

Forward Plan Strategy Document for 2013-14

Gateshead Health NHS Foundation Trust

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Executive Summary

As the 'new' NHS begins to develop following the recent round of reforms, our strategic forward plan for 2013/14 reflects the Trust's approach to some of the changes that we will face over the coming year, as well as taking a longer term view based on discussions with our commissioners and other partners.

Central to this is our relationship with Gateshead CCG. Its ambitions for changes to the delivery of healthcare across the local area are starting to emerge following its formal alliance with two of the CCGs in Newcastle. We are already engaging in discussions with the senior team at Gateshead CCG with regard to how this might impact on this Trust, and the delivery of services to our patients. It will be important for this Trust to engage with other providers as this agenda develops. However, it is clear that the CCG sees opportunities for the Trust out of this commissioning alliance, not least through the repatriation of Gateshead residents back to the QE for the local provision of their care package and pathway. This may involve the development of 'hub and spoke' models with other providers, rather than the direct provision of care by this Trust.

At the same time, our work with the two other FTs South of the Tyne under the banner of 'Accelerating the Bigger Picture' continues. The past twelve months have seen significant progress in this regard, particularly for this Trust, with construction of the new Pathology Centre of Excellence well underway (and the TUPE of laboratory staff having been completed on 1st April 2013), and the agreement of all parties to a new model of delivery for Breast Services, with Gateshead FT acting as the 'hub' servicing spokes in the other localities. A number of other work streams are underway which will see further changes to the delivery of care within the geographical catchment, with a view to securing greater quality and efficiency across all providers.

It will be interesting to see how the dynamics of this work develop over the course of the coming months, with the single PCT leaving the process to be replaced by the three CCGs across the geographical catchment (and particularly in light of the alliance between Gateshead and Newcastle CCGs discussed above).

In addition to our new commissioners, the Trust continues to invest heavily in its relationships and work with other GPs in the Gateshead area. As well as visiting all GP practices in the area on an on-going basis, to understand the ambitions and any frustrations they might have, we are working closely with CBC, the contracting arm of the local GP infrastructure, to both support and work directly with them on opportunities which emerge under AQP. This has already proved to be successful, and we will continue to pursue opportunities with colleagues in primary care as appropriate.

Finally, in terms of our outward focus, it will be important for the Trust to establish close links with the local Health and Wellbeing Board as its close work with Gateshead CCG begins to shape the

delivery of services across the borough. In addition, we will continue our discussions with the local authority with regard to opportunities to pull the local health and social care system closer together, to ensure we remove any overlap or duplication in service delivery, and also ensure the smooth transition of patients as they move along their care pathway, regardless of the care provider.

Internally, the Trust is in an important and exciting stage of its development. As well as the Pathology hub, work is underway on the construction of our £33m state of the art Emergency Care Centre, which as well as providing a new 'front door' to the hospital, will see the integration of Accident and Emergency, Walk in Centre, the GP Out of Hours service, and Medical, Surgical and Paediatric Assessment services, and associated diagnostics, into a single facility on the QE site. We anticipate that the building will be ready in the autumn of 2014, and work continues to change our clinical pathways – within and between provider organisations – in preparation for the opening. This development will radically change the make-up of the estate on the QE site, facilitating the physical separation of elective and emergency services, as well as freeing up further opportunities for rationalisation across the Trust.

With respect to the provision of services and safeguarding their quality and safety, the Trust has emerged from a very difficult winter period which saw a number of key targets come under pressure. In Quarter 3, our A&E service saw increases in demand, alongside a shift in the acuity of patients attending for treatment. In response to this, the Trust put in place a project team to intervene and look at systems and the flow of patients into and through the department. This resulted in a turnaround in the last quarter of the year.

In addition, since November the Trust has experienced an increase in the number of patients testing positive for Clostridium Difficile. Once again, we have implemented an action plan to refocus our efforts over what has been, for some time, a core priority area for service improvement within the Trust. This focus will continue throughout the coming year, involving and including senior clinical representation from our CCG.

A central plank of the latest round of NHS reform sees a further push to involve clinical staff more deeply in the decision making processes which drive and improve their services. Over the next twelve months the Trust will be radically reshaping its internal structures to introduce Service Line Management; a tool which we hope will encourage and liberate front line staff to take a more active role in our decision making processes.

Strategic Context and Direction

1.0 Our Vision

Gateshead Health NHS Foundation Trust serves a local resident population of approximately 200,000 and this is the core of our business. We also provide services to people in surrounding areas, particularly South Tyneside and Sunderland, who choose to access services. Some specialist services, for example breast and bowel cancer screening, and gynaecology and oncology are provided to a much wider population with geographical catchments stretching to Cumbria, Northumberland and Humberside.



At the heart of our vision is the provision of excellent, safe and personalised care, placing our patients at the centre of everything that we do. We have built our brand around these highest level aims, which reflect the fundamental strengths of our organisation.

We seek to be the provider of first choice for patients who need emergency admission; rapid assessment and timely diagnostics, elective day and inpatient services, outreach and care closer to home. Increasingly, we seek to capitalise on our excellent facilities for the elective surgical patients, and to build our referral base across the South of Tyne and Wear population.

Located in a central position in the Tyneside conurbation, the Trust has a pivotal role in sustaining the health and well being of local communities who regard us as a trusted provider. Working in close collaboration with other local providers is a practical and commercial necessity in realising our vision.

As care pathways change and clinical commissioning promotes care closer to home, we will contribute to the development of integrated care models, and increase our involvement in the community through our outreach secondary care services offering clinical advice in primary care when required. Working closely with GPs and other clinical and professional networks, we aim to ensure that people enter hospital only when they need to and that they receive timely, safe, high quality care, when they do.

Part of our vision is continuing to build upon our reputation beyond our traditional geographical boundary, offering areas of specific excellence, for example through our range of screening services, and our IVF service. This fits with our aspiration that patients, the public and staff recognise our brand, depicting our focus on patients, and the provision of high quality care and excellent service delivery.

A sound financial footing is a key element of our vision, and the foundation on which we will build. We will continue to sustain robust financial stewardship as a product of our ambition to achieve the highest quality and safest care.

1.1 Population served

The profile of the local population includes a higher level of older people than the national average and has a lower proportion of people from ethnic minority backgrounds. Demographic projections show a stepped increase in the number of very elderly persons (over 75 years) between 2013 and 2018, reaching 15% of the population by 2020. Births are likely to remain static at around 2,300 and the population between 16 and 64 years will slightly decrease. Subsequent implications for health services, certainly over the next three years, include

- an increase in people with co-morbidities impacting upon the level of acuity of conditions of patients seen;
- an increase in the number of people suffering from long-term conditions requiring health or social services;
- an increase in the number of individuals suffering from sensory disabilities requiring health and social care services; and
- an increase in the average age of carers (including family members) and those needing or unable to provide support.

As pathways of care become increasingly integrated and inter-dependent, the impact of such demographic change upon other agencies within the health and social care economy, together with their response, is one of shared interest and concern, which must be managed in partnership.

Gateshead is home to a rabbinical college and an established Jewish community. Residents have traditionally looked to Newcastle for some of their services, although the Trust has worked closely over a number of years to understand how it can meet the health needs of the Community. There are representatives from the Jewish community on the Trust Council of Governors.

Mortality and morbidity rates within the Borough are higher than the national average, as are rates of deprivation, influenced by low levels of economic activity and exacerbated by the economic downturn. There are also marked differentials in life expectancy across local authority wards.

Construction of student housing, on a significant scale within the Town centre, has the potential to increase demand for health services.

The Trust also serves populations in surrounding areas, including South Tyneside and Sunderland as a result of patient choice and locally awarded contracts. Wider populations are served by the Trust far beyond the Gateshead boundary in Cumbria, Northumberland, Humberside and Lancashire. This relates to our success in specialist screening services and the Trust centre of excellence in Gynaecology-oncology.

1.2 Our Services

The Trust's services are provided principally from Queen Elizabeth Hospital although increasingly our clinical staff provide services in offsite secondary care outpatient facilities, in the QE at Metro Riverside and Blaydon Primary Care Centre. Outpatient services continue to be provided from Bensham Hospital and further clinics operate at primary care settings beyond the Gateshead boundary in Washington and South Tyneside. We are supporting Gateshead Clinical Commissioning Group in its strategy to deliver care close to the Town Centre of Gateshead, and to develop new models of integrated care, for people with long term conditions, such as services for adults with diabetes.

In 2012, the Gateshead walk-in-centre, managed by the local community services provider, was relocated to the Queen Elizabeth Hospital site, in line with local commissioners' plans and GP demand.

The Trust provides the following core services:

- A range of local acute services for elective and emergency care including in-patient, outpatient, day case and day care;
- Continuing care for older people with physical and mental health problems and day care for younger people with dementia;
- Palliative care;
- Community, intermediate care and outreach services, including physiotherapy, dietetics, and community support of older people, stroke, respiratory, diabetes, critical care.

The Queen Elizabeth site also contains the North East NHS Surgery Centre, an NHS facility unique in the North East of England, where all patients are housed in single en-suite rooms in a state of the art building.

The Trust is responsible for the management of provision of 24 Intermediate Care, Assessment and Rehabilitation (ICAR) beds, located in Sunderland, following the award of a contract in 2011/12.

The Trust is positioned as an integral part of clinical networks that span Tyneside and beyond. Within the Northumberland Tyne and Wear area there are four other acute NHS Foundation Trusts: South Tyneside Foundation Trust, which incorporates provider community services in Gateshead following the previous Transferring Community Services (TCS) exercise; City Hospitals Sunderland Foundation Trust, the Newcastle upon Tyne NHS Hospitals Foundation Trust and Northumbria Healthcare NHS Foundation Trust.

The Trust has forged clinical alliances with neighbouring provider foundation trusts, and operates service level agreements to deliver outpatient and inpatient specialist services and to access tertiary provision. This approach is effective for the Trust and its patients, and will continue where it is clinically and commercially appropriate. As the economic landscape changes and demand for health care continues to increase, building clinically driven strategic alliances will form an essential part of our strategy to preserve integrity of patient pathways, and ensure best use of resources. Alliances will also continue to play a role in our strategy to consolidate and sustain the best in clinical expertise, to ensure ready access to services for patients as we move towards seven day working and to increase consultant availability to ensure best in class care.

Alongside this, the Trust has a clear grasp of the issues that arise as a result of functioning within a market economy and the issue of choice, competition and contestability, as reflected in our high level priorities.

1.3 Priorities and Direction 2013-2016

We are delivering services in a much changing health care landscape, brought about by radical health policy reform, economic austerity, increasing demand and expectations, and an aging population. The Francis findings and recommendations have fundamentally endorsed the need for sound and effective leadership, to ensure a culture of quality and safety, compassion and openness across the NHS. An analysis of the environment in which the Trust functions has identified the following key issues:

- Prolonged national economic austerity and impact on the NHS and other public services;
- Radical Policy reform including:
 - Commissioning reform - establishment of the NHS England, Local Area Teams and Clinical Commissioning Groups;
 - Promotion of the market and Patient Choice;
 - Plurality of providers, including independent sector;
 - New procurement methods and increased risk for NHS providers ;
 - Regulatory changes, increased focus on local regulation, role of governors and new provider licensing.
- Impact of the local new commissioner's vision and strategy on;
 - existing patient flows, and patterns of service delivery;
 - continuation of QIPP (Quality, Innovation, Prevention and Productivity) and transfer of investment from secondary to primary care and care closer to home;
 - 2013/14 contract negotiations.
- Impact and consequences of the Francis findings and recommendations, including adverse national publicity on the NHS;
- Requirements of "Everyone Counts 2013/14", the NHS new priorities and planning requirements, including seven day working;
- Ongoing national and catchment-wide service reviews;

- Technical financial changes including changes in tariff structure, raising of the private patient cap and expansion of best practice tariffs;
- Demographic change and associated risks and pressures.

