

**Strategic Plan Document for 2013-14**

**Northumbria Healthcare 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):

Name	Birju Rana
Job Title	Interim Director of Performance and Governance
e-mail address	Birju.rana@nhct.nhs.uk
Tel. no. for contact	01912932730
Date	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 Board of Directors.**

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Board of Directors having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Board of Directors 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)	Brian Flood
-----------------	-------------

Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Jim Mackey
---------------------------	------------

Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Paul Dunn
----------------------------	-----------

Signature

## Contents

	<b>Page</b>
1 Executive Summary	1
2 The Trust's Vision	1
3 Plan on a page	3
4 Background	4
5 The Trust's strategic position within the local health economy	5
5.1 Changes in Commissioning Intentions	6
5.2 SLM Strategy	6
5.3 Productivity and Efficiency	7
5.3.1 The design of cost improvements	7
5.3.2 The process	8
5.3.3 Management	8
5.3.4 Financial and Investment Strategy	9
6 The Trust's approach to Quality	9
7 Safety and Quality Priorities	10
7.1 Quality Concerns	10
7.2 Assurance to the Board on the quality of its Services	10
7.3 Key Quality risks	12
8 The Trust's Clinical Strategy	12
9 Key System-wide/Health Economy strategic objectives	19
9.1 North Cumbria Acquisition	19
9.2 Special Purpose Vehicle	19
9.3 PFI Buy-back	20
10 Clinical Workforce Strategy	20
10.1 Workforce pressures	21
11 Membership Commentary	21
11.1 Governor Elections Update	22

## **1 Executive Summary**

Northumbria Healthcare NHS Foundation Trust is a successful, high performing Trust providing secondary healthcare to over 550,000 people spread over the largest geographical area of any Trust in England, from Tyneside in the South and East, to the Scottish Border in the North, and to Hexham and Haltwhistle in the West of the County. It currently delivers services from three acute sites and seven community hospital sites. The Trust gained Foundation Trust status in 2006 and Monitor approved the Northumbria acquisition of community services in North Tyneside and Northumberland and delegated adult social care services in Northumberland from 1<sup>st</sup> April 2011. The Trust's turnover is now £400m, and employs 9000 staff. This is due to further increase in 2013 when the Trust submits an application to Monitor for the acquisition of North Cumbria University Hospital Trusts – as first outlined in the Trusts 2012/13 strategic plan.

The Trust has an ambitious programme of work for the next three years, focussing on the opening of its new Specialist emergency care hospital, the acquisition of North Cumbria University hospital (NCUH), and negotiations for its PFI buyout. However, its core function, priorities and values remain as per previous years, that is to be the best in class in delivering high quality, patient centred healthcare through dedicated and committed support teams and healthcare professionals.

It has a number of clinical priorities that encompass safety and quality measures ranging from delivery of integrated care between acute and community services and zero tolerance to hospital acquired infections to transformational strategic priorities such as the acquisition of NCUH and development of the Specialist Emergency Care hospital – all of which focus on delivering improved outcomes for the local population.

Financially the Trust remains strong with its long term financial planning assumptions accounting for the significant investment required for delivering its strategic objectives for the years ahead. The Trust has a strategic aim of maintaining an FRR of 4 over the period of the medium term plan

The strategic plan outlined below builds on previous submitted APRs with key strategic objectives being delivered over the coming three years. The Trust continues to maintain a track record of delivery against its objectives and as such remains confident in delivering the measures outlined in its 13/14 – 15/16 APR plan.

## **2 The Trust's vision**

The main business of Northumbria Healthcare NHS Foundation Trust is to help improve the health and quality of life of people by providing high quality healthcare services from Accident and Emergency care to long term conditions. To do this we need to be excellent at 4 key objectives:

- 1) Deliver excellence in safety and quality for the services we provide
- 2) Provide excellent patient centred services;
- 3) Deliver quality outcomes and integrate clinical pathways between primary, community and secondary care
- 4) Ensure the Trust maintains long term financial strength to deliver our clinical services and priorities.

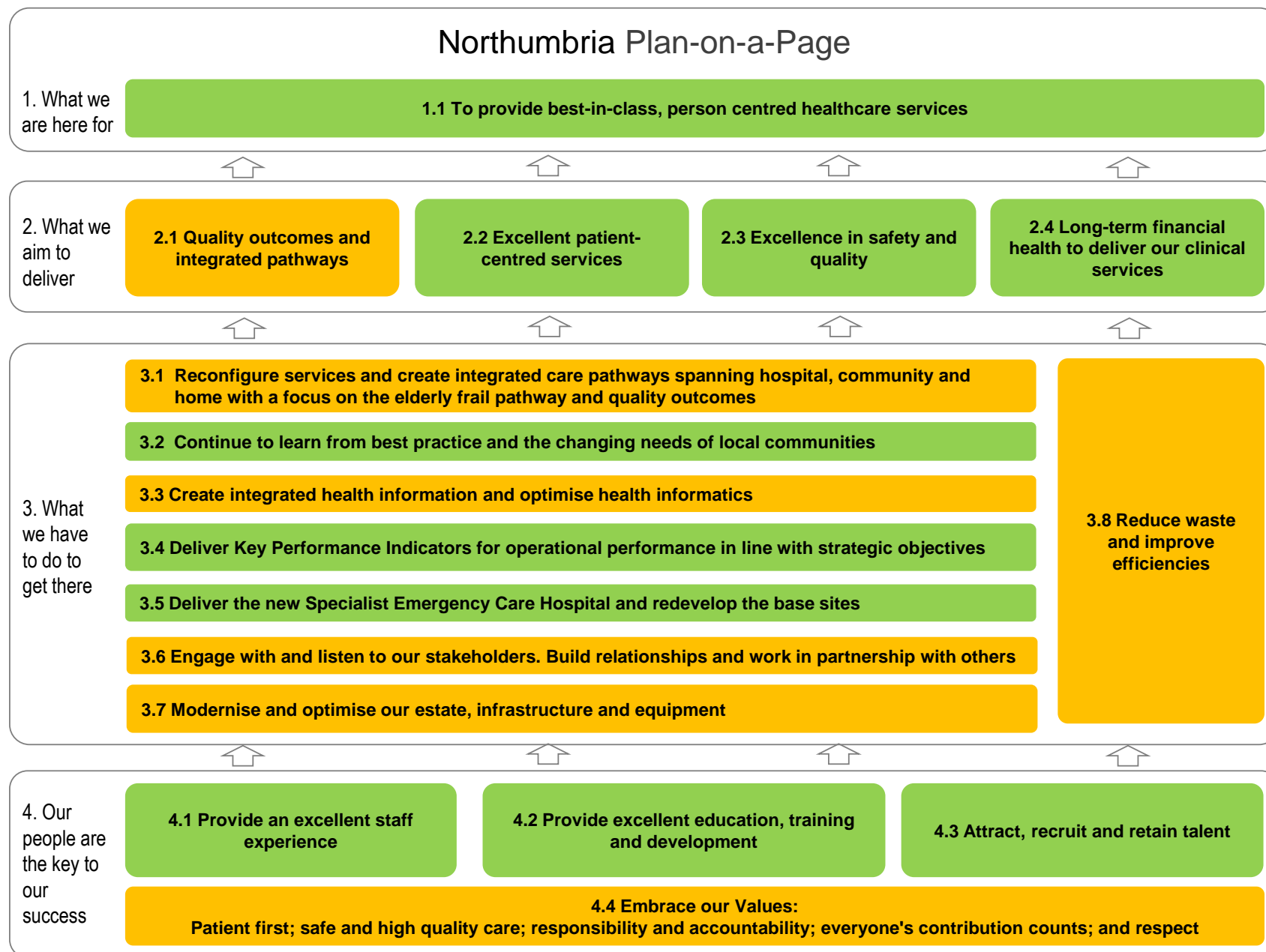
The Board of Directors has identified core competencies to achieve these strategic objectives. The Trust will continue with its strong track record to develop, improve and innovate what it delivers and how it is delivered and will do this by using internationally recognised improvement methodologies. It will continue to work in close partnership with primary, tertiary and social care providers to provide seamless pathways of care and deliver this care in the best place for patients. The Trust has a wide range of key stakeholders and will continue to actively engage with them and

