

**Strategic Plan Document for 2013/14 – 2015/16**  
**North Tees and Hartlepool 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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Date	31 <sup>st</sup> May 2013

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board. In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	PAUL GARVIN
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Signature 

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	ALAN FOSTER
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Signature 

Approved on behalf of the Board of Directors by: Name (Finance Director)	LYNNE HODGSON
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Signature 

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# 1.0 Strategic Context and Direction

The Trust's Corporate Strategy 2011 was reviewed and refreshed in 2012, and more recently the Board of Directors has undertaken a huge amount of work with the Governors, clinicians, managers, staff and other stakeholders in fully reviewing the context in which the Trust delivers services. This was supported by a full Strengths, Weaknesses, Opportunities and Threats (SWOT) and Political, Economic, Sociological, Technological and Legislative (PESTL) analysis, the outcomes of which are summarised below.

Communications and engagement with public stakeholders and staff featured highly in the refresh for 2013/14 with a view to a proactive and inclusive approach in managing messages and shaping the future of service provision across the Local Health Economy.

This review has taken account of the current policy, guidance and health and social care reforms and seeks to ensure the organisation's financial and economic viability. In doing this the Trust has embraced the shift towards clinical and patient outcomes rather than systems and processes as reflected in the Outcomes Framework 2013 and the organisation will retain this focus in the future.

All developments and services implemented and delivered by the Trust support its revised strategic aims which are as follows:

## **a) Putting Patients First**

To create a patient centred organisational culture by engaging and enabling all staff to add value to the patient experience and demonstrated through patient safety, service quality and LEAN delivery.

## **b) Integrated Care Pathways**

To develop and expand the portfolio of services to provide integrated care pathways for the people of Easington, Hartlepool, Sedgefield and Stockton providing equal access to acute care and care as close to home as possible in line with Momentum: Pathways to Healthcare.

## **c) Service Transformation**

To continually review, improve, transform and grow our healthcare services to respond to the needs of our healthcare community. In line with evidence based guidelines we will enhance quality, clinical effectiveness and patient experiences whilst improving clinical outcomes.

## **d) Manage our Relationships**

To ensure our services, and the way we provide them, meet the needs of our patients, commissioners and other partners by proactively engaging with all appropriate stakeholders including our staff, through communications, engagement and partnership working.

## **e) Maintain Compliance and Performance**

To maintain our performance and compliance with required standards and continually strive for excellence by good governance and operational effectiveness in all parts of our business.

## **f) Health and Wellbeing**

To embrace the health and wellbeing of the population we serve and ensure that the health needs of the people of Easington, Hartlepool, Sedgefield and Stockton are reflected and catered for in the provision of services from the Trust.

## 1.1 Strengths, Weaknesses, Opportunities and Threats

The Strengths, Weaknesses, Opportunities and Threats presented in the table below describe the internal and external factors that are either supportive or pose a challenge to the Trust in the achievement of its strategic aims and objectives.

**Table 1: SWOT Analysis**

Strengths	Weaknesses
<ol style="list-style-type: none"> <li>1. Strong Trust Board of Directors</li> <li>2. Good Reputation</li> <li>3. History of delivering performance targets</li> <li>4. Credibility and track record of senior team</li> <li>5. Strong Trust Directors Group</li> <li>6. Community Services integration</li> <li>7. Good clinical governance</li> <li>8. Risk management focus and board assurance of compliance</li> <li>9. Utilisation of LEAN principles and methodology</li> <li>10. Dedicated workforce</li> <li>11. Governors and Members</li> <li>12. Vertical integration of community services</li> <li>13. Commencement of procurement phase of new hospital</li> <li>14. Pathway transformation</li> <li>15. New community facilities</li> <li>16. Adoption of Service Line Management</li> <li>17. Motivated and innovative clinical teams</li> <li>18. Skilled workforce</li> <li>19. Resilience in services, finances</li> </ol>	<ol style="list-style-type: none"> <li>1. Working across two acute sites</li> <li>2. Geographical location of Trust sites</li> <li>3. Some outdated estate</li> <li>4. Limited range of services provided</li> <li>5. Organisation and quality of some patient documentation</li> <li>6. Ability to flex capacity to meet fluctuating demand</li> <li>7. Integrated IT systems</li> <li>8. Communicating good practice</li> <li>9. Invest to save</li> <li>10. Communications and Engagement</li> </ol>
Opportunities	Threats
<ol style="list-style-type: none"> <li>1. Focus of Quality Agenda</li> <li>2. Service developments</li> <li>3. Collaboration with alternative providers</li> <li>4. Commercial partnership and joint ventures</li> <li>5. Any Qualified Provider</li> <li>6. Joint marketing ventures</li> <li>7. New ways of working</li> <li>8. Links to Clear and Credible plans</li> <li>9. PLICS to understand cost base</li> </ol>	<ol style="list-style-type: none"> <li>1. Any Qualified Provider</li> <li>2. QIPP</li> <li>3. Economic climate</li> <li>4. Recruitment and retention of scarce staff</li> <li>5. Transformation of services</li> <li>6. Increasing complexity of patient conditions</li> <li>7. Cost subsidy between profit and loss making services</li> <li>8. Cost effectiveness of care closer to home</li> <li>9. Transition to CCGs</li> <li>10. Resilience in services, finances</li> <li>11. CIP</li> </ol>

## 1.2 Political, Economic, Sociological, Technological and Legislative

The Political, Economic, Sociological, Technological and Legislative influences are presented in the diagram below and are used as a guide to strategic decision-making.

The ability to understand the current environment and to assess potential changes to the external environment will ensure that the Trust is as prepared if not better placed than its competitors to respond to changes.

**Table 2: PESTL Analysis**

Political	Economic		
<ul style="list-style-type: none"><li>1. Local political stakeholders</li><li>2. Existing / emerging / future policy</li><li>3. Governance</li><li>4. Registration (Care Quality Commission)</li></ul>	<ul style="list-style-type: none"><li>1. Downturn / QIPP / CIP / new hospital affordability / CQUIN</li><li>2. Transactions – tariff</li><li>3. Competition / AQP</li><li>4. Regulation and Licensing (Monitor)</li></ul>		
Sociological	Technological		
<ul style="list-style-type: none"><li>1. Patient expectations</li><li>2. NHS Constitution</li><li>3. Patient demographics</li><li>4. Media coverage</li></ul>	<ul style="list-style-type: none"><li>1.NICE – therapies and techniques – implementation and impact</li><li>2.Future information technology developments and implementation</li><li>3.New ways of working utilising advancements in technology</li></ul>		
	<table><tr><th>Legislative</th></tr><tr><td><ul style="list-style-type: none"><li>1. Equality and Diversity – patients and staff</li><li>2. Equity</li><li>3. Health and Safety at Work Act</li><li>4. National Terms and Conditions</li></ul></td></tr></table>	Legislative	<ul style="list-style-type: none"><li>1. Equality and Diversity – patients and staff</li><li>2. Equity</li><li>3. Health and Safety at Work Act</li><li>4. National Terms and Conditions</li></ul>
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With little change to the SWOT and PESTL analyses from previous iterations, the overall strategic direction of the Trust remains appropriate and the Corporate Strategy refresh has afforded the opportunity to refocus and reassess the future position of the Trust.

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

Furthermore, in April 2013 SHAs and PCTs ceased to exist and the supra-regional bodies and local Clinical Commissioning Groups became fully established. Although the Trust has been fully engaged with the new organisations during the transitional period, challenges will be presented until they become wholly embedded into the health care community and organisation memory is resumed.

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

It is also important to note that under governance, the Trust continues to engage with and involve the local Health Scrutiny function of Local Authority Committees and Local Involvement Networks (LINKs), and continues to do so from the latter becoming Healthwatch, the new independent consumer champion for health and social care, in October 2012.

Community Services are now fully integrated within the Trust. This has provided an exciting opportunity to redesign and reinvigorate this essential element of healthcare under the banner of Community

Renaissance and continuing in the future with the move towards integrated care across health and social care provision. (section 3)

It is also worth noting that the economic downturn shows little sign of recovery and this remains a significant external pressure on the Trust and the NHS as a whole, to be managed through system-wide Quality, Innovation, Productivity and Prevention (QIPP) plans and internal Cost Improvement Programmes. (to be known internally as Service Improvement and Efficiency Plans as of 2013/14).