1.3.1 Key Priorities

These issues present both challenges and opportunities. Our strategic priorities set out our focus for the next three years and identify specific objectives to be addressed during 2013/14. The priorities set out in the table overleaf, have been identified to ensure the Trust can continue to respond to the challenges and seize opportunities that will enable it to thrive within this context and sustain the best in service quality and safety for its patients.

Strategic Priorities and Objectives						
	Priority	Objective	Objective	Objective	Objective	Objective
1	Strategic transformational change to achieve qualitative improvement for patients whilst delivering sustainable whole system-wide efficiencies and ensure effective management of capacity and demand	Ensure organisational health to deliver strategic transformation and Improvement through service line management; performance agreements; robust service line strategies to identify opportunities for improvement growth and disinvestment in line with commissioner requirements and demand.	Delivery of Improvement Work streams: -Non-elective pathway for medicine; -OP Clinic Management; -Theatre Productivity; -Scientific and Technical Workforce Reviews; -Surgical Strategy	Continuation of new service model for the Emergency Pathway for adults and children, including relocation of the Trust Medical Assessment Unit alongside A&E services and review of clinical pathway and patient flow	To deliver the Trust Revenue and Business Strategy	To scope and measure the impact of extension to seven day working , where appropriate to the Trust strategy and service quality
2	Financial performance that allows the Trust to deliver sustainable, high quality and safe services	Develop a robust, 3 year, capital and revenue plan developed that is a financial expression of the Trust's vision and strategic priorities	Maintain a quarterly financial risk rating of at least 3/ Continuity of services risk rating of 4	Deliver an I&E surplus of at least 0.5% and move towards an operating surplus of at least 5%	Spend within limits of capital programme, delivering at least 75%	Achieve at least significant assurance from all internal audit reviews of fundamental systems
		Implement service Line management	Delivery of Efficiency Programme and revenue strategy			

3	Delivery of strategies focused on sustaining and improving quality of service for all Trust patients, to reflect best in class, reduction of harm and compliance with all CQC standards for quality and safety	To ensure all services provided comply with the CQC Essential Standards for Quality and Safety and CQC registration is maintained	Achievement of all national compliance and local clinical performance targets	Formulate and implement the Trust response to all key Francis recommendations, including the analysis and subsequent actions on mortality	To achieve improvements in the quality and safety of services identified in the Quality Account and SafeCare Strategy; Deliver the Trust Risk Management Strategy	Ensure robust systems for capture of the patient experience including friends and family feedback.
		Ensure compliance with all CQUIN requirements				
4	Continued implementation of the Trust business and commercial development strategy to optimise activity and income levels over the 3 three year period 2013/16	Support business planning in service lines, to ensure a clear revenue strategy at service level. Ensure market share targets are included in service strategies	Develop and implement marketing action plans for priority areas in line with marketing strategy. Align capacity to support Trust top priorities	Respond with agility to opportunities for new work through procurement process (AQP and tenders) in line with service and corporate strategies. Ensure Dynamic competitor analysis as part of	Build on strategic alliances with local GPs and commissioners and clinical networks in context of Gateshead CCG vision and commissioning reforms South/North Tyne	Review impact of Choose and Book, Directory of Services on Trust activity and income.

				business planning process		
5	Promote service integration and partnership working, with commissioners, providers, suppliers, our patients and public, to drive improvements through the health system	Complete development of the accelerated Bigger Picture (ABP) work streams for services South of the Tyne. Agree future direction ABP in context of: Gateshead CCG commissioning strategy	Reduce readmission rates in line with national best practice and build effective local partnerships to deliver proposals for Reablement to support patient care. Deliver process and pathway improvements to continue to reduce readmission rates as identified in the review of readmissions, identifying and stratifying patients at high risk of readmission; Promote inter-organisational working and patient management plans to facilitate whole system reform Progress communications plan to ensure effective discharge and improvement in length of stay rates Collectively respond to current and emerging health economy issues affecting readmissions rates which impact on health care	Secure organisational involvement of the whole health economy to ensure local partnership working across health and social care boundaries.	Promote links with local authority in the context of its lead role for the local Health and Well being Board to: -Influence priority setting; -Promote integrated pathways of care -Influence commissioning plans	Consolidate Trust Strategy for care closer to home and as part of improvement work streams, aligned with CCG vision and strategy

			delivery and the quality of care			
		Coordinate the clinical and management and communication interface between Trust services and GPs/ commissioner	Work with commissioners to develop integrated care models which provide best services for patients whilst ensuring service continuity and business sustainability.			
6	To deliver on the key enablers necessary to secure and sustain the Trust strategic objectives: (a) Workforce, culture and processes;	Continue to develop clinical / management structure to underpin the programme of Strategic Transformation and ensure clarity of communication and embedding of new roles, responsibilities and lines of accountability.	Ongoing review of workforce profile in line with service plans and available funding;	Development and retention of a suitable workforce, ensuring Trust recruitment strategies meet the needs of future workforce requirements and take account of other provider strategies and significant policy changes(e.g. NHS pensions)	Achieving maximum productivity from the workforce;	Embedding of medical staff re-validation
		Roll out of the Organisational Development strategy to mobilise staff engagement in	Re-energising of Gateshead Lean to support the agenda on reduction in variation, productivity capacity and demand	Re-launch of the Trust vision & compact to continue to embed the	Enhancing leadership at every level and the skills required to promote service line	

		delivery of the strategic transformation programme, on quality and financial plans.		culture which universally promotes quality, productivity, efficiency and innovation at every level Enhance communications and staff engagement with a focus on improvement and customer care.	management	
	b) The Estate	Implement an Estates strategy and programme of rationalisation to deliver on service redesign and secure optimal utilisation; to, ensure a high quality environment for patients, whilst securing optimal efficiency	Significant capital development programmes to modernise the environment including emergency care; pathology centre of excellence; maternity services. Longer term plans to improve the overall environment for inpatient, diagnostic and outpatient facilities	Sustaining and developing offsite secondary care facilities	Implementation of Sustainable Estate Plan	
	c) Infrastructure and Systems	Continued development of the Trust infrastructure to ensure the provision	Develop and implement a revised IM&T strategy setting out the path to a full electronic patient record	Build on success of GP hand over form, improving GP and patient	Establish rolling programme of information assurance	

		of timely high quality information and support to ensure high quality patient centred care and effective business.		access to patient information		
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1.4 The market and competition

As previously described, the geographical market for Trust core services includes residents in the Borough of Gateshead and residents from surrounding areas who may choose to use Trust services, with much wider catchments for our specialist services.

Within the Northumberland Tyne and Wear area there are four other acute NHS Foundation Trusts: South Tyneside Foundation Trust, which incorporates provider community services in Gateshead following the previous TCS exercise; City Hospitals Sunderland Foundation Trust, the Newcastle upon Tyne NHS Hospitals Foundation Trust and Northumbria Healthcare NHS Foundation Trust.

Market share trends over the last 2 years have remained relatively stable with regard to the Trust main service portfolio, with the Trust retaining significantly over 80% market share for most of its services overall. There are one or two exceptions, arising from service changes within the Trust and in neighbouring NHS provider services, which will be the focus of work during 2013/14. The Trust is well placed to retain its market share, increasing in planned areas throughout the life of this Plan. It will do this through combining its strengths in quality and performance with a willingness to adapt to change and to reinforce the loyalty it enjoys from its local population and GP community, who see the Queen Elizabeth Hospital as an integral part of the local community and a trusted reliable provider. This is endorsed through ongoing dialogue and relationship building with GPs as providers and commissioning leads which focuses upon clinically-led service review and development. However the Trust is by no means complacent with regard to the potential impact of competition and choice. An assessment of local competition/ marketing challenges can be divided into the following categories/themes:

- Competition around geographical boundaries, where transport corridors naturally impact upon patient flow (choice and referral practices);
- Number of acute foundation trust providers in the geographical vicinity;
- Preferences of specific communities within the Gateshead Borough whose choice of services relates to culture, history, tradition and lifestyle;
- Developments in Gateshead town centre which will appear attractive to competitors from both the NHS and the independent sector;
- Competition at the margins from independent providers responding to the Any Qualified Provider (AQP) procurements. These include no other Foundation Trust providers at present within Gateshead, but do include a limited number of independent companies, including one multi-national company within a minority of settings. There is scope for some activity to switch to other providers as part of this process over the course of the planning period; and
- Historic perception of some local services that are no longer relevant but still carry residual weight in terms of influencing choice.

Known competitor strengths:

- New maternity facilities within a 6 mile radius of the Trust;

- Larger independent companies enjoy economies of scale with potential to speculate and high marketing capacity;
- Local community nursing services are managed out-with the Trust by another FT following the previous transfer of community services exercise.

Trust strengths:

- Reputation as a trusted local provider;
- High quality and safe care – evidenced by professional accreditations; CQC reports and quality and risk profile; patient feedback; achievement of NHSLA level 3;
- Strong historical performance with all national governance and quality performance indicators;
- Pro-active management of waiting times;
- Progress with strategic transformation and improvement and positive impact on the patient experience, endorsed through good patient feedback;
- Established relationships and high satisfaction from our referring GPs and local GP community;
- Sound clinical leadership and engagement and proactive involvement in development of service line management;
- Effective clinical networks, across the health economy, primary and secondary care and primary care;
- Good relationships with lead commissioners and new opportunities presented by lead CCG strategic alliances, commissioners' overall satisfaction with Trust services and commissioning intentions that reflect this;
- Early success from joint working with commissioners on new integrated care models;
- New build emergency care centre opening 2014 to provide front door access for all non-elective work for medical surgical and paediatric emergencies.
- High quality and safe maternity services (NHSLA level 3) and new post natal capital development/introduction of family friendly person-centred LDRP (Labour, Delivery, Recovery and Postnatal care) model;
- Accessible secondary care off-site locations within the communities served;
- Establishment of a new pathology centre of excellence hub on the Queen Elizabeth Hospital site and acquisition of contract to host for service for South of Tyne and Wear;
- State of the art surgical centre and expertise in cancer care
- Extensive catchment populations for Breast, Bowel and Triple A screening services;
- Excellent employer with gold status for Investor in People, low staff turnover and good staff survey results.

The Trust will address the challenges presented by extension of the market, competition and choice through ensuring value for money, building on our reputation and brand for excellence in quality and safety and patient centred care. We will extend our geographical catchment where there is synergy with our core services, whilst continuing to work closely with our lead commissioners to facilitate the strategy for local residents and for care closer to home. This will include integrated

care pathways for people with long term conditions. The Trust believes it has a key role to play in the public health and well being agenda and is keen to work with the Local Authority in its lead role of the Health and Well being Board.

The Trust recognises that there are finite resources within the local health system and that the way forward is to engage with commissioners to achieve the best value from local investment, ensuring that people enter hospital, only when they need to, so that resources can then be deployed to ensure the best level of care and environment, when they do. This may mean accepting some changes in the traditional shape of our services and working with commissioners to explore new financial approaches which reflect new integrated ways of working, whilst ensuring sustainability of core secondary care services over time.