act on their views. This proactive approach with partners and stakeholders will provide the Trust with better business intelligence to make informed decisions about continually improving care and ensuring that the Trust's priorities remain aligned with those of the community it serves. The Trust will continue to market its services to its customers and aim to build a stronger brand with a reputation for excellence.

To achieve these improvements the Trust will enhance its patient focused and performance driven culture. The Trust's culture has been built on trust, openness and empowerment with clear lines of accountability / responsibility that has helped the organisation to learn and improve. Everyone will know what the Trust wants to achieve and how they contribute to the things that really matter resulting in happier and engaged patients and staff that recommend our services to others. The Trust will continue to recruit, develop, motivate and communicate with its people and support them with the appropriate training and competencies to do the right thing, every time. All parts of Northumbria will work to bring about innovative improvements in service delivery for the benefit of our patients. To do this, the Trust will re-align resources making better use of technology and information so as to make better decisions, develop and leverage our estate and maximise its long term financial strength. The vision of the Trust has been created into a visual strategic map which is on the next page. This has recently been refreshed to take into consideration the significant changes the Trust faces over the next 3 years. The strategic map has been risk assessed based on qualitative and quantitative information using the following key:

<b>Green</b>	<b>good, minor issues</b>
<b>Yellow</b>	minor improvements
<b>Amber</b>	major improvements
<b>Red</b>	significant issue

It should be noted that there is a 'group' strategic visual map that is part of the submission to Monitor for the NCUH acquisition. The group map identifies the acquisition of NCUH as a key measure which is currently risk assessed as red.



#### **4 Background**

Northumbria Healthcare NHS Foundation Trust is one of the Top 40 Hospital Trusts as defined by CHKS, a leading company that benchmarks hospitals performance. The Trust's performance is recognised regionally and nationally as having very strong clinical services in a range of specialties, excellent clinical leadership, a track record of delivery with limited resources, an innovative approach to service delivery and excellent relationships with primary care.

The Trust also has an excellent reputation for teaching and training, being a key unit of Newcastle Medical School and teaching partnerships with Northumbria and Sunderland Universities for nurses and other professionals. Professor Roger Barton is Dean, Director and Chair of the Board at Newcastle Medical School, and Dr Richard Thomson is Clinical Sub-dean for Northumbria, at Newcastle Medical School. The Trust has a significant commitment of clinical time in the postgraduate field, for example Dr Chris Tiplady is Regional Clinical Advisor for Education, Dr Brian Wood is Director of the Postgraduate School of Medicine and Associated Specialties, Mr Mike Bradburn is Head of School of Surgery, Dr Colin Doig is Regional Advisor for Training and a further eight Trust consultants are Training Programme Directors within the Northern Deanery.

The Trust's inpatient results for 2012/13 are very good. The overall score for the Trust on the key 20 questions is 83.1% which is in the top 20% of Trusts (82.6%). Overall, 94% of inpatients rated their care as excellent, very good or good. The outpatient results continue to be outstanding. The overall score is 88.4%, with the score for the top 20% in England standing at 82.6%. 98% of patients rate the Trust as excellent, very good or good. This data is based on feedback from 2810 inpatients and 6689 outpatients. It is externally produced by Patient Perspective, a company based in Oxford and is a CQC approved contractor for the national patient survey programme.

Staff survey (acute and community) results for the Trust are in the top 20% for the second year – with the Trust also having the highest return rate nationally for the 2<sup>nd</sup> year running.

The Trust is recognised by its regulators, that is, Monitor, Care Quality Commission and the NHS Litigation Authority as providers of high quality care. It has fully met the CQC safety and quality outcomes and there are no material risks in our quality risk profile. Furthermore, the Trust's maternity services and acute services operate at the highest rating by the NHSLA making Northumbria one of only five trusts in the country to obtain this standard. The Trust has also had an external assessment of its annual quality governance self-certification including documentation assessment, interviews with board and Business unit members (clinical and non-clinical) and focus groups with a cross section of clinical staff.

The Trust has a bold and innovative strategic plan for the next 10 years that focuses on safety and quality of service provision. A significant element of the forward plan (see section re Trust's clinical strategy) is the opening of the Northumbria specialist emergency care centre (NSECH) in Spring 2015 alongside the re-development of our community hospitals and base site general hospitals. The opening of the new hospital will signal a transformational change in how healthcare services are delivered by the Trust and provides an opportunity to review patient flow / pathways across primary, community and secondary care and deliver real integration of services. Details of the background and rationale for transforming the Trust's clinical model for Emergency care has previously been submitted to Monitor (including the financial components) prior to the authorisation of this significant investment. Building works for NSECH commenced in November 2012 and the new hospital is currently on schedule to open in 2015. The new hospital will consolidate emergency services to one site and will also ensure seven day working not only at consultant level (currently available) but also consultant seven day working at specialty level. The Trust will also deliver 24/7 A&E consultant working into the Emergency department as a result of this major change in service reconfiguration. Evidence suggests that for non-elective patients, being seen early in a patient's pathway by an appropriate specialist (consultant) can lead to better

clinical outcomes. The Trust has responded to this evidence and the need to consolidate its medical workforce (due to the reduction in trainee numbers) by centralising its emergency admissions to a new purpose built Specialist Emergency care hospital. The Trust will evaluate the new service model to demonstrate the improvements in the quality of care that are anticipated as a result of the change in working patterns of senior medical staff during 15/16. Further details are outlined in the clinical priorities table on pages 13-18.

