



## **Strategic Plan Document for 2013-14**

**Humber NHS Foundation Trust**

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

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

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Jane Fenwick
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Dave Snowdon
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mark Brooks
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Signature

# Strategy Guidance - Annual Plan Review 2013-14

## Principles underlying the Annual Plan Review (APR) process

1. This document sets out the requirements for the principal published forward plan ("Strategic Plan") for Foundation Trusts. The Strategic Plan should set out how the Trust's Board intends to deliver appropriate, high quality and cost-effective services for its patients on a sustainable basis. It should, therefore, lay out the Trust's assessment of the challenges it faces (both within the organisation and more broadly within its local health economy), its strategy to address those challenges and its implementation plans over the 3 years from 13/14 to 15/16.
2. The Strategic Plan should be consistent with the information submitted in the finance template (being issued on 29<sup>th</sup> March), and provide context for key figures included in the finance template.
3. It is crucial to recognise that the Annual Plan is not meant to be a simple budgetary exercise, but rather a key governance document which explains how high quality services will be delivered into the future. This will involve analysis of a broad range of issues, which may, for example, include: demographics and health trends; clinical sustainability and the implications of 24/7 consultant rotas; opportunities and threats from reconfiguration; cultural factors and their impact on delivering services which are safe, clinically effective and result in high patient satisfaction; cost benchmarking and the opportunity for transformational CIPs. Clearly, this is not meant to be an exhaustive list and different Trusts will have differing starting positions and face somewhat differing challenges.
4. Monitor has for many years emphasised the importance of robust planning over a multi-year time horizon in maintaining a healthy and sustainable FT sector. Our experience in prior Annual Plan Reviews has shown, however, that FTs on the whole tend to focus on a one-year planning cycle and look less at addressing longer-term strategic issues. The context to the 2013/14 Annual Plan is particularly challenging, with FTs facing rising demand and the need to deliver increased quality and efficiency and an improved experience of healthcare services for patients. Against this background, a short-term planning outlook, particularly one which does not take due consideration of the local health economy or the sustainability of service delivery models, would be inadequate.
5. There is no prescribed format for the published section of the Strategic Plan. However as a guide we would expect plans to be between 10 and 20 pages in length. To support APR analysis there is some specific information, not for publication, that we require from all Trusts and we have therefore included space for these in Appendices 1-4. Where there are commercially sensitive or confidential matters that Trusts do not want to include in the main published section and which cannot be accommodated within Appendices 1-4, these may be included in Appendix 5<sup>1</sup>.
6. Annex A sets out, at a high level, the main stages in the development of the three-year Strategic Plan and the key elements which underpin each.
7. Monitor expects that Strategic Plans would include an Executive Summary outlining key elements of the Strategic Plan, including a summary of key financial data.
8. The main section of the Strategic Plan should normally address the areas set out in the following table, and any other relevant areas.

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<sup>1</sup> Although Monitor does not intend to publish these Appendices, all information provided to Monitor is potentially subject to disclosure under the Freedom of Information Act 2000 (subject to the normal exemptions).

<b>Strategic Context and Direction</b>	<p>Trust's strategic position within LHE including:</p> <ul style="list-style-type: none"> <li>• An overview of the Trust's key competitors and an assessment of the Trust's key areas of strength/weakness relative to the key competitors;</li> <li>• Forecast health, demographic, and demand changes; and</li> <li>• Impact assessment of market share trends over the life of the plan.</li> </ul> <p>Threats and opportunities from changes in local commissioning intentions</p> <ul style="list-style-type: none"> <li>• An overview of the key changes to local commissioning strategy and intentions and their anticipated impact on the Trust, including: <ul style="list-style-type: none"> <li>○ QIPP &amp; demand management;</li> <li>○ Decommissioning;</li> <li>○ Potential "Any Qualified Provider" Tenders;</li> <li>○ Shifting care delivery outside of hospitals; and</li> <li>○ Reconfiguration plans.</li> </ul> </li> <li>• An explanation of how the Trust has factored these considerations into its strategy;</li> <li>• Analysis of how the Trust's demand profile and activity mix has evolved over recent years and what changes are forecast; and</li> <li>• Details of how the Trust is diversifying its income streams (e.g. research, private patients, exploiting intellectual property).</li> </ul> <p>Collaboration, Integration and Patient Choice</p> <ul style="list-style-type: none"> <li>• Plans to integrate services to provide better care and/or increase efficiency;</li> <li>• Development of partnerships and collaborations with other providers; and</li> <li>• Consideration of impact of proposals in relation to competition rules (CCP etc.) and patient choice, where applicable.</li> </ul>
<b>Approach taken to quality</b> (including patient safety, clinical effectiveness and patient experience)	<ul style="list-style-type: none"> <li>• An outline of existing quality concerns (CQC or other parties) and plans to address them;</li> <li>• The key quality risks inherent in the plan and how these will be managed; and</li> <li>• An overview of how the Board derives assurance on the quality of its services and safeguards patient safety. (Trusts may find Monitor's Quality Governance framework helpful in appraising quality arrangements).</li> </ul>
<b>Clinical Strategy</b>  (Consistent with information contained within the Trust's published Quality Account).	<p>Service Line Management Strategy:</p> <ul style="list-style-type: none"> <li>• The Trust's overall clinical strategy over the next three years;</li> <li>• The Trust's service line strategy over the next three years; and</li> <li>• The inputs the Trust used to develop this strategy (e.g. SLM, benchmarking etc).</li> </ul> <p>Clinical Workforce Strategy</p> <ul style="list-style-type: none"> <li>• An overview of the clinical workforce strategy (covering doctors, nurses and other key clinical groups);</li> <li>• Key workforce pressures and plans to address them;</li> <li>• The impact of the Workforce Strategy on costs (short-term and long-term); and</li> <li>• Findings of benchmarking or other assessment (e.g. using the DH Workforce Health Tool).</li> </ul>