The Trust will continue to build on its reputation for excellence in screening and excellent facilities and expertise in elective surgery. This will include making best use of our geographical position in the Tyneside conurbation.

In line with the policy for care closer to home the Trust is pursuing further opportunities to offer services close to Gateshead town centre in addition to the work being undertaken with Gateshead CCG. This includes working with the local Jewish community to agree how to improve their access to our services.

Opportunities also exist for diversification of income streams through the extension of the private patient cap and developments in IVF services.

The commercial development priority will focus the Trust on how we work with commissioners to develop our income potential and how we gear the organisation to work within the expanding market environment. We do this through working on service positioning and business planning, tender management, promotion, corporate image and branding, all of which are core business elements for our future. Our commercial strategy encompasses key targets that reflect priorities for sustaining and developing our income base in 2013/14 and beyond.

In 2012, the Trust introduced its new Brand: "QE Gateshead: Quality and Excellence in Health" based upon market research which reflected the local population's association with the Queen Elizabeth Hospital as a trusted central part of the community. The Trust has also launched its new website and will continue to promote and roll out the new Brand over the period of the Plan to raise awareness in all our service locations and the community. Marketing forms a key strand of the Trust strategic priorities and is inherent in the role of all staff and governors.

1.5 Commissioning context

We enter 2013/14 with commissioning in a transitional phase as the new NHS England and local Clinical Commissioning Groups assume responsibility for commissioning NHS services. Whilst there is potential for disruption in the system, the local Gateshead CCG and the main commissioner of the Trust services, was established as a path finder organisation under the reforms. A regular dialogue has been established throughout 2012/13 with the CCG operating in shadow alongside

South of Tyne and Wear PCT, and working relationships between the CCG and the Trust are developing well at both strategic, operational level. The Trust was proactive in inviting the CCG share its vision with leaders and clinicians within the Trust, and along with other neighbouring CCGs, has produced its commissioning intentions. The CCG has strengthened its alliance with neighbouring Newcastle CCG, indicating that this is to ensure best use of resources across the geographical catchment but also to offer wider choice to patients and referring GPs. The Trust is receiving positive messages from the CCG with regard to its continued role in maintaining the health of the local population, linked to the Trust reputation for offering high quality and efficient services. Quality and patient access (waits) are high on the CCG agenda and will influence purchasing decisions. CCG strategic priorities reflect the NHS Outcomes Framework and include:

- Working in partnership to maximise ill health prevention and reduce excess deaths;
- Maximising GP contribution to prevention;
- Improving end of life care in and out of hospital;
- Shifting elective care outside of hospital and increase out of hospital capacity;
- Developing community services to support the shift of care out of hospital;
- Streamlining and integrate reactive services;
- Ensuring people have a positive care experience in Gateshead;
- Shifting mental health care outside of hospital, including improving access to counselling and mental health crisis services;
- Improving dementia services;
- Ensuring that safety underpins all objectives; and
- Improving the quality and reducing the cost of prescribing.

The CCG is aware of the potential for fragmentation of the patient pathway resulting from the advent of competition and plurality of providers in the healthcare environment and aims to address this through its commissioning intentions and approach to integrated working. Joint working and joint bids will be actively encouraged in areas such as urgent care and prevention of inappropriate readmissions.

In relation to QIPP the 2013/14 commissioning intentions for Gateshead CCG include initial soundings on the potential for resource releasing Initiatives (RRIs). These will be the subject of more detailed dialogue and negotiation in the 2013/14 contracting round and beyond. This will require robust data to evidence the need for change and dialogue with other FT and primary care providers. They include:

- Urgent Care(demand management);
- Older persons' mental health;
- Outpatient first attendances (demand management);
- End of life care;
- Nurse led clinics;
- Standardisation of referral protocols for consultant to consultant referrals (demand management);

- Potential to further reduce critical care costs;
- Management of Community services.

The Trust has an agreed CQUIN schedule with the CCG which is referenced in the Clinical Quality section of this Plan.

Contracts placed with other CCGs for other geographical areas served by the Trust specialist screening services and the ICAR service, are ongoing.

The Trust has an important role to play with regard to ill health prevention and has entered into dialogue with the Local Authority in their role as commissioners for public health.

2.0 Clinical strategy

2.1 Service-wide Strategic Transformation and Improvement

The Trust Strategic Transformation and Improvement Programme (STIP) is now in its second year. The aim over the course of the period of this Plan is to achieve organisation-wide service transformation and quality improvement across pathways of care. The focus is placed primarily upon pathway improvement and best practice to radically improve the patient experience, through which efficiencies are derived as a natural outcome. The main improvement work streams include:

- Review of the inpatient non-elective pathway to improve patient flow through the system, ensuring effective and earlier hospital discharge, timely access to diagnostic services, reducing waits, movement of patients and inappropriate occupation of beds;
- Outpatient clinic management to improve the organisation and utilisation of clinic slots and improve patient flow ;
- A surgical strategy to develop a high volume elective surgical centre demonstrating best in class pathways of care for a range of general surgical procedures and major joint replacement and achieving optimum utilisation of theatres;
- Scientific, Therapy and Technical workforce reviews to ensure patient-centred outcomes. These support the other improvements in the patient pathway and will ensure that the right people occupy the right roles in the right place at the right time, enabling timely access to high quality diagnostics and to ensure effective post treatment enhanced recovery and rehabilitation, that is best in class.

To facilitate strategic transformation, the Trust is embedding service line management (SLM) which places clinical leaders at the heart of service management, ensuring clinical influence on pathway redesign and accountability for quality and efficiency. Work includes:

- Redesign and recruitment to a new Trust management structure to create 3 business units from 4 former clinical divisions. Appointments have been made to 3 new service Associate Director posts;
- Configuration of 24 service lines being agreed with lead clinicians;

- Appointment to service line leads ensuring recruitment fit (right people; right job) and to supporting clinical operational and business support posts. Leads for gynae-oncology, trauma and orthopaedics are now in place;
- Service by service business development dialogue around future service strategies with service line leads, the Medical Director and PMO;
- Communication and staff engagement plans including consultant conferences;
- An organisational development strategy to provide processes and systems to support SLM, including performance management contracts, staff development and leadership development;
- Implementing the vision for Information and IM&T including fully electronic patient records and re-designed administrative processes to support patient care and flow of intelligence including market intelligence (i.e. performance against contracts, capacity and demand, workforce); and
- Ongoing development of performance dashboards to provide assurance on quality and safety outcomes; clinical and business performance.

A robust infrastructure is in place to monitor and manage the impact of the STIP with regard to quality and risk. This is detailed in sections 4.2 and 4.3 of this plan.

2.2 Future patterns of care and integrated working

In line with government policy and the Gateshead Clinical Commissioning Group's intentions, it is envisaged that within the next three years the overall shape of Trust services will begin to change, with less reliance on hospital beds overall, but continued emphasis on providing high quality care and expertise in a fit for purpose environment. Outpatient and outreach services will increasingly be offered in locations, closer to home, where this makes sense for patients and is not detrimental to the quality of care offered. The Trust already offers rapid access clinic slots through its ambulatory care clinic, and consultants also provide telephone advice and guidance for GPs. This assists with effective and timely management of patients to reduce avoidable admissions to hospital.

Arising from the two consultant conferences held in the last 12 months, road shows are planned across all service specialties to further develop service line strategies and promote integrated working with primary care. There is further scope for consultants working in off- site premises, including GP surgeries, and attendance at GP Time out events. There has been early success with the development of a new integrated model for adults with diabetes using the best of expertise in secondary and primary care. It has provided an effective blue print for joint working between Trust clinicians, GPs and commissioners to develop new, models of care for people with long term conditions. Further opportunities exist in areas such as services for the frail elderly, dementia, COPD and osteoporosis.

The Trust works well with the local GP provider arm Gateshead Community Based Care (CBC) and is exploring opportunities for joint working where this makes sense for patients and can result in best use of local resources, within the boundaries of the national cooperation and competition rules.

2.3 Medical services and emergency care

Significant changes are planned with the development of new emergency care pathways and opening of the state of the art Emergency Care Centre on the Queen Elizabeth Hospital site, in 2014, providing Gateshead with one front door access for all emergency admissions.

The Trust participates in the commissioning-led unscheduled and intermediate care groups, which include partner agencies from across the health economy.

Frailty of the population is an issue for our medical services linked to age profile forecasts to 2020. Integrated working throughout the health economy is key to managing future hospital demand and ensuring that our local health services can appropriately meet the needs of those with co-morbidities, and long term conditions. We will continue to work with our commissioners and primary care on the development of integrated care models and to support the care in nursing homes. Our patient profiles are increasing in acuity and ensuring quality of care in hospital for these patients is high on our agenda. We undertake an acuity audit annually and an acute response nursing team is in place following the merger of critical care outreach and emergency ward response team to ensure a rapid response to the deteriorating patient and hospital at night.

The Trust experienced significant peaks of urgent activity in line with the surge experienced nationally during 2012 and early 2013. A framework of actions is in place to manage the impact of further surges in activity including patient flow and quality of patient care. The Trust actively participates with partner agencies and commissioners in the urgent care network and is building on experience gained through strategic improvements in the non-elective pathway, including work on effective discharge and managing patient flow at ward level. The Trust has sought external assurance from the Emergency Care Intensive Support Team (ECIST) to review geographical catchment – wide emergency care provision. The Trust also holds a winter review session and lessons learned are factored into future winter planning to build in resilience and manage risk.

Close working with diagnostic services is an essential component of our improvement work streams to ensure faster access and support service quality and patient flow. Seven day working will have a significant impact. Integral to service transformation is the increase in consultant cover and the Trust is exploring new roles including the “Acute Physician”. This work includes building resilience to manage surges in demand, usually experienced through the winter months, but also linked to incidence of epidemic. Future plans will build on the experience of unprecedented demand for services across the country in 2012.

It is envisaged that Trust activity for those with long term conditions will decrease, as new integrated models of care are developed and management of stable patients with long term conditions shifts to primary care, in line with commissioning intentions. The Trust will continue to provide its skilled teams to offer support into the community for frailty, COPD and stroke. The Trust is working to increase its market share for Gateshead residents in areas of core business e.g. cardiology and rheumatology.

2.3.1 Managing re-admissions and reablement

Gateshead and the surrounding areas is one of the poorest and most deprived in the country and reports higher incidences of deaths relating to cancer, CVD and COPD and higher rates of readmissions. The Trust set itself a 2-5 year ambitious plan to reduce readmissions overall by 25% to align Trust level readmission rates with best practice and is participating with colleagues across the health economy to seek opportunities to add this agenda. This work is being undertaken through the Unscheduled Care Strategy Group. The approach is to be reconfirmed by the CCG but broad themes are:

- Prevention of admission;
- Ensure acute care is optimised to prevent avoidable admissions; and
- Integration and development of outreach/in teams to provide supportive best care to prevent avoidable admissions.

We will continually review reasons why patients readmit and to explore alternative care plans which prevent avoidable admissions. This work is evolving based on real-time audits, best practice guidelines and the development of new pathways. Early success has included funds to support care of the frail elderly and services for those with conditions related to alcohol and substance misuse. The Trust ambulatory care clinic established in 2012 is facilitating rapid access for patients with DVT, respiratory emergencies and suspect TIAs.