## **5 The Trust's strategic position within the local Health Economy**

Northumbria has many characteristics that place it in a strong position in the local health economy, for example the Trust has the biggest A&E department in the North East treating the highest number of patients, the biggest orthopaedic consultant department north of the M62 with some of the best quality outcomes and strong links to the Newcastle Medical School. These strong links to education and training and the Trust's reputation for strong clinical engagement and leadership make it a positive attraction to recruit and retain staff.

The Trust encourages a positive, innovative partnership with our key stakeholders such as Clinical Commissioners Groups, Local Area Teams, Local Authorities, LINKs / Health watch and voluntary organisations in order to continually improve patient pathways and provide the best care. This is evidenced by their active involvement in the development of the Trust's Strategic Plan, Quality Account and specialty based clinical work eg Age UK working closely with Elderly care teams (as part of a successful Health Foundation bid) within the Trust.

The Trust has strength in a number of areas which place it in an ideal position to provide both high quality healthcare and training to its local population and clinical staff of the future. The Trust provides local services to its population wherever possible by utilising its community hospital sites so as to minimise travel for patients. This is a facility that is greatly valued by both the local population and local councils. The ability to deliver services closer to home has been further increased by the recent introduction of telemedicine based clinics – particularly beneficial for our more rural based communities.

The Trust has a strong focus on quality of care and this is demonstrated in its patient experience programme and its responsiveness to real time patient feedback. As a provider of community services and delegated social services (in Northumberland) it has strong links with the local authorities in both North Tyneside and Northumberland and both parties have been able to benefit from this relationship. The Trust has a strong reputation for its clinical services and has been nationally recognised in a number of areas including, orthopaedics and stroke care.

Competition remains healthy in the North East. The lack of a significant private sector presence is compensated by the competitive nature of Newcastle upon Tyne Hospitals NHS Foundation Trust. Both Trusts' work in partnership to deliver the right care, at the right time, in the right place. However, both are ambitious to provide the very best of care to local patients and as such do compete to provide the best acute and community care and where appropriate in the most innovative way.

Commissioning intentions demonstrate no material changes to services going forward. However, the commissioners have signalled their aim to enhance care for the frail elderly and the Trust has taken the opportunity to work jointly together on a three-year whole system improvement plan and embed within CQUIN as a demonstration of our joint commitment. The Trust is currently in year two of the plan and given its population base, fully expects this work to continue beyond 15/16.

Northumberland Clinical Commissioning Group is also currently leading a consultation on the future model of working for Maternity services in North Northumberland – the Trust is fully engaged in the process and has provided proposals for alternative models of delivery and post natal care – both of which form part of the consultation.



In addition to acute Trusts as key competitors, the Trust is aware of the AQP (any willing provider) process in which commissioners can tender for services currently provided by the acute sector. The Trust has an internal process that highlights any potential AQP that is either directly relevant or is a service that they may wish to tender for in the future and has a corresponding system in place to ensure that appropriate tenders can be completed within timescales for application. The Trust has submitted tenders to date where the Trust believe it can provide a competitive, high quality service. The outcomes for the AQP tender process will not be known till further in the year.

The Trust examines trends in referrals by specialty on a regular basis and there is a clear demonstration of an overall increase in activity over the past five years – for both elective and non-elective care, including A&E attendances. The Trust predicts that this demand in activity volume will continue to increase, although its form may vary given the initiatives that have been introduced to reduce emergency admissions. For example the geographical area that the Trust covers, has a high percentage of elderly residents – and as such the Trust has seen a change in case mix / age profile now attending the Trust. In 13/14 the Trust will establish ‘elderly care assessment’ centres to meet this demand and reduce, where possible emergency admissions for this patient group. The Trust has already established ambulatory care and surgical assessment units to help prevent inappropriate admissions.

The Trust also regularly assesses its market share with analysis by GP practice and specialty. For elective care, market share trend analysis is shared regularly with the executive management team, with the board and the consultant body.

### **5.1 Changes in commissioning intentions**

The Trust has well developed links with its major commissioners both clinical and at a senior level. These links cut across various levels of the respective organisations.

The two major CCGs with which the Trust contracts both have aspirations to reduce overall non-elective contract with the Trust with resources being switched toward care closer to home and elective care.

Whilst the Trust has seen a change in the growth in the non-elective contract in recent years, this has largely been driven by changes in pathways instigated by the Trust e.g. the introduction of ambulatory care.

Should the CCGs realise their joint aspiration, the Trust is well placed to meet this challenge given that it manages Community services across both CCGs and has a network of community hospitals in the county of Northumberland.

In constructing the financial strategy, the Trust has reflected lower non-elective growth in 2013-14 of 1% and thereafter a static position on the assumption that any demographic growth will be managed by increased community activity.

The CCGs strategy on QIPP is generally driven by the view that tariff deflation and allocation growth will be sufficient to deliver their on-going requirements.

### **5.2 SLM Strategy**

The Trust has an extremely well developed Business Unit structure which is built extremely strong clinical involvement. Each Business Unit has a comprehensive Board structure in place which ensures decisions are built upon clinical and business evidence. The Trust engages in various benchmarking exercises both externally and internally across individual clinical teams. This benchmarking is shared across the wider Clinical and Management body where services are challenged regarding clinical and service outcomes.