	<ul style="list-style-type: none"> <li>• Clinical Sustainability</li> <li>• Identification of which of the Trust's services could potentially lack critical mass (defined by Royal Colleges etc.);</li> <li>• Identification of which services have consultant cover below those recommended by Royal Colleges etc. (link to financial template); and</li> <li>• Innovations in care delivery developed at the Trust or in conjunction with partner organisations.</li> </ul>
<b>Productivity &amp; Efficiency</b>	<p>An overview of potential productivity and efficiency gains built into plans, including financial impact of projected gains, in areas such as:</p> <ul style="list-style-type: none"> <li>○ Length of stay;</li> <li>○ Bank and agency spend;</li> <li>○ Bed occupancy</li> <li>○ Theatre productivity; and</li> <li>○ Emergency readmission rates.</li> </ul>
	<p>CIP governance</p> <ul style="list-style-type: none"> <li>• An assessment of historic performance, including main drivers, and necessary further action to ensure future delivery; and</li> <li>• An overview of PMO, leadership and assurance arrangements for the life of the Strategic Plan.</li> </ul>
	<p>CIP profile</p> <ul style="list-style-type: none"> <li>• Key CIP schemes including risk ratings for individual schemes (see Appendix 2); and</li> <li>• An outline of transformational /service redesign CIP schemes which represent step changes in processes rather than incremental changes and a brief explanation of how this change will be achieved.</li> </ul>
	<p>CIP enablers</p> <ul style="list-style-type: none"> <li>• The extent of clinical leadership and engagement in identifying and delivering CIPs;</li> <li>• The requirement for enabling investment in infrastructure (external support, IT, project delivery resources, etc.)</li> </ul>
	<p>Quality Impact of CIPs</p> <ul style="list-style-type: none"> <li>• The mechanism by which the Trust ensures that its CIP plans won't adversely affect quality of services;</li> <li>• The measures of quality which will be used to inform this assurance and how the Trust monitors quality impact of CIPs on an on-going basis.</li> </ul>
<b>Financial &amp; Investment Strategy</b>	An assessment of the Trust's current financial position.
	Key financial priorities and investments and how these link to the Trust's overall strategy.
	Key risks to achieving the financial strategy and mitigations.

## Trust Strategic Position

The Trust is the specialist provider for Mental Health, Learning Disabilities and Therapy Services in Hull and the East Riding of Yorkshire and also provides Community Services to the people of the East Riding of Yorkshire. Community Services in Hull are provided by a social enterprise - City Healthcare Partnership (CHCP). The Trust also provides a range of Medium Secure Services and healthcare to a number of local prisons; from 1<sup>st</sup> April this will include a new service in HMP Wakefield. Humber is the only local Foundation Trust although the local acute trust (Hull and East Yorkshire Hospitals – HEY) in the FT pipeline.

The Trust vision as agreed by the Board is “to improve the health and wellbeing of the communities we serve”. This over-arching vision is supported by four aims, which are:

- Person centred care
- Clinical excellence
- Valued and skilled workforce
- Effective partnerships

There are four underpinning foundations which are the enablers which need to be in place to support the aims.

- Well governed
- Financially viable
- Legally constituted
- Upholding the values of the NHS

The strategic goals for the organisation will continue to underpin delivery of the overall vision:-

1. Provide services that are safe, person centred, delivered in appropriate environments and sensitive to the needs of the individual
2. Retain the confidence of patients, carers and commissioners by upholding the principles of the NHS
3. Be an excellent employer maximising the skills and talents of our valued workforce
4. Ensure a firm financial foundation underpins the delivery of our vision
5. To work in partnership with other organisations and local authorities to develop seamless service provision
6. Through the use of evidence based practice provide high quality services to establish a reputation for exceptional standards of care
7. Use our positive reputation to develop services and expand existing ones
8. Provide and develop services that are efficient, cost effective and responsive to the needs of the people who use them
9. Work with members to achieve our vision

Strategic priority areas to 2014 have been reviewed and are as follows:

- Older People's Services: dementia and other long term conditions
- The development of the Neighbourhood Care Service model, achieving more seamless care with Older People's Mental Health Services
- Using Care Clusters to improve care, secure income and deliver better outcomes – to be delivered using Payment by Results (PbR)
- Swift access to unscheduled care and reduced waiting times – a very visible element of Trust performance for Clinical Commissioning Groups (CCGs) – Out of Hours, Improving Access to Psychological Therapies (IAPT), Single Point of Access (SPA), Therapies

- Maintaining existing income streams for current service provision and generating organic growth
- Offender Health
- Improving communication of the quality of services provided by the Trust
- Play a greater role in community wellbeing
- CAMHs and Addictions: implementation of reviews to securing existing service quality, access and affordability

A consequence of the Health and Social Care Act includes a more competitive market place, particularly for some services. Competition within Community Services and Therapies is most apparent and the Trust will need to be mindful of and take advantage of these changes to ensure it maintains provision of existing services and can develop and add further services to its portfolio. The Trust continues to win some new business but is very aware of the competitive threat from other organisations. As such it has reviewed its processes for the management and development of tenders and is developing a new and refreshed brand.