A project manager post is being re-developed following a successful pilot, to take forward work that will include coordination of care in the acute setting and support of patients following discharge. This will involve exploring opportunities for multi disciplinary working including hospital secondary care, community services, primary care, local authority and voluntary sector teams. This is a significant step forwards and will inform the commissioners work on unscheduled care.

2.4 Surgical services

As previously described the Trust surgical strategy will consolidate the Trust as a high quality, high volume centre for general elective surgical procedures and orthopaedics, offering best in class care and low waits, in a high quality environment. The Trust also has extensive expertise in the treatment of women's cancers and plans to consolidate these services over the term of this planning period. Volume increases anticipated include planned elective surgical work, some NHS plastic surgery, and a temporary increase in colposcopies, following the introduction of HPV testing which will plateau after two years. Commissioning trends over time are indicating some potential decrease in joint replacements. The advent of new procedures may also affect activity levels, for example, laparoscopic cholecystectomies will, over time, result in a reduction in the number of repeat patient attendances for patients suffering from gall bladder problems. The Trust rents accommodation to Tyneside Surgical Services, an independent company of surgeons, and some work is offered out on a contractual basis to reduce waits and manage demand.

2.5 Clinical support and screening

Screening services are well established and our strategy is one of development and growth. The establishment of the £12m pathology hub to process cold work across South of Tyne is a significant

development for the Trust. This is a major reconfiguration of service involving staff transfer, recruitment and training on a large scale. Over the next three years this will position the Trust to seek further opportunities for new work in markets beyond the Gateshead boundary. The Trust continues also to offer breast screening across South of Tyne and Wear, provides a bowel cancer screening hub for residents as far as Humberside and has contracts for aortic aneurysm screening for people in the North of England, Cumbria and Lancashire. Volume increases are anticipated for breast screening over the next three years as result of the age range expansion, and for bowel screening as a result of national publicity cancer campaigns for the diagnosis of bowel cancer.

There is also new work planned in medicines management in nursing homes, through joint working between Trust Pharmacy and Gateshead Community Based Care (CBC) the Gateshead GP provider arm.

Musculoskeletal services are a core service for the Trust which link closely with our rheumatology pathways. As a result of earlier procurements in recent years, an independent provider is involved in the pathway through the clinical assessment and treatment service (CATS) service and community physiotherapy support. The Trust works hard to maintain good working relationships with other providers to ensure a positive experience for patients and effective use of resources. The local contract for community musculoskeletal services is due to be re-commissioned in 2013/14.

The Trust has invested significantly in its Endoscopy service with state of the art de-contamination area and room expansion. The service has been JAG accredited for a further 5 years and has held its first programme as a regional training centre.

The strategic transformation programme and expansion of seven day working will impact upon the demands placed upon our diagnostic, screening and rehabilitation services including, radiology, pathology pharmacy and physiotherapy.

2.6 Women and children's services

The Trust seeks to be the provider of choice for local residents for maternity services and has clear targets to increase its market share. This is based on the introduction of the Labour, Delivery, Recovery and Postnatal care (LDRP) model, a family friendly, person centred approach which is currently being enhanced by a £0.5m capital refurbishment to provide a high quality environment. It offers an alternative model to that provided by our competitors, providing women and their families with en-suite overnight accommodation and enhanced postnatal recovery and support. Within a three year period there are plans to relocate the maternity department to the centre of the hospital site, in line with the Trust Estates Strategy. Our Maternity services provide high quality and safe care. Our unit is one of only 15 in the country to retain level three status under the new NHSLA standard and sustaining this will be key to our quality strategy and promoting our brand. Further work is being undertaken through the SOTW Accelerated Bigger Picture work stream and maternity tariff changes, with the potential to impact significantly on local providers, are currently the subject of inter-provider negotiation.

In December 2012, the Trust launched its new 24/7 assessment model for paediatric care following the review of paediatric services. This model relies upon effective working with the Childrens Community Nursing Team, managed by South Tyneside Foundation Trust and Newcastle and Sunderland FTs which provide inpatient beds. Relationships are good and work continues to embed this model. The Trust is retaining 95% of activity previously managed through the unit. Over the next three years, Paediatric assessment will be co-located within the new Emergency Care centre.

Work continues on developments in other areas of women and children's services including IVF and termination of pregnancy.

2.7 Clinical workforce strategy

To support our strategic aim of maintaining high quality care for patients through best in class care and to secure our position as the provider of choice, we must develop and maintain a workforce that is fit for purpose yet flexible enough to respond to both anticipated and unexpected changes over the coming years.

This identifies a number of challenges:

- Ensuring the task is done at the right level;
- Ensuring the task is done by a person with appropriate skills and knowledge;
- Provision of services at a time that is convenient for the patient;
- Addressing areas of recruitment difficulties/shortage occupations ;
- Ensuring staff employed by the Trust have the right attitude and values to provide the highest level of care to patients;
- Ensuring staff receive appropriate opportunities for training and development;
- Ensure the Trust has a workforce appropriate to achieve all external and internal targets and improvement initiatives e.g. Waiting Times, managing Winter/Surge Preparedness.

Key elements of the Trust's Clinical Workforce Strategy over the next three years are:

- Assessing the implications of "Seven day working";
- Ensuring clinical capacity and sustainability:
 - Moving towards 24 hour consultant cover for obstetrics, and surgery and A&E;
 - Addressing the impact of sub specialisation to ensure generalist capacity within the clinical workforce;
 - resolving impact of the Gateshead Walk in Centre on site as part of integrated plans with primary care;
 - address capacity of radiologists to meet 24/7 cover;
- Identification of new roles to ensure the task is done at the correct level in the organisation and therefore demonstrates value for money;
- Addressing the implications of the Francis Report;

- Progressing the ongoing programme of service transformation with particular emphasis on the central work streams identified in section 2.1 of this plan;
- Addressing the workforce implications of the new Emergency Care Centre including capacity of medical staff, nursing staff and potentially the radiology workforce;
- Managing the implications of the Accelerated Bigger Picture Programme(ABP) on the workforce;
- Utilise the opportunities created by the ABP to support consultant availability 24/7;
- Restructuring of Pathology Services following the integration of three departments South of Tyne;
- To reduce sickness absence; and
- To continue to build leadership and an organisational culture alongside service line management, to achieve transformational change and improvement.

Work continues to scope these challenge which will then inform further plans. Currently, there is no plan to implement a major reduction of the workforce numbers in clinical areas. However a number of pressures and plans have been identified as part of the Corporate and Service Business planning processes which have workforce implications.

These include:

- Roll out of Service Line management – requires a major management restructure and a potential reduction of a number of clinical management posts as the numbers of Service Divisions reduces from four to three;
- A review of the S&T workforce to support improvement works streams and deliver on productivity;
- Identification of a number of new roles – e.g. non-medical endoscopist, reporting radiographer (expansion of current service to release Medical Staff time), acute physician;
- Extending the working day in some surgical specialties to introduce evening and weekend working;
- Exploring the of introduction of Paediatric Nurse Practitioners to create capacity for the new emergency care service;
- Respond to the findings of the Maternity Staffing review addressing 1:1 care in labour;
- Developing the role of midwife sonographers;
- Addressing the workforce implications of the Accelerated Bigger Picture which could result in a reduction of the workforce in future as services are transferred to other host provider Trusts in the South of Tyne area;
- Managing the staffing implications of the changes to Pathology Services South of Tyne – which resulted in an increase of our workforce of around 170WTE as three departments were integrated into one department, managed centrally by the Trust The anticipated restructure will require a reduction of posts and as such work is ongoing to identify opportunities for natural wastage/redeployment/retraining to avoid redundancy cases in the future;

- Addressing the increasing age profile of the Trust ensuring staff groups at risk are managed appropriately e.g. midwives, healthcare assistants and community mental health nurses;
- Continuing to refine planning and preparedness for activity surges including increased winter demand.

2.8 Estates strategy

Over the next three to five years the Trust Estate will undergo significant rationalisation, following the release of accommodation arising from the development of the new Emergency Care Centre and the new Centre of Excellence for Pathology, two current major capital schemes. The resulting Estate will provide a high quality environment for patients and visitors, as well as being more efficient and fit for purpose. Further detail on the strategy is referenced in Appendix One, Financial Commentary.

3.0 Approach taken to quality

Our Vision places the delivery of services to patients at the centre of all activity and identifies the Trust ambition to achieve the highest quality and safest care for patients. Clinical Governance within the Trust is termed as 'SafeCare' and is underpinned by a Quality Management System and Accountability Framework that ensure Ward to Board assurances. A wide range of quality standards and indicators are monitored by the Board through sources comprising the monthly Quality and Safety Dashboard, monthly detailed Quality and Safety reports and Quarterly Mortality reports. The Trust works with the North East Quality Observatory and the Foundation Trust Network to use a range of benchmarking opportunities to give additional scrutiny to quality processes with individual services.

Our SafeCare delivery framework consists of 6 key domains:

i) Effective culture and inspirational leadership

Leadership is central to delivery of the Trust's SafeCare programme. The Chief Executive and directors are key to establishing the value system, setting goals and aligning efforts to achieve these goals. This is now endorsed through the Trust STIP through which quality and safety improvement is being embedded into the culture of the organisation. The Board reinforces its commitment to safety and quality improvement through:

- Continuation of Executive Quality and Safety Walkabouts;
- Presenting patient stories at Board meetings to aid understanding of the nature and sources of hazards in a complex healthcare organisation, and the impact on patients, families and staff;
- Strengthening the integration of quality and patient safety into the routine Board agenda;
- Regular review of the Board Quality and Safety dashboard;
- Supporting the development of safety and improvement knowledge and capability within the organisation;

- Continued sign up for national initiatives such as the NHS Safety Thermometer.

ii) **Effective, efficient and innovative teams**

High quality and respectful care requires a skilled and effective workforce. In line with our workforce strategy, we will continue to ensure that advances are made in education and training to ensure that staff have the knowledge and skills necessary to perform their role within the organisation through:

- effective training needs analysis;
- access to appropriate training and line management support to succeed;
- knowledge and skills framework/appraisal system.

Learning lessons from mistakes, patient safety and untoward incidents is key to ensuring that incidents do not repeatedly occur. Comprehensive systems are in place to ensure staff receive timely feedback on the outcome and learning from investigations and case reviews. The framework includes routine learning events sharing good practice events;

The well-being of staff is closely linked with positive patient outcomes and is essential for a productive, self-reliant workforce. The Trust will continue its commitment to providing support and opportunities for staff through its Health and Well Being and Reward and Recognition strategies and excellent employment practices.

iii) **Safe and reliable care**

The aim to deliver demonstrably higher standards of patient safety year on year, saving lives, reducing avoidable harm and minimising risk, as demonstrated in our clinical quality priorities (pages). In 2013 we will introduce a harm free care campaign across the Trust and we will recognise 'Best in Class' patient safety practices both nationally and internationally and use this learning to inform our work. The ward and departmental accreditation programme will be the overall framework for delivering quality.