## 5.3 Productivity and Efficiency

### 5.3.1 The Design of Cost Improvements

In deciding on the level of cost reduction the Board of Directors has taken into account a range of different factors, including:

- the current and future economic outlook, the Board undertook a review closely monitored the external environment regarding the potential impact of the economic climate on both current and future performance
- the publication recently by Monitor of their assessor and downside assessments
- the on-going trading position of the Trust both historic and projected

Clearly the Trust operates in an ever changing environment and in light the current economic climate the Board of Directors as a consequence instigated a detailed and wide-ranging strategic review in order identify ensure the cost reduction programme was comprehensive in nature. The key cross cutting themes identified include:

Theme	Focus
Procurement	Obtaining best value and reducing transaction costs.
Premises	Review estate utilisation, letting to Commercial and NHS Partners. Disposal and re-configuration of under-utilised or inefficient estate.
Paybill	Terms and conditions, premium payments, agency usage, skill-mix, rostering, duplication
Back-Office	Duplication, value added, local vs central, processes and systems
Commercial	Developing new commercial income streams e.g. services to external bodies (e.g. NHS Fleet Solutions), extended employee benefits (e.g. salary sacrifice schemes, home computing).
Capital Investment	Sharpen and prioritise investment linked to future payback (lower costs, income stream)
Service Integration	The synergies resulting from the integration of Acute and Community services
Clinical Efficiency	Length of stay, cancellations, theatre utilisation, service line reporting metrics, reducing DNAs, minimising marginal costs of additional activity

The vast majority of cost reduction development and design is undertaken at Business Unit level this results in greater clinical engagement and ownership. Overall generally approximately 80% of the programme is developed by the business units within the Division, with the balance being made up of corporate themes or Group-wide commercial activities.

The Group-wide commercial activities are currently shown within the East Division but in future years following the North Cumbria acquisition these activities will transfer to a group level activity and the benefits deriving will be shared across each Division on a pro-rotta basis.

Each Business Unit within the Division has its own “plan on a page” which is consistent with the Trust plan and overall consistency is ensured via the embedded gateways within the process in order to sign-off the programme (described below).

In arriving at the content of the programme each Business Unit will review specific internal and external benchmarking. The programme is built around key themes.

### **5.3.2 The Process**

The cost improvement programme within the Trust is driven by significant clinical involvement with ownership taken at the individual Business Units where Clinicians and Managers agree jointly the forward programme.

The Executive Management Team of the Trust acts as the group which ensures consistency across the Trust and reviews the overall programme prior to sign-off by the Finance, Investment and Performance Committee and ultimately the Board of Directors.

The Trust in pulling together the programme has taken steps to ensure agreed quality standards are maintained and it is clear throughout that patient safety and quality cannot be compromised.

Each Business Unit consists of the key clinical leaders and therefore each Business engages in a robust process to ensure each cost reduction plan is sustainable and does not adversely impact on safety or quality. Each scheme is quality impact assessed and “signed-off” by the clinical lead. Where there are significant schemes (whether that be financial or potential service impact) these are formally reviewed and assessed six months post change to ensure there are no unforeseen consequences of the change.

In order to ensure there is a form of external clinical scrutiny each Business Unit is required to present to the Trust’s Clinical Policy Group their plans for the year ahead. The Clinical Policy Group comprises of the key clinical and managers from within the Trust together with GP representatives from the external community.

The process and key components of the programme have been shared with the CCGs, this was led by the Medical Director at North Tyneside CCG.

Each Business Unit programme must be “signed-off” by the Clinical Policy Group and thereafter each there are quarterly presentations on the Business Unit performance in terms of delivery and impact on safety and quality. Each Business Unit will outline progress against the programme together with an analysis of key quality metrics highlighting any emerging trends. This information is used to inform the Quality Declaration to Monitor.

Monthly reports go to the Finance, Investment and Performance Committee and Board of Directors detailing the safety, quality, service standards and finance performance across the Trust.

Underpinning this process, each Business Unit reviews on a weekly / monthly basis overall progress in order to manage delivery and also pick up any quality impact.

### **5.3.3 Management**

Key accountability resides with each business unit as they represent the key drivers of change and accountability. Risks are identified and addressed. Within each Business Unit there are identified individual project managers who are responsible for managing delivery and there is a report/monitoring which reviews delivery on a rolling fortnightly basis.

At Corporate level performance is reported to a sub-committee of the Board and within the financial plan there is a level of contingency held.

The Trust has a strong history of delivery and is further enhancing internal capacity/capability by implementing a new Project Management system at a corporate level to further enhance the management and monitoring of on-going performance.

The Trust's External Auditors (KPMG) are presently undertaking an independent review of the Quality Governance and initial feed-back indicates a very positive outcome.

#### **5.4 Financial and Investment Strategy**

The Trust has demonstrated since Foundation status a consistent and very strong financial track record. This has been evidenced by the consistent achievement of a financial risk rating of 4 since 2007-8 (the first full financial year as a Foundation Trust). The financial plans submitted for 2013-14 to 2015-16 indicate the same level of consistent achievement.

There are two major priorities within the plan, being:

- the completion of the new Emergency Care Centre which will become operational within the planning horizon of the medium term plan, and
- continued investment in community services including the further development of closer integration with acute and primary care services

There are a number of risks which are recognised within the financial strategy including the cost implications of the new Emergency Care Centre, general service re-configuration, overall healthcare funding, tariff changes, demand management, CQUIN targets and contractual penalties.

The Trust has a mitigation strategy in place and the Trust has modelled the outcome of the combined impact of any residual risks arising this modelling has identified a stable financial position.

### **6 The Trust's approach to Quality – the Quality Strategy**

The strategic plan for quality improvement for the next three years is a plan that is directly aligned with the values of the organisation, that balances the need to support and involve individual staff members and that recognises the need to build the teams they work within, to develop clinically effective pathways of care. The Trust recognises the need to enhance the supporting processes that underpin clinical care, and also be more ready at an organisational level to focus on quality. The Trust recognises how its staff are pivotal in ensuring that it provides high quality, effective care to all its patients and as such this is reflective in its quality strategy

The Northumbria Improvement Way meets the Trust's strategic quality needs by refocusing improvement activities at four levels within our organisation.

#### **Level One: Our People**

Incorporate the values that drive this strategy within annual performance reviews and learning plans. Staff participation in improvement activities and engagement with quality initiatives, ensuring easy to access processes for providing feedback on opportunities for improvements and our progress in addressing them.

#### **Level Two: Our Care Teams**

All Care and Support Teams within the Trust will work through a standardised process (a Team Based Improvement Plan) to understand and measure current and future state, identify and prioritise opportunities for improvement, and then implement change. This work is based upon Jönköping model and is aligned with contemporary healthcare quality improvement approaches e.g. LEAN/Six Sigma/FOCUS PDSA.

### **Level Three: Our Clinical pathways and Supporting Processes**

Cross- system based improvements address some of our most important clinical priorities. Focus on development of a further five system wide / specialty improvement projects – see clinical priorities table pages 13-18.

