as a chance to pause and reflect on the strategic direction, the Board has planned, with due regard, for the constraints facing the sector, the context of national and local health needs and for a sustainable future and therefore the direction that the Trust is taking and the approaches, plans and infrastructure of support to ensure success. The Board has been fully engaged in the development of the Trust’s Annual Plan submissions, throughout the course of 2013, considering risks and ensuring control mechanisms in place. This has been an iterative process carried out via the whole governance structure underpinning the Board and has therefore included formal consideration of deliverability, priorities and developments, risks and mitigation plans.

To support this, the Trust has worked through an intensive process to develop a credible plan, working in strategic partnerships with commissioners, health bodies, local authorities, third sector partners, staff and patient groups. The Trust has ambitious plans for the future to work with healthcare partners to transform health and healthcare services under the *Momentum; Pathways to Healthcare Programme* leading up to the occupation of a new single site hospital.

The Trust will achieve this by working in collaboration with health and social care partners across the system, advancing innovative treatments through closer working relationships with academic institutions and industry, adopting a commercial focus, forging strong patient and staff associations and providing transparent and accessible information for staff, patients and carers, on which to make informed choices.

Whilst the plan is focussed on delivering patient centred collaborative care; the Trust being at the forefront of a healthcare system that is fit for meeting the health and social care needs of the 21st century, the Board has taken the opportunity to reassert the realism of the strategic positioning and planning for the future. In doing this, the Board and the organisation are well prepared for the expected challenges. The Board has an excellent track record in driving delivery against new and existing service standards, has had the opportunity to consider and where necessary scrutinise, the historical and forecast position and trends of clinical, financial and operational effectiveness and to assess the risks, remedial action and lessons learnt to ensure appropriate planning going forward.

With sound quality governance, risk management systems and financial control, the Trust is, therefore, well placed to continue to deliver improvements in the quality of services delivered to patients and to deliver the financial and service performance targets. By planning in advance, a number of initiatives are already progressing, improving the likelihood of delivering. The Trust’s medium term financial strategy, linked to the development of the new single site hospital, continues to drive clinical and operational efficiency.

The Service Line Management approach will continue to be the mode of operational delivery, within which there are three key strands of work, including, strengthening clinical leadership in management, developing service line reporting through Patient Level Information and Costing Systems and improving and streamlining
the performance improvement and management approach.

In summary, transformational change is required to enable the Trust to continue to deliver high quality, safe and affordable services. A significant programme of change will be delivered in 2014/15 streamlining services and pathways of care across both sites with the emphasis on delivering clinical pathway improvements across acute and community, enabling patients to be treated closer to home. Balancing delivery of high quality services whilst also delivering a challenging cost improvement programme continues to be a high priority for the Board and this is addressed within the robust planning and the overarching governance and performance improvement and delivery framework.

The Board of Directors will continue to regularly review evidence and supporting information within reports to public Board meetings, through seminar deep dives and through the scrutiny exerted in the governing committee structure to enable confirmation of the application of principles, systems and standards of good corporate governance, to effectively implement systems and processes to support compliance with Licence conditions, including effective oversight and financial decision making and compliance with health care standards and to ensure sufficient capability at Board level to provide organisational leadership on the quality of care provided. This includes the collection of accurate, comprehensive and timely information to monitor the quality of care.
1.2 Market Analysis and Context

1.2.1 Background and Introduction

This document reflects on the key challenges, risks and priorities which will inform the development of services and clinical, operational and financial stability between 2014/15 and 2018/19.

North Tees and Hartlepool NHS Foundation Trust is a successful, high performing, efficient provider of integrated hospital and community-based healthcare to around 365,000 people living in East Durham, Hartlepool, Stockton on Tees and surrounding areas including Sedgefield, Easington and Peterlee. As a centre for breast and bowel screening, services do extend further, taking in a population of around 400,000.

The Trust provides a substantive range of services across outpatients, diagnostics, elective, non-elective, day case and community care, with a proven track record of delivering against key access targets while continuing to achieve a financial surplus year on year in spite of challenging efficiency targets.

Given that NHS finances are worsening at a pace quicker than expected with limited growth funding, small increases in inflation funding and with national efficiency targets of 4% year-on-year, the result will be a net real term reduction in income year-on-year. Whilst overall, the Trust has continued its strong track record of delivering for the recent financial year, there is no underestimating the extreme challenge that the Board of Directors faces in delivering the clinical, operational and financial sustainability.

The Board of Directors, in reflecting on the national and local contextual challenges, has taken the opportunity to reassert the realism of the strategic positioning and planning for the future.

The Trust will achieve this by working in collaboration with health and social care partners across the system, advancing innovative treatments through closer working relationships with academic institutions and industry, adopting a commercial focus, forging strong patient and staff associations and providing transparent and accessible information for patients and carers; delivering a healthcare system that is fit for meeting the health and social needs of the 21st century.

Sustaining this performance in this economic environment, with the additional challenge of the integration agenda and implementation of the Better Care Fund which will see the diversion of funding from acute hospital care to integrated community and social care, presents the Trust with considerable challenges.

Other expectations articulated in NHS England’s “Everyone Counts: Planning for Patients 2014-15 to 2018-19” include:

- Provision of NHS Services 7 days a week;
- Increased transparency;
- Increased patient choice;
- Patient participation and improved customer service;
- Improved outcomes;
- Higher standards and safer care; and
- Better data to inform commissioning.

These key priorities are reflected within the Trust’s Business Plans, alongside the strategic intent as presented in this document.

Rising to these challenges will require that the Trust develops new and innovative ways of delivering its services. This will rely extensively on its proven ability to set the direction for service developments, to undertake rigorous planning and to implement service changes within a robust governance framework.

The Trust’s long term aim is to deliver a single operating model, combining key services onto one hospital
site, supported by the provision of services closer to home in community and primary care settings. This will be underpinned at the operational level by Service Line Management which is discussed in Section 1.4 below (Strategic Plans). In achieving this the Trust remains focussed on retaining the services that it currently provides within the current geographical areas by continuing to provide high quality patient care and striving for continuous improvements, greater integration and better patient experiences and outcomes.

Increasing the market share will focus on services where the Trust has expertise and where expansion will bring benefit to patient care. The aspiration and drive to focus on true clinical collaboration / networking emanates from the same baseline drivers of protecting and improving patient pathways, experience and outcomes, whilst delivering care closer to patients’ homes. The main stakeholder commissioners have not given notice of any significant changes in commissioning patterns or demand for activity, and as such, the Trust’s Strategic Annual Plan is predicated on the commissioners’ Clear and Credible Plans and in line with the Joint Strategic Needs Assessments (JSNA) of Local Authorities.

The Trust has ambitious plans for the future to work with health and social care partners, to transform services under the Momentum: Pathways to Healthcare Programme. This programme will help to keep people healthy, intervene early, and provide transformational care both ‘in hospital’ and ‘out of hospital’, in or closer to people’s homes, by an infrastructure of integrated services, providing excellent tailored healthcare, culminating in a new single site hospital build to provide state of the art services for those patients requiring hospital admission.

The Momentum: Pathways to Healthcare Programme, established in 2007 with key stakeholders, has since provided a foundation for NHS policy implementation and as such has encompassed the principles and ambitions of the Better Care Fund, providing a focus for key partners.