The programme of SafeCare projects reflects priority areas for quality and safety improvement across the organisation. There has been extensive engagement with staff and service users, governors and external stakeholders to gain their views and identify priorities for improvement in 2013/14, they are:

- Priority 1: Continue to focus on reducing avoidable deaths in hospital
- Priority 2: Continue to improve the care of patients living with a diagnosis of Dementia and creating a Dementia friendly hospital
- Priority 3: Continue to Reduce Avoidable Readmissions to hospital within 30 days of discharge
- Priority 4: Improve medication safety by reducing omitted doses of 'critical medicines'
- Priority 5: Infection prevention and control: prevent avoidable healthcare associated infection

Priority 6: Improve the patient experience with the introduction of the 15 steps challenge

The Trust will ensure that data is collected and analysed from a variety of sources for example Datix, Audit, Global Trigger Tool, Mortality case note review, risk assessment, and Root Cause Analysis to inform rapid patient safety learning, priority setting, and co-ordinated activity across the Trust. SafeCare Alerts and SafeCare Good Practice bulletins will continue to be produced and followed up. The reporting systems are constantly reviewed to ensure that reporting is encouraged and that the systems are easy to use.

The Clinical Audit Strategy and policy give a clear framework for the delivery of clinical audit and is managed through the Clinical Audit Committee and reported to the Board on an annual basis. The strategy and associated corporate programme prioritises areas for clinical audit activity that meets the requirements of both local and national initiatives. The Trust will continue to ensure that audit is effective and meaningful and that the results lead to changes in clinical practice and the quality of patient care through the dissemination of learning and good practice.

iv) Right care, right place, right time

The Trust strategic transformation and Improvement Programme, as previously described, aims to:

- Achieve service- wide improvements in patient pathways;
- Reduce variation across clinical teams and,
- Reduce waste.

The Trust aspires to excellence, will continue to identify and share both national and international best practice from which it can learn. Incremental improvement targets and outcomes are set and monitored. This work is owned by multidisciplinary teams, strengthened through clinical leadership and service line management.

v) Positive patient experience

The Trust is committed to ensuring all who have access to services have an experience that surpasses their expectations. Listening to our patients and responding to what they tell us is fundamental to delivering high quality care. Through implementation of its Patient Experience strategy, the Trust is working to ensure that patients receive an experience that not only meets but exceeds their physical and emotional needs and expectations. The Patient Experience and Dignity Steering Group supports the development and implementation of this strategy, receiving all patient feedback on the quality of services and reporting to the SafeCare Council on actions taken to improve services. In 2013-2016 we will continue to deliver this strategy which includes the use of:

- Real time patient experience feedback;
- National patient surveys;

- 'Always Events';
- 'Friends and Family Test';
- Compliance with single sex accommodation requirements;
- Privacy and Dignity; and
- The 15 steps challenge-described in section 3.2.

vi) **Safe environment and appropriate equipment and supplies**

The Trust aims to provide a safe environment for patients, that enhances the quality of care and helps reduce preventable harm, such as healthcare associated infections and falls. Ensuring a safe working environment for staff is also paramount. These priorities will be delivered through the following mechanisms:

- Effective risk management and health and safety systems;
- Staff information and training;
- Matrons' walkabouts; and
- Effective systems for the procurement and management of equipment and medical devices.

3.1 Commissioning for quality: CQUIN

During the course of the year the Trust has had monthly meetings with commissioners to monitor progress against the CQUIN indicators and quality schedule.

A proportion of Gateshead Health NHS Foundation Trust income (2.5%) in 2013/14 will be conditional on achieving quality improvement and innovation goals agreed between Gateshead Health NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. The improvement areas for 2013/14 fall into the following domains:

1. Improving the patient experience;
2. Reducing harm The NHS Safety Thermometer;
3. To reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE);
4. Improving awareness and diagnosis of dementia and other causes of cognitive impairment alongside patients' medical conditions, using risk assessment, in an acute hospital setting. Ensuring delivery of high quality care in hospital and prompt follow up care;
5. To improve clinical communications including timing of outpatient letters, discharge communications and collaborative discharge planning for those aged over 65/75, including frail elderly and communication of results;
6. Effective management of long term conditions (COPD, heart failure, diabetes and pulmonary rehabilitation);
7. Reducing harm from falls;

8. Identifying patients that drink alcohol and provide brief advice aimed at reducing alcohol consumption as appropriate;
9. Improving the standard of end of life care for patients in an acute setting;
10. Implementing regional learning disabilities pathways;
11. Appropriate and effective use of medicines/supplements;
12. Trauma and Orthopaedics performance outcomes for hip patients over 65.

Progress will be monitored through the monthly Quality Outcomes Steering Group and any areas of risk identified escalated to the PQRS committee where appropriate. Quarterly reports are provided to the Trust Board. The Trust has put controls in place to ensure the accuracy of the data used in the quality account. The list below is not exhaustive but includes:

- OP 69 – Information Governance Strategy
- RM 04 – Incident Reporting and Investigating
- RM 21 – Complaints Policy
- OP 10 – Records Management

3.2 Clinical and quality key priorities

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Historical Performance	3 year targets/ measures for 2013/14 2014/15 2015/16
1. Infection prevention and control: prevent all avoidable healthcare associated infection.	Safe, Quality and Responsive Care	<p>To support a reduction in Clostridium Difficile (C Diff) and all other infections, the Trust will continue to implement the Trust infection prevention and control programme (IPCP) which includes a comprehensive range of measures for the management of health care associated infections. Achievement of a reduced target of 17 cases C Diff will be a specific area of challenge in the light of the 2012/13 experience of 22 attributable cases of C Diff against a trajectory of 21. The Trust IPCP incorporates comprehensive mitigating actions to address this area of risk, which include:</p> <p>Programme of environmental screening;</p> <ul style="list-style-type: none"> • Clinical leadership in prescribing patterns; • Escalation processes; • C Diff multi disciplinary team ward rounds; • Refresh hand washing campaign; • Review of signage; • Reporting monthly actual against monthly trajectory; 	2012-13, 22 attributable cases against a target of 21.	2013/14 Threshold for C Difficile is 17 cases.

		<ul style="list-style-type: none"> • Non compliance with antibiotic duration to be included in consultant appraisal, and • Joint review for both pre and post 72 hr CDI and 48 hr MRSA with community partners, and ensuring that patients and their families are supported and involved in this process. <p>In addition The Trust works with patients, their families and the community to ensure that patients and the public are given consistent messages about infection prevention and control, to ensure a clean and safe environment and to continue to develop robust ways of identifying patients at risk of infection.</p>		
2. Continue to reduce avoidable deaths in hospital.	Safe, Quality and Responsive Care	<p>In 2013/14</p> <ul style="list-style-type: none"> • Drive and monitor progress through the Mortality and Morbidity Steering Group. • We will aim to review all in hospital deaths to identify where improvement in care can be made. • We will focus on specific groups of conditions where mortality appears higher than expected • We will continue to work with external organisations to assist in the monitoring of our mortality • To ensure an accurate calculation of expected deaths we will continue to monitor the depth 	<p>Risk Adjusted Mortality Index (RAMI 2011)</p> <p>2008/2009 = 110</p> <p>2009/10 = 99</p> <p>2010/2011 = 99</p> <p>2011/12=93</p> <p>2012/13 YTD 89</p>	<p>Year on year reduction in mortality utilising a Risk Adjusted Mortality Index (RAMI) and crude mortality rate and Summary Hospital-level Mortality Indicator (SHMI)</p>

		<p>and accuracy of our coding and continue to work with clinicians in relation to standards of documentation.</p> <ul style="list-style-type: none"> - Avoidable harm to patients - Lack of public confidence 		
<p>3. Continue to improve the care of patients living with a diagnosis of Dementia and creating a Dementia friendly hospital</p>	<p>Safe, Quality and Responsive Care</p>	<p>In 2013/14</p> <ul style="list-style-type: none"> • Ward Environmental Programme will be produced to audit all existing wards and departments within the Queen Elizabeth Hospital by October 2013. • Produce a Trust Environmental Action Plan - November 2013 • Plan a staff interactive Dementia Workshop – July 2013 • Roll out the ‘Forget Me Not’ programme and include patient identity wristbands – August 2013 • Continue our work on implement a flagging system for patient with Dementia <p>Risks - Avoidable harm to patients</p> <ul style="list-style-type: none"> - Lack of public confidence - Failure to meet CQUIN targets 	<p>In 2012/13:</p> <p>Introduced a dementia care pathway across the Trust</p> <p>Undertook some focused work aimed at reducing readmission of patients with dementia.</p> <p>Undertook work to develop a flagging system to ensure that all suspected dementia patients are referred to the Mental Health Liaison Service</p> <p>A training needs analysis undertaken for all staff who care for people with dementia and subsequent training programme to commence in April 2013. There are 4 “Dementia Design Audit Leads” in place trained to use the University of Sterling Dementia Design Audit Tool.</p>	<p>Sustained implementation of key action points</p>

			<p>Introduced environmental audits</p> <p>Reviewed the Dementia pathways of care to ensure the screening tools for dementia, delirium and depression were incorporated.</p>	
4. Reduce avoidable readmissions to hospital within 30 days of discharge	Safe, Quality and Responsive Care	<p>We have in place a dedicated work stream to address this area for improvement. We will continue to develop and strengthen the programme of work. This work is being undertaken via the Unscheduled Care Strategy Group with a commissioning lead. Detailed elements are described in section 3.2.1: Re-admissions and Reablement.</p> <p>Risks</p> <ul style="list-style-type: none"> - Avoidable harm to patients; - Lack of public Confidence; 	<p>The Trust has successfully bid for funds to support care of the frail elderly and services for those with conditions related to alcohol and substance misuse.</p> <p>An ambulatory care clinic established in 2012 is facilitating rapid access for patient which helps avoid automatic admission to hospital</p>	Reduce readmissions to hospital by 25% over next 2 - 5years (target pending)
5. Continue to make improvements in medication safety	Safe, Quality and Responsive Care	<p>In 2013/14 we will reduce the number of omitted doses of 'critical medicines'. Examples of 'Critical Medicines' include medicines for treating Parkinson's disease , epilepsy, diabetes and those for preventing or treating blood clots. In April 2013 we will undertake an audit of</p>	<p>In 2011/12 we have achieved our target of 80% of urgent medicines to be administered within one hour of being prescribed. Whilst some medicines continue to be given outside the 2 hour window, over the year the percentage</p>	80% of urgent medicines being given within 60 minutes of the required time

		<p>missed prescribed doses that have not been administered to establish a baseline for improvement. Based on our initial audit results we will set an ambitious target to reduce the percentage of missed doses of Critical Medicines by March 2014.</p> <ul style="list-style-type: none"> • We will work with staff to better understand why doses of critical medicines are not being given to patients. • We will review our systems related to the accessibility of Critical Medicines across the organisation • Introduce a robust communication strategy to ensure all staff are aware that 'critical medicines' are always available and accessible in the Trust 24 hours a day 7 days a week. <p>Risks</p> <ul style="list-style-type: none"> - Avoidable harm to patients; - Lack of public confidence; 	of these doses has reduced by more than half.	Remaining 20% given within 2 hours of the required time.
6. Reduce harm from falls	Safe, Quality and Responsive Care	<p>Continue to implement comprehensive programmes of improvement work that focuses on falls reduction and reduction of harm</p> <p>Risks</p> <ul style="list-style-type: none"> - Avoidable harm to patients; - Lack of public confidence; 	In 2012/13 rate of harmful falls / 1,000 bed days =2.63 (2.2 % reduction)	Year on year reduction in rate of falls causing harm to patients.