### **Level Four: Our Organisational Readiness**

The Trust's ability and readiness to support quality improvement at a team and pathway level, alongside its broader growth and maturity at an organisational level. The Trust has an established, engaged and dynamic governance structure for quality improvement through the development of an Improvement Council which feeds directly to the safety

## **7 Safety and Quality Priorities**

The Trust has identified its key safety and quality priorities for 13/14 – see clinical priorities section pages 13-18. A number of these are measures featured in the 12/13 plan and this is the second year of focussing on these improvements. The new elements have been agreed following significant engagement with clinical staff, governors, stakeholders and members of the public to ensure that the safety and quality priorities adopted by the Trust are measures that are meaningful in terms of improving outcomes and of importance to the public that the Trust serves.

Key measures of quality that can be subdivided into safety, clinical effectiveness and patient experience, that will be monitored from 13/14 and thereafter till 15/16 or until sustained improvement is demonstrated, are outlined within the clinical priorities section pages 13-18.

### **7.1 Quality concerns**

In 12/13 there have been planned and unplanned reviews by the CQC and the safety and quality outcomes as outlined by the CQC, have all been fully met. The Trust has been the subject of three planned unannounced inspections (including a dignity and nutrition inspection) and has also had a CQC Mental Health Act review in March 13.

The Trust is aware of the proposed changes to CQC inspections, but aims to continue with its current systems and processes to ensure compliance with CQC standards – for example, by using the Trust's ward assurance / inspection programme which is aligned to the CQC outcomes and the NHS Institute's 15 steps programme and Business Unit evidence based certification of compliance with outcomes. As at the end of March the Trust is rated green (top score) for all domains other than 'involvement and information' and 'personalised care' for which the Trust is rated yellow (second highest rating).

There have been three Health Ombudsmen investigations in 2012/2013, two are complete and the third investigation is still currently on going. There are no serious incidents or complaints that represent a systemic failure or risk however all of our safety and quality priorities are derived from the need to enhance our care to avoid serious incidents or complaints. The Trust had registered two never events in 2013 – no harm resulted from these events, however full investigations were completed and the required actions to be undertaken are monitored via Safety and Quality Committee and the Board of Directors.

### **7.2 Assurance to the board on the Quality of its services**

The Safety and Quality committee (S&Q) is a sub-committee of Board of Directors and has executive, non-executive and senior clinical representation. The committee is responsible for providing assurance to the board with regards to safety and quality matters within the Trust. Its focus is based on safety, patient experience and clinical effectiveness / outcomes. As such it has a number of 'panels' that directly link with the committee and provide detailed assurance of any safety and quality issues. For example the Serious Untoward Incident / Serious Learning Event

(SUI / SLE) panels (three Board members or their relevant deputy) meet every two weeks to formally manage associated action plans from SUI/SLEs, and to ensure that the most appropriate actions have been undertaken as a consequence of a registered SUI / SLE. The panels also ensure the timeliness of completion of reports and associated actions and shared learning within the organisation. The quality panels are also a sub-group of S&Q committee and are clinically led panels with support from Non-Executives and the information and patient experience teams. Each specialty service is peer reviewed against its outcomes – that may either be nationally based outcomes and/ or those that the service have identified as being quality measures. The Trust's clinical audit plan, and associated progress, reported to the Safety and Quality Committee, provides further assurance to the board.

The Board also receives assurance on the safety and quality of its services by receiving monthly reports on compliance against regulatory targets, safety and quality priorities and clinically agreed measures for specialties. The Trust's Annual Quality Governance assessment undertaken by KPMG (score of 1.0) have also provided further assurance that the Trust works to the highest standards.

The Board of Directors has a well-established open and transparent style to serious and reputational related complaints, serious incidents and claims. These are reported to the Board of Directors at monthly intervals. At quarterly intervals, the Board receives a report on emerging themes from clinical governance systems and this includes mortality reviews and leading work on our harm rate. These themes form the basis of the Trust's safety and quality priorities. These are all subject to measurement and or clinical audit to report on progress to the Trust's Safety and Quality committee. An innovative and engaging development has been the production of DVDs that are posted on our internet for better staff cascade and learning of serious untoward incidents and the development of safety panels consisting of board members and deputies.

The ward nursing assurance report, unannounced 15 steps ward assurance 'inspections', along with non-executive and executive 'walk arounds' all provide the Board with additional information with regards to the quality of service provided by the Trust.

The Board of Directors approved the quality and safety strategy in 2007 and therefore has a strong track record of an open and transparent style of leadership for quality and safety. This has been recognised on two occasions in recent years by the national award for leadership in patient safety by the HSJ in March 2010 and the HSJ Award for the Acute Organisation of the Year Award (commendation), November 2010 and shortlisted for the patient safety awards in July 2013. It is within this context that the Board of Directors held its recent board development session to undertake a self-assessment of Monitor's Quality Governance. The Trust has had its self-assessment independently assessed by its external auditors and a score of 1.0 applied. The Trust's self-assessment and external assessment, confirmed the Board operates to the highest standards. The Trust has already identified four areas for continued improvement and maturity of its quality governance focus. These include embedding the new staff awards ceremonies and tracking local demographic changes on a six- monthly basis.

The Trust has a robust process for ensuring clinical quality improvements are monitored. Significant quality improvements are included in the Trust's Quality Account and these are reported to the Board of Directors at monthly intervals. A full review of progress is reviewed quarterly by the Safety and Quality Committee where appropriate. An innovative approach has been to develop a quality scorecard for each clinical team by their service. This represents the Trust's quality improvements and is also reflective of the information on the NHS Information Centre. Any deviation from the England average is reviewed by the Safety and Quality Committee and reported to the Board of Directors. These measures are also peer reviewed by the newly established quality panels (first formal meeting June 2013) which allow for in depth analysis and discussion of the service quality score card by both clinicians and statisticians for significant

variation to outcomes. Relevant actions will be undertaken as necessary to ensure continuous improvement.

### **7.3 Key Quality Risks**

The key quality risks inherent in the plan are focused on the acquisition of North Cumbria in October 2013. The Trust is working closely with North Cumbria University Hospital Trust to ensure that it has aligned its safety and quality systems and process to that of NHCT pre-acquisition so as to mitigate any quality risks. The TDA has also outlined the terms that NCUH will need to deliver prior to acquisition to ensure that there is no risk to safety and quality of services. NCUH will also undertake a self-assessment of the Monitor quality governance framework which will be externally reviewed by auditors, both in terms of providing a local divisional assessment (as per NHCT – East division) but, also to provide Monitor an overall group position of the new organisation prior to acquisition. The Trust will ensure any appropriate actions are addressed via the acquisition process.