### 1.3 Service Transformation and the New Hospital Project

The Momentum: Pathways to Healthcare Programme was established in 2007 to lead the transformation of the local healthcare system, in partnership with the then local stakeholders, specifically the Trust, Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust; closely aligned with County Durham Primary Care Trust and the North East Strategic Health Authority, culminating in a new hospital build due to open in 2017. As the new NHS structures are introduced in 2013/14 the Trust's partner organisations will continue to be involved in development and delivery and commitment is strengthened via partnership arrangements to support implementation and direct links to the Hartlepool and Stockton on Tees CCG and Durham, Darlington, Easington and Sedgefield CCG Clear and Credible Plans and Joint Strategic Needs Assessments of Hartlepool, Stockton and Durham Health and Wellbeing Boards.

The Programme is made up of three projects:

1. Service Transformation
2. Primary and Community Care Capital Planning Project; and
3. Hospital Capital Planning Project.

These are supported by three work streams:

1. Workforce Strategy;
2. Financial Assessment, Compliance and Affordability; and
3. Communication and Engagement.

**Table 3: Momentum Vision**

Delivery of the Momentum vision will result in:	
Better services	Better facilities
<ul style="list-style-type: none"> <li>Continued focus on prevention and appropriate self-care</li> <li>Proactive management of long term conditions</li> <li>Better integration of primary, secondary, community and social care</li> <li>Better access to diagnostics in the community</li> <li>Sustainable high quality emergency care services</li> </ul>	<ul style="list-style-type: none"> <li>A new state of the art hospital with near 100% single rooms</li> <li>Better community facilities that are accessible closer to home</li> <li>Spaces that are innovative, flexible and sustainable</li> <li>Low carbon facilities that are efficient and cost effective</li> <li>Great places to get better, work and visit</li> </ul>

Service Transformation is the process of whole system business and service change across care pathways to deliver the bed reductions required in the capacity plan, provide care closer to home and increase quality, accessibility, integration and responsiveness and value for money across the patient pathway. Service transformation is now fully integrated into the Trust's mainstream business and alignment with health and social care plans is overseen by the North of Tees Partnership Board.



The Momentum: *pathways to healthcare programme* Capacity Plan is currently being refreshed to support the health and social care deliverables including:

- Reduced General and Acute care bed stock
- Accident and Emergency (A&E) attendances to be seen at the community integrated care centres, relieving pressure on the major A&E department of the new hospital. There were 19, 348 attendances at the MIU in Hartlepool during 2012/13
- Negligible increase in emergency admissions and a reduction in emergency lengths of stay by up to one third, ensuring that trust performance for emergency length of stay is at, or close to top decile nationally
- Increased outpatient appointments in the community, including 90,000 physiotherapy and occupational therapy contacts
- Shift of treatments that currently take place in day case or inpatient facilities to procedure rooms, possibly in a community setting
- Shift of appropriate inpatient treatments into day case setting to achieve an overall day case rate of 78%. Current position is at 73.7%

As planning of the programme progresses, the assumptions underpinning these deliverables will be reviewed and refreshed to ensure that the final service configuration will meet the evolving needs of the local population into the future.

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

- Capacity planning – review of assumptions underlying the scope of services planned for delivery through Service Transformation and the building of the new hospital. The first major refresh will be finalised in time for inclusion in the Stage 2 procurement documentation to support the New Hospital project, in May 2013.
- Refinement and understanding of the Single Operating Model to inform identification of subsequent Service Transformation initiatives, for delivery as appropriate throughout the next three to five years.
- Service Transformation –

**Phase 1** – consolidation of Acute Medicine, Critical Care, Complex Surgery and supporting services and the establishment of step down/rehabilitation care facilities– delivery 2013/14;

**Phase 2** – refresh and further development of the Clinical Services Strategy, in line with quality and safety initiatives, the required workforce strategy, the affordability model and information and technological advancements to inform key milestones' identification and hence delivery to the new hospital in 2016/17.

## 2.0 Approach Taken to Quality

In 2008, the Board and staff pledged patient safety and experience as their number one priority supported by the corporate strategy. The Trust's continued commitment to improving the quality of care and service quality for patients remains the organisation's number one priority. It is prevalent at every level of the organisation and is generating excellent performance results.

The Board of Directors receive and discuss quality, performance and finance at every Board meeting. The Trust uses the Patient Safety and Quality Standards (PS & QS) Committee and Audit Committee to assess and review systems of internal control and to provide assurance in relation to patient safety, effectiveness of service, quality of patient experience and to ensure compliance with legal duties and

requirements. The Patient Safety and Audit Committees are each chaired by non-executive directors with recent and relevant experience and these in turn report directly to the Board of Directors.

The Board of Directors derives assurance on the Trust's performance at all times and recognise that there is no better way to do this than by talking to patients and staff. During 2012-2013, members of the Board of Directors undertook night-time reviews of services. These unannounced visits enabled members of the Board to witness for themselves how well staff manage patient care during the out-of-hours period. This approach of unannounced visits at varied times will continue in following years.

The Trust has received positive feedback from the Care Quality Commission (CQC) unannounced visit in February 2013, where eight standards were inspected across 12 clinical areas. The Trust met all standards and received very positive feedback in the narrative in the report. There were no recommendations.

The Trust continues to perform well in relation to clinical outcomes, however failed to meet the annual target for Clostridium Difficile for the second year running. This remains a key priority for the Trust, and an in depth analysis has been undertaken and this along with feedback from external reviews has been shared with Monitor and with Commissioners and provides the basis of focussed action planning for 2013/14 and beyond. Key strategic priorities in taking the quality, operational and efficiency and financial performance agenda forward are tabled below.

**Table 4: Key Strategic Priorities**

<b>Key Priorities &amp; Timescales</b>	<b>How this Priority underpins the strategy</b>	<b>Key milestones (2013-2016) &amp; External assurance</b>
Quality of Services  Patient Satisfaction (Improve year on year, would you recommend family or friend?)  Overall Satisfaction Score 2012 = 7.8	Putting Patients First, Momentum, Integrated Care Pathways, Service Transformation, Manage our Relationships, Maintain Compliance and Performance	Positive feedback from Care Quality Commission 2013/14 – 2015/16  Maintain annual successful self assessment and registration with CQC  Improve National Patient Survey Results Overall Satisfaction Score  7.9 2013/14 8 2014/15 8.1 2015/16  Improve positive comments on NHS Choice website and achieve a lower green rated scoring for CQC Quality and Risk Profile following eradication of historical data  Positive Feedback from New Friends and Family Test
Staff Job Satisfaction	Putting Patients First, Momentum, Service Transformation, Manage our Relationships, Maintain Compliance and Performance	Retain Investors in People Accreditation – and achieve Bronze Award  Improve on Staff Job Satisfaction score 2012 3.57
Maintain and improve core services and become the Provider of Choice for new tendered services across local community (maintain	Integrated Care Pathways and Service Transformation	Relative benchmarked market share  >=10.0% 2013/14  >=10.25% 2014/15