7. Reduce incidence of hospital attributed Category 2 and above pressure damage (PD)	Safe, Quality and Responsive Care	<p>We want to provide harm free care for our patients and have a dedicated work stream of improvement to be able to achieve this. We will continue to develop and strengthen our improvement programme and we will focus on:</p> <ul style="list-style-type: none"> • Risk assessment completed for all patients within 6 hours of admission. • Ready availability of pressure relieving equipment for patients at risk of pressure damage; this includes mattresses, cushions, dermal pads. • Education and training programme for clinical staff. • Continued monitoring through ward quality indicators. • Implementation of the SOS – Save Our Skin campaign. • Participation in national quality initiatives, for example the safety thermometer. <p>We will continue to monitor and implement new ways of working to ensure that we reduce pressure damage in the organisation and deliver the best possible care to our patients.</p>	<p>Between April 2012 and March 2013 we achieved a 30% reduction in individual incidents of category 2 pressure damage.</p> <p>We have continued to take part in the Safety Thermometer initiative submitting data regarding prevalence of pressure damage.</p>	<p>Year on year reduction of the incidence of category 2 and above hospital attributed pressure damage.</p> <p>Year of year reduction of deterioration of any hospital attributed pressure damage.</p> <p>Year on year reduction of the prevalence of category 2 and above hospital attributed pressure damage.</p>
8. Reduce harm from Venous Thromboembolism	Safe, Quality and Responsive Care	<ul style="list-style-type: none"> • Improve % of VTE risk assessment for adult patients on admission to hospital to achieve over 95% each month • Monitor compliance with patients assessed to be at increased risk of VTE who are offered VTE prophylaxis in accordance with NICE guidance; 	<p>% of adult in patients who have had VTE risk assessment on admission to hospital.</p> <p><i>Achieved >90% each month across 2012/13</i></p>	<p>2013/14 target = 95% monthly compliance with % of adult in patients who</p>

		<ul style="list-style-type: none"> • Monitor provision of patient information in hospital and at discharge; • Monitor compliance with staff training /education on VTE prevention, • Undertake root cause analysis on patients readmitted within 90 days with a pulmonary embolism. • Establish a system for undertaking RCA on all hospital acquired DVT and PE <p>Risks</p> <ul style="list-style-type: none"> ○ Failure to meet National and CQUIN targets. ○ Avoidable harm to patient ○ Lack of public confidence 	<p>% Patients assessed to be at increased risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. We achieved our 90% target each quarter.</p> <p>Q1 94% Q2 91.5% Q3 92.5% Q4 94.5%</p> <p>RCA'S were undertaken on all patients identified as being readmitted with a PE within 90 days of discharge.</p> <p>We made significant improvement in the information provided for patient on VTE prevention as indicated below</p> <p>Q1 38 Q2 91 Q3 95 Q4 97.5</p>	<p>have had VTE risk assessment on admission to hospital.</p> <p>Patients assessed to be at increased risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. (95% to be confirmed by commissioners)</p>
9. Develop our use of patient feedback to improve services.	Safe, Quality and Responsive Care	In 2013/14 we will implement 'The 15 Steps Challenge', developed by the NHS Institute for Innovation and Improvement. We will launch The 15 Steps Challenge at our Nursing and Midwifery conference in May 2013. The 15 Steps Challenge is a ward walk around, seeing the ward through a patient's eyes. A small team consisting of a patient	<p>In 2013 we introduced the concept of Always events.</p> <p>As a result of an extensive consultation involving local residents and service users, we have identified the three Always Events considered to</p>	Measure progress against our plan

		<p>or carer, a staff member and a board member or governor walk onto the ward or department and take note of their first impressions. After the walk around, the 15 Steps Challenge Team feedback both the positive findings and the key areas for improvement to the ward or departmental team.</p> <p>We will communicate our plans with patients, visitors, and staff through a variety of methods including posters, bulletins, forums and education sessions.</p> <p>We will develop a timetable of '15 Steps Challenge' visits to take place over the year.</p>	<p>be the most important to patients and families who use our services. These are:</p> <ol style="list-style-type: none"> 1. When moving from one service or ward to another, the new doctor, nurse or healthcare professional should <i>always</i> receive the full patient information and history. 2. All staff should <i>always</i> treat patients with respect and in a friendly manner. 3. Men and women should <i>always</i> be provided with separate sleeping and bathing areas on wards. <p>We have communicated the results of the consultation widely with patients, family and staff through newsletters, posters and meetings. We are now measuring how well we currently perform in these three key areas.</p>	
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3.3 Managing risks to quality

The leadership and accountability arrangements for the Chief Executive Officer, Board of Directors, clinical divisions, other service leads and staff are set out in the Trust's Risk Management Strategy. In addition there are clear terms of reference for the Board sub committees, including the Patient, Quality, Risk & Safety (PQRS) Committee which is the co-ordinating committee for risk.

All Divisional manager and clinical leads have delegated responsibility for the management of risk and patient safety in their areas. Risk is integral to their day to day management responsibilities.

Risk management awareness is delivered to all new members of staff as part of the Corporate Induction programme. Area or issue specific health and safety training is available on a training needs basis. Risk management training is under continual review to ensure that training is flexible and adaptive to the changing needs of the organisation. Accountability and responsibilities for all staff groups are outlined in all relevant policies, and, systems and procedures are in place to support staff in managing risk and carrying out their duties. All job descriptions include specific reference to requirements regarding risk management, health and safety and infection prevention and control.

Good practice in risk management, both within the Trust and nationally, is shared across the organisation through Divisional SafeCare events, Trust wide SafeCare events, SafeCare Alerts, SafeCare Good Practice Bulletins, reports to the PQRS Committee and the Board.

3.3.1 The risk and control framework

Risks are proactively identified through the systematic process of risk identification and risk assessment which includes both internal and external sources of information. Internal sources include extensive monitoring maintained through compliance with NHS Litigation Authority (NHSLA) Level 3 Risk Management Standards for Acute Trusts and also Level 3 compliance with the NHSLA's Clinical Negligence Scheme for Trusts' (CNST) Risk Management Standards for Maternity Services. Internal and external reactive sources of risk identification used include the analysis of incident data, complaints and claims information, national reports or enquiries and national alert systems.

The Trust also analyses information from mortality and morbidity reviews and shares lessons learned through a Mortality and Morbidity Steering Group which meets monthly. The Trust has a Chief Executive and Medical Director led Mortality Task and Finish Group which meets weekly.

A three year programme has been devised with Internal Audit who review and report upon control, governance and risk management processes to assist with assurance. Action plans are in place for any reports which raise issues. The Audit Committee performs a key role in reviewing and monitoring the systems of internal control. The committee receives regular reports on the work and findings of the internal and external auditors and provides assurance to the Board following each meeting via minutes.

Risk registers are used throughout the Trust to record all relevant information including the description of the risk, initial, current and residual risk scores, and actions to formulate a summary risk treatment plan and review date. The Risk Management Strategy defines the structures for the management and

ownership of risk and identifies the Trust's attitude and appetite for risk and how risk is tolerated. A clear escalation process is in place, with regular review of risk registers by the Patient, Quality, Risk and Safety (PQRS) Committee and Trust Board. Executive Directors and Senior Managers assist in the identification and prioritisation of key organisational and corporate risks. High scoring risks that threaten achievement of the corporate priorities and objectives are proactively identified and formulate the Board Assurance Framework to ensure that the assurances available to the Trust Board and the controls in place are robust, with newly clarified information to address any gaps in assurances or control which is reviewed by the board every quarter. On an annual basis the Trust revisits its strategic priorities and develops its corporate objectives relevant to the following 12 months and beyond. These are set out in the Board Assurance Framework which provides assurance to the Board that there are controls in place and assurance identified.

The Trust incident reporting system is used as a key way of managing risks which have not been identified proactively and could or have resulted in harm. An open reporting culture is promoted and supported throughout the organisation. The Trust undertakes the Manchester Patient Safety Framework (MaPSaF) self assessment every three years and develops corporate and divisional action. The next MaPSaF is taking place summer 2013. Sharing of organisational learning is achieved through cross Divisional SafeCare events, SafeCare Alerts and SafeCare Good Practice Bulletins and at local staff/management meetings. From the 1st April 2013 the Gateshead Clinical Commissioning Group became responsible for buying health care for the local population. The Trust meets monthly with the Gateshead Clinical Commissioning Group to analysis serious incidents and internal and external reports.

The Trust carries out an annual self assessment against Monitor's Quality Governance Framework as part of the development of the annual plan which is approved by the Board and Internal Audit asked to review Trust compliance in 2013/14.

There are robust arrangements in place to provide assurance on the quality of performance information. The Trust has a robust governance structure in place to oversee the management of information risks. Four sub groups have been established and are responsible for collating all identified information risks pertaining to Confidentiality and Data Protection, Records Management, Data Quality and Secondary Uses and Systems Management and Development, and are responsible for ensuring that the Trust's information risks are addressed. The Health Informatics Assurance Committee, a sub group of the Business and Service Development Committee is responsible for communicating identified risks and their assessed impacts on the organisation and suggested mitigation and is chaired by the Senior Information Risk Officer. This is reported through the IM&T Committee and Business & Service Development Committee.

Internal audit carry out an annual audit of the Trust's Information Governance Toolkit submission prior to its publication in March each year. This annual audit reviews the evidence to be submitted by the Trust to provide assurance that the processes in place and the work carried out during the year adequately addresses the six key areas below:

- Information Governance Management
- Confidentiality & Data Protection Assurance
- Information Security Assurance

- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

The Trust continues to review its performance against the requirements of the IG Toolkit attaining Level 2 or 3 in version 10 IG Toolkit requirements in 2012/13 with an overall percentage score of 87% including those requirements regarding data quality. Annual improvement plans are in place to ensure that the Trust's performance continues to progress.

The Trust has a Patient Carer and Public Involvement Group with a remit to co-ordinate patient, carer and public involvement activity throughout the organisation and to ensure best practice and latest research is shared between wards and departments. Membership is made up of representatives from across the organisation and beyond and part of its remit is how to inform and involve members of the public in relation to the management of risks which may affect them. Issues that are identified through the Trust's risk management processes that impact on partner organisations and public stakeholders will be discussed in the appropriate forums so that action can be agreed. Patient Experience reports for individual services are used to demonstrate good practice and ensure that action plans are developed where performance can be improved. The results of local patient experience surveys are reported to the Board on a monthly basis.

There are robust clinical governance processes in place that cover clinical audit, compliance with national guidance such as that published by NICE. The Trust has an extensive range of clinical governance policies and these are reviewed at appropriate intervals. A high proportion of these policies are assessed by the NHS Litigation Authority and the Trust currently operates a risk management Level 3 for both Trust wide risk management and maternity services.

4.0 Productivity and efficiency

4.1 An overview

Productivity and efficiency, as part of the Trust Efficiency Programme, are central themes in the Trust Strategic Transformation and Improvement Programme (STIP). This includes both corporate improvement work streams and departmental efficiency initiatives across all services.

The aim of the transformational corporate improvement work streams is to do the right things for patients by delivering improvements on patient care pathways, identifying efficiency opportunities resulting from new ways of working. These include:

- Non elective Inpatient work stream. The aim is to reduce length of stay by one day for stays of seven day stays and over and by two days for stays of 14 days and over by:
 - improving patient flow;
 - getting discharge right and achieving earlier discharge (by 12 noon);
 - improving access to services diagnostic;
 - reducing waits, and
 - reducing movements and inappropriate occupation of beds.