The competitive strengths for the Trust include the wide range of services provided that enables it to offer more integrated packages of care particularly for older people. We also can demonstrate high quality and strong service performance, which include patient experience, where for the last 3 years the Trusts Mental Health services have been top performing both in the Yorkshire and Humber region and nationally.

A key development required is the completion of a commercial strategy and this commenced in 2012/13 so that the Trust can develop a clear competitive advantage to enable it to secure its current portfolio of services. Further focus will be placed on marketing of the Trust and the quality of its services. This will contribute to maintaining market share and also support ongoing incremental commercial expansion. Plans to deliver these are being implemented and include clearer key messages/unique selling proposition, re-branding, use of estate, engagement with CCGs and GPs and review of pricing. In addition the longer term aspirations of the Trust Board to achieve a stepped change in scale will also be pursued through a market assessment piece of work early in 2013/14.

The Trust has recently benefited from the transfer of a range of estates from NHS East Riding of Yorkshire. This includes three community hospitals and two clinics. One of the community hospitals, located in Beverley, is a new and modern state-of-the-art building and the other two have recently benefited from significant investment and modernisation. These buildings provide the Trust with an excellent opportunity to develop the services it provides within these local communities. This may include working with other partners to enable more integrated care provision and the development of local health and wellbeing centres.

The Trust's IBP has identified the population of Hull will remain relatively static but the East Riding is expected to continue to rise in population with a greater proportion of older people. This affects demand for services; there has been a 12% increase in referrals to neighbourhood care service in 2012/13. In addition work to determine the need to diagnose significantly more people with dementia will place pressures on the Trust. The impact of these demand changes is being considered jointly with the local CCG and is included in the Service Development and Improvement Plan as part of the 2013/14 contract.

A modest positive impact on market share in 2013/14 is planned. In the medium term the Trust intends to increase its market share further.

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

The key changes to the local commissioning strategy have been known for some time and are also

part of the Humber strategic direction which was agreed in May 2012. Set out below are the high level changes and how these are factored into our plans:-

### Clinical Commissioning Groups (CCGs)

The Trust's main commissioners are the two local CCGs. One representing Hull and the other the East Riding of Yorkshire. Locally there are a range of initiatives in operation and there are a range of risks and opportunities the Trust needs to consider and take action over.

- Increasing demand on neighbourhood care services has promoted a review of the current service specification because it lacks the precision to enable the Trust to manage demand.
- The East Riding CCG has identified a number of QIPP initiatives where the Trust is expected to demonstrate how admissions to acute hospitals are prevented and how care can be delivered outside of a hospital setting. The Trust response to this is expanded upon in the Clinical Strategy section.
- A risk has been identified driven by changes in demand for in-patient learning disability services following the Winterbourne View report. This has led to the need to review local learning disability services and this is being arranged by the two CCGs. The Trust receives positive feedback regarding its learning Disability Service, so intends and expects to be at the forefront of service provision in the region.
- Managing increased demands for the identification and care of people with dementia is a clear commissioning intention for both CCGs. The Trust has successfully reduced waiting times for its memory clinic services in Hull, but plans to increase capacity in the East Riding have been subject to change by the CCG which has agreed to confirm its intentions early in 2013/14.
- The CCGs have been leading a reconfiguration of Community Paediatric Service over several years and are reconfiguring the medical element of this service which is currently provided by HEY.
- There are changes proposed for the local provision of CAMHS services. It is expected an enhanced CAMHS community service will be provided, but the Tier 4 in-patient service will cease. This is subject to public consultation and the Trust is working closely with commissioners as the provider of these services

### Specialist Commissioning

- Specialist Commissioning will now be carried out within the National Commissioning Board (NHS England). The Trust will need to develop effective relationships with new commissioners in a number of cases to ensure it maintains its market share. One opportunity within specialist commissioning is for the Trust to develop provision of low secure services

### Payment by Results

- The Trust will be operating PbR for Adult and Older People's Services in 2013/14. Whilst it has been part of a northern pilot for the introduction of PbR and considers good progress to have been made there will inevitably be risks involved when there is such a significant change in payment mechanism. The Trust will in effect operate PbR in shadow with its block contract in 2013/14. Information generated via PbR will need to be carefully reviewed and understood so that its meaning can be explained, particularly when compared to other providers



### Any Qualified Provider (AQP)

- There are no significant intentions to decommission services although both CCGs intend to re-procure IAPT services through AQP. The Trust has been successful with both the AQPs it has tendered for and is in the process of learning lessons from the Pain Management AQP to strengthen its ability to expand its offer of services under AQP.

### Local Authorities

- A range of services will be commissioned by Local Authorities in future. With respect to the Trust this includes some Children's Services and Health Trainers

In addition to the above all CCGs, providers and local authorities from the local health community have been working together to transform local services. This has previously been led by the Humber PCT Cluster under the 'Securing Sustainable Services Programme' since 2012. This was intended to identify a range of services changes in, for example, care for people with long term conditions and dementia. The SSSP Programme is now led by both CCGs and will be revised early in 2013/14.

The Trust continues to build a strong base in terms of research and the income that this generates. Through its commercial strategy further opportunities to diversify are being explored including the provision of private day and respite care for people with dementia.

### **Collaboration, Integration and Patient Choice**

The Trust continues to integrate its Older People's Mental Health Services with its Neighbourhood Care Services. It will also continue to work closely with HEY to prevent unnecessary admissions and ensure swift discharge from their care where appropriate. In addition our Pain Management AQP is delivered with consultant support from them. Further opportunities to share some back office functions as well as identifying clinical pathways where we can collaborate more effectively are also being explored.