<p>/ increase % of market share).</p> <p>Current position 8.7% of elective market share</p>		<p>&gt;=10.50% 2015/16</p>
<p>Governance - maintain and deliver new licence conditions, governance indicators and national standards within service performance and continue to develop clinical services in line with research and technology</p>	<p>Putting Patients First, Maintain Compliance and Performance, Service Transformation</p>	<p>Deliver Monitor License conditions in line with the requirements of the:</p> <p>Compliance Framework (CF) and Risk Assessment Framework (RAF) –quarterly submissions in line with CF and RAF</p> <p>Aspire to achieve Green Governance Risk Rating and never fall below Amber Green</p> <p>Deliver Continuity of Service and governance conditions within acceptable ratings</p> <p>(subject to RAF publication 2013)</p>
<p>Financial performance / stability</p>	<p>Putting Patients First, Maintain Compliance and Performance</p>	<p>Maintain level 3 or above Financial Risk Rating</p> <p>(subject to RAF publication 2013)</p> <p>Deliver requirements of Monitor CF and RAF</p> <p>Deliver Workforce Strategy –</p> <p>2:1 site savings – to ensure transformation requirements in line with quality and operational effectiveness and Service Improvement and Efficiency Plan requirements 2013/14 and beyond</p> <p>Deliver Long term Financial Plan and affordability metrics within required limits</p> <p>Manage a three year strategic funding plan with commissioners</p>
<p>New Hospital Build</p>	<p>Putting Patients First, Service Transformation, Integrated Care Pathways,,</p>	<p>New Hospital to be opened in 2017</p> <p>Deliver key milestones within phase 1 and phase 2 of service transformation plan</p> <p>Deliver capacity plan activity assumptions and bed reductions, workforce plan, information management and technology plan and primary and community care estate infrastructure,</p>
<p>Research and Development (continue to increase the recruitment to NIHR portfolio studies year on year)</p>	<p>Putting Patients First, Service Transformation, Integrated Care Pathways, Manage our Relationships</p>	<p>Increase recruitment to NIHR portfolio studies</p> <p>2013/14 = 1401 2014/15 = 1541 2015/16 = 1695</p>
<p>Develop a learning development, safety and governance culture to</p>	<p>Putting Patients First, Service Transformation,</p>	<p>To ensure clinical and professional skills are in place with the new service models of delivery</p>

support the strategic direction	Integrated Care Pathways, Manage our Relationships, Maintain Compliance and Performance	and Service Line Management  Develop Board capability and capacity to ensure effective strategic development and management of service quality, operational effectiveness and financial performance
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## 2.1 Clinical and Quality priorities and milestones over the next three years:

This section of the Annual Plan describes the Trust's main clinical quality priorities for the next 3 years, key actions required to deliver on these, the risk of delivery and how progress will be measured and reported to the Board of Directors to gain appropriate assurance.

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

### Priority 1: Patient Safety

In Hospital	Actions	Monitoring	Measurement/Milestones
Monitoring patient safety; mortality	<p>The Trust will monitor mortality data from numerous data sources and undertake regular mortality reviews.</p> <p>Senior doctors and nurses will continue to review all incidents on a weekly basis</p>	<p>The Trust will monitor HSMR [hospital standardised mortality ratio] on a national database</p> <p>SHMI as above</p>	<p>The Trust will report HSMR and SHMI at board and council of governor meetings</p> <p>Maintain at or below national average and with confidence limits.</p>
Infection Control:	<p>90% of all staff will receive infection control training</p> <p>The number of e-coli infections will be reported</p> <p>Every hospital acquired e-coli infection will be investigated to establish cause and potential actions to take</p> <p>Every hospital acquired C difficile infection will continue to undergo a multi-professional Root Cause Analysis (RCA) within 3 days.</p> <p>Antimicrobial stewardship will be championed and monitored by consultant medical staff</p> <p>Comply with CDI target of 40 and MRSA target of zero.</p>	<p>The number of e-coli infections will be reported</p> <p>The Trust will monitor the number of e-coli cases that are investigated and report any trends and actions</p> <p>The Trust will monitor and reduce rates of Clostridium Difficile</p> <p>The Trust will monitor and report on trends relating to antimicrobial prescribing</p>	<p>Quarterly to the infection prevention and control committee</p> <p>Quarterly to the infection prevention and control committee</p> <p>Every 6-months to the infection prevention and control committee</p> <p>E Coli – measurable reduction in line with contract and CQUIN requirements</p> <p>Clostridium Difficile -measurable reduction in line with contract requirements and rate per 10,000 bed days.</p>
Monitoring patient safety in the community	<p>The Trust will roll out use of the new community early warning scoring system allied to Telehealth to more areas</p>	<p>The Trust will monitor the impact on admissions to hospital</p>	<p>The Trust will report it at the integrated nursing and midwifery outcome board</p> <p>TCS 32 – reduction in avoidable admission indicator</p>

## Priority 2: Clinical Effectiveness

Indicator	Actions	Monitoring	Measurement/Milestones
Discharge Arrangements:  Information and communication	All patients discharged to a nursing or care home requiring district nurse review, will receive a written summary of care provided and of ongoing care required.  A copy will be provided to the home or district nurse.	Audit a number of patients discharged with a letter.	To the Integrated Professional Nursing and Midwifery Board (IPNMB)
Discharge Arrangements:  Medication	All patients will receive information about medication side-effects to watch out for at home	Via national and local patient surveys	Local audit reports twice yearly to IPNMB and Patient Safety and Quality Standards Committee  National audit report to Patient Safety and Quality Standards Committee
Discharge Arrangements:  Safe and warm	The Trust will deliver a 'Safe and Warm' campaign  The Trust will review protocols for transferring and discharging patients to ensure that blankets are always provided and are adequate to maintain warmth throughout the patient journey.  The Trust will liaise with the ambulance services and staff to ensure patients are kept warm until they arrive at their destination.	Referrals to the 'Stay Safe and Warm campaign scheme' will be monitored	Annual report to IPNMB from Tees wide Vulnerable Adults Patient Experience Group
Nursing Dashboard	Training will be completed and each department will evidence that their results have been disseminated and acted upon.  Ward matrons will present their analysis on a public area of the ward for patients and staff to see. The results will be discussed and minuted.	Senior Clinical Matrons will monitor ward areas to ensure that data is up to date, accurate and displayed in a public area.	Monthly dashboard analysis to the Director of Nursing  Quarterly to Senior Clinical Matron and General Manager meeting and IPNMB

### Priority 3 Patient Experience

Indicator	Actions	Monitoring	Measurement/Milestones
Dementia:	Patients with Dementia will be appropriately assessed and referred on to specialist services	<p>The Trust will audit the number of patients over 75 admitted as an emergency that are reported as having a known diagnosis of dementia, or have been asked the (Prime Ministers) dementia case finding question.</p> <p>A monthly audit of the percent of patients, who are screened, assessed and referred for specialist review.</p>	<p>To the IPNMB</p> <p>To the Board of Directors.</p>
End of Life Care	The Trust will continue to embed use of the Family's Voice in hospital and continue to roll its use out in the community.	The Trust will evaluate feedback in relation to pain, nausea, breathlessness restlessness, care for the patient and care for the family.	<p>Quarterly to IPNMB</p> <p>Annually to Patient Safety and Quality Standards Committee</p>
Is our care good?	<p>The Trust will ask the question to every patient interviewed in the Patient Experience and Quality Standards (PEQS) reviews.</p> <p>The Trust will ask the question in all Trust patient experience surveys.</p> <p>The Trust will monitor patient feedback from national surveys.</p>	The Trust will analyse feedback from PEQS and patient experience/national surveys.	Six monthly reports to IPNMB and to Patient Safety and Quality Standards Committee
Friends and Family Test	<p>The Trust will incorporate the Friends and Family test wording into PEQS and patient surveys.</p> <p>The Trust will ask patients to complete a questionnaire on discharge from hospital.</p>	The Trust will analyse feedback from PEQS and patient surveys and discharge questionnaires.	Quarterly to IPNMB and to Patient Safety and Quality Standards Committee

## 3.0 Clinical Service Strategy – 2013/16

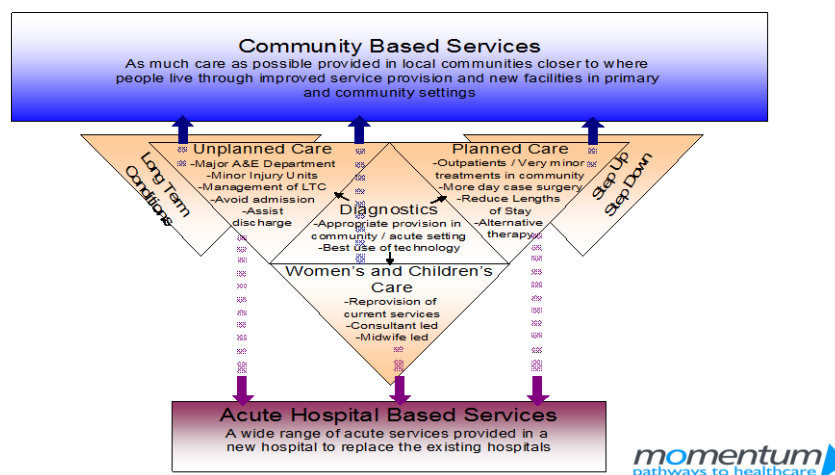
### 3.1 Service Delivery

The Trust's *Momentum: pathways to healthcare* Programme is the means by which the organisation will reconfigure services to deliver safe, high quality, efficient and effective health services for the local population, reflecting both the expectations of the patients, and local and national initiatives which define the expectations on NHS provider organisations. This programme is the driver towards the Trust's long term objective of a new hospital build, planned for 2017.