## **8 The Trust's Clinical Strategy**

The Trust has six key clinical priorities for the year 13/14 that will span forward to 15/16. A number of these are measures identified in the 12/13 plan (and can fit within a number of priority domains), but with additional components for 15/16 delivery. The six key domains which encompass the Trust's clinical and Safety and Quality priorities are:

- Safety and Quality Priorities
- Deliver Best in class patient centred care
- Enhanced Elderly pathway
- Better integrated and coordinated care pathways and Information
- Transform our approach to our quality strategy and the use of quality outcomes
- Delivering excellent patient Experience as a result of our clinical teams

Each domain has a number of clear objectives that the Trust will deliver over the coming three years – these are detailed in the table on the next page. A number of these measures also have further detailed plans underpinning the operational requirements to ensure delivery of key milestones for example delivering progress on integrated care / working and services for the local population (part of the better integrated care pathways domain). All priorities have been agreed following significant engagement with clinical teams and have been approved by the Board and Council of Governors.

Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
<b>Safer and more effective care</b>	Deliver Excellence in safety and quality	<p>A key objective for the Trust is to deliver excellence in safety quality and compliance of regulatory standards. This is integral and embedded within the clinical strategy for the Trust and as such measures that could fall within this domain are also found embedded within other priority domains.</p> <p>Risk assessment is moderate</p>	<p><b>13/14</b></p> <p>Zero-tolerance on hospital acquired infections; MRSA; Cdiff; SSIs. Development of seven day microbiology service to support this priority. The Trust's target for Cdiff is 37 – whilst this will be challenging, the Trust is confident that given the additional measures that it put into place in Q2 (12/13) it will be able to achieve this target.</p> <p>For SSI rates the Trust will function within the benchmarked range for Trusts who actively monitor SSI rates (incl post discharge) in orthopaedic patients</p> <p>Improve management of medicines in hospitals – demonstrate a 10% reduction in the number of missed medication doses</p> <p>Continue to improve compliance with completion of NEWS scores and appropriate escalation. This is year 2 of this measure with the focus being the appropriate escalation of those patients scoring 5+ - the deteriorating patient – 90% to be achieved by the end of 13/14</p> <p>Demonstrate a significant reduction in falls and hospital acquired pressure ulcers and continue to maintain compliance with safety thermometer data collection and outcomes.</p> <p>Completion and compliance with WHO checklist and debrief in all theatres. Use of the IHI global trigger tool to determine improvements and demonstrable a further 10% reduction in harm rates.</p> <p><b>14/15</b></p>



Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
			<p>The work programme will be refreshed to reflect the most significant work that follows from the above</p> <p><b>15/16</b></p> <p>The work programme will be refreshed to reflect the most significant work that follows from the above</p>
<b>Deliver best in class patient centred care</b>	<b>Deliver best in class patient centred care</b>	<p>The Trust has commenced building a new, purpose built specialist emergency care centre and will invest £200m over the next 10 years to deliver both the new development and also the upgrades of the existing hospital sites.</p> <p>Risk assessment is moderate</p>	<p><b>13/14</b></p> <p>Deliver a first draft of the detailed clinical plan at specialty level and identify a minimum of 5 clinical processes to pilot the following year – to commence end of 13/14.</p> <p>Submission of junior doctor numbers for deanery approval.</p> <p>Complete phase 1 of the building works for the new hospital and complete the redevelopment of Haltwhistle hospital.</p> <p>Development of interventional cardiology service with the first patients seen within the service by the end of 13/14.</p> <p>Roll out the integrated care programme model between community, local authority and acute services in line with avoidance of admissions programme.</p> <p><b>14/15</b></p> <p>Deliver further pilots of clinical processes, embedding of cultural changes and building works completed.</p> <p>Commissioning of the new building for NSECH. Base site redevelopment commenced to accommodate any immediate changes that will be required on opening of the new hospital.</p> <p>Increase the number of patients seen within the interventional cardiology service.</p>

Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
			<p><b>15/16</b> The new specialist emergency care hospital to open – work programme will be refreshed to reflect the most significant work that follows from the above</p>
<p><b>Transform the complex frail elderly pathway</b></p>	<p>Deliver best in class patient centred care and excellence in patient safety, experience and quality</p>	<p>This is the second year for this clinical priority. The Trust has a large elderly population and the pathway work associated with this priority serves to closely integrate acute and community care – demonstrate the benefits of a whole system approach and avoid admissions where appropriate.</p> <p>Risk assessment is moderate</p>	<p><b>13/14</b> Expansion of the comprehensive geriatric assessment (CGA) to cover all elderly patients requiring an MDT approach to care (not age specific) and review of functionality and levels of care provided within our community hospitals. Delivery has been set at 35% of patients to have a CGA to ensure that all relevant clinical teams can manage the increase in activity.</p> <p>Demonstrate a strong focus on dementia care (delivery of the national strategy) and the role of carers.</p> <p>The development of the elderly care assessment centre (integrated working between primary and secondary care) will focus on admission avoidance for this group of patients and the first of these will be operational at the North Tyneside Site in 13/14 with implementation across all sites in the following 2 years. The unit will be a vehicle for further integration of primary and secondary care with joint decision making for those patients that are referred to the unit</p> <p><b>14/15</b> The work programme will be refreshed to reflect the most significant work that follows from the above</p> <p><b>15/16</b> The work programme will be refreshed to reflect the most significant work that follows from the above</p>

Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
<b>Better integrated and coordinated care pathways and Information</b>	Clinical and business need for information technology and deliver excellence in patient safety and quality	<p>This is a priority that underpins a number of the other clinical priorities that the Trust will deliver over the next 3 years. Work will focus on inter-operability between community / GP and Acute trust systems, and primary and secondary care integration of communication and care pathways such that patients have their care delivered in the most appropriate setting.</p> <p>Risk assessment is moderate</p>	<p><b>13/14</b> Developments of telemedicine projects to link clinical services provided in the community hospitals and reduce travel requirements for patients</p> <p>Establish treatment and escalation plans for 95% of patients who are referred to the community hospitals</p> <p>Work closely with community care to ensure that all patients are treated in the most appropriate setting for their condition – for example by piloting GP working into A&amp;E to the creation of a fully integrated single point of access for health and social care. Delivery of key milestones as per the integrated care strategy for NHCT, North Tyneside and Northumberland</p> <p>Ensure System 1 (community patient record system) is rolled out to its community services</p> <p>Develop pre assessment service to incorporate the changes that will be required for the opening of NSECH.</p> <p><b>14/15</b> The work programme will be refreshed to reflect the most significant work that follows from the above</p> <p><b>15/16</b> The work programme will be refreshed to reflect the most significant work that follows from the above</p>

Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
<b>Transform our approach to our quality strategy and the use of quality outcomes</b>	Deliver Excellence in safety and quality	<p>The organisation has a refreshed quality strategy that is supported by the quality council and the safety and quality committee. The council will support 3 pathway and 5 service specific projects moving forward</p> <p>Risk assessment is moderate</p>	<p><b>13/14</b> Develop clinical outcomes for each specialty that are peer reviewed through the process of quality panels. All services to be reviewed by the quality panel in year 1.</p> <p>The Trust will focus on a further 5 quality based improvement projects throughout the year to compliment the work of the quality panels.</p> <p>Communicate and embed quality values and outcomes across the organisation and into the appraisals of all staff.</p> <p>Develop quality outcomes measures, based on robust data for the colorectal service with demonstrable improvements.</p> <p>In preparation for NSECH, deliver a model of seven day working for all clinical disciplines where benefits could be applied to patients</p> <p><b>14/15</b> The work programme will be refreshed to reflect the most significant work that follows on from the above</p> <p>Embed 7 day working for all relevant disciplines</p> <p><b>15/16</b> The work programme will be refreshed to reflect the most significant work that follows on from the above</p>
<b>Delivering excellent patient Experience as a result of our</b>	Excellent patient centred care	The Trust performed in the top 20% in the country in the National patients experience survey and is committed to consistently	<p><b>13/14</b> Accreditation of 'Elder friendly ward' as per Health Foundation and Age UK standards.</p> <p>Further implementation of patient feedback real time monitoring</p>

Clinical and Quality Priorities	Contribution to the Strategy	Key actions and delivery risk	3 year targets: 2013/14 to 2015/16
clinical teams		<p>performing to this level. It has an ambitious real time patient experience programme where results are fed back to teams within 48 hours.</p> <p>Risk assessment is moderate</p>	<p>with a further 5 wards being embedded into the Trust wide programme and the implementation of the ward assurance programme (as discussed in section Approach to Quality) in theatres and across all ward areas. The Trust will openly publicise data collated via 'Your Voice' with patients, family and the public.</p> <p>Full compliance of friends and family test and achieve 20% response from all those admitted to the wards or through A&amp;E. 14/15</p> <p><b>14/15</b> Maintain national position of top 20% and build on real time programme. Implement ward assurance programme to non ward based clinical areas.</p> <p><b>15/16</b> Maintain national position of top 20%. The work programme will be refreshed to reflect the most significant work that follows on from the above</p>

## **9 Key System Wide / Health Economy Strategic Objectives**

In addition to the specific clinical and quality measures outlined in the attached table, the Trust is also focusing its attention on system wide initiatives to improve the services it delivers.

### **9.1 North Cumbria Acquisition**

A significant strategic priority for the Trust is the potential acquisition of North Cumbria University NHS Trust currently due for completion on 1<sup>st</sup> October 2013. On completion of the acquisition, the Trust will have an annual turnover of £685m and will employ 13,185 staff (headcount). The Trust received approval by the Co-operation and Competition Panel for the acquisition process to proceed in December 2012. The potential acquisition of NCUH links to the overall Trust strategy by :

- The Trust has a duty to help other NHS bodies if we can
- Similar challenges in North Cumbria that Northumbria have overcome
- Over time, size will become more important
- Some services currently just viable become more secure
- Some services we currently buy in could be provided in house
- Leverage and negotiating strength

The Board of Directors has signed a Heads of Terms and has in place interim management arrangements including an Interim CEO (previously Chief operating officer at Northumbria) and an Interim Director of Transformation (previously clinical business unit director and consultant Anaesthetist at Northumbria Healthcare NHS Trust) as well as a number of other posts seconded on an interim basis. The Trust is also working closely with colleagues in NCUH to align clinical and management structures to those in NHCT so as to facilitate integration post acquisition.

The Board expects to submit the business case for approval to Monitor by early June 2013. This is considered to be high risk but, the Board of Directors will not request Monitor to review the acquisition proposal if the Board's view is that our existing services and long term financial strength are at risk. The associated implementation plans, delivery milestones and risks will be managed via the post-integration plan. The detail for this objective is part of the acquisition submission to Monitor and includes the original outline business case, the post transactional plan and the benefits realisation plan.

### **9.2 Special Purpose Vehicle**

The second significant strategic priority for NHCT is the establishment of a Special Purpose Vehicle company to manage its current and future strategic capital investments.

The Trust has a strategic plan to construct a new specialist emergency care hospital (NSECH) at Cramlington and to renew the hospital facilities at both Haltwhistle and Berwick.

On completion of the NSECH scheme a further significant investment on the main base sites of Wansbeck and North Tyneside general hospitals will commence, the total investment figure (including the new build costs) is in the region of £200m.

As part of the planning arrangements, the Trust will maximise the efficiencies it can achieve as part of these schemes by providing services in the most economic manner. As such the Trust has established a special purpose vehicle as detailed below:

- The setting up of a Special Purpose Vehicle (SPV), has been established as Northumbria Healthcare Facilities Management Ltd. (NHFM) which has two Executive Directors and two Non-Executive Directors, of which one is also the chair of the company.
- The purpose of the Company is to deliver the capital programme in the most economic

manner and run the schemes from a maintenance aspect in future.

The SPV is currently responsible for the construction and onward maintenance of NSECH however there is the potential that the SPV could manage other large capital projects for the Trust in the future.

- The SPV will procure some services from the Trust e.g. HR, finance, IT services i.e. support services.
- Reporting to the Board of Directors the SPV will be a wholly owned subsidiary of NHCFT

### **9.3 PFI Buy back**

The Trust is likely to undertake a transaction that will in essence 'buy back' one of its PFI assets. The financial impacts of such transactions are outlined in the financial sections of the annual plan submission. The Board will approve the proposals only if the balance between value for money and the Trust's financial benefit can be closely aligned. The Trust has submitted its plans to the DoH and Monitor. This forms a key part of the Trust's 10 year financial strategy.

## **10 Clinical Workforce Strategy**

Recruitment to qualified nursing posts has been strong during 2012/13 and additional investment posts have been recruited into with great success. A small project team from key areas within the Trust regularly reviews nursing recruitment and this group is proposed to continue on a regular basis to keep the Trust's Executive Management Team (EMT) fully informed on its ability to sustain appropriate staffing levels within clinical areas.

The Specialist Emergency Care Hospital and associated base hospital redevelopment plan will require specialist nurses with additional skills and part of the Trust's strategy is to develop these specialist skills and expertise within the organisation, offering on-going development opportunities and careers internally where possible for example nurse practitioners and advanced critical care practitioners. A number of these posts have already been recruited to ensure that they are fully trained for the opening of the new hospital. There is some additional recruitment for these posts also planned for 13/14.