The goal for the Securing Sustainable Services Programme is to consider future scenarios for service change and identify the means to deliver this through competition, co-ordination and collaboration.

The Trust continues to work in partnership with Barchester Healthcare. A partnership agreement with Closer Health was agreed in 2012 which will give the Trust wider access to consultant medical staff as well as identifying opportunities to work together.

The impact of competition rules is assessed on an ongoing basis but there is no evidence of any restriction on patient choice. The Trust manages a Single Point of Access (SPoA) to Mental Health Services and this involves the distribution of IAPT referrals within the AQP process. There is no evidence this process has any impact on patient choice but commissioners are in the process of ensuring this is more transparent.

### **Approach taken to Quality**

The Trust has a strong record of providing high quality services and quality of service provision is at the heart of everything we do. There are always areas for improvement though and in the light of the Francis report the Trust is taking a number of measures to effectively engage all staff in how quality can be improved further. The Trust is relatively disparate geographically and operates within a large number of facilities and in the community. To ensure all staff have the opportunity to contribute to the Trust clinical quality strategy and response to the Francis report a series of staff road show events are being held. These are all being led by the Chief Executive and are being very well supported.

With reference to current quality concerns as expressed by external agencies these relate to the

potential risk from windows as ligature points (CQC)

The Trust is in the process of implementing a medium term window replacement programme in high risk areas.

The Trust's high level priorities as they relate to patient safety, clinical effectiveness; and patient experience are;

Priority	Patient Safety	Clinical Effectiveness	Patient Experience
Improving the diagnosis, care and treatment for people with dementia	Audit of Essence of Care Standards (pressure ulcers, nutrition, record keeping). ( <b>Older People</b> )	Develop dementia and early detection assessment and diagnosis pathway ( <b>Older People</b> )	Roll out of real time patient experience survey - Meridian ( <b>Older People</b> )
Improving the care treatment for people with long term and chronic health conditions.	Regular and ongoing audit of SystmOne measuring compliance with National Standards. ( <b>Children and Young Peoples Network</b> )	Develop clinical pathways. ( <b>Cardiac</b> )	Implementation of CAMHS participation framework (user/carer satisfaction) ( <b>CAMHS</b> )
Improving the care for people approaching the end of life.	Advanced care planning to be reviewed for end of life care management. ( <b>Palliative Care</b> )	Develop end of life dementia pathway ( <b>Palliative Care</b> )	Review of patient information leaflets ( <b>Palliative Care</b> )
Improving the alternatives to admission through care and treatment for people with unplanned care needs.	To develop systems to enable unscheduled care clinicians to access SystmOne summary care records at point of access, to improve safety and inform the clinician's decision making process. ( <b>Unscheduled Care</b> )	Development of single teams in Neighbourhood Care and Older People's Mental Health.	Carer project ( <b>Crisis and Acute Mental Health</b> )

Quality information is provided on the Trust website as part of the published annual Quality Report.

An analysis of the Trust's requirements against the Monitor Quality Governance Framework has been undertaken and is aimed at:

- ensuring required standards are achieved;
- investigating and taking action on sub- standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice; and
- identifying and managing risks to quality of care.

The Trust has recently reviewed and published a new Clinical Quality Strategy. This illustrates how clinical quality is envisaged as increasingly becoming embedded as the core driver of the Trust's overall strategy. As highlighted earlier in the plan staff are being given the opportunity to contribute to this by means of a series of road shows.

As part of the annual review process the Trust has reviewed and revised its priority areas for patient safety, clinical outcomes and patient experience. These are updated and reported upon quarterly and will roll over a three year period of year on year improvement. This is carried out in the context of the national priorities (including the National Quality Framework priority areas) and local strategic priorities (as agreed by the patch wide Strategic Health group) and confirmed by stakeholders from the work of our clinical networks (reflecting what is relevant to patients and staff).

The strategic areas have impact Trust-wide which are focused by each service and clinical network on the areas of greatest potential impact and benefit. In each case the goals use SMART criteria (specific, measurable and time-bound). Each clinical network and relevant service area have specific goals linked to each priority area. These are in the process of being shared with stakeholders including staff. The Board will track their performance through a combination of Performance Quality

Indicators and updates on progress quarterly.

The Board regularly assesses and understands current and future risks to quality and is taking steps to address them through the maintenance and review of an up-to-date risk register. This links to the Trust Board Assurance Framework (BAF) and the ongoing development of local risk registers with a clear method for the escalation and de-escalation of risks to clinical quality. All business cases include the scrutiny of and sign-off against undue impact on clinical quality by both the Nursing Director and Medical Director. The BAF focuses on potential future external risks to quality and the Trust risk register on high-level external and internal risks.

Each entry provides clear evidence of action to mitigate risks including those which may have a potential impact on clinical service quality and includes detailed assessment of controls and strategies to mitigate the impact on quality.

Recent initiatives have included focus on the analysis and change of structures, systems and processes to drive out waste without impacting unduly on clinical quality through the use of and investment in common processes, reducing the number of systems used and standardising procedures where possible and clinically appropriate.

Each element of the BAF and each high-level risk on the risk register is 'owned' by a lead Director and the appropriate Deputy Director and/or Manager. Staff concerns are captured through ongoing consultation and the ongoing monitoring of other potential indicators. These include Incidents, Serious Incidents, Complaints, Claims and Health & Safety issues, Staff sickness/absence and staff comment. In addition information from Director and Non-Executive Director visibility activity is taken into consideration. The Governance Committee, which is a sub-committee of the Board, undertakes a thorough review of the whole risk register on a periodic basis.

