

Strategic Plan Document 2013-16

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Version for Publication

May 31 2013



"Healthcare at its very best - with a personal touch"

Document Contents

Item	Page Number
Covering Information	4
1. Introduction	6
2. Executive Summary	7
3. Delivery of the Trust's 2012/13 Plan	10
4. Strategic Direction / Context & the Trust's Position Within the Local Health Economy <ul style="list-style-type: none"> • Work Undertaken to Inform our 2013-16 Plans • The Trust's Strategic Vision, Goals & Objectives • An Overview of the Trust's Competitors & an Assessment of its Current Strengths & Weaknesses within the Local Health Economy • Threats & Opportunities Arising From Changes in Local Commissioning Intentions • Collaboration, Integration & Patient Choice 	12
5. Quality Plans <ul style="list-style-type: none"> • Existing Quality Concerns • Key Quality Risks Inherent in the Plan & how these will be Managed • Key Quality Priorities for 2013/14 • An Overview of how the Board Derives Assurance about the Quality of its Services & Safeguards Patient Safety 	27
6. Clinical Strategy <ul style="list-style-type: none"> • Overall Clinical Strategy for the Next 3 Years • Service Line Management Strategy 	30
7. Clinical Workforce Strategy <ul style="list-style-type: none"> • Strategy Overview • Key Workforce Pressures and Clinical Sustainability 	33
8. Productivity & Efficiency <ul style="list-style-type: none"> • Overview of Potential Productivity & Efficiency Gains • CIP Governance • CIP Profile • CIP Enablers • Quality Impact of CIPs 	36

Item	Page Number
9. Financial & Investment Strategy <ul style="list-style-type: none"> • An Assessment of the Trust's Current Financial Position • Key Financial Priorities & Investments / How these Link to Overall Strategy • Key Risks to Achieving the Financial Strategy & Mitigations 	40
10. Membership Commentary & Governor Engagement <ul style="list-style-type: none"> • Membership Commentary • Governor Engagement in the Development of the Trust's 2013 16 Plans 	41

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

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

Name	Mr Steven Reed
Job Title	Trust Secretary
e-mail address	steven.reed@nuth.nhs.uk
Tel. no. for contact	0191 2231702
Date	31 May 2013

The attached Forward Plan Strategy Document (the "Forward Plan") and appendices reflect the Trust's main business plan over the subsequent three years. Information included herein reflects the strategic and operational plans that have been agreed on by the Trust Board.

In signing below, the Trust is confirming that:

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the board of governors;
- The Forward Plan and appendices have 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 Forward Plan and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Mr Kingsley W. Smith
-----------------	----------------------

Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Sir Leonard Fenwick
---------------------------	---------------------

Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Mrs Angela Dragone
--	---------------------------

Signature

A handwritten signature in blue ink that reads "Angela Dragone". The signature is written in a cursive style with a large initial 'A'.

Annual Plan - 2013-14 (and 2015, 2016)

1. INTRODUCTION

This document forms the Strategic Plan (Internal Version) for the Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) for the year ended 31/3/14 and describes how the Trust's Board intends to continue to deliver high quality and cost-effective services for its patients on a sustainable basis. Within this context, the document includes the Trust's assessment of the key challenges it faces, its strategy to address those challenges and its implementation plans over the coming 3 years from 13/14 through to 15/16.

2. EXECUTIVE SUMMARY

NuTH has completed its 7th year as an NHS Foundation Trust with 2012/13 being one of our strongest yet. Again, we have seen more patients than ever before whilst managing to deliver a wide range of frontline service improvements.

Our focus over the past 12 months has, once again, been on delivering **“Healthcare at its very best, with a personal touch”** for local people in Newcastle, greater Tyneside and the wider North East & Cumbria, as well as those who are referred to our specialist services nationally and internationally.

In terms of performance we have continued to comply with all of Monitor’s requirements and to perform well against challenging contract performance targets and benchmarked indicators. Financially, the Trust has also achieved over and above Plan for 2012/13 and ended the year with a financial risk rating of 5 whilst both I&E and cash positions remain strong.