As such, the Clinical Service Strategy is built around the key principles of the *Momentum: pathways to healthcare* Programme, supporting the development of integrated services across acute and community care and primary and social care. The model has been refreshed, refocused and further developed in 2012/13 to drive clinical service innovation to 2016/17. Further work is on-going to add detail, key milestones and to integrate the business planning process. Graphic 1 below outlines the principles underlying the Momentum Clinical Services Strategy.

Graphic 1: Momentum Clinical Services Strategy Model

#### Momentum: Clinical Services Strategy Model



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

A vision and a set of overall objectives have been developed to support the delivery of these key elements of clinical services strategy. These are;

#### Long Term Conditions

**Vision:** To provide better outcomes for patients with long term health conditions through an integrated approach.

Objectives:

- Facilitate patient empowerment through development of personal care plans working with the patient, with improved co-ordination of services based on the patient's preferences, enabling them to become experts in managing their own health conditions
- Maximise the contribution of state of the art technology to the management of long term conditions



- Implement a governance structure and framework around integrated care for long term conditions in line with the Trust's Integrated Care Pathway strategy

## Planned Care

**Vision:** *To provide access to timely, streamlined, safe and effective elective care services*

Objectives:

- Work with the patient to agree a mutually acceptable and transparent pathway
- Utilise innovative technology and proven best practice to improve clinical outcomes
- Provide services in an appropriate location and by the appropriate healthcare professional(s) to achieve the best quality outcomes

## Unplanned Care

**Vision:** *To ensure the provision of emergency services in the right place, at the right time, by the right healthcare professional(s)*

Objectives:

- Work with other providers to ensure patients are signposted to the appropriate provider
- Proactively manage the potential population requirements for emergency care utilising risk stratification
- Provide appropriate, responsive, safe, effective, co-ordinated care

## Women and Children's Care

**Vision:** *To provide an optimised model of care which maximises choice for patients and referrers (GPs and midwives) within a range of safe and effective services provided in the right environment*

Objectives:

- To market and develop services provided to encourage patient, midwife and GP choice
- To meet aspirations around quality standards and outcomes (to exceed national requirements and so to achieve local expectations)

## Diagnostic and Support Services

**Vision:** *To develop and provide efficient services, in appropriate settings in hospital or the community, that utilise state of the art technology, are safe, effective, timely and offer excellent value for money*

Objectives:

- To utilise developments in technology and telemedicine to provide services as close to the patient's home as practicable
- To provide services as a "one stop shop" whenever possible
- To implement services organised on a "hub and spoke" model
- To identify and take advantage of commercial opportunities

## Step Up/Step Down Facilities

**Vision:** *To provide a distinct service as part of the integrated care pathway that will maximise the patients' level of independence and facilitate their timely discharge from the acute service*

Objectives:

- To develop and deliver a service which is part of a holistic, integrated, cross-sector care model
- To ensure the model is used for appropriate patients (i.e. those with the highest potential for recovery/re-enablement)
- To facilitate safe, timely discharge

- To ensure clear governance principles are in place

These objectives will be the cornerstones of all future planning, with the aim to transform Trust clinical service delivery around these key principles. Further and on-going development of plans will occur throughout the early part of 2013 to support business planning.

## 3.2 Future Service Development Plans

The Trust is committed to the delivery of Momentum: Pathways to Healthcare programme, which is made up of three projects:

- Service Transformation (Clinical Services Strategy – section 3)
- Primary and Community Care Capital Planning Project; and
- Hospital Capital Planning Project.

The delivery of this programme is supported by the development of integrated pathways across *in hospital* and *out of hospital* care, review and transformation of the services delivered across the hospital sites and optimum operational efficiency. The development of the directorate business plans is built around these principles, with the aim to ensure the overall delivery of the Trust's strategic objectives.

The following section provides an outline of service pathway and delivery priorities in line with the Service Transformation implementation;

**Phase 1** – consolidation of Acute Medicine, Critical Care, Complex Surgery and supporting services and the establishment of step down/rehabilitation care facilities– delivery 2013/14.

Key milestones;

- National Clinical Assessment Team (NCAT) report released 2013
- Public consultation and engagement 2013

**Phase 2** – refresh and further development of the Clinical Services Strategy, in line with quality and safety initiatives, the required workforce strategy, the affordability model and information and technological advancements to inform key milestones' identification and hence delivery to the new hospital in 2016/17.

Key milestones;

- Clinical Service Strategy 2013
- Consultation and engagement 2013/14

### 3.2.1 Development of Unplanned Care Services and Associated Pathways

- Development of integrated emergency pathways between acute hospital provision and primary and community care settings in line with Momentum Pathways to Healthcare to address admission/readmissions avoidance. Changes planned in 2013/14.
- Further optimise clinical outcomes for patients in Critical Care and Acute Medicine in line with the conclusions of the National Clinical Advisory Team review of the clinical case for change. Changes planned in 2013.
- Further development of the Minor Injuries Unit within Accident and Emergency to manage improved clinical outcomes, also providing a 24 hour specialist children's Paediatric area. On-going in 2013/14.
- Further expansion of the delivery of emergency care pathways through ambulatory care, specifically in Orthopaedics, Gynaecology and Paediatrics and Integrated Public Health, Mental Health and Primary Care pathways. On-going.

- Adaptation of an integrated approach to primary and secondary care respiratory pathway thus providing a seamless service for patients. Changes planned for 2013/14.
- Further development of cardiology services across outpatient /diagnostic and inpatient pathways, in line with NICE guidelines. Changes planned 2014/15.
- Further development and reconfiguration of Stroke and Haematology Services in line with best practice. Developments planned in 2013/14.
- Development of a Fragility Fracture service in line with best practice. Development planned for 2013/14

### 3.2.2 Development of Planned Care Services and Associated Pathways

- Review delivery of elective procedures to ensure optimum use of theatres and safe clinical pathways across both hospital sites. Review planned in 2013/14
- Further development and review of Urology services to deliver care closer to home and procedures under advanced technology. 2013/15
- Development of Breast services and procedures in line with best practice guidance.
- Further development of Endobronchial Ultrasound Services (EBUS) with continued development of the unit as a centre of excellence in investigational bronchoscopy.
- Development of telephone clinics for monitoring of certain haematological conditions which currently require outpatient attendance.
- Development of a one stop service for an Early Arthritis Clinic.
- Further enhancing the criteria for and the provision of laparoscopic cholecystectomy procedures.
- Development of Urology Services by developing and expanding the following (integrated into Urology 5 year plan):
  - Urogynaecology
  - Andrology
  - Stone Disease – including the introduction of Percutaneous Nephrolithotomy (PCNL)
  - Nurse led services.
- Expansion of Haemofiltration service for Critical Care patients.

### 3.2.3 Development and Integration of Community Services and Long Term Conditions

- Review success of Community Renaissance projects, including single point of access, teams around the practice and community integrated assessment team, and further development and expansion as appropriate.
- Further develop integrated approach to the delivery of services across *in hospital* and *out of hospital care in respiratory, diabetes, stroke, dementia, cardiac and rheumatoid care*. 2013/14
- Development/support for Non Invasive Ventilation (NIV) at home preventing hospital admission.
- Orthopaedic Outpatient elective pathway to be reviewed, linking with the Musculo-Skeletal service to provide an integrated orthopaedic outpatient elective service. 2013/14
- Further development of Telehealth enabling patient monitoring at home preventing admission/readmission to hospital. 2013/16
- Development of outcome indicators to support whole pathway redesign in line with community integration, quality initiatives and contract risks and challenges i.e. admission avoidance, reducing beds days lost due to delayed discharge, utilisation of assessment and early warning tool, and reduction in unplanned readmissions.