The Board has assurance that clinical quality governance continues to be subject to rigorous challenge including Non-Executive Director engagement and review through their chairing of and participation in the Trust Governance Committee (which oversees service and clinical quality and assurance) and the Trust Audit Committee.

The Board has reviewed and approved the Trust's top clinical-quality priorities. Through the Trust performance reports and assurance provided to the Governance Committee it has oversight of well- and poor-performing services in relation to quality and actions being taken to address them.

The Governance Committee, on behalf of the Trust Board, provide regular updates of clinical quality related performance issues which are externally benchmarked where available and appropriate. This may include incident reporting as part of the NRLS data, part of national prescribing audits against NICE Guidance as moderated by the Prescribing Observatory in Mental Health (part of the Royal College of Psychiatrists).

Where provided as performance measures of clinical quality, each indicator is broken down into a number of appropriate measures, each with a clear explanation of relevance and rationale, and matched to external criteria where possible. The Governance Committee provides ongoing oversight of the Trust structures for clinical quality governance and subject this to regular and robust challenge and interrogation of the relevant data and reporting systems. On occasion they will seek other assurances on quality such as from the Trust independent Internal Audit team.

The Board undertakes, at least twice a year, to self-assess test itself in respect of the Monitor Governance Framework. One of the priorities it has identified for the next year is to achieve a better balance of financial and clinical quality oversight at the full Board Meetings.

Through the development and use of the Trust Clinical Quality Strategy the Board continues to take an active leadership role in respect of clinical and service quality. Board members are aligned to specific clinical and support services to provide ongoing engagement and assessment of all aspects of quality (previously outlined) and to share intelligence on these. Board member personal objectives include

visits and time spent within relevant service areas. Focus has also been placed on the requirement to report incidents and the Trust has seen an increase in the reporting of incidents, although the severity of incidents reported has reduced.

Increasingly the Board focus is on encouraging staff involvement in improving quality including maintaining and developing access to training and experience in service and quality improvement. The Trust continues to report year on year increases in incidents, including the reporting of harm and errors, as the basis for learning through Trust governance structures. Particular focus is applied to the analysis of and sharing learning from such incidents. This includes the ongoing publication of lessons learned from serious incidents and other reporting mechanisms.

Every board member understands their ultimate accountability for quality through the Trust structures for the good governance of clinical quality. The Trust systems provide a range of 'hard' data, performance indicators and 'soft' qualitative, assurance indicators from 'board to ward to board' using the Clinical Quality and associated indicators.

Board meetings always attend to significant incidents, major risks and updates on quality relevant information from Governance and Audit Committee's and structures, and from the Trust Executive Management Group through its Performance Management information.

The Clinical Quality issues reported to the Board provides for the escalation of quality performance issues to them. In all cases these are documented and include serious untoward incidents, complaints, risks and clinical quality performance issues. In such cases, and where required and appropriate, robust action plans are put in place to address these with scheduled follow up reporting.

Where available, any lessons from quality performance issues are shared across the Trust via regular newsletters, bulletins, briefings and associated information, and the regular Trust Briefings. The Trust Clinical Audit Programme is reviewed and approved annually by the Audit Committee and the regular reporting of progress and issues is overseen by the Governance Committee. All cases of staff whistle-blowing are reported to the Board as well as regular reminders of the incident reporting, error reporting and whistle-blowing processes. Staff annual review and development processes include robust criteria for performance management.

The Trust makes information about clinical quality outcomes available to the public through the Trust web-site, publications in the local press and media. In addition, at least annually, it publishes updates of both Clinical Governance (in summary) and through the Trust Quality Report, which includes a range of objective coverage of both positive and negative performance.

The Board continually monitors and updates itself on indicators of patient quality including the information from national patient surveys, local patient surveys and the use of real-time patient feedback systems, PALs enquiries and compliments received.

The Board reviews and interrogates complaints and serious untoward incident reporting and data at least quarterly. It is considering developing a range of engagement activities to bring patients into the board room such as face-to-face discussions (e.g. when undertaking environmental reviews) and patient shadowing. One of the CQUIN measures relates to the staff surveying.

Wider staff engagement indicators are being developed on quality in addition to the annual staff survey and visibility visits. These include the potential use of the 'real-time' feedback system to provide a staff 'temperature gauge'. The Trust is also involved with both Health and Wellbeing, and Safeguarding Boards across both local authorities

The Trust issues "blue light notices" following an incident where it is considered appropriate to ensure there is knowledge of certain issues across the Trust. This is effective in enhancing the awareness of some issues and providing guidance with respect to how the issue raised can be avoided in future.

Board members actively engage with other key stakeholders on clinical service quality through updates to those stakeholders on progress and issues relating to the clinical priorities and items in the Trust

Quality Report. In addition there is ongoing communication and dialogue through regular commissioning updates and the Board's regular updates on PALs feedback via the Governance Committee. This will be expanded to include regular contact with Healthwatch once it is established. The Board provides regular updates to the Trust Council of Governors on the range clinical quality matters overviewed by the Board.

The Board reviews a monthly 'dashboard' of the most important metrics including key relevant national priority indicators and regulatory requirements, a range of clinical priority related metrics covering safety, clinical effectiveness and patient experience. It also reviews all serious untoward incident reports and complaints, Monitor's risk ratings and from the supporting structure, qualitative descriptions and commentary. This will be reviewed to take account of the Clinical Quality strategy measures, measures of patient experience and outcome and in light of the Francis report. The closing the loop group is used to learn lessons.