The Business Strategy articulated within our 2012/13 Plan was primarily concerned with: Achieving Growth (and improving access for patients, particularly in relation to tertiary services); Building Capacity & Maximising Internal Efficiency (improving access and overall patient experience) and Strengthening Links with Primary Care / Extending Service Integration (moving services closer to patients and ensuring seamless pathways of care). In implementing this strategic approach, Directorates were charged with a total of 272 specific actions and have successfully delivered 97% of these, the vast majority having been translated into tangible service improvements for our patients.

We have also continued to perform well with regard to patient satisfaction. In the Annual Inpatient Survey:

- NuTH was ranked 1st out of all Acute Trusts across the North East & Cumbria as well as 1st within the **“Shelford Group”** (a network comprising 10 of England’s leading academic healthcare organisations).
- Within the above, NuTH scored particularly well in relation to: The hospital and ward environment; satisfaction with our nurses and doctors; the care and treatment provided and arrangements when leaving hospital
- Across the North East & Cumbria, 94% of patients would also be ‘likely’ to recommend the hospital to their friends or family. (This equates to a Friends and Family Test Score of 76/100, the highest of all Trusts involved in the former SHA pilot, 9 points clear of the Trust in 2nd place and well above the 53/100 average).

In the Annual Staff Survey, the Trust performed particularly well against a range of measures including:

- Staff feeling satisfied with the quality of patient care they are able to deliver - 86% responded positively (against a national average of 78%)
- Staff agreeing that they would be sufficiently happy with the standard of care provided by their own organisation to recommend it to family and friends – for this measure, NuTH ranked 1st amongst all acute Trusts across the North East & Cumbria with a 12 point lead; 1st in the Shelford Group with a 3 point lead and was within the top 12 out of 161 acute Trusts nationally.

Clearly there is always room for further improvement but our overall performance in 2012/13 provides a solid base from which we are able to move into 2013/14 and, the subsequent 2 years of this Plan, with optimism about our ongoing ability to deliver and match public expectations.

As part of our overall Business Planning Cycle, the Board of Directors reviewed the organisational vision, values, strategic goals, underpinning objectives and Business Strategy for the coming year and agreed, with limited refinements, that we should remain on our existing course to deliver our vision to be *“The Health Service for Newcastle and a leading national healthcare provider”*. Our focus over the next 3 years will therefore be upon:

- **Delivering growth in targeted specialties** with these plans having been informed by detailed capacity planning work during the Business Planning round;
- **Driving greater efficiencies to sustain the operational base** through service redesign, increasing use of technology and reprofiling of the workforce
- **Forging ahead with our plans to deliver integrated care** in the most appropriate setting for patients, whether that be at home, some other community setting or in hospital. This work will build upon NuTH's "*Better together....*" Strategy, published in 2009, which articulated our plans to work with colleagues particularly in Newcastle City Council, Primary Care and Community Services to jointly drive this agenda.

The organisation's **Finance and Investment, Estates, IT and Workforce Strategies** are key "enablers" in terms of successfully delivering our plans and are therefore also closely aligned to this strategic approach.

In delivering the above, we acknowledge aspects of **turbulence within the external environment** and would wish to highlight two particular **areas of concern: firstly, the development of a Specialist Emergency Care Hospital, a new 270 bedded hospital located in close proximity (ten minutes by road) to the City boundary.** This additional hospital is set to become operational in 2015. As a consequence our primary concern is the **undoubted impact that the development will have upon the whole local health economy, given that there is already a level of overcrowding in the hospital sector. The new facility was also planned as a centre for non elective activity but it is now very clear that the service offer will be significantly more diverse. Secondly, a neighbouring FT is beginning to deliver new services outwith a 'General Hospital' function.** There is every indication these sponsored investments will serve to bring about a steep increase in competition and all this entails.