### 3.2.4 Development of Diagnostic and Support Services

- Pharmacy upgrade to include Robotics and e prescribing. 2013/15
- Development of a Simulation suite within Education and Learning department to enhance staff training

- Expansion of Cardiac Computed Tomography (CT) and Colonography Radiological Bowel procedure.
- Development of bowel screening service in line with national policy. Ongoing

### **3.2.5 Development of Step up and Step down Services**

- Further enhancement of integrated services with primary care to enable a supported step up approach. Developments planned in 2013/14
- Provision of dedicated 'Step Down' unit to support the enhanced discharge of patients, reducing acute length of stay and associated bed stock. 2013/14

### **3.2.6 Development of Women's and Children's Services**

- Development of Day Case female sterilisation procedure.
- Development of Paediatric Diabetes service, optimising pathway and clinical outcomes.
- Development of Midwifery led services in localities to enhance choice.
- Address the requirements of national guidance on consultant presence on labour ward

All services, clinical, community and support remain innovative and dynamic in embracing the opportunities set out in the NHS and indeed the Trust.

The challenge remains constant in integrating services across primary, acute, community, social and public healthcare to ensure optimisation of clinical outcomes and efficiency the delivery of, quality in service provision and value for money.

## **3.3 Clinical Sustainability**

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

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

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

The Trust recently invited the National Clinical Advisory Team (NCAT) to review the planned transformation of services, see section 1.3, to secure external support for the clinical rationale for change. This included a review of the current critical care and acute medicine provision and the proposed changes to services. The NCAT report was released on the 15<sup>th</sup> May 2013.

The Trust joined with two partner provider organisations to develop and deliver a new bariatric surgery service across the Teeswide area. This has proved to be a successful service, with 150 procedures planned to be carried out at North Tees hospital in the 2013/14. The Trust continues to work with partner organisations to introduce innovative solutions to advance the services provided to the local population.

Areas currently being reviewed are intraoperative radiotherapy for breast surgery and interventional radiology.

### 3.4 Working with our partners

The Trust continues to build relationships with our partners, commissioners and local stakeholders, accommodating the changes in the organisational structures in the health and social care economy. The Trust recognises that this is a crucial element of the organisation's Corporate Strategy, delivery of key objectives, and meeting the needs of the patients we serve. It is equally important to the Trust to keep staff informed, engaged and consulted.

The organisation continues to develop relationships with local stakeholders to ensure service delivery, innovation, quality and outcomes are paramount, examples being:

- The North of Tees Partnership Board, whose membership includes the most senior executive team members from the constituent organisations –the CCGs, local authorities, Tees Esk and Wear Valley Mental Health Trust to QIPP and Momentum
- Contact with the NHS Commissioning Board Regional Office to ensure strategic direction is supported;
- Local Involvement Networks (LINKs) and as the new structures develop, local Healthwatch;
- Local Health Scrutiny functions Committees The Trust also meet with the Chairs of the Health Scrutiny Forums on a regular basis to ensure the political agenda is managed and considered;
- GP Lunch and Learn sessions arranged by the CCGs, which provide the opportunity for GPs and Consultants working in the Trust to share good practice and improve communications across local health service providers in primary and secondary care;
- The local universities (Newcastle, Northumbria, Sunderland, Durham and Teesside) who work with the Trust to provide the workforce with the knowledge and skills that enable them to provide a quality services to the patients;
- Local Health and Wellbeing Boards and Partnerships to influence the impact of JNSA and public health contribution;
- Regular attendance by the Trust at patient forums and community groups to provide updates on service developments.
- Research and Development have worked with academics from local universities to increase NIHR recruitment portfolio, as outlined in the Trust key priorities (section 2)

The Trust also continues to build on the organisations alliances with neighbouring Trusts to improve existing care pathways and initiate new ones, one example of which is the Bariatric Service. Clinical networking is essential and the Trust Clinical Directors and Clinical leads participate in formal and informal networking to the advancement and sustainability of clinical services, examples include stroke, cancer, urology and cardiology (section 3.3).

### 3.5 Clinical Workforce Strategy

The Clinical Workforce Strategy is pivotal to service delivery going forward and is essential to the fundamental and operational success of the organisation's priorities, as outlined in the table below.

The Trust had developed a nursing workforce tool and is currently reviewing nursing workforce numbers in all bed holding directorates. The tool is modelled on the GRASP (Grace Reynolds Application & Study of PETO) methodology, however has been further developed to ensure it will be flexible enough to enable quality and safety to be a priority consideration alongside operational and financial efficiency and performance. The tool focuses on three driving elements; quality, cost effectiveness and effectively managing staffing resources, therefore fits nicely into the principles and operating model of choice in the organisation; Service Line Management.

The benefits of a corporate nursing workforce tool is to ensure that there is consistency in workforce planning and provides a single, universally understood system defining roles and responsibilities that can be implemented, monitored and evaluated across each bed holding Directorate. The outputs of this work will be fed through the Directorates during 2013/14. A six monthly review process will be built into the governance arrangements so that any impact on the workforce across a range of key indicators including finance can be effectively monitored and any changes to baseline figures can only be amended through a robust budget control process according to financial rules. The Trust Board will be provided with a report every six months to provide assurance on key standards and a workforce fit for the future.

Service, financial and workforce planning are integrated through the business planning cycle, enabling the early identification of service risks and pressures and the development of plans to mitigate against these.

The Trust is a member of the NHS Benchmarking Network and has participated in several benchmarking projects in services such as acute therapies, radiology and community services. The Trust has also participated in the Foundation Trust Network (FTN) service benchmarking process for A&E and Orthopaedics and will continue to participate in appropriate projects in 2013/14.

### **3.5.1 Workforce priorities**

A review of staffing requirements between 2012/13 and 2017/18 has been undertaken, this has been refreshed following initial bidder engagement meetings that were held to determine the layout and design of the new hospital and will inform the LTFM. These workforce projections will be scoped to 2017/18 detailing the workforce implications year on year. Each directorate/department will be responsible for developing a workforce plan to support this and ensure workforce changes are implemented in a way that ensures continuity of service and financial stability.

Lean activity is on-going, allowing continuous review of systems and processes. All business plans are reviewed annually allowing allocation of resources to support Directorates improvement strategies. Work is currently underway to strengthen the benefits realisation process across the organisation for all improvement activities.

The workforce team will meet with GMs and equivalents using the annual workforce planning cycle and 6 steps methodology for workforce planning to ensure transition plans to 2016/17 are developed and delivered.

The Trust is undertaking a pilot talent management process in the district nursing teams which will inform full roll out across the organisation during 2013/14. This will allow the Trust to identify talent pipeline staff and ensure that they are developed to support their areas and the Trust requirement within their work areas.

During 2013/14 the Trust will be reviewing the age profiles across the organisation to ascertain any potential future knowledge and skills gaps across the organisation.

The Trust is currently considering implementation of the Workforce Assurance Tool which will enable the Trust to risk assess current and future workforce plans, model the impact of planned changes to the workforce, and monitor performance.

### **3.5.2 Workforce Plans**

Directorate workforce plans have been developed to 2017/18 and will be further reviewed in line with the detailed design changes to the new hospital resulting from stage two of the competitive dialogue process, this will have an impact on the workforce particularly in relation to skill mix.

The nursing workforce has been reviewed to ensure that acuity, occupancy, skill mix and red rules are robustly addressed. This work will be implemented during 2013/14. Key workforce priorities are outlined in Appendix 5.