These reports and metrics are linked to the Trust's overall strategy and priorities and clinical quality priorities. The supporting structures provide greater detail and assurance where appropriate. Scrutiny and challenge on clinical quality information is undertaken at the Trust Governance Committee and Trust Board. The metrics and indicators used are regularly reviewed by the Trust structures and revisions recommended and where agreed implemented.

The Trust structures for performance reporting and good governance reporting are clearly documented. They include robust controls to provide the necessary assurance that the ongoing information is accurate, valid and comprehensive. Each clinical service relates to both clinical performance metrics reporting and to the appropriate clinical networks. The Clinical Effectiveness and Compliance Committee co-ordinates information, updates and assurance from the clinical networks to the Trust Governance Committee and thereby the Board. The Performance Assurance Group reports the quality metrics through the executive group to the Board. Each network contributes to the Trust clinical audit programme including those areas driven by national audits and with a formal process for initiating locally derived audits relating to quality improvement or local risks.

The Trust continues to review and deploy a rationalized range of appropriate information systems to enable the straightforward gathering and reporting of key information including the ability to trace such information to its source and to provide robust audit trails for update and sign-off as appropriate by the owners.

The Trust continues to develop and improve its systems relating to the evidence of action to resolve clinical audit concerns through appropriate use of action plans and follow-up with re-audits as indicated.

Information provided in reports on clinical and service quality is continuously reviewed for clarity. The Trust is considering developing a RAG-rating based review of its performance against the Monitor Governance framework elements in common with other Trusts.

## **Clinical Strategy**

The Clinical Strategy is underpinned by the Mid Staffs (Francis Report). The main areas of service delivery including service transformation, service expansion and exploration of markets the Trust are developing are identified as follows:

- Given the commissioner intentions identified earlier the Trust is developing the creation of an enhanced CAMHS community service, but where the tier 4 inpatient service would cease. This will be replaced by a single point of access and intensive community based support 7 days a week. The change is subject to public engagement and the Trust is working closely with commissioners as the provider of these services

- Increasing demand on neighbourhood care services has prompted a review of the current service specification because it lacks precision to enable the Trust to manage demand. This has also prompted a review of the access arrangements and a project has been established for integrated health and social care single point of access.
- The East Riding CCG has identified a number of QIPP areas where the Trust is expected to demonstrate how it prevents admissions to acute hospitals and to deliver care outside of a hospital setting. It has invested in 24/7 nursing cover which allows the Trust to manage demand for care overnight and at weekends. In addition the success of the Integrated Hospital Team (IHT) which is designed to manage acute discharges and prevent unnecessary admission has been recognised and further enhancement to this service is likely.
- The Trust is in the process of bringing together its older people's mental health services with neighbourhood care teams. This includes work to integrate the work of the IHT with the liaison psychiatry services
- As identified in the local commissioning intentions section managing increasing demands for the identification and care of people with dementia is a clear commissioning intention for both CCGs. The Trust has successfully reduced waiting times for its memory clinic services in Hull (using additional income), but plans to increase capacity in the East Riding have been subject to change by the CCG, which has agreed to confirm its intentions early in 2013/14.. This is likely to include additional capacity for early diagnosis and enhancement of IHT described above.
- The Trust has an agreed Health Visitor implementation plan running up to 2015 and is an early implementer organisation with plans to commence a family nurse partnership arrangement in Bridlington and Goole.
- In response to the local commissioning intention to re-configure community paediatric service the Trust will submit a tender to secure this service. A decision is expected in June 2013.
- A business case has been developed proposing the transfer of the existing inpatient service at Buckrose ward on the Bridlington Hospital site to be co-located with existing inpatient beds elsewhere in the Trust. This has created an opportunity to develop a Health and Wellbeing Centre approach with multiple community clinics offering a one stop shop approach for physical and mental health care. Opportunities to adopt a similar approach at Driffield and Hornsea hospitals are being assessed.
- Following the opening of the new community hospital at Beverley, as well as existing facilities at Bridlington and Withernsea, the Trust is working with commissioners to re-focus the specifications of these units to maximise opportunities to avoid acute hospital admissions and facilitate early discharge.
- Joint Venture with residential care into – Dementia Challenging behaviour – East Riding
- Expansion of the Trust's specialist services as part of developing its offender health portfolio. This will include operationalising health care services in HMP Wakefield
- Increasing delivery of services under the AQP framework. This will include pain management, which has seen an increase in the number of referrals.
- The changes in the contracting arrangements for Addictions Services which will move to be commissioned by the Local Authorities
- The implementation of the early supported discharge service for stroke
- The re-configuration of adult and older adult inpatient services to ensure that the environment and staffing establishments provide good quality and safe standards of care.
- The Trust will continue to work closely with Hull CCG to support its commissioning intentions for the forthcoming year. This will include increasing capacity for early memory assessments; review of learning disability pathway and the review of challenging behaviour patients to avoid referrals out of area

These are the main areas within the Clinical Strategy. There are many other strategic service changes where we have utilised Service Line Reporting (SLR) and reference costs to identify those services that are not cost effective. We are also utilising a competency based approach to the workforce to identify where we do not have the right staff in the right place undertaking evidence based interventions to the right patient. This will result in the Trust ensuring the quality and level of service in the most cost effective way.

This approach will drive out costs which are not necessary to meet quality care and form the basis for next year's CIP.

### **Clinical Sustainability**

Currently the Trust is not having any difficulties in recruiting clinical staff. All posts that are advertised generally have good response rates and candidates that meet the required skills criteria.