As the new NHS structures mature, the Trust’s partner organisations continue to be involved in development and delivery, with commitment strengthened via partnership arrangements to support implementation and direct links to the Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) and Durham, Darlington, Easington and Sedgefield CCG Clear and Credible Plans and the JSNAs of Hartlepool, Stockton and Durham Health and Wellbeing Boards.

The Programme vision (Table 1) provides a frame of reference to guide planning; with implementation influenced by three major projects:

- Service Transformation
- Primary and Community Care Capital Planning Project; and
- Hospital Capital Planning Project.

These are supported by three work streams: Workforce Strategy, Financial Assessment, Compliance and Affordability and Communication and Engagement.

**Table 1: Momentum Vision**

<table>
<thead>
<tr>
<th>Delivery of the Momentum vision will result in:</th>
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<tbody>
<tr>
<td><strong>Better services</strong></td>
<td><strong>Better facilities</strong></td>
</tr>
<tr>
<td>• Continued focus on prevention and appropriate self-care</td>
<td>• A new state of the art hospital with near 100% single rooms</td>
</tr>
<tr>
<td>• Proactive management of long term conditions</td>
<td>• Better community facilities that are accessible closer to home</td>
</tr>
<tr>
<td>• Better integration of primary, secondary, community and social care</td>
<td>• Spaces that are innovative, flexible and sustainable</td>
</tr>
<tr>
<td>• Better access to diagnostics in the community</td>
<td>• Low carbon facilities that are efficient and cost effective</td>
</tr>
<tr>
<td>• Sustainable high quality emergency care services</td>
<td>• Great places to get better, work and visit</td>
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The Momentum: Pathways to Healthcare Programme Capacity Plan was refreshed during 2013 to support the health and social care deliverables including:

- Reduced General and Acute care bed stock.
- Accident and Emergency (A&E) attendances to be seen at the community integrated care centres, relieving pressure on the major A&E department of the new single site hospital.
- Negligible increase in emergency admissions and a reduction in emergency lengths of stay by up to one third, ensuring that Trust performance for emergency length of stay is at, or close to top decile nationally.
- Increased outpatient appointments in the community, including 90,000 physiotherapy and occupational therapy contacts
- Shift of treatments that currently take place in day case or inpatient facilities to procedure rooms, possibly in a community setting.
- Shift of appropriate inpatient treatments into day case setting to achieve an overall day case rate of 78%.

As planning progresses, the assumptions underpinning these deliverables will be continuously reviewed and refreshed to ensure that the service configurations will meet the evolving needs of the local population.

Service Transformation under-pins the operational delivery outlined within the programme. In 2013/14 the Trust successfully delivered Phase 1 of Service Transformation, bringing together critical care, acute medical and complex surgical services onto the North Tees hospital site and establishing the Holdforth Unit on the Hartlepool hospital site, to provide step down care for Hartlepool and Durham residents following a period of acute care. The model of care delivered in the Holdforth Unit will continue to be developed with partners, with a phased approach towards a truly integrated service for patients.

1.2.2 Corporate Strategy

The Board considers the Corporate Strategy each year in preparation for the submission of the Annual Plan, this year taking particular account of the considerable changes to national policy and the local landscape. The annual review involved the Board of Directors, the Governors, clinicians, managers, staff and other stakeholders.

The Strategic Planning Cycle and its integration with the annual Business Planning process can be summarised in Graphic 1 below:

Graphic 1: Strategic and Business Planning Cycle

This remains very much a “live” process, including a review of the Strengths, Weaknesses, Opportunities and Threats (SWOT) and Political, Economic, Sociological, Technological and Legislative (PESTL) analyses with
the Executive Team as a precursor to a more full review involving a wide range of public stakeholders and staff. The outcomes of this year’s annual review are summarised below.

The Board of Directors has used 2013 as a chance to pause and reflect on the strategic direction that the Trust is following and with a sound history of strong quality, service and financial performance, has refreshed the strategy (published in October 2013) in line with the challenges and opportunities within the national and local landscape.

The Trust has met all of its statutory financial duties in every financial year since becoming a Foundation Trust in 2007. Strong financial performance is fundamental to the Trust’s service aspirations and plans which need to be substantiated within a strong business model. The Trust’s medium term financial strategy, linked to the development of the new single site hospital, continues to drive clinical and operational efficiency, utilising lean management principles and Service Line Management.

Transformational change is required to enable the Trust to continue to deliver high quality, safe and affordable services. Balancing delivery of high quality services whilst also delivering a challenging cost improvement programme continues to be a high priority for the Board of Directors and this is addressed within the robust planning and the overarching governance and performance improvement and delivery framework.

The Trust’s strategic and operational planning continues to take account of the current and emerging policy, guidance and health and social care reforms and seeks to ensure the organisation’s financial and economic viability. In doing this the Trust has embraced the continuing shift towards clinical and patient outcomes as reflected in the Outcomes Framework 2014/15 as well as considering the likely impact of the implementation of the Better Care Fund which goes fully live in 2015/16.

Putting patients first, more than any other theme, underpins all the Trust and its staff seek to achieve, and pervades every aspect of its activity.

All developments and services implemented and delivered by the Trust support its vision and revised strategic aims which are summarised in the following Graphic.

**Graphic 2: Trust vision**

The key strategic themes are:

- Putting Patients First:
- Integrated Care Pathways:
• Service Transformation
• Manage our Relationships:
• Maintain Compliance and Performance:
• Health and Wellbeing:

The SWOT and PESTL analysis, undertaken as part of the Trust’s strategic planning, are regularly reviewed, with the SWOT analysis undertaking a strong focus on the internal factors (while taking account of the external context in the Opportunities and Threats sections), and the PESTL analysis focusing on external factors, and is used as a guide to strategic decision-making.

With little significant change to the SWOT and PESTL analyses from previous iterations, the overall strategic direction of the Trust remains appropriate and the Corporate Strategy refresh has afforded the opportunity to refocus and reassess the future position of the Trust.

The engagement and support of local political stakeholders remains crucial in transforming services to provide enhanced quality, and clinical effectiveness and improved patient experience to the people of Easington, Hartlepool, Sedgefield and Stockton whilst improving clinical outcomes.

One area of policy direction strengthened since the advent of the Government White Paper is the new freedoms to make a major impact on improving people’s health and tackling health inequalities. Public Health is now the responsibility of Local Authorities, and to this end the Trust continues to develop its contribution to the Public Health (Health and Wellbeing) Strategy to complement those of the Local Authority areas served by the Trust. The Trust is also fully engaged with each of the Local Authority Health and Wellbeing Boards which it serves, ensuring influence with regard to the impact of strategy and implementation upon the health agenda.

It is also important to note that under governance, the Trust continues to engage with and involve the local Health Scrutiny function of Local Authority Committees and Local Healthwatch organisations.

Community Services are now fully integrated within the Trust and continue to provide an exciting opportunity to redesign and reinvigorate this essential element of healthcare under the banner of Community Renaissance and continuing in the future with the move towards integrated care across health and social care provision.

The addition of Health and Wellbeing as a theme, and the measurement of such through screening programmes and the delivery of timely access to cancer services to improve patient outcomes, is reflective of a new partnership focus pervading the Strategic Plan moving forward.