## 4.0 Performance, Productivity and Efficiency

### 4.1 Service Line Management

Service Line Management (SLM) is now embedded within the organisation's acute clinical services as the mainstream model of working and community and non-clinical services continue the process of implementation. Organisational structures have been redesigned to enable the delivery of SLM. The leadership and management skills of SLM leads have been strengthened following completion of a leadership programme, commissioned from the University of Durham, equipping them with the ability to balance the management of services taking into consideration efficiency, quality and safety and financial performance.

Clinicians are using SLM as a model to deliver operational and financial efficiencies, to improve patients' experience and enhance the quality and safety of services delivered. Operational, financial and quality metrics are now reviewed at a service line level to identify inefficiencies and variance in practice to inform service improvements and developments.

A Patient Level Information costing system (PLICS) has been developed to support the implementation of Service Line Reporting (SLR). The system is being tested within surgery and orthopaedics with a plan to roll out across the organisation in 2013/14. The PLICS will enable service lines to analyse and compare detailed financial information from individual clinical cases to address unwarranted variation and realise financial efficiencies, whilst maintaining quality and patient experience.

### 4.2 Operational Performance

The Trust is committed to developing and improving service efficiency. In line with the commissioning agreements in the Commissioning for Quality and Innovation (CQUIN) and the Quality, Innovation, Productivity and Prevention (QIPP) the programmes concentrate on efficiency indicators aimed at improving patient pathways with care closer to home, where appropriate. Progress is reported to the Board of Directors within the Corporate Dashboard, together with detailed indicators incorporated into the specialty and sub specialty dashboards, to enable detailed clinical monitoring.

Effective surge management remains a priority within the emergency preparedness agenda, and as such the Trust has a well-developed flexible capacity plan to accommodate surges in demand, tested in 2012/13 with unprecedented levels of emergency activity and regular episodes of surge that have challenged the organisation in addition to the resilience pressures in the local health economy. This has put a severe strain on operational and financial resources. The Local Area Team and CCG have supported the Trust. However, pressure continues on emergency services and the health, ambulance and social care partners are undertaking a piece of work to understand drivers and improve planning for 2013/14.

The current economic climate with the requirement of substantial efficiency savings and with the overall objective of moving to a new single site hospital, pose more challenging requirements in 2013/14 with penalties against locally agreed performance standards and QIPP, to drive improvements in efficiency. The impact of financial penalties have been reduced as a result of the risk share agreement with the commissioners.

The Trust endeavours to continue with its success in managing service improvements to deliver the operational efficiencies through projects such as, reducing the number of wasted appointments through



the implementation of a telephone reminder service and partial booking programme, enhanced recovery in elective surgery, the operating theatre review, the readmissions audit and admissions avoidance where patients can be treated in an Ambulatory care setting. Additional projects are identified and implemented using LEAN methodology to diagnose and drive change in patient pathway management.

The Trust implemented a number of innovative practices to enhance the integration of Community services across Primary and Acute care during 2012/13. These include Teams across the Practice (TAPs), Community Integrated Assessment Team (CIAT) and Single Point of Access (SPA), see section. These services are aimed at ensuring patients receive care closer to home, through a direct single point of contact, reducing unnecessary admissions to hospital.

The Trust has achieved all service performance standards throughout the year with the exception of breast symptomatic 2 week standard and Clostridium Difficile. Robust action plans, driven by Board level leadership are in place and this is further addressed in section 6. Achievement is against a backdrop of a significant rise in unplanned care during the year.

### 4.3 Efficiency and Productivity

The Trust strives to reduce inappropriate waste across the organisation, utilising operational efficiency as a key driver to achieve the cost improvement deliverables, whilst maintaining safe, quality services. The Trust aims to deliver 'best in class' against a number of key efficiency indicators, with an Operational Efficiency working group in place to review, develop and implement new ways of working. The operational efficiency agenda reviews performance across a number of key indicators including:

- Outpatient DNA rates
- Outpatient New to Review ratios
- Day case rates
- Pre-operative stays
- Ambulatory care delivery
- Readmission rates
- Theatre utilisation
- Bed usage
- Lengths of stays and bed reductions
- Delayed discharges
- Bank and agency usage

A number of bench marking tools are utilised to monitor the organisation's position against both national and peer group performance, these include Dr Foster modules, Healthcare Evaluation Data (HED) tool and Midlands and East Quality Observatory (MEQO) reports.

The Trust has implemented a number of invest to save projects to support the delivery of the efficiency agenda, these include;

- Telephone reminder service to reduce DNAs
- Partial booking of review appointments to reduce DNAs and New to Review ratios
- Increased nurse led clinics to reduce consultant led review appointments
- Elective admissions unit to reduce the need for pre-operative stays, reducing length of stays on inpatient base wards and improving theatre utilisation.
- Ambulatory care assessment units to reduce inappropriate emergency admissions and bed usage on inpatient base wards

Table 5 below gives an overview of the Trust's position against key operational efficiency measures including achievements to date, 3 year stretch targets, the Peer or National average for each indicator (where available) and the measurement of the planned year on year improvements

**Table 5 Operational Efficiency Targets**

Efficiency KPI	Baseline 2010/11	Actual 2011/12	Actual 2012/13	Target 2013/14	Target 2014/15	Target 2015/16	Peer/National Average	Stretch Target Description
New DNA (consultant led)*	6.31%	5.95%	6.03%	5.8	5.6	5.4	6.9	10% reduction
Review DNA (consultant led)*	12.40%	10.41%	10.51%	10	9.5	9	8.8	Peer average
New to Review Ratio (consultant led)**	1.82	1.83	1.74	1.73	1.72	1.7	2.15	Locally agreed with CCG
Pre-op Stays (1 day)	12.64	9.18	7.94	7.75	7.5	7	N/A	10% reduction
ALOS Elective*	2.8	2.7	2.8	2.7	2.6	2.4	3.3	Best in Peer Group
ALOs Emergency*	4.3	3.93	3.89	3.7	3.6	3.5	4.4	Best in Peer Group
% Ambulatory Care	6.8%	15.5%	18.7%	19%	19.50%	20%	N/A	No comparative data available
Daycase rates (BAD Basket)**	66.5%	71.5%	73.7%	75%	77%	79%	78.1	National average
Beds (G&A)	672	629	598	594	585	575	N/A	New Hospital Build (2012 model)
Readmissions within 30 days*	8.5	7.9	8.1	8	7.9	7.7	7.7	Peer average

\* Dr Foster PPM Module (rolling year position) \*\* NHS Institute for Innovation and Improvement Dashboard (Q3 2012/13 position)

## 5.0 Leadership and Organisational Development

The Trust continues to proactively ensure that governance processes and effective leadership are in place to support delivery of the Annual Plan. The Board continues to undertake its annual cycle of development where time is taken away from the Trust to consider governance and working arrangements of the Board and the Trust as a whole. This event is facilitated by an external expert within this field. A resulting action plan and objectives are agreed to shape the focus for the following year. Following the development event that took place in the spring of 2012 a number of activities were planned to raise the profile of the Board and to develop relationships with both internal and external stakeholders, particularly in advance of the new health landscape from April 2013. This was built upon further during a Board 'Wonder Session', which was Board Directors only, that took place in December 2012, and a further set of objectives were identified, and will be reported back on at the next Board development session in May 2013.

The event in May will also review in depth the Francis ii Report and its recommendations to reflect upon the Trust's own arrangements and to agree any additional provisions that need to be put in place.

All Board Directors are required to demonstrate that they are able to fulfil their required duties, operationally and strategically by completing an annual appraisal. The Chairman and Chief Executive carry out a joint appraisal with each Executive Director, and the Chairman carries out an appraisal with each of the Non-executive Directors. In addition, to demonstrate a robust review of their performance, the Executive Directors have a second appraisal with the Chief Executive in respect of their operational and professional roles within the Trust.

The Trust continues to invest its annual allocation of tier two development monies to develop leadership capacity within the organisation. The ranges of programmes which Durham University delivered have proved successful and five cohorts were held. During the next year Teesside University have been commissioned to run four cohorts for staff at other levels in the Trust, with a management/supervisory role. This programme is firmly based on the transformation agenda, allowing participants to understand the journey that their Directorates will take over the next five years and the part that they, as leaders need to undertake. This activity underpins the previous years' work regarding the establishment of service line management.