In addition, in line with PbR in Mental Health, the clinical training strategy has identified a number of post graduate skills and competencies from certificate to Masters level.

In other clinical areas e.g. District Nursing, skills competencies have been identified for the qualified and professionally qualified staff. This gives us a standard for a Competency Framework regulation for unprofessionally qualified staff across the organisation. This has led the organisation into a scientific method of workforce planning rather than a traditional method based on individual disciplines. Considerable work is underway to ensure we re-design our workforce to ensure it remains fit for purpose, ensuring we have the right skills mix to match the care clusters. A similar process is underway in the NCTs to match grades and skills to developments such as the Woundcare strategy, agreed with commissioners

### **Trust Services Which could Lack Critical Mass**

In line with the above we have applied a skills based methodology not Royal College related. Starting from the premise of the patient and their needs, what are the clinical interventions that they require, skills to meet the interventions and then which discipline can meet those needs.

There is a potential lack of critical mass in some of the specialist nursing areas. The reason is twofold:-

- 1) Where a single specialist nurse only is commissioned, when that nurse is on annual leave or off sick, then the lack of critical mass becomes apparent. This is being addressed through commissioning and succession planning.
- 2) Where needs exceed staffing levels, again addressed through commissioning and succession planning. These areas are COPD, Heart Disease and Stroke.

### **Consultant Cover**

We do not have any areas of low Consultant cover. However through PbR in Mental Health, it is identifying there may be an opportunity to re-structure the number of Consultant Psychiatrists. One item on our agenda is that of junior doctor rotas. Given the geography of the Trust combined with the number of part-time trainees has led to a review of the role of junior doctors in our service provision. This is being led by the Medical Director in conjunction with the Deanery

### **Workforce Strategy**

The Trust has developed both a workforce and organisational development strategy encompassing the

entire organisation. This has effectively evolved over the past two years since the Trust took on the additional responsibility for providing Community Health Services across the East Riding of Yorkshire. Key aims of the strategy include the provision of:

- A safe, effective, flexible, skilled and productive workforce who can deliver excellent quality of care whilst demonstrating good value for money
- A workforce plan which demonstrably links to workforce demand and supply, business unit service plans and developments; productivity and new ways of working
- A culture that actively supports patient choice and patient-centred care
- A culture in which staff constantly strive to be better at what they do
- A culture which pro-actively pursues and champions equality and diversity throughout its services and workforce
- Education, training and development programmes which equip staff to do their jobs effectively and efficiently
- Improving the capacity and capability of managers in effectively working with their staff

The current environment is a challenging one for all our staff given the economic climate, increasing demand for our services and a significant change programme. From a clinical workforce perspective particular attention has been paid to where synergies exist between Mental Health and Community Services with the aim of improving patient care and potentially making cost savings. At the same time the Trust is implementing Payment By Results (PbR) for Adult & Older People's Mental Health Services. This is necessitating a full review of workforce requirements within each care cluster.

A number of developments are either currently being worked upon or have been completed. These cover:

- Transformation of Adult & Older Peoples Mental Health Services and Neighbourhood Care Teams (NCTs) to create synergies and enhance the service provided
- Full review of Children's Services and CAMHs
- Integration of unscheduled services with NCTs
- Development of Clinical Support Worker role
- Developing leadership and management skills
- Full review of all clinical workforce requirements at inpatient units
- Support the revalidation of doctors programme
- Supporting the business units to develop service specific workforce plans including existing skills mix required and identifying future skills
- Reviewing workforce profile to match the requirements of care packages to ensure that service users are treated by staff whose skills best match their clinical needs
- A review of corporate and operational administrative roles to match resource to demand
- Further development of the clinical skills programmes for all staff , particularly around physical health care needs of mental health service users and advanced clinical skills for community nursing staff

It is critical that clinical teams have the right staff in place at the right time. To bolster the process of ensuring this is achieved the rostering process has been reviewed in detail. As a consequence an electronic rostering system is being implemented, which will provide the tools to better manage staff rotas and attendance.

To ensure that Trust staff have clarity on organisational priorities part of the workforce strategy includes the cascading of organisational objectives. In addition to this, focus is being placed on the objective setting process and the quality of annual performance & development reviews. Furthermore the use of Agenda for Change flexibilities to link incremental progression to the achievement of



objectives and compliance with the targets set for take up of statutory and mandatory training is being assessed.

The Trust has continued to receive good staff survey results. However there are always areas for improvement and communication with all staff is an area of focus. The Trust established a number of focus groups to review communication and has also initiated a director visibility programme.

Given the need to continually “do more with less” it is important all staff are aware of this and can contribute to how efficiency savings can be made. A number of initiatives including the introduction of a staff suggestion scheme and use of the productive series are contributing towards this.

To enable managers to be more effective a management development programme has been initiated. This covers such topics as Trust vision and values, culture and behaviour, as well as a number of key policies. The emphasis is on equipping managers to work effectively with staff. It is worth noting that sickness absence rates have continued to decrease due to a more focussed approach to absence management arising from this training. A strategy for succession planning and talent management has also been approved by the Board.

With respect to Non-Executive Directors the Board continually considers the skills and experiences required. The two most recent recruits included a retired GP and someone with more commercial and partnership working experience.