This framework provides the Board of Directors with assurance that implementation progresses satisfactorily and the opportunity to challenge delivery, or to address any areas of concern promptly by initiating appropriate mitigations and actions, such as establishing task and finish groups to deliver focussed action.

Governance arrangements at Board level, including the Board and Subcommittee structures and approaches to risk management, are presented below in Section 1.4.9.3 on Leadership and Organisational Development and reflect the Trust’s strong quality governance principles.

1.2.3 Clinical Service Strategy

The Trust’s vision for the shape of its clinical services which will realise the aspirations of the Corporate Strategy is expressed in the Clinical Services Strategy.
The *Momentum: Pathways to Healthcare Programme* is the means by which the organisation will reconfigure services and as such, the Clinical Service Strategy is built around the key principles of the Programme, supporting the development of integrated services across acute and community care and primary and social care. Graphic 3 below outlines the principles underlying the Momentum Clinical Services Strategy.

The graphic represents the move toward care closer to home and the investment required to improve the infrastructure of support in the Community, to ensure acute care contacts are appropriate, providing the level of specialist and acute services expected in a new hospital/care facility.

This model underpins the key objectives outlined within this five year strategic plan.

**Graphic 3: Momentum Clinical Services Strategy Model**

**1.2.4 Healthcare Needs Assessment**

**1.2.4.1 Local Risks and Challenges and Stakeholder Engagement**

The population which the Trust serves presents a range of specific risks and challenges including the proportion of the population that the Trust serves is represented by an increasing elderly population, historically, the local area has been highly dependent on heavy industry for employment and this has left a legacy of industrial illnesses and long term conditions, rates of obesity in both children and adults is on the increase and despite recent efforts, in part successful, to tackle smoking and binge drinking, the prevalence of these lifestyle indicators are greater than the England average.

The link between deprivation, ill-health and the need for healthcare services is well recognised. Deprivation levels across Hartlepool and Stockton vary widely. Analysis of deprivation shows that out of 354 local authorities the district of Easington, which will be partly served by the new hospital, is the 7th most deprived in England, Hartlepool the 23rd while Stockton is ranked 98th.

Such a widespread and high level of deprivation not only slows health improvement but also limits independent access to alternative health provision.

Based on an analysis of the local JSNAs, undertaken by the Health and Wellbeing Boards, the Trust has identified a number of key areas with the greatest potential for positive impact. These include children and young adults health, multiple choices that threaten health i.e. smoking, drugs and alcohol, sexual health, physical inactivity and weight management, adult and older peoples health, dementia, long term conditions, mental health and end of life care.

The Trust will continue to build on its work to date in these areas, in partnership with other stakeholders in the
local health and social care economy (particularly the local authorities who have the lead for Public Health), and ensure that its pathway developments are designed to reflect the local Clinical Commissioning Groups’ Clear and Credible Plans, and maximise their impact in these areas.

The Trust continues to build relationships with partners, commissioners and local stakeholders, accommodating the changes in the organisational structures in the health and social care economy. The organisation continues to develop relationships with local stakeholders to ensure service delivery, innovation, quality and outcomes are paramount, examples being:

- The North of Tees Partnership Board, whose membership includes the most senior executive team members from the constituent organisations – the Clinical Commissioning Groups (CCGs), local authorities and Tees Esk and Wear Valley Mental Health Trust.
- Contact with the NHS Commissioning Board Regional Office to ensure strategic direction is supported;
- Healthwatch;
- Local Health Scrutiny functions. The Trust also meet with the Chairs of the Health Scrutiny Forums on a regular basis to ensure the political agenda is managed and considered;
- The local universities (Newcastle, Northumbria, Sunderland, Durham and Teesside) who work with the Trust to provide the workforce with the knowledge and skills that enable them to provide quality services to the patients;
- Local Health and Wellbeing Boards and Partnerships to influence the impact of JSNA and public health contribution;
- Regular attendance by the Trust at patient forums and community groups to provide updates on service developments.
- Research and Development- The Trust has worked with academics from local universities to increase National Institute for Health Research (NIHR) recruitment portfolio.

The Trust also continues to build on its alliances with neighbouring Trusts to improve existing care pathways and initiate new ones, one example of which is the Bariatric Service. Clinical networking is essential and the Trust Clinical Directors and Clinical Leads participate in formal and informal networking to the advancement and sustainability of clinical services.

One key group of stakeholders which will become increasingly important as services move towards more integrated models, is the General Practice providers. The Trust actively engages with this key group of clinicians through:

- General Practitioner (GP) Lunch and Learn sessions arranged by the CCGs, which provide the opportunity for GPs and Consultants working in the Trust to share good practice and improve communications across local health service providers in primary and secondary care;
- Visits to individual GP practices to discuss local requirements and development opportunities;
- Formal mechanism for telephone and e-mail support by Consultants to address specific clinical issues;
- Visits to the Trust to provide information about new services e.g. the implementation of the new state-of-the-art £1million Siemens Definition Flash scanner, the first such scanner in the region and enables the Trust to be able to offer patients across Teesside and the surrounding area a much improved service using the very best and most accurate equipment
- Quarterly GP bulletin providing up to date list of consultant staff, specialties and special interests (in response to specific requests from local GPs).

In assessing the future healthcare needs of the local population in particular to inform the plans for development of a new hospital, detailed modelling has been undertaken in collaboration with clinical and patient working groups. Key drivers that have been applied to current activity levels to predict future demand include population change, reducing lengths of stay, use of technology, changes in workforce, local and national policy and patient expectation.
The future provision of healthcare will be built around a new model of care, with fully integrated health and social care services based on integrated care pathways and shared individual health and social care plans, that will enable people, particularly those with long term conditions, to remain out of hospital, supported by a range of integrated health and social care support services.

1.2.4.2 Service Transformation and the New Hospital

Plans continue to be developed to deliver further service transformations during 2014-15 which will enable the Trust to continue to improve the quality and safety of the services it delivers, providing care closer to home and increasing quality, accessibility, integration, responsiveness and value for money across the patient pathways, while at the same time achieving the bed reductions required in the capacity plan underpinning the development of the new hospital. Planning is also underway to identify further improvements that can be delivered between now and the opening of the new hospital.

1.2.5 Key Priorities

The Board of Directors and staff have pledged continued commitment to improving the quality of care, patient safety and experience, supported by the Trust's Corporate Strategy and Service Line Management operating model. This priority is prevalent at every level of the organisation and is generating excellent performance results. The organisation's key priorities have been developed to reflect the delivery of the multiple challenges outlined within the SWOT and PESTL analysis and the subsequent healthcare needs assessment of the local population 1.2.4.

The Board of Directors and Council of Governors, receive reports on and discuss quality, performance and finance at every meeting and with a strong governance culture inherent in the organisation, the Board sub committees; Patient Safety and Quality Standards (PS&QS) and Audit and Finance, assess and review systems of internal control, to provide the challenge and assurance in relation to patient safety, effectiveness of service, quality of patient experience and financial viability, to ensure not only delivery from Board to Ward but to assure compliance with legal duties and requirements.