- Out-patient clinic management. The aim is to release resources that can contribute to the Trust Efficiency Plan or enhance delivery of the Non –Elective Inpatient work stream through:
 - maximising outpatient clinic productivity
 - consultant job planning;
 - improving organisation and utilisation of clinic slots, and
 - improving patient flow
- Surgical Strategy. The aim is to increase activity and income and efficient use of existing resources/assets by:
 - creating a high volume centre for specified surgical procedures;
 - achieving best use of current facilities , staffing and infrastructure
 - implementing new techniques to improve the service that we offer and ensure best practice consistently, and
 - Focusing on theatre productivity including utilisation, management of down-time and procurement of non-consumables
- Scientific, Therapy and Technical workforce reviews to ensure patient centred outcomes. These support the other improvements in the patient pathway and will ensure that the right people occupy the right roles in the right place at the right time; ensuring timely diagnostics and timely rehabilitation.

Each of the above feed into the Trust Financial Strategy. Other service efficiency initiatives are aimed at releasing savings through reducing duplication or waste and/or increasing income and themes include:

- Further exploration of drugs spend and medicines management;
- Use of technology and new ways of working e.g. pharmacy;
- Retention and development of best practice tariffs in a range of services including diabetes, rheumatology, trauma and orthopaedics, ambulatory care;
- Benchmarking of services to demonstrate efficient and effective care pathways including older persons medicine, accident and emergency; trauma and orthopaedics, endoscopy and scientific, technical and therapy services;
- Focus on consultant job planning and further development of clinical quality and productivity metrics (joint revision rates; patient feedback; unplanned returns to theatre, infection rates etc)
- Work to reduce re-admission rates;
- Estate reconfiguration, alongside the development of the new ECC to ensure a high quality environment for patients whilst ensuring we utilise our assets to best effect and optimise running costs;
- Working with commissioners and primary care across pathways of care to ensure most effective use of resources within the health economy including:
 - integrated care pathways that ensure patients enter hospital when they need to be there and that Trust resources can then be more effectively deployed for those who require secondary expertise and treatment ;
 - to determine the most effective use of hospital based nurse –led clinics;

- Exploring a range of procedures that may be more appropriately provided or led from within primary care such as surgical pre-assessment ; IV antibiotics.

4.2 CIP governance, quality impact monitoring and enablers

The Trust has historically consistently delivered well against efficiency targets and CIP programmes, achieving targets in year. Recurrent performance is historically around 80% of the total target, with a balance being carried forward for achievement in the following year. 2012/13 saw this performance improve to 83% recurrent delivery.

The main drivers for the Efficiency Programme are as follows:

National picture

The Commissioning Board 'Everyone Counts: Planning for Patients 2013/14', NHS Outcomes Framework and the Payment by Results Guidance for 2013-14 underpin the financial planning assumptions and set out an efficiency requirement of 4% so the Trust has aimed to achieve at least this level of efficiency. A detailed Efficiency Programme has been developed to deliver this.

Trust strategic priorities

The six Trust strategic priorities have been identified to ensure the Trust can continue to respond to the challenges and seize opportunities that will enable it to thrive within this context and sustain the best in service quality and safety for its patients. This includes 'financial performance that allows the Trust to deliver sustainable, high quality and safe services' of which the efficiency programme is a key component. There are a number of key actions to deliver the strategic priorities which are outlined in section 1.4.1.

4.3 CIP profile

The Trust's Efficiency Programme is categorised in to 11 distinct programmes (schemes) which are reflected in the development of the programme and the ongoing performance management of delivery. A summary of the programme is below with greater detail outlined in Appendix 2.

Scheme	Savings £m			
	2013/14	2014/15	2015/16	Total
Bigger Picture	0.1	1.0	1.2	2.3
Estate Rationalisation	0.1	0.1	0.0	0.2
Clinical Transformation	1.3	0.4	0.6	2.3
Business & Commercial Development	1.4	2.3	2.0	5.7
Technological Efficiencies	0.3	0.3	0.3	0.9
National Initiatives	0.1	0.0	0.0	0.1
Corporate & Technical Efficiencies	1.7	0.8	1.2	3.6
Structural & Benchmarking Driven Efficiencies	0.2	0.1	0.0	0.3
Service Line Management	0.5	0.5	0.5	1.5
Procurement	0.4	0.4	0.4	1.2
Divisional Initiatives	2.4	2.1	1.8	6.3
Total	8.4	8.0	7.9	24.3

All schemes are recorded in the Wave programme management system which allows for two risk ratings: one for risk of failure to delivery (a financial risk) and one for risk to patient care if delivered (a risk to quality/ safety). The risk scoring is in line with Trust policy and the NPSA risk matrix. All schemes have been assessed, by those responsible for the schemes, on this basis.

Risks were reviewed by the Business and Efficiency Programme Board, with a focus on those above 15 (high risk), to determine what action was required to manage the risk.

The meeting was attended by the Medical Director and the Deputy Director of Nursing, who had also had the opportunity to discuss and assess the high risk schemes before this meeting.

There were a number of schemes with a high risk rating in terms of impact on service. One group relates to the provision of facilities and estates support:

- Reduction in maintenance (50k);
- Reduction in domestic services;
- Removal of shift fitters night-time cover (50k); and
- Reduction in porters overtime (250k).

The Business and Efficiency Programme Board were concerned that all these schemes could have an adverse impact on the quality of patient safety and care and requested assurance on these schemes before they are implemented.

One scheme, relating to reduction of porters overtime, has already been implemented (during 2012/13) but the service impact is yet to be felt. This was rated as medium risk (score 12) but the Business and Efficiency Programme Board felt there was potential adverse impact and required immediate assurance on this scheme.

There are two schemes where the risk is associated with bed/ ward staffing reduction:

- Non-elective inpatient work stream (500k); and
- Emergency care centre staffing (around 500k in year 3).

The non-elective inpatient work stream runs over a number of years. The high risk element relates to the medical division and is a significant component of the Efficiency Programme in the second half of the year. The work stream is managed by a project board. It is related to the emergency care centre development and a new model of staffing needs to be confirmed, with any associated savings. These schemes are yet to be implemented and are both part of the transformational programme that aims to improve patient safety and quality of care.

Based on the results the Trust is assured that its efficiency programme will not adversely impact on patient safety and quality of care. There are risks arising from the schemes but these are being managed. Schemes will not go ahead without assurance that there is no significant risk.

There are a number of transformational and service redesign CIP schemes across all the programmes of work which represent a step change in processes rather than incremental change. These include:

Bigger Picture

- Development of South of Tyne consolidated Pathology services in the new Pathology Hub.
- Hub & spoke model for Breast services with Gateshead as the hub.
- New model for Paediatrics involving movement of inpatient work and the formation of a 24/7 assessment model.

Clinical Transformation

- Increase in theatre productivity involving fundamental change in approach to scheduling.
- Non-elective inpatient efficiencies around discharge, partnerships with social care, consultant productivity and length of stay creating a step change in bed numbers.

Business & Commercial Development

- Income opportunities available through the formation of the new Pathology Hub.

The Trust is integrating its Project Management Office and Service Transformation (LEAN) support functions to enable the delivery of all improvement and efficiency work streams and plans, building expertise, and capacity.

All projects and schemes are identified on the Trust's newly implemented project management system, WAVE which is regularly updated and used to inform Trust groups to monitor progress, impact, risk and mitigation plans.

The improvement work streams fit with governance assurance through monthly performance review by a hierarchy of identified groups (ward to Board) and clear criteria for monitoring review meetings. This includes standard agendas for meetings and types of reports specified to monitor compliance and outcomes and deviations from plan together with actions to address them. The diagram overleaf sets out the core processes and infrastructure, through which progress is managed. Quality assurance, governance and risk management is integral to these processes through alignment of WAVE, Trust risk management processes, and performance meetings undertaken at Director and service line level (as set out in appendix two of this plan). In WAVE, each initiative is given 2 risk scores linked to:

- (i) risk of non financial delivery and
- (ii) impact upon service delivery/quality

The Trust is further exploring the use of software such as share point to further promote transparency of communications across the Trust.

The STIP includes learning from others including links with other foundation trusts across country e.g. Salford and Cheshire; benchmarking through McKinsey networks and working with local authority and police authorities; The work has also been supported through the NHS Institute of Innovation and Improvement Large Scale Change programme.

5.0 Financial and investment strategy

The overall financial objective is to generate financial performance that allows the Trust to deliver sustainable, high quality and safe services. For the Trust quality and financial viability are interdependent.

We have therefore developed a robust, 3 year, capital and revenue plan that is a financial expression of the Trust's vision and strategic priorities. In this context robust means: based on realistic assumptions, responsive to a dynamic environment and supported by contingencies and risk management. The financial strategy set out below explains how the overall financial objective will be delivered. The strategy:

- assesses the current financial position, explaining the Trust's financial performance and opening position and briefly summarising strengths, weaknesses, opportunities and threats;
- explains how the financial and investment strategy reflects and links with the overall Trust strategy;
- Identifies how the key finance priorities will deliver the strategy and its key objectives;
- Detailing the key risks and mitigations to the plan.

Assessment of current financial position

The national environment sets a financial context of uncertainty and change. This generates both risk and opportunities:

- The £20bn efficiency challenge means we expect ongoing tariff reductions and pressure on commissioning budgets;
- The establishment of new commissioning arrangements creates immature, smaller commissioners with less flexibility;
- Competition is likely to increase with developments including Any Qualified Provider (AQP).

The national impact is reflected locally. We do have strong relationships with our local CCG and see joint working as key to our service and financial strategy. AQP provides opportunities to win additional work as well as potentially threatening our business in selected areas.

The Trust itself is in a period of significant capital development. It is investing £33m in a new Emergency Care Centre and £12m in a Pathology Hub. This redevelopment will continue with developments in a range of areas including maternity, endoscopy and rationalisation and upgrade of ward areas.

Financial performance

The Trust has a history of strong financial performance. In 2012/13 the Trust again delivered its financial targets, ending the year with a financial risk rating of 4 against the planned rating of 3. The tables below summarise a number of key financial performance indicators.

	2012/13 Plan	2012/13 Actual	Variance
EBITDA	£8.234m	£11.885m	£3.651m
Underlying I&E surplus/(deficit)*	£1.855m	£3.304m	£1.449m

	2012/13 Plan	2012/13 Actual	Variance
Liquidity days	51.6 days	36.5 days	(15.1) days
Efficiency plan	£8.523m	£8.523m	0

**Excluding impairments and profit/ loss on disposal of assets in line with the calculation of the Financial Risk Rating.*

Income exceeded plan which drove strong EBITDA performance. Higher than expected accelerated depreciation associated with building demolition affected &E performance on a non-recurrent basis. The cash position is behind plan, although remains strong, primarily due to slippage in the draw down of the FTFF loan and PDC associated with the Pathology Hub capital development.

Although the Trust delivered its efficiency plan in full, around £1.8m of this was on a non-recurrent basis in 2012/13. This has resulted in £1.4m being carried forward recurrently to achieve in 2013/14. This has been an ongoing challenge for the Trust but performance is improving.

	2010/11	2011/12	2012/13
Efficiency plan recurrent delivery	79%	77%	83%

SWOT analysis

The table below is a high level summary of the Trust's financial strengths, weaknesses, opportunities and threats.

Strengths Clinical performance Strong identity Relationships with commissioners Liquidity	Weaknesses SLM in development Historic CIP delivery
Opportunities Integration Emergency care development Pathology centre AQP/ Market share Private patients	Threats Efficiency challenge Commissioning restructure Competition – AQP/ other providers Pressure on liquidity from capital development External perception that bigger Trusts are better

Summary analysis of current position

Over the coming years, the Trust faces a challenging financial environment. It needs to respond effectively. This will require significant change and will not be without considerable risk and challenge. It does however begin this period in a sound financial state.