The Board continually assess and challenges the capacity and capability of the Executive Directors and the Trust to deliver its key objectives, particularly in relation to the delivery of the new hospital project and the various work strands associated with this, and the transformation plans to enable the Trust to deliver a more efficient service for our patients in this continued period of economic austerity.

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

## 5.1 Trust Constitution

The constitution of the Trust was established when the Trust achieved Foundation Trust status on 1 December 2007. It was updated in 2010, and more recently in 2012 when new legislation from the Health and Social Care Act 2012 was incorporated. It was also thoroughly reviewed to ensure that it continues to be fit for purpose, and accurately reflects the Trust today. The constitution will again be updated as at 1 April 2013 to take account of the second stage requirements of the new Act. This will be presented to both the Council of Governors and Board of Directors at their respective meetings in April 2013.

## 5.2 Governance Structure

The Trust will continue to ensure leadership and governance structures are in place to effectively manage the organisation. The corporate oversight and scrutiny will continue to be provided by four key management structures:

- Council of Governors
- Board of Directors
- Executive Team
- Trust Directors Group

In addition to committee substructure, effective governance and external controls are in place to support the management processes. The roles and responsibilities of each level of the governance structure are outlined below.

## 5.3 Council of Governors

The Council of Governors meet formally each quarter to review and provide challenge with respect to the Trust's service performance, key risks and priorities, and strategic direction. They are a link to the membership of the Trust, and are ambassadors of the work done by the Organisation.

To ensure they are appropriately equipped and informed to carry out their role when the new Health and Social Care Act 2012 legislation comes into force, a programme of tailored development has been and will continue to be delivered. Some additional duties will include:

- Approving significant transactions the Trust may enter into;
- Approving proposals for any merger, acquisitions or dissolutions;
- Hold Non-executive Directors to account for the performance of the Board of Directors;
- Receive the Board agendas and minutes;
- A duty to represent the interests of the Trust's members;
- Approve the Trust's constitution and any amendments after 1 April 2013.

## 5.4 Board of Directors

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

The Board ensures compliance by the Trust with its terms of authorisation (Licence in the future), its constitution, mandatory guidance issued by Monitor and other relevant statutory bodies.

The Board will continue to assess compliance and development against the Trust's strategic aims.

The Board supports the Executive Team and Trust Directors Group in delivering the strategy.

The Board holds the Executive Team to account for delivery of key strategic and operational objectives.

The Board meets formally in public 6 times per year to discuss and review the key agenda items of Quality and Patient Safety, Operational and Service Performance, Financial Performance, Risk Management and Regulatory requirements. This will include Licence requirements in the future.

Reassessment of the Board capacity and capability to deliver the annual plan is undertaken annually and also in line with formal appraisal processes.

## 5.5 Executive Team

The Executive Team meet weekly to discuss and review the Trusts current strategic and operational business.

The Executive Team will continue to deliver strategic objectives through accountability and responsibility of named Executive Directors.

The Executive Team manage the interface with MPs, Department of Health, Strategic Health Authority, CCGs Councils and Health and Well Being Groups to deliver the support needed to implement the Trust's strategy.

## 5.6 Trust Directors Group

The Trust Directors Group (key Clinical Director leads in the organisation) meets monthly to discuss and review the Trusts current clinical, strategic and operational business.

The Trust Directors Group will continue to develop key strategic clinical leadership, through:

- Setting a clear clinical strategy outlining how the Trust will develop in the short, medium and long term;
- Recognising and providing support to Directorates that are struggling to deliver;
- Holding Directorates to account regarding service performance;
- Being the key clinical operational decision forum.

## 5.7 Board Governance

Through continuous assessment and portfolio management, all directors will be appropriately qualified and experienced in managing extensive change and financial reform. The Chief Executive provides annual a report to the Board regarding the capability and capacity of the Executive Directors.

Non-executive Directors will continue to be independent in accordance with the NHS Foundation Trust Code of Governance from the time of appointment and to be reviewed annually. (Annual appraisal process and register of interests.)

The Trust will maintain a declaration of interest register for the Board and Council of Governors. (Regularly updated). This will be linked to the “fit and proper persons” test in the Licence conditions.

Governance arrangements will continue to be strengthened by reviewing the roles and functions of the Board of Directors, Council of Governors and Committees. (Committees reviewed in 2012, 3 yearly reviews thereafter.)

## **5.8 Terms of Authorisation (Licence Conditions) Compliance and Effective Board Governance**

### **5.8.1 Board Roles, Structures and Capacity**

The Board of Directors consists of five voting Non-executive Directors, five voting Executive Directors, two non-voting Executive Directors and a voting Non-executive Chairman. The Board is satisfied that all directors are appropriately qualified to discharge their duties effectively, including setting the strategy, monitoring and managing performance and ensuring management capacity and capability. Where an appointment is required to be undertaken for the Chairman or Non-executive Directors selection processes and training programmes are in place to ensure that Non-executive Directors have appropriate experience and skills, and are supported to gain those thought necessary.

The Board is satisfied that the Executive Directors have the capability and experience necessary to deliver the Trust’s operational agenda within the strategic framework, and there is a robust management structure in place to deliver the Annual Plan with strong focus on leadership and skills.

### **5.8.2 The Trust has had regard to the views of Trust Governors by:**

Throughout the year, the Council of Governors of the Trust has been kept fully updated and continually engaged with regarding the Trust’s future plans and individual service developments, which have included the new hospital project, dementia and learning disability developments, service transformation plan, community renaissance and the Trust’s overall strategic objectives. To enable the Council of Governors to undertake these tasks a programme of development commenced, which included a self and group assessment, and will continue each year. In depth discussions have taken place during developmental workshops and at both the Service Development and Quality Committee, and Strategy Committee. Updates of all Trust activities are provided at the quarterly Council of Governors meetings, which are conducted in an open, supportive environment and where challenge and scrutiny by the Governors is valued and encouraged.

The Governors have been consulted with at each stage regarding the Trust’s annual submissions in relation to the Annual Plan, Annual Report and Accounts, Corporate Strategy and Quality Account, at both the sub committees and developmental workshops in April and October 2012, and January 2013. In addition to this a working group comprising a small number of Governors was established which met in December 2012 and February 2013 to discuss priority areas to be included in the Quality Account for 2013/14, to review the draft Account in detail on behalf of the Council of Governors, helping to shape the final content, and to produce the Governors’ third party statement.

The Trust welcomes the opinions and suggestions made by its Governors and as well as consulting with them regarding new developments, it also keeps them fully abreast of challenges being faced which this year have included the work in relation to healthcare acquired infections and clostridium difficile.

In preparation for new legislative changes, the revised licence regime of Monitor and health care priorities following the publication of the Health and Social Care Act 2012, the Trust has undertaken a

number of developmental sessions with the Council of Governors, to ensure they are fully informed and equipped to perform their role as Governors going forward.

It is important that the Governors are aware of the Trust's performance and service delivery on an ongoing basis, and they are presented with reports at each Council of Governors meeting demonstrating compliance and financial performance, quality and patient safety, resilience, human resources, education and training matters and statutory reporting requirements.

Governors continue to take part in the monthly Patient Experience and Quality Standards panels, which take place at both hospital sites and community locations, and provide the opportunity to witness first hand the level of care and service being delivered to patients, and the chance to speak with patients and their visitors directly about the experience they have had during their stay at the Trust.

### 5.8.3 Council of Governor Governance Arrangements

The Trust ensures that its Council of Governors is able to meet its statutory duties via its sub-committees and quarterly development sessions. However, in addition to this in April 2012 a self assessment workshop took place to identify both the individual and group needs of the Governors in order to equip them with the required skills to fulfill their duties for the future. Once the assessments had been analysed a development programme was devised and delivered at the Governor Induction session and developmental workshop in January 2013. This will be an ongoing programme. A review of development needs will be undertaken at the July 2013 meeting.

### 5.8.4 Supporting Committees

**Nominations Committee:** The Nominations Committee advises the Council of Governors on recruitment, re-appointment, retention, appraisals and remuneration of the Chairman and Non-executive Directors.