The Board of Directors requires and derives assurance on the Trust's performance at all times and recognises that there is no better way to do this than by talking to patients and staff, and testing the reality of delivery in practice. During 2013/14, members of the Board of Directors and Nursing and Patient Safety team undertook night time reviews of services and patient experience. These scheduled and unannounced visits enabled members of the Board to witness care delivery first hand and to test patient and staff experience. This approach has served to strengthen quality governance and will continue during 2014-2019, supported by a regular schedule of Patient Experience and Quality Standards (PEQS) visits. PEQS visits are undertaken with members of the Council of Governors and provide an objective oversight of quality and safety within care delivery and service provision.

The quality and patient safety agenda is the cornerstone of the services delivered by the Trust, with clinical leadership supporting the key quality priorities within the organisation. These include the delivery of recommendations identified by the Care Quality Commission, Keogh and Francis reviews.

The Trust’s key priorities are focused on the delivery of clinical, operational and financial stability, and support the contractual and quality commitments agreed with key stakeholders. The priorities outlined below, reflect the Corporate Strategy and have been endorsed by the Council of Governors.

<table>
<thead>
<tr>
<th>Table 2: Key Priorities for delivery in 2014 -19</th>
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<tr>
<td>Key Priorities &amp; Timescales</td>
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12
<table>
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<tr>
<th>strategy</th>
<th>Putting Patients First, Service Development, Maintain Compliance and Performance</th>
<th>Putting Patients First, Integrated Care Pathways, Service Development, Manage our Relationships, Maintain Compliance and Performance</th>
<th>Putting Patients First, Service Development, Maintain Compliance and Performance</th>
<th>Putting Patients First, Service Development, Maintain Compliance and Performance</th>
</tr>
</thead>
</table>
| Quality and Safety of Services | • Positive feedback from Care Quality Commission 2014/15 – 2015/16: achieve Intelligent Monitoring Report score of 6 in 2015-16  
• Maintain annual successful self-assessment and registration with CQC  
• Tackle the mortality position (HSMR and SHMI); to ensure a robust governance structure supports a continuous reduction in mortality including:  
  o demonstrable progress to reducing avoidable deaths in and (where possible influencing progress) out of hospital  
  o (HSMR/SHMI), to achieve parity with the expected national mean of 100  
  o Delivery of at least a further 5% improvement in mortality rates, with the implementation of improved evidence based clinical pathways (2015-19)  
• Delivery of improved patient pathways, to meet the requirements of the local population, | • Improve Friends and Family return rates and scores  
• Widen the scope of the F&F patient satisfaction surveys to encompass all areas of service delivery  
• Implement improvements based on the recommendations highlighted by the patients' comments on patient care.  
• Improve positive comments on NHS Choices website and achieve a higher star rated position.  
• Monitor and manage credible implementation plan to Outpatients and Day Case services and staff | • Year on year accreditation (liP)  
• Staff survey to be undertaken with all staff in the Trust (2014)  
• Staff engagement and involvement plan roll out in 2014/15 will further developed to encompass initial feedback and improve staff satisfaction. Deliver key workforce prioritise, including  
  o Reviewing skill mix, role design and new ways of working to ensure the workforce reflects the challenge in service delivery,  
  o Deliver workforce projection as outlined in LTFM  
  o Deliver workforce strategy (under development in 2014)  
  o Deliver staff engagement plan (2013/14)  
• In addition to providing the Community Podiatry services already commissioned by Durham, Darlington, Easington and Sedgefield (DDES) CCG, the Trust has submitted the following bids:  
  o Stop Smoking Services: South Tees Acute Trust – successful bid  
  o Diabetes services: DDES CCG – successful.  
  o Speech and Language Therapy Services: DDES CCG – awaiting outcome  
• The Trust is also working with the Local Authorities, Hartlepool and Stockton on Tees CCG and Tees, Esk and Wear Valley NHS FT in the development of plans for the Better Care Fund, and will exploit any opportunities to bid for additional services that will contribute to the objectives of supporting patients in... |
the community and so preventing avoidable admissions.

- Deliver on the key requirements for the improvement in quality outcomes as outlined in the NHS Outcomes Framework.
- Enhance quality of life for people with Long Term Conditions
- Joint venture schemes
- Maintain clinical sustainability by reviewing and developing improved service delivery, including, integrated care pathways, care closer to the home, GP service delivery, collaborative working and prioritisation of services
- Support and develop Research and Development

In driving the key priorities and in maintaining the required emphasis on quality and safety the following clinical and quality priorities are evident in the Quality Accounts and endorsed by the Council of Governors and key stakeholders.

1.2.6 Quality Priorities

The quality priorities, which are consistent with those laid out in the Trust’s Quality Accounts, and published within the Trust’s Annual Quality Report, reflect the strategic focus, to deliver the care expected by commissioners, patients and service users and are consistent with the Trust’s philosophy of ‘Putting Patients First’.

Staff have been engaged in defining the priorities and understanding the emphasis on key measures of success; this is apparent in quality performance measures adopted and monitored at team and service line level.

Highlights include a measurable year on year reduction in hospital acquired infection rates, improved referral to treatment times and cancer pathway delivery, Bronze accreditation of Investors in People status, good performance in stroke care delivery, improved performance in protecting the deteriorating patient and delivery of more services from non-acute settings.

The Board of Directors receive regular reports with regard to a number of quality goals in order to assess and challenge performance and risks going forward. Quality measures also feature on specialty level performance dashboards whereby a balanced scorecard approach is taken to drive the ownership and delivery of quality and safety, service and financial performance.

The quality priorities reflect both the key stakeholder requirements and national policy recommendations including the 5 domains of the NHS Outcomes Framework:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting from harm

However delivery of the Outcomes Framework recommendations requires a whole system approach to patient pathway provision, with robust links across the NHS services, Public Health and Adult Social Care. The Trust will continue to work closely with all stakeholders to review the combined support required to develop new ways of working across the health economy to provide safe, quality pathways whilst achieving
operational efficiencies.

Table 3 gives an overview of the quality priorities, as outlined in the Trust Quality Accounts, which will continue to be the focus of improvement over the next 5 years, however this will undergo annual review and development to appropriately reflect any changes in policy and the subsequent recommendations, including Clear and Credible Plans and JSNAs.

Table 3: Stakeholder Priorities

<table>
<thead>
<tr>
<th>Patient safety</th>
<th>Effectiveness of care</th>
<th>Patient experience</th>
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</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
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<td>The Trust, while using national mortality measures as a warning sign, is investigating more broadly and deeply the quality of care and treatment provided. As a priority objective the emphasis is on demonstrable progress to reducing avoidable deaths in and (where possible influencing progress out of hospital)</td>
<td></td>
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</tr>
<tr>
<td>Dementia care</td>
<td>Discharge processes – information</td>
<td>End of life Pathways &amp; Family’s voice</td>
</tr>
<tr>
<td>Safeguarding adults (Learning disabilities (LD) and sensory loss)</td>
<td>Discharge processes – Safe and Warm</td>
<td>Is our care good (patient surveys)</td>
</tr>
<tr>
<td>Infection control – Clostridium Difficile</td>
<td>Nursing dashboard</td>
<td>Friends and Family recommendation</td>
</tr>
</tbody>
</table>

1.2.6.1 Delivering Compassionate Care (6 Cs)

In March 2014, the Trust recruited a team of senior nurses with an aim to lead and drive excellent professional standards and leading improvements to deliver true 'compassion and dignity' in care.