Development of the Specialist Emergency Care Hospital will require the development of the Consultant Medical Workforce within Emergency Care to provide 24/7 care and different models and ways of working across the wider Consultant workforce. Specialty Training Numbers in Obstetrics and Gynaecology and Anaesthetics are being reduced in line with expected national demand and it is not yet known what impact this may have on service provision (see section re key workforce pressures). Developing our SAS doctors to realise their full potential has been supported by the development of a structured organisational development programme now in place for all SAS doctors and this has received excellent feedback to date. It is planned to continue with this programme and continue to improve it for participants wherever possible. The Trust is also exploring the role of joint GP / secondary care posts to encourage working across primary and secondary care traditional boundaries.

The Trust is mindful of the possible regulation of the Healthcare Assistant workforce which may bring some challenges along with the outcome of the Francis II report and its impact on nursing and other professional groups.

Modernising Scientific Careers (MSC) – the Trust has continued to recruit strongly within a wide number of science roles, however the changes and impact to the graduate programmes and also the educational arrangements will not be known for three to four years. The Trust continues to have a strong focus on MSC and the associated workforce issues including internal and external training issues and the development of extended roles. Changes in the provision of healthcare and the associated development of the NSECH may result in some areas which can support the

MSC programme for the Trust.

ICT will play a pivotal role in the development of both clinical services and the ability of the Trust to develop as a business. Digital Healthcare and the ability to be at the forefront of technological delivery will be a key challenge both in the ability to recruit skilled ICT staff but also how the Trust supports staff to utilise and be able to use the technology that is available.

### **10.1 Workforce pressures**

Our benchmarking and associated assessments with other organisations shows our workforce profiling to be of a similar nature however some key challenges do exist such as the age profile of our workforce is more prevalent within some areas than others e.g. District Nursing. The Trust has a plan in place for each of these areas which consists of the internal development of staff (including regular reviews of skill mix and academic, vocational and bespoke individual and team programmes) and external developments working in partnership with higher education institutes and stakeholders to consider meeting the longer term workforce needs. The Trust also has a Workforce Plan which is regularly reviewed and actions undertaken at both a strategic and local level, these actions are monitored by the Trust's Workforce Committee.

Future medical staffing numbers remain a workforce issue particularly for the middle grade tier of doctors for all of healthcare. The development of NSECH will aim to consolidate rotas onto one emergency site and so will mitigate some of this pressure longer term – see page 4 and previous NSECH submissions to Monitor. The development of the Trust SAS doctors will also help to limit the pressure. In the short term, the Trust has invested in overseas recruitment of middle grade doctors and has also used the opportunity to recruit consultant posts in those specialties such as Radiology that are traditionally difficult to recruit.

The Trust has also invested in the development of Nurse Practitioners (NP) and Advanced Critical Care Practitioners (ACCP) that can function to a level of junior doctors. A number of the NP posts are already in post and are currently consolidating their training and two of the ACCP posts have already commenced their training programme. Both of these 'types' of posts are essential for NSECH development and function and also serve to reduce the reliance on junior doctors for service purposes. The cost associated with this recruitment is within the financial plan for NSECH.

## **11 Membership Commentary**

We draw our members from three membership constituencies – the public constituency, the staff constituency and the patients' constituency. Membership of the public constituency is open to anyone over the age of 12 living in Northumberland and North Tyneside. The patient constituency is open to people who have been treated in one of our hospitals in the past year but are not resident in the immediate catchment area.

Staff who are employed directly by the Trust on permanent contracts automatically become members unless they inform us that they do not wish to do so.

Over the past year, we have taken the opportunity to thoroughly review our membership strategy to ensure that it is fit for purpose and delivers a highly effective membership across its existing operating area. The Council of Governors has responsibility for leading the development and implementation of our membership strategy to ensure effective dialogue between the Trust, governors and members. The membership strategy has three broad overarching objectives, to have:

- A membership that is representative and reflective of the communities served by the trust
- An informed membership by providing appropriate, accurate and timely information to our members and to assist them in making informed contributions



- An involved membership where as many members as possible are actively engaged in the development of the trust and its activities

To date a variety of methods have been used to communicate and engage with our members and future activity will include:

- Reviewing the content of the annual members' newsletter to ensure it is meaningful
- Sending out a regular members' e bulletin
- Use of internal communication mechanisms to promote the role of staff governor
- Regular meet your local governor – constituency meetings and within local hospitals
- Continuing to hold regular engagement road shows
- Increased use of PR (local council magazines) and social media (twitter) as a way to engage
- Governor comments and compliments forms based on member experience
- Reviewing the member welcome pack and suite of member information available
- Increased information gathering about members interests and activities to enable better segmentation of the membership and more meaningful engagement
- Quarterly meetings of the stakeholder engagement forum to strengthen links with key voluntary and community groups
- Membership of the Northumberland and North Tyneside Health and Wellbeing boards
- Quality account questionnaires distributed annually
- Establishment of an engagement forum to strengthen partnership working with voluntary and community sector organisations

Northumbria's corporate social media feeds are a core mechanism for communicating messages and engaging with the public. As well as Twitter and Facebook, the Trust now also has a corporate YouTube account to share videos of work taking place in the Trust.

#### North Cumbria Acquisition Process – Membership Activity

As part of the acquisition process for North Cumbria University Hospitals NHS Trust, we have recruited public, staff and patient members and also held elections for a shadow Council of Governors. Recruitment activities throughout the year have included recruitment of young members during the Children's Commissioner Takeover day, local constituency road shows across North Tyneside and Northumberland, presence at a Family fun day in Carlisle and an intensive recruitment campaign across North Cumbria.

#### **11.1 Governor Elections update**

The Council of Governors consists of 36 governors elected by members in the public constituency, 23 governors elected by the staff constituency, 11 governors appointed by local partner organisations and 1 governor elected by the patient constituency.

Governors are elected to office for terms of up to three years and may seek re-election for further terms. During the year, elections were held in the public constituencies of Berwick upon Tweed, Hexham, Wansbeck, and Whitley Bay. Elections to the public constituencies of North West Tyneside, Blyth Valley, North Shields, North West Tyneside and Wallsend were uncontested. Elections to the staff constituencies of Wansbeck and North Tyneside General Hospitals were uncontested. Details of the elections are shown in the table below:

Constituency	No. to Elect	Eligible Voters	Number of Votes Cast	Turnout %
Public Governor Vacancies				
Berwick upon Tweed	3	10 004	2 278	22.8%
Hexham	3	10 106	2 330	23.1%
Wansbeck	4	13 833	2 585	18.7%
Whitley Bay	3	8 499	1 875	22.1%