Key financial priorities and investments

The financial plan includes the financial aspects of the Trust's key developments, both capital and revenue. These developments include:

- the ongoing Emergency Care Centre and Pathology Hub capital schemes;
- development of the Bigger Picture work streams, notably Pathology, Paediatrics and Breast Services;
- Further capital developments around maternity, endoscopy and ward refurbishment;
- Investment in improvements to the quality of current services and Trust infrastructure to support delivery of the strategic priorities;
- Business and commercial development in a range of services;
- Strategic transformation in services to deliver greater efficiency and improved quality of care;
- Promoting service integration and partnership working in specific services;
- Developing 7 day working and resilience in dealing with fluctuations in activity;
- Developing the Trust's charity 'Gateshead Health NHS Foundation Trust Charitable Fund' to raise awareness, re-brand and increase income and expenditure. This sits alongside the Trust's intention to develop a 3-year strategic plan for the charity which brings it in to line with Trust planning horizon and prepares effectively for the consolidation of the accounts in to the Trust's from 2013/14.

How the plan will be delivered

There are four main financial priorities that are fundamental to delivery of the overall financial strategy. There is some overlap between these areas.

1. Maintain and grow income through the Trust's revenue strategy

The Trust recognises that commissioner budgets will continue to be pressured and that PbR tariff deflation is likely to continue. However, NHS budgets do enjoy some protection, commissioners will continue to invest in quality, competition is a reality and financial pressures will create opportunities to pick up additional activity as services are rationalised. The Trust therefore has plans to grow income in certain areas. These areas are increasingly identified through the Trust's emerging service line strategies which highlight services where the external environment and the Trust's quality and capacity create opportunities. For example we have opportunities to move into new geographical areas:

- Our new Pathology Centre will be operational in 2014/15. The centre will provide pathology services to the south of Tyne area but has the capacity to extend provision to other areas. These opportunities are being explored now with a strong prospect of generating revenue for the Trust.
- We already provide screening services to areas beyond our traditional geographical areas. We plan to develop further still, building on our experience of providing services into the North West.

We also have opportunities to increase our market share within Gateshead:

- We have refurbished our maternity unit and are one of the very few units that have been assessed as CNST level 3. In the medium term we plan to relocate the service to a new unit within the main Queen Elizabeth hospital site. This context presents an opportunity to increase the number of births delivered in Gateshead by Gateshead women.
- Our surgical strategy identifies a range of procedures where there is realistic scope to increase the Trust's Gateshead market share.

2. Delivering efficiencies through our Efficiency Programme

We have identified a range of measures which include traditional cost improvement measures, such as better procurement, along with more transformational schemes as part of our strategic transformation and improvement programme. The efficiency programme adopts the principles set out in the Monitor/Audit Commission document 'Delivering sustainable cost improvement programmes'. The overall philosophy is that quality will deliver efficiency. This is covered in more detail in the section on productivity and efficiency.

3. Control costs through excellence in financial governance

By creating the right environment we can improve financial performance. This means refining and reinforcing financial controls. Key actions here include raising financial awareness across the organisation, delivering an e-learning financial training programme for service managers and budget holders, further developing service line management, making better use of internal audit, continuing to strengthen the governance around the efficiency programme and reviewing contractual arrangements.

4. Protect liquidity through a specific liquidity plan

The Trust's ambitious capital development plans will put pressure on the Trust's liquidity. The other financial priorities such as the revenue strategy and efficiency programme will support the liquidity position. Further measures, monitored through a specific liquidity plan will also help, and include:

- Rescheduling borrowing plans;
- Disposal of surplus interests in land;
- Tax efficiency measures; and
- Strengthening cash monitoring.

Key financial performance indicators

There are a number of key measures that will indicate the success of the financial strategy or trigger remedial action. The Trust aims to:

- Maintain a quarterly Financial Risk Rating of at least 3/ Continuity of services risk rating of 4;
- Deliver an I&E surplus of at least 0.5% and move towards a recurrent operating surplus of at least 5%;
- Delivery of Efficiency Programme and revenue strategy;
- Spend within limits of capital programme, delivering at least 75%;
- Achieve at least significant assurance from all internal audit reviews of fundamental systems; and
- Implement its Service Line Management development plan.

Key risks and mitigation

There are a number of key risks that could threaten delivery of the Trust's financial objective and therefore the success of the Trust as a whole. These risks are summarised below along with the key mitigation actions that the Trust has available to it.

Key risks:

- Failure to deliver the revenue strategy resulting in loss of key income;
- Non-achievement of CQUIN target and subsequent application of financial penalties;
- The Trust's PAS system is less than a year old. There remain areas where data quality needs to be improved;
- Income from commissioners might vary significantly as a result of activity varying from plan. Avoidable readmissions being higher than the expected level or PbR rules may change adversely impacting on expected income;
- Structural changes to the commissioning process with move to CCGs and the development of AQP may result in fewer services being commissioned from the Trust;
- Ongoing financial pressures may result in tariff deflation in excess of expectations;
- Expenditure estimates, particularly around inflation, may prove to be inaccurate;
- Efficiency plans may not deliver to the planned depth and speed;
- Capital plans may slip or overspend.

The principal mitigations to identified risks are the existing systems that the Trust has in place to ensure:

- Quality and safety of services, reducing the risk of performance penalties and making our services attractive to commissioners;
- Robust planning and delivery meaning that plans are less likely to fail. In particular the budgetary control system is a well established tool.

- Systems will be developed over coming years with identified improvements to services and financial governance arrangements. In particular the Wave system is improving governance around delivery of the efficiency plan.
- The Trust has good relationships with the emerging CCGs and planned income figures are in line with commissioner intentions. We will continue to build on the relationships.

If performance does vary adversely from plan there are a number of measures in place that act as contingency:

- Headroom in the plan before risk ratings fall to unacceptable levels;
- Around £1m contingency to deal with pressures;
- Prudent financing of developments with scope to review the extent and pace if required;
- Scope to borrow further to support the liquidity position.

6.0 Leadership and management

The Trust has a strong, effective Board comprising 7 Non-executive Directors, 6 Executive Directors and the Trust Chairman. An annual appraisal process is in place to ensure knowledge and skills of Board members continue to reflect the strategic needs of the organisation and roles and responsibilities of Board members. The Trust recognises the need for its Board to respond to changing external impacts and composition contains an appropriate balance of clinical and management leadership. Skills and experience which are key to successful delivery of the forward plan continue to be represented.

The Board regularly undertakes an internal collective assessment of its performance and provides feedback on leadership by the Chairman.

Non-executive directors are appointed for an initial tenure of up to 3 years following which reappointment processes will apply.

Appointments are approved by the Governors Remuneration Committee and a robust recruitment process is in place.

Induction training is provided for new Board members and regular time out events are held to provide a forum for strategic debate and to broaden understanding of key issues impacting upon the Trust delivery of objectives. In addition non-executive directors are encouraged to attend Foundation Trust Network events.

Executive Directors' portfolios are reviewed at intervals to ensure alignment with service requirements and the Forward Plan

An organisational development plan is in place to support the large scale change required to deliver transformational change and improvement. This has included re-structuring from 4 clinical divisions to 3 business units and the appointment of 3 Associate Directors. Clinical engagement is also central to delivery of our strategy and service line management is being embedded. To underpin this, the Trust is further developing its approach to performance management, leadership development, business planning, communications and staff engagement.

7.0 Governors

The Council of Governors and Non Executive Directors attend a joint development/briefing session where they are fully briefed on the Trust's strategic planning process. A workshop following this enables Governors to feedback their views, and those of their Constituents on the forward plan.

The Trust already provides induction and training for Governors in undertaking their extended role arising from the Health and Social Care Act, to hold the organisation to account effectively. Further development will be explored in relation to the Governors role to support the right organisational culture as set out in "Patients First and Foremost", the Government's initial response to the Francis report. The Trust Board has an open and transparent relationship with the Council of Governors and Governors are invited to attend the Board of Directors and are given the opportunity to receive all public Board papers. Members of the Board also attend the Council of Governors meetings. At the meetings the Governors receive routine updates on finance, performance, quality and safety and also complaints, litigation, and incidents. Members of the Council of Governors are invited to attend the main Board committees and a number of Governors are members of Trust working groups.

8.0 Membership Report

8.1 Representative Membership

The Trust operates with six constituencies: which includes a new "out of area" constituency.

These include:

- Four public: minimum age 16 within defined geographical area of the Trust's boundaries
- One staff: opt out with contractor staff able to join after one year employment. Staff members cannot be public members.
- One patient: minimum age 16, living outside the defined geographical area of the Trust's boundaries. Patient members must have attended any of the Trust's facilities as a carer or patient within seven years preceding their date of application.

During 2012/13 there has been an increase of 470 public members, 49 less than planned. The public membership target was 12,200.

A review of membership demonstrates:

- Ethnic minority representation reflects most areas of the local community
- The balance between genders is not representative of the local community; females make up 61% of membership and 52% of the population
- Representation of younger people aged 16-21 is below that of the local community
- 68.01% of staff members (2,280) live within the Trust's public membership boundaries

Membership data is included in the Membership Template, appendix 2(ii) of the Annual Plan papers.

8.2 Membership Commentary

As at 1st April 2013 the total number of public members was 12,151, an increase of 470 members since April 2012. The total number of patient members was 292. The number of staff members was 3,352.

8.2.1 Engagement with Members

The Trust, through the Council of Governors' Membership Strategy Group has undertaken a number of initiatives to ensure that it is representative of the public it serves in terms of age, ethnicity socio-economic profile and gender. Work in 2012/13 involved:

- The Membership Strategy Group has changed its remit to become focused not only on recruitment but also on engagement with the local community;
- Members of the Council of Governors have been involved in helping to recruit members at local community events and also host a regular membership stand at the local Civic Centre and within the Trust's Out-Patient Department;
- The Membership office contacts all staff leaving the Trust and any new patients who live outside the area;
- Merging of the members' and staff newsletter to form: QE News, published three times a year;
- Medicine for Members seminars in which clinicians and staff speak on topics of local and national importance. These are popular and to evaluate well;
- Work with the Appointed Governors from Gateshead Youth Assembly to engage with and involve young people and involve them in a large project within the Paediatric Unit, and
- An open event to view the plans for the Trust's new builds; the Emergency Care Centre and the Pathology Hub.

Our future engagement plans include:

- Governors to attend local community groups and events for members;
- Continuing regular attendance at local community events to include local leisure centres, and
- Engaging with the Gateshead Health Watch and Community Network

Membership Development is an ongoing, evolving activity that needs to be responsive to new local conditions. As such, the Membership strategy will change to meet new circumstances and challenges. This will be reviewed annually by the Membership Development Group and the Council of Governors to ensure it properly targets and accurately reflects the needs and wishes of both the Trust and the wider community.

9.0 In summary

In this Annual Plan for 2013/14, the Trust sets out its strategic priorities and plans for 2013/14 to 2015/16 and provides assurance on how it complies with the provisions of its license to operate as a Foundation Trust. The plan reflects a realistic assessment and grasp of the challenges ahead and the opportunities to be seized that will enable the Trust to thrive within the new NHS, whilst continuing to offer safe, high quality and compassionate care to its patients.