The Trust is focused upon full implementation of the six measures of compassionate patient care within all wards, departments and the community. A project plan and Key Performance Indicators have been developed to support and monitor progress throughout the year. The team have a focus on ensuring they fully demonstrate a culture within nursing which reflects the 6cs; care, compassion, competence, communication, courage and commitment.

1.2.6.2 Effectiveness Matters Indicators

The Trust has implemented a Nursing and Midwifery Dashboard which incorporates the following indicators; patient falls, pressure ulcers, compliments, formal complaints, infections, hand hygiene and the Friends and Family Test data and returns.

The Trust utilises the dashboard to monitor trends in performance and any highlighted issues. The dashboards are displayed on all in-patient areas for the public, patients and staff to see how individual areas are performing.

1.2.6.3 CQUIN

In line with the annual contracting requirements the Trust agrees Commissioning for Quality and Innovation (CQUIN) targets each year. The focus for 2014/2015 is further development of the Friends and Family Test, Dementia support, Making Every Health Contact Count Phase 2: covering Alcohol and smoking services, Pulmonary Rehabilitation: increasing the benefits for people new diagnosed or with low level Chronic Obstructive Pulmonary Disease, Assessment of Frail Elderly, 7 day a week Standard 2, improved Discharge Planning, Implementation of the national early warning score tool and improving Ambulance Handovers within 15 minutes.

The Trust has developed processes for the measuring and implementation of each indicator to support progress reporting and delivery. The Trust has proven track record of delivering against the CQUIN targets.
and achieving the associated financial rewards to support investment into patient care.

### 1.2.6.4 Quality Summary

The Trust has developed and implemented a robust clinical strategy to support the delivery of the vision over a number of years. This is inextricably linked to the quality priorities, mission and values of the Trust. Assurance is provided through the use of both internal and external monitoring processes, including audits, peer reviews, CQC inspections, Healthwatch reviews of services and clinical benchmarking analysis. The Trust will continue to further review and develop the monitoring systems to ensure the Board has continued assurance that quality services are being consistently delivered, in an efficient manner, to ensure clinical, operational and financial sustainability.

### 1.3 Risk to Sustainability and Strategic Options

#### 1.3.1 Introduction

The Trust continues to monitor risks on financial, clinical and operational performance, taking account of
both the risks identified and any actions taken to mitigate against those risks. This contributes to the Board’s capacity to declare assurance and capability to deliver the Trust’s objectives as set out in the Annual Plan.

1.3.2 Delivery of the Clinical Service Strategy

The specific deliverables over the next two to three year period are as follows:

- Refinement and understanding of the Single Operating Model to inform identification of subsequent Service Transformation initiatives, for delivery as appropriate throughout the next three to five years which mirrors national drivers such as 7 day working remains a focus.

- Service Transformation Phase 2 – refresh, further development and implementation of the Clinical Services Strategy, in line with quality and safety initiatives, the required workforce strategy, the affordability model and information and technological advancements to inform key milestones’ identification and hence delivery to single site provision.

The Trust’s long term Clinical Service Strategy, see section 1.2.3, is developed around a vision to deliver six key outcomes for the improvement of patient care. Graphic 3 below gives an overview of the vision for each element of the services.

Milestones have been set year on year to support the key deliverables and are summarised below:

- Development of models for Integrated Care Pathways for patients with long term conditions:
  - End of Life, Elderly and Enhanced Community Care for Respiratory – implementation 2014/15
  - Diabetes, Heart Failure, Rheumatology, Neurological long term conditions – implementation 2015-16 to 2016/17
  - Stroke – pathway already implemented but to be reviewed with a view to further development – 2016/17 to 2017/18

- Increase provision of day case procedures – 2014/15 to 2015/16

- Breast services
  - Inter-operative radiotherapy – 2014/15
  - Inter-operative sentinel node analysis – 2015/2016

- Urology – five year plan with initial development of mobile lithotripsy service in 2014/15, and subsequent expansion of outpatient services, robotics and MDT based working

- Development of bariatric services building on current pilot and developments – milestones to be defined

- Emergency care pathways – delivery during 2014/15

Other pathways where milestones are currently being identified:

- Critical Care rehabilitation
- Pre-assessment pathway for elective services
- Midwifery caseload management and midwifery led unit
- Pathways for identified gynaecology conditions e.g. PV bleeds, urogynaecology, pelvic pain

A vision and a set of overall objectives have been developed to support the delivery of these key elements of clinical services strategy. The vision for each key element is outlined in graphic 3;

Graphic 3: Clinical Services Strategy Vision
1.3.3 Economic Context and Financial Pressures

While there is suggestion that the United Kingdom economic situation has begun to improve, there remains a focus on reducing public sector expenditure, and this provides the context for the NHS nationally and the Trust in particular. The overarching requirement for NHS providers is to ensure clinical, operational and financial sustainability during these challenging times.

The North of Tees Partnership Board with Executive membership from the Foundation Trust, the local Clinical Commissioning Group and the Local Authorities, oversees the development of integrated programmes of service change across the local health and social care economy, in particular the Momentum: pathways to healthcare programme and the implementation of the Better Care Fund (for which it provides the appropriate “Unit of Planning”). One of the key tasks of the Board is to ensure high quality clinical services are maintained whilst protecting the financial stability of the local health economy; overseeing the delivery of capital developments in community locations; service changes associated with the new hospital, and acting as a director-level reference group. Similar engagement is being established with the areas overseen by other commissioners, notably in the Durham, Easington and Sedgefield area.

The Trust’s financial risk rating is currently at the highest rating of 4 under the new “Continuity of Services” criteria. The planned surplus on income and expenditure continues to be maintained at a relatively low level to achieve the appropriate balance between the challenging financial efficiency agenda and the desire to continue to invest in improving quality, patient experience and service performance. However, going forward, it is recognised there may need to be additional challenge across individual service lines on the delivery and sustainability of both existing and new services.

The Trust will continue to face challenging years going forward; the efficiency challenge facing the NHS is unprecedented especially with the continued application of a deflationary tariff. This combined with zero or marginal growth in the economic and financial environment and an increasingly ageing population puts further pressure on the ability to maintain a healthy financial position whilst continuing to deliver high quality safe and caring services to our patient.

The Trust with its local commissioners have agreed plans to ensure the needs of the local population can be met, however the ever increasing demand for hospital and community services means that the local health economy and the Trust are facing a period of real terms reductions in funding in the future.

1.3.4 Changing Policy and Structures

In April 2013 the Strategic Health Authority (SHA) and the Primary Care Trusts (PCT) formally ceased to exist and the supra-regional bodies and local Clinical Commissioning Groups became fully established. The Trust’s early engagement with these new organisations during the transitional period provided a solid
foundation for this first year with the new structures in place, and has ensured its engagement in the planning for future developments. The engagement and support of local political stakeholders remains crucial in transforming services to provide enhanced quality, clinical effectiveness and patient experience to the people of Easington, Hartlepool, Sedgefield and Stockton whilst improving clinical outcomes, which will come into sharper focus as the implementation of the Better Care Fund comes closer.