### **Productivity & Efficiency**

The Trust has had a good track record in delivering its CIP plans, particularly from a recurrent perspective. Performance in recent years is summarised in the following table:

	<u>2009/10</u>	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>
	<u>£000s</u>	<u>£000s</u>	<u>£000s</u>	<u>£000s</u>
Actual	2,116	3,208	3,552	4,063
Budget	2,116	3,550	4,201	4,753

Whilst the overall performance against CIP delivery has been good the Trust recognises that in the last two years it has delivered below its target. As a result the process for generating and implementing CIPs has been reviewed and revised. A local monthly QIPP Board has been introduced, which is chaired by the Chief Executive. The process for identifying CIPs commenced much earlier in the year and there has been greater rigour in generating and approving business cases. Where it has been felt appropriate there have also been discussions with CCG management.

In recent years the focus of CIPs has been very much based on management savings and corporate services. This has included reducing the number of business units and carrying out a fundamental review of corporate services. Reductions in estate and procurement savings have also been key initiatives.

The CIP plans for 2013/14 have included considerable clinical input. To a large degree the programme has been led by the two Deputy Directors of Operations. They have worked closely with individual service managers in identifying and testing the feasibility of schemes. Both of the Deputy Directors of Operations are directly accountable to the Director of Nursing and Service Delivery, who has to approve all CIPs before they are implemented. Similarly the Medical Director approves all schemes before they are implemented. The Trust Board is also aware of the range of schemes the Trust is planning to implement and have had the opportunity to review individual business cases. Any

comments made have been taken into account. The Trust is also working with its commissioners to ensure they have assurance regarding the CIP process.

The most significant single scheme for 2013/14 is the introduction of e-rostering, for which both capital and resource investment is initially required. There has been a detailed review of clinical services as well, with particular attention paid to the skills mix required for each service and the need for clinical staff to provide a certain level of clinical time. This has enabled savings to be identified in clinical services, which will not impact on the quality of clinical care.

The Trust continues to place high focus on quality of services. It has 3 levels of performance management from team at level 3 to board at level 1. Performance is therefore measured across the organisation and any variation against target is investigated and reported on. If appropriate improvement plans are identified and implemented.

Key schemes identified cover a range of transformational activity. The acquisition of Community Health Services from NHS East Riding of Yorkshire (NHSEY) two years ago has provided the Trust with an opportunity to identify where synergies can be made to improve patient services and make cost efficiency savings. The Trust has carried out work within each service to identify where such synergies can be made. Particular focus has been applied to service management and the amount of time clinical staff spend with patients. The Trust has generated significant information in readiness for the introduction of PbR. This information is being used to help re-design workforce requirements without adversely impacting on the quality of patient care.

The Trust is aiming to reduce expenditure on bank, agency and overtime. To facilitate this an e-rostering system is being introduced.

Whilst it is acknowledged that expenditure on corporate services within the Trust is low there is further work that can be carried out to improve efficiencies. This revolves around improving ways of working and making better use of technology e.g. the use of a data warehouse and introduction of e-expenses.

National changes to terms and conditions are being implemented, which will provide some level of financial saving.

## **Financial & Investment Strategy**

The Trust has continued to deliver its underlying financial targets since becoming a Foundation Trust three years ago. During that time it has also seen its income improve significantly from £84m to over £130m following the acquisition of Community Health Services from NHSEY. The Trust has maintained a Financial Risk Rating (FRR) of 3 since the acquisition of Community Services and has seen its net current assets position continue to improve year on year.

The Trust has a financial strategy which is updated on an annual basis. Notable priorities established in the plan include the following:

- Continue to generate underlying I&E surpluses and maintain liquidity to achieve a minimum Financial Risk Rating of 3
- Improve EBITDA in each business unit and the Trust as a whole
- Secure 5% recurrent efficiency gains in 2013/14 and 2014/15
- Develop appropriate accounting for and understanding of the impact of Payment by Results (PbR) on the Trust from a financial perspective and support the organisation accordingly on the issue

- Continually improve the management of working capital to ensure liquidity of the Trust remains strong
- Develop further contingencies to be used if the financial environment worsens more than currently assumed
- Support the organisation in identifying opportunities for business development and/or efficiency savings and prioritising these opportunities accordingly

In order to support the delivery of the plan the Trust employs a small but skilled finance team who work closely with operational and other managers in both a supporting and advisory capacity. Finance staff actively engage with service managers to provide financial support and training. Financial management across the Trust is strong with particular focus on expenditure controls and working capital management. Finance staff are encouraged to continue to develop a good understanding of the Trust and the services it provides.

Key assumptions built into the financial plan include an income deflator of 1.3% in 2013/14 with a further 1.5% in 2014/15 and 1% in 2015/16. Pay assumptions are for a 1% pay uplift in each year of the plan. Agenda for Change increments are assumed at 1.4% in each year. Non pay inflation is assumed as being 2.5% in each year of the plan.

Key risks to delivery of the plan have been identified as being:

- National economic situation
- Ability to deliver the CIP programme in full
- Change in local commissioning arrangements
- Increased competition leading to loss of provision of some services
- Financial awareness across the Trust
- Expenditure pressures
- Insufficiently robust implementation of PbR, particularly given those changes that are not within the control of the Trust and being driven centrally

Mitigations to cover these risks are fully covered in the Trust's Board Assurance Framework. In summary they include the development of contingencies should the economic environment deteriorate further, service re-design based on care cluster and PbR information and the continued implementation of a transformational change programme. Furthermore a process has been established to identify and pursue additional service developments. The Trust has continued to engage with its commissioners and is closely managing all key relationships with the aim of ensuring there is no adverse fall-out from the change in commissioning arrangements. The Trust has been pro-active in respect of PbR implementation in Mental Health Services being a member of the northern pilot costing group and having a dedicated project team. The Trust has also re-visited its brand and is developing a commercial strategy.