NuTH's response to the above is and will: be informed by available intelligence; be measured and proactive and take place within the framework of our overall Collaboration & Competition Strategy, which sets out a multi layered programme of work and describes our plans from both a specialty and locality perspective including how we will promote and enable Patient Choice and Engagement; "manage" relationships with our many stakeholders and more effectively promote what we do.

To conclude, our overall intentions for the coming 3 years are concerned with accelerating the pace across our 3 key lines of activity:

- **Continuing to deliver safe, clinically effective services and a first class patient experience –** this relates to our whole portfolio of services - from frontline multidisciplinary rehabilitation for patients in their own home right through to those who need highly specialised and technical management as an inpatient - the Trust will continue to push the boundaries to deliver leading edge and truly world class treatment to those who use its services. NuTH excels in delivering outstanding, state of the art healthcare, last year, for example, our Cardiopulmonary Transplant Unit performed 96 operations, breaking a 28 year record for the number of transplants performed in a single year and representing a 26% increase on the previous year, all of which is particularly pleasing given the national context of donor shortages.
- **Building upon our Research and Development track record** as a leading clinical trials centre and, in particular, continuing to work with Newcastle University as well as other valued partners, for example, Guys and St Thomas' with whom we have established a Memorandum of Understanding as well as commercial partners with whom we have developed a range of initiatives, for example, we have just been selected as the first Medicines Research site in the UK to work with Pfizer.
- Further strengthening our **Academic and Teaching profile** which, will be partly achieved through the recent confirmation of Academic Health Sciences Network status for the North East & Cumbria within which Newcastle upon Tyne is to be recognised to be the focal point of innovation and translational research.

Within the context of the above and mindful of the challenges we face, including: the overall economic climate; increasing demand for services; rising patient expectations and continual changes in commissioning structures, **NuTH is confident about its strategic approach over the coming 3 years and, believing that local people, as well as our service users from further afield, deserve the absolute best, we will be striving to improve upon our current position as one of the leading NHS Foundation Trusts.**

3. DELIVERY OF THE TRUST'S 2013/14 PLAN

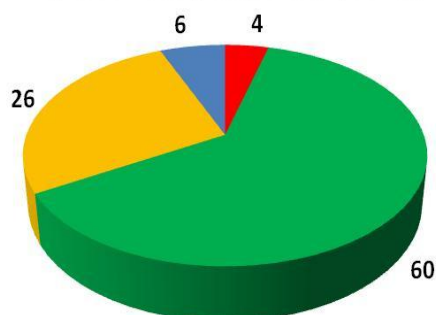
It has been a **busy 12 months for NuTH** and, whilst demanding on many fronts, the Trust has risen to the challenge and **can advise of a 7th successful year as an NHS Foundation Trust, which has seen many service improvements for our patients.**

Overall, the Trust has, once again, seen more patients than in any previous year. Within this, the number of inpatient spells were slightly down; More outpatients were seen than last year; Emergency FCEs were up by 0.9% and the Top 50 Outpatient Procedures were up by 13.1%

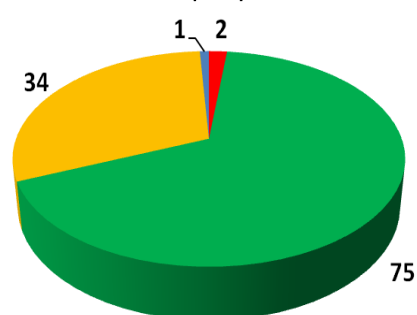
The focus over the past 12 months has been on delivering *“Healthcare at its very best, with a personal touch”* for local people in Newcastle, greater Tyneside and the wider North East & Cumbria, as well as those who are referred to our specialist services nationally and internationally. The above is implicit within the organisation's Business Strategy articulated within our 2012/13 Plan, which was concerned with: 1. **Achieving Growth** (and improving access for patients in key specialties); 2. **Building Capacity / Maximising Internal Efficiency** (to improve overall patient experience) and 3. **Strengthening Links with Primary Care / Extending Service Integration** (so, moving services closer to patients and ensuring seamless pathways of care).