The Trust continues to engage with and involve the local Health Scrutiny Committees, Local Authority Health and Wellbeing Boards and Healthwatch.

Public health has become the responsibility of Local Authorities, and to this end the Trust continues to develop its Public Health Strategy to complement those of the Local Authority areas the Trust serve.

1.3.5 Better Care Fund

Preparation for the implementation of the Better Care Fund in 2015/16 is underway, led by Hartlepool and Stockton-on-Tees CCG. The Trust is fully involved in the ‘unit of planning’ work, to achieve identified health outcomes for the population, reducing the demand on acute health and social care services. Agreed plans must be in place to meet specified national conditions, including admission avoidance and reduction in delayed discharges by April 2015; arrangements for risk sharing are currently being finalised.

The key objective of the Better Care Fund is to reduce avoidable admissions by 15% and as such presents both opportunities and risks for the Trust. To affect these changes, the CCG is leading a discussion on risk sharing arrangements at the North of Tees Partnership Board (NoTPB).

In the short term, this will require flexibility in resource management, including reallocation and reviews of skill mix to deliver services effectively, however this will also need to be managed against the need for staff ratios to meet safe standards and therefore will require appropriate planning and flexibility to take this forward effectively.

It is anticipated that the infrastructure to support these changes in pathway management will require investment in community services, in addition to seven day working in social care services.

1.3.6 Clinical, Financial and Operational Sustainability

1.3.6.1 Clinical Sustainability

Clinical sustainability is an issue consistently reviewed by lead clinicians and the Executive Management Team. Although critical mass and consultant base is used as an indicator of sustainability and has driven service change in the past, other factors such as recruitment and retention, skill base, clinical outcomes and Royal College guidance on expected standards is used to guide the rationale for change and appropriate mitigation.

The Trust has worked with other provider organisations and local clinical networks to ensure potential optimisation of the standards of service delivery and examples of networked services include urology, cardiology and oncology.

There are a number of clinical and support services whereby recruitment and retention remain a challenge and appropriate and innovative solutions have been put into place to ensure safety and quality are paramount, with regular review and targeted actions to ensure resilience. This includes haematology, histopathology and microbiology.

The Trust joined with two partner provider organisations to develop and deliver a new bariatric surgery service across the Teeswide area. This has proved to be a successful service, with 150 procedures planned to be carried out at North Tees hospital in 2013/14. The Trust continues to work with partner organisations to introduce innovative solutions to advance the services provided to the local population. Areas currently being reviewed are intraoperative radiotherapy for breast surgery, interventional radiology and pathology services.
1.3.6.2 Financial Sustainability
The most important issue facing the Trust is planning for a sustainable future as the NHS as a whole and the local health economies face their toughest period. Developing and implementing a forward financial plan which will underpin continuing quality improvement, ensuring that the Trust can consistently meet all its performance targets whilst delivering financial sustainability is the Trust’s key priority. To support this, the Trust has worked through an intensive process to develop a financial plan, working in strategic partnerships with health bodies, local authorities, and third sector partners.

The Trust recognises that competition will increase amongst service providers, both within the NHS and independent sector, and that in order to protect revenues going forward it is the strategic intention that the Trust will integrate further the delivery of primary and community services across a total patient pathway, where it is in the Trust’s strategic interest to do so. The Trust recognises there is a need to maintain a competitive advantage by offering a mixture of high quality, value for money services and this will be achieved through continued delivery of efficiency savings, and through the strategic use of capital investments to reduce running costs in the run up to the opening of the new hospital.

1.3.6.3 Operational Sustainability
The delivery of the Trust’s key objectives can only be achieved with the support of robust monitoring and management processes. The Trust recognises the challenge and specifically the need to speed up the pace of change and therefore continues to explore and deliver new and better ways of providing patient care. The Trust is in a prime position to further develop community services, evident in the Clinical Services Strategy and to promote integration of care to enable and capitalise on improved efficiency across the system, in line with the principles of the Better Care Fund, Productivity, Efficiency and CIPs. The Trust aims to deliver ‘best in class’ against a number of key efficiency indicators, with an Operational Efficiencies Working Group in place to review, develop and implement new ways of working.

1.3.7 Summary
The Trust recognises there are a number of challenges to be faced over the next 5 years, notwithstanding the delivery of a ‘single site’ operating model. The enablers for the consistent delivery of quality, operational efficiency and financial sustainability have been reviewed within the 5 year Strategic Plan, and will continue to be re-visited, to ensure the significant challenges faced are built into the long term plan. This will include working with local stakeholders across primary, social care and local authorities to deliver the commissioned services through new ways of working.

The continuous review of services will take into account the opportunity to transform service delivery, work collaboratively with neighbouring organisations to deliver hub and spoke provision and evaluate marketing opportunities.

1.4 Enabling Strategies
1.4.1 Workforce Strategy

The Trust’s Integrated Workforce Strategy sets out the organisation’s approach to developing and re-profiling the workforce to support its strategic objectives, ensuring the Trust’s workforce is equipped with the necessary knowledge, skills and experience to deliver the Momentum: Pathways to Healthcare Programme. It provides the basis for detailed workforce plans which will deliver the specific actions and accountabilities to take these changes forward over the next two to three years.

The Trust’s strategy outlines the approach to be taken to continue to improve staff’s ability to deliver high standards and quality of care, whilst also contributing to efficiency and productivity savings and in doing so will provides a robust and sustainable framework by which this can be achieved.

1.4.1.1 Workforce Plan

Over the past twelve months there has been significant focus on the development and refinement of workforce plans and projections to 2017/18, taking account of changes as a result of the Service Improvement and Efficiency Programme (SIEP) and the planned move to a single site hospital.

To achieve the agreed workforce projections, the organisation will continue to take opportunities to shape the workforce through clear structures aligned with the clinical services strategy and care pathways, underpinned by policies and initiatives to ensure we have safe and effective staffing levels.

The delivery of the workforce strategy will be supported through

- Skill-mix, role redesign and new ways of working
- Delivery and outcome measures
- Staff Engagement
- Benchmarking against peers
- Robust workforce models
- NTH Local Improvement System

1.4.2 Financial Strategy

The Trust has a sound and long history of strong financial performance meeting all of its statutory financial duties in every financial year since becoming a Foundation Trust in 2007. The financial strategy over the next five years is to maintain and build upon the historic success of the past. Strong financial performance is fundamental to the Trust’s service aspirations and plans which need to be substantiated within a strong business model.

The Trust will continue to strengthen its financial planning, forecasting and reporting. The Trust’s financial plan will appropriately reflect the consequences of service plans with individual managers and the Board of Directors giving clarity and ownership for delivering their service plans.

The key enhancement will be the continued refinement of service line reporting and management which will provide the mechanism through which business decision making is devolved to the front line in order to improve resource utilisation, decision making and thus clinical outcomes and the patient experience.

In recognition of the challenging agenda facing the organisation to deliver recurrent cost efficiencies the Trust has undertaken an intensive programme of work with external support in order to review its efficiency and identify opportunities for future improvements (specifically, portfolio arrangements).