**Membership Strategy Committee:** The Membership Strategy Committee meets quarterly to review membership levels, develop recruitment activities, and ensure continuous engagement with the membership as a whole.

**Strategy Committee:** The Strategy Committee meets at least bi-annually to review and contribute to the development of the Trust's strategic direction, including service developments.

**Service Development and Quality Committee:** The Service Development and Quality Committee meet on a quarterly basis to receive and update information regarding service developments and patient pathways, performance and compliance data, and patient experience and involvement

**Travel and Transport Group:** The Travel and Transport Group meets bi-annually to develop a travel and transport strategy for the Trust and the new hospital development and to deliver improvements to the current transport provision.

**Meeting and Workshop Schedule:** A quarterly schedule of Council of Governor meetings and morning development workshops enables challenge and debate around services, quality and safety and, operational and financial performance. Governors contributions are welcomed at the meetings and nominated representatives present reports from the sub-committees to the Council and Board as a whole. The Governors are encouraged to attend Board meetings, and receive the agenda and minutes, and the Chairman's update.

## 6.0 Risks to Delivery



## 6.1 Risk Management Structure

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

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

The Trust culture around risk management is supported by policies and guidelines for which operational managers and service leads take responsibility in embedding and enabling ownership to evolve.

The Board has considered all likely future risks to compliance with the Terms of Licence. The level of severity and likelihood of a breach occurring and plans for the mitigation of these risks, see Appendix 6 which includes both financial and non financial risks.

The Board has an excellent track record in driving delivery against new and existing service standards, acknowledging risks and ensuring due scrutiny with regard to mitigation and control mechanisms. An example of how the Trust identifies and manages risk of non compliance against the quality and patient safety agenda is the 2012/13 risk mitigation plans with regard to the Clostridium Difficile Infection (CDI) target.

During 2012-2013 the Trust did not achieve the clostridium difficile target. In mitigation the Trust continued to work hard to control and reduce opportunity for infections to spread when treating people both within the acute hospital and the community. There is no one way in which clostridium difficile can be eliminated but a consistent approach across the important areas of cleanliness of the environment; appropriate antibiotic prescribing and strict hygiene at the point of care are vigorously pursued. The Trust continues to invest in new equipment which is easier to clean and which is less likely to harbour infections.

An independent review of infection prevention and control policy and practice in the Trust was carried out in August 2012 and recommendations were made to further enhance antibiotic prescribing and stewardship and audit of time to isolate. An action plan was developed in response to the review and was presented to the Board of Directors and to Council of Governors.

The Trust continues with a programme of deep cleaning and fogging with hydrogen peroxide which has been found to kill the spores responsible for C-Difficile infections. The work has also been extended to local care homes as part of a project to reduce recurrent infections and improve patient experience. The Trust won a Nursing Times award for this innovative and collaborative work.

The Directors responsible for infection prevention and control and for estates and facilities undertake regular walkabouts to provide support to staff and assurance to the Board of Directors that any environmental issues are dealt with speedily and effectively.

The Trust continues to carry out full root cause analysis of all C-Difficile cases, and shares this information with CCGs in line with contractual requirements.

The Trust continues to experience significant pressures in the delivery of the Breast Symptomatic 2 week standard exacerbated by the uptake of patient choice, causing delay in the diagnosis and treatment

stages within the pathway. The Trust has taken a number of actions to mitigate against future risk including sending a letter out to all GP practices asking for their continued support of ensuring patients referred are aware they will be offered an appointment within 14 days and the importance of making every effort to attend the appointment. The Trust has also liaised with other provider organisations to explore best practice and review lessons learnt. Patient cancellations are being monitored closely, with the aim to liaise with patients at point of booking to encourage attendance.

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

In consideration of declaration 11 within the Monitor Corporate Governance Statement, "*The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix B; and a commitment to comply with all known targets going forwards*", the Board has reviewed current performance against all key targets and indicators, historical trend analysis, including year on year achievements, and the actions and mitigation plans implemented to date. The Board is assured the organisation is monitoring and managing all standards in line with national recommendations, however feels there continues to be an element of risk assigned with meeting the C-Difficile target during 2013/14. The Board has therefore made the decision to declare the C-Difficile standard **At Risk** within the "Targets and Indicators" template, resulting in the Board declaring **Not Confirmed** against **declaration 11** of the Corporate Governance Statement.

The Trust continues to ensure that the opportunity for external reviews provides an opportunity to meet staff and review the quality of the Trusts environment, clinical care and patient experience. Over the last year, the Trust has been subject to a number of formal and informal visits including:

- One unannounced CQC inspection;
- The Healthcare User Group (HUG) undertook regular visits to both clinical and non-clinical areas during 2012, providing valuable feedback from a user perspective. LINKs and HUG members sat on key Trust quality committees enabling them to contribute to setting and monitoring quality standards and goals. Healthwatch took over the function of these groups from October 2012.
- The Board of Directors have undertaken a night time (unannounced) inspection of services and the senior nursing team have undertaken a number of unannounced Patient, Experience and Quality (PEQs) visits.

## 6.2 Care Quality Commission Inspections

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

The Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions for all services provided.

The Trust has received one unannounced CQC review in February 2013:

During February 2013 the Trust received an unannounced back to back visit covering both hospital sites.

The following essential standards were reviewed at each site:

**North Tees;** Care and welfare of people who use services, Safety and suitability of premises. Staffing and Complaints.



**Hartlepool:** Respecting and involving people who use services, Care and welfare of people who use services, Requirements relating to workers and Complaints

The CQC assessors gave no recommendations and very positive feedback to Trust personnel. The final report is available from the Trust and on the CQC website.

The Trust has undertaken provider compliance assessments against these standards and introduced a shared repository for the collection of supporting evidence. This allows all Trust personnel to access the data to facilitate understanding of the requirements within the remit of their particular role or profession. It also enables the CQC to assess the Trusts evidence of compliance more easily.

## 6.3 Internal Audit

To supplement the controls framework, the Trust has a robust internal audit programme to assess individual key standards and to support self regulation in line with the Compliance Framework and Board declarations.

Results of these independent audits are reported to the audit committee and provide the Trust with independent appraisal of clinical, financial and business governance standards and processes. This process of internal audit enables the Trust to test quality assumptions and pursue its philosophy of continual improvement. In order to test and improve quality of data the Trust will continue to commission independent audits of its key business.

Internal Audit has teamed with external auditors on several projects to support independent assurance i.e. programme and strategic level governance, processes and delivery.

## 6.4 Peer Reviews

The Trust gains further assurance through the use of peer review visits on an ad-hoc basis, where achievement against an individual standard has seen a dip in performance. Peer reviews give an external view of the organisations current processes, with the ability to compare the Trust's ongoing actions with those of similar organisations. An example of this is a commissioner peer review which was carried out in 2012 to assess the practices the Trust had in place to reduce hospital acquired cases of C-Difficile infection. The peer review gave assurance the Trust had stringent processes and procedures in place, however was able to make some minor recommendations to further support the control of infection. These recommendations were built into the overall C-diff action plan.

The Trust will continue to use peer reviews to support the assurance process.

## 6.5 External Benchmarking

The Trust Board of Directors, Executive Team and service lines closely monitors external benchmarking reports for both positive and negative performance results. Any areas highlighted as outliers are investigated internally, initially to ensure the results are valid and not as a result of poor data quality or clinical coding, with further analysis then being carried out to identify underlying issues. If necessary, internal procedures are instigated to review areas of concern and implement mitigating actions to improve performance.

The Trust utilises the Care Quality Commission Quality Risk Profiles to assess the organisation's performance against both key performance indicators and patient experience of its services. The Trust recognises being a hospital of choice is built on reputation, with patient experience and feedback

being the key to maintaining its position in the local health economy. External benchmarking tools provide a means to analyse the Trust's clinical services against our organisations peer groups, identify the gaps and action accordingly.

The Trust currently utilises Dr Foster Clinical analysis modules and the Healthcare Evaluation Data (HED) analysis tool to support internal reporting and intelligent decision making.

## **6.6 Summary**

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