In putting together the programme for 2016/17 onwards, the Trust faces the following constraints:

- Clinical directorates and corporate teams have made significant inroads into their cost base through focusing on the cost effectiveness of staffing and robust management of non-pay costs however, new approaches to make further sustainable improvements are required;
The Trust has developed transformational programmes which are delivering qualitative benefits and which will support longer term productivity, efficiency and cost reduction:

- Improving the Patient pathway – working with partner agencies to redesign and standardise patient processes and improve discharge;
- Transforming care - driving improved clinical care and releasing efficiencies;
- Continuous Improvement through Lean - linking with Virginia Mason Hospital, Seattle, and;
- Collaborative working with other acute partners

The Trust recognises that there is an urgent need to develop a wider programme for delivery of continued savings and to derive benefits from transformational change.

The Trust continues to develop the Project Management Office and has implemented new fit for purpose software to ensure mission critical programmes and projects are managed centrally as a portfolio with a standardised approach. From 2014/15 onwards Service Improvement and Efficiency Projects (SIEP) will be monitored using this tool which reflects and supports the new organisational structure from 1 April 2014.

Quality Impact Assessment will be made on the programme and tracked as projects are delivered, demonstrating quality impacts have been considered before a SIEP has been implemented, and satisfying the National Quality Board requirements.

Robust governance and assurance processes have been put in to place to highlight risks and issues and to escalate any concerns.

A Quality Governance Framework has been developed and has been in place since April 2013. The Framework provides assurance to the Board of Directors, Council of Governors, senior managers and clinicians that the essential standards of quality, safety and equality are being delivered by the organisation.

1.4.3 Commercial Strategy

The Trust’s Commercial Operating Strategy underpins the Trust corporate direction and links to the business development and marketing strategy with an innovative approach to both clinical and non-clinical development and business growth. Whilst patient care remains the Trust’s highest priority, its commercial approach makes a direct contribution to continual improvement within a developing health sector business driven approach.

The Trust’s Commercial Directorate was established in 2011 to bring about a more dynamic approach to innovation; establishing Joint Venture arrangements, exploring technical partnerships with new entrants within the medical technology markets and partnership and retail opportunities to the benefit of the Trust.

1.4.4 IM&T Strategy

Information Management and Technology (IM&T), spans Information Management; Information Governance & Information Communication and Technology. IM&T has a significant role to play in regard to enabling, supporting and sustaining change relevant to the delivery of the Trust Strategic aims and objectives.

IM&T is key to supporting the delivery of efficient Integrated Services and corporate functions. The Trust continues to invest heavily in IM&T and recognises the importance of providing and obtaining timely, accurate information directly at the point of care in order to maximize positive outcomes and service efficiency. Robust fit for purpose informatics solutions are key to the success of this and contribute to informed decision making and the delivery of efficient services.

1.4.5 Research and Development
The Research and Development Department continues to embed research into the culture of the Trust through

- More patients being recruited into National Institute for Health Research (NIHR) portfolio studies
- more staff benefiting from the R&D Incentive Funding of higher research degrees and qualifications
- increased numbers of staff trained in Good Clinical Practice (GCP)
- involvement of new clinical specialisms in research activity

The Trust remains committed to actively encouraging participation into NIHR portfolio research studies as part of our membership agreement with County Durham & Tees Valley Comprehensive Local Research Network (CDTV CLRN). The Board recognises the value of the R&D function within the organisation and will continue to be support the development of this department in the future.

1.4.6 Strategic Delivery Programme

1.4.6.1 Service Line Management

Service Line Management (SLM) is now embedded within the organisation’s acute clinical services as the mainstream model of working and community and non-clinical services continue the process of implementation.

Clinical leadership is the one of the cornerstones of successful Service Line Management, with the Clinical teams using SLM as a model to deliver operational and financial efficiencies, to improve patients’ experience and enhance the quality and safety of services delivered. Operational, financial and quality metrics are now reviewed at a service line level to identify inefficiencies and variance in practice to inform service improvements and developments.

A Patient Level Information costing system (PLICS) has been developed to support the implementation of Service Line Reporting (SLR).

1.4.6.2 Portfolio Management

The Trust has recently reviewed the organisation’s processes for the monitoring and management of all key strategic objectives, with the aim of streamlining the existing processes whilst ensuring robust monitoring and delivery procedures are embedded throughout the organisation.

The Portfolio management structure is in the early stages of implementation, however significant progress has been made to embed the structure within the organisation, therefore enabling a robust and streamlined configuration of project delivery to support the delivery of the Service Improvement and Efficiency Programme.

1.4.6.3 Leadership and Organisational Development

The Trust continues to proactively ensure that governance processes and effective leadership are in place to support delivery of the Annual Plan. The Board continues to undertake its annual cycle of development where time is taken away from the Trust to consider governance and working arrangements of the Board and the Trust as a whole. This event is facilitated by an external expert within this field. A resulting action plan and objectives are agreed to shape the focus for the following year linked to the corporate strategic agenda.

With the development of the role of Governors following the Health and Social Care Act 2012, and the requirement for greater interaction between the Board of Directors and Council of Governors, the quarterly development workshops that take place prior to the formal Council of Governors meetings will continue, as they provide a valuable opportunity for discussion and challenge. The sessions ensure that the Governors are fully appraised of the Trust’s key priorities, challenges and service developments and have...
the opportunity to both input into our plans, but also support the Trust’s work.

The Trust’s governance processes are supported by the following structures;

Trust Constitution; The Trust constitution was established on 1 December 2007 and continues to be upheld and given due consideration by the Board of Directors and Council of Governors.

Governance Structure; The Trust continues to ensure leadership and governance structures are in place to effectively manage the organisation.

Council of Governors; The Council of Governors review and provide challenge with respect to the Trust’s service performance, key risks and priorities, and strategic direction.

Board of Directors; The Board of Directors continue to maintain governance structures, in line with declaration, leadership and direction through; providing independence and scrutiny to ensure the vision, strategic objectives and organisational priorities are met.

Executive Team; The Executive Team review the Trust’s strategic and operational business, including delivery of strategic objectives through accountability and responsibility of named Executive Directors.

Trust Directors Group; The Trust Directors Group continue to develop key strategic clinical leadership, through setting a clear clinical strategy and supporting the directorates in the delivery of quality, patient safety, operational efficiency and financial performance.

Board Governance; Through continuous assessment and portfolio management, all Directors are appropriately qualified and experienced in managing extensive change and financial reform.

1.4.7 Provider Licence Conditions, Compliance and Board Governance

1.4.7.1 Quality Governance Framework

Having assessed the Trust’s position against the Quality Governance Framework on an annual basis to gain on-going assurance. Staff, patient and stakeholder forums will be utilised to attain open and honest feedback on the delivery of quality services across the organisation.

1.4.8 Corporate Governance

1.4.8.1 Board Assurance

The Board of Directors, in developing the Annual Plan is sufficiently aware of the internal and external risks, which pose a threat to quality and service performance and whilst mitigation plans are in place, supported by an accountability and governance framework, will continue to assess risks and control mechanisms and to instigate the necessary actions to mitigate and maintain assurance.

The Board of Directors is cognisant of the Monitor guidance for governance reviews (2014) and has tentative plans in place to manage assurance and development requirements for ‘good governance’ in the required three year cycle.

Supporting Committees include;

- Nominations Committee
- Membership Strategy Committee
- Strategy Committee
- Service Development and Quality Committee
- Travel and Transport Group
1.4.9 Risk Management Structure

The Board is sufficiently aware of potential risks to quality; both the Audit Committee and the Patient Safety and Quality Standards Committee receive risk reports on a bi-monthly basis. This is in the form of a risk register, which in turn is both populated by and disseminated to individual directorates who are responsible for reviewing and refreshing risks. The risk register is used as a framework for the preparation of the Trust Assurance Framework. The risk register and the assurance framework provide clear evidence of actions which mitigate risks to quality, safety, operational and financial efficiency and performance. Each of the individual risks is assigned to a relevant Executive Director with an appropriate governance mechanism in place for identifying and reviewing new risks.

Clear terms of reference for sub Board committees enables scrutiny and challenge, with managers and clinicians attending to present root cause analyses and assurance around delivery, accompanied by a review approach to close the loop on measurable improvements.

1.4.9.1 Healthcare Standards

The Board has considered all likely future risks to compliance with the Terms of Licence, the level of severity and likelihood of a breach occurring and plans for the mitigation of these risks. The Board has an excellent track record in driving delivery against new and existing service standards, acknowledging risks and ensuring due scrutiny with regard to mitigation and control mechanisms.

During the Quarter 1 period of 2014/15 the Trust has experienced significant pressures in the delivery of the Breast Symptomatic 2 week standard and the Cancer 2 week standard, and as such recognises there is a risk of non-compliance for the Q1 period. This is due to multiple pressures, including significant increases in referrals associated with the national cancer awareness campaigns, subsequent internal capacity issues, and the continued uptake of patient choice to delay appointments. The Trust has taken a number of actions to mitigate against future risk of non-compliance, including addressing capacity shortfalls through detailed capacity and demand modelling, workforce reviews, innovative ways of progressing with clinical models, the appointment of additional Consultant Radiographers, and communicating with GPs asking for their continued support of ensuring patients referred are aware they will be offered an appointment within 14 days and the importance of making every effort to attend the appointment. The Trust has also liaised with other provider organisations to explore best practice and review lessons learnt. Patient cancellations are being monitored closely, with the aim to liaise with patients at point of booking to encourage attendance.

Whilst the Board recognises the immediate risk of under-achievement against delivering the cancer standards, they are cognisant of the robust remedial actions that have been developed to mitigate against the risk going forward, and therefore do not regard this as a break of Licence or governance structures.

The Board of Directors, in developing the Annual Plan is sufficiently aware of the internal and external risks, which pose a threat to quality and service performance and whilst mitigation plans are in place, supported by an accountability and governance framework, will continue to assess risks and control mechanisms and to instigate the necessary actions to mitigate and maintain assurance.

1.4.9.2 Internal and External Assurance

Independent review is of significant value within the Trust, in managing the risk framework. Over the last year, the Trust has been subject to a number of formal and informal visits across a wide range of services. These include unannounced Care Quality Commission inspections, Clinical Commissioning Group assurance visits and various quality assurance visits covering laboratory and diagnostics services.

The Trust has also been involved in various peer review programmes over the last year; these reviews
look at services and the care provided to assist the Trust in identifying areas of potential improvement against national benchmarks or other required standards.

The Trust’s clinical rationale for service transformation phase 1 was subject to independent review by the National Clinical Advisory Team (NCAT).

To supplement the controls framework, the Trust has a robust internal audit programme to assess individual key standards and to support self-regulation in line with the Risk Assessment Framework. This is further enhanced using an external audit assurance programme.

Further external audits will be carried out during 2014/15 to supplement ‘internal control’ and the Board of Directors ability to declare compliance to Terms of Licence.

1.4.9.3 Care Quality Commission Inspections

Like all NHS Trusts, North Tees and Hartlepool NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions for all services provided.

During May 2013 the Trust received an unannounced visit to the Minor Injuries Unit. The report, which provided details of compliance against all of the inspected standards was published on the CQC website. The report was very positive regarding the care provided to patients in the Unit and complimentary of the staff. There were two minor comments regarding the signage and environment that the Trust has passed onto the owners of the building for action.

A further unannounced inspection relating to the Child Safeguarding pathways was undertaken, mid-January 2014. The informal feedback has been positive with some areas of good practice noted; there were some suggested areas for action that will be defined in the draft report which at the time of writing this plan is yet to be received.

Quarterly meetings with the local CQC Compliance Team are taking place to foster relationships and share information. Leading on from this relationship and following the transformation of services in 2013, the Trust arranged for the CQC Compliance Officer to undertake an informal visit of all areas affected by these changes. This provided an improved understanding of the different ward structures, in addition to the improvements to patient environment and the enhanced care pathways delivered post transformation.

The Trust utilises the CQC’s Intelligent Monitoring Report (IMR) to review the organisation’s performance and identify key areas for improvement.

1.4.9.4 Risk Summary

The Trust has developed and implemented a robust clinical strategy to support the delivery of its vision over a number of years. Assurance is provided through the use of both internal and external monitoring processes, including audits, peer reviews, CQC inspections, Healthwatch reviews of services and clinical benchmarking analysis.

1.5 Overall Summary

The Trust’s long term aim is to deliver a single operating model, combining key services onto one hospital site, supported by the provision of services closer to home in community and primary care settings. This will be underpinned at the operational level by Service Line Management. In achieving this the Trust remains focussed on retaining the services that it currently provides within the current geographical areas by continuing to provide high quality patient care and striving for continuous improvements, greater integration and better patient experiences and outcomes.

Putting patients first, more than any other theme, underpins all the Trust and its staff seek to achieve, and pervades every aspect of its activity, which is reflected within the quality priorities outlined for delivery within this Strategic plan.
The Momentum: Pathways to Healthcare Programme is the means by which the organisation will reconfigure services and as such, the Clinical Service Strategy is built around the key principles of the Programme, supporting the development of integrated services across acute and community care and primary and social care.

The Trust has a sound and long history of strong financial performance meeting all of its statutory financial duties in every financial year since becoming a Foundation Trust in 2007. The financial strategy over the next five years is to maintain and build upon the historic success of the past. Strong financial performance is fundamental to the Trust’s service aspirations and plans which will be supported within a strong business model. The Trust will continue to strengthen its financial planning to deliver on the long term plan of a single site operating model.

The Trust will continue to build relationships with partners, commissioners and local stakeholders, accommodating the changes in the organisational structures in the health and social care economy.

With sound quality governance, risk management systems and financial control, the Trust is, therefore, well placed to continue to deliver improvements in the quality of services delivered to patients and to deliver the financial and service performance targets. By planning in advance, a number of initiatives are already progressing, improving the likelihood of delivering. The Trust’s medium term financial strategy, linked to the development of the new single site hospital, continues to drive clinical and operational efficiency.

The Trust has a communications strategy in place to make staff and stakeholders aware of the annual plan, with representation from both the staff and governors involved in the development of the plans going forward. A communication from the chief executive about the headlines of the plan and the Trust’s objectives for the next five years has been shared with staff, with additional communication planned through displays, leaflets and pop up banners to raise awareness of the plan internally.