Clinical Directorates were charged with 272 specific actions to enable delivery of last year's Business Strategy and **good progress has been made** with a total of 172 actions (65.8%) having been fully completed at the year-end; a further 84 actions (30.8%) due for completion within the first quarter of 2013/14 and only 9 actions (3.3%) outstanding either because they are no longer relevant or progress has not been as expected, in which case, the reasons for this are understood and the Trust has developed clear, remedial action plans.

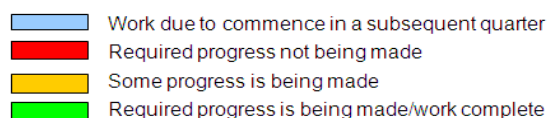
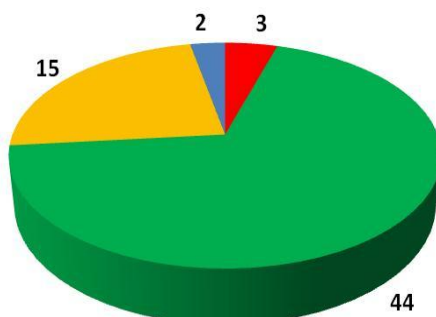
Strand 1 Priorities – Building Clinical Activity with an Emphasis on Tertiary & Supra Tertiary Services



Strand 2 Priorities – Maximising Efficiency & Building Capacity



Strand 3 Priorities – Moving Services Closer to Home, Community Outreach / The Service Integration Agenda



In terms of performance; building upon our reputation and track record as a high performing provider of acute and community services locally and nationally, NuTH has continued to comply with all of Monitor's

performance requirements and to perform well against challenging contract performance targets and benchmarked indicators:

- **The Transforming Community Services agenda** has continued to become fully embedded in the organisation with challenges in relation to Chlamydia screening, smoking cessation and the continuation of breast feeding targets at 6 weeks remaining during 2012/13. The Chlamydia screening and breastfeeding continuation targets have been met this year. Progress in delivering smoking cessation targets will not be confirmed until June 2013 but there has been an increase in the number of smoking quitters compared with the same period last year.
- **The national referral to treatment targets (RTT)**, have been challenging but overall performance targets have been met.
- **MRSA** has been even more challenging with 4 cases reported against a target of 4 for the year. For **Clostridium Difficile**, 76 cases were reported against a target of 95. Implementation of robust, organisational wide strategy and measures to address Healthcare Associated Infections continues to be a top priority for NuTH as the number of HCAI infections are driven down.
- All **cancer targets** were met to date (April 12 – Feb 13) despite a continuing problem with late tertiary referrals from other providers which impacts on the 62 day referral to treatment target.
- The **A&E** maximum waiting time of 4 hours has been met consistently for the year. The Trust performs well against the national quality indicators and work continues to ensure that performance continues to improve.
- Work to ensure compliance with requirements regarding access to healthcare for people with a **learning disability** is ongoing and will continue in 2013/14.
- The Trust continues to invest in **benchmarking** opportunities to ensure that specialty performance is evaluated against that of similar organisations in areas such as length of stay, readmissions and day case rates. Awards such as the CHKS Top 40 Hospitals which the Trust has won for 12 consecutive years; ensure that performance is amongst the 'best in class'.

Financially, the Trust has achieved over and above plan for 12 /13 and has ended the year with a financial risk rating of 5 whilst both I&E and cash positions remain strong.

Overall, the above performance provides a stable platform from which we can move forward into 2013/14 with optimism about our ability deliver the very best services for our patients.

(4.1) The Planning Process which has Informed NuTH's Annual Plan Submission for 2013/14-15/16

The Trust revised its approach to Business Planning this year with the following in mind:

- **Responding to Feedback:** We asked Directorates, across the organisation, how the process worked for them and found that there was a need for improved structure, clarity and better communication.
- **An Integrated / Inclusive Process:** We were keen to integrate and consider all aspects of the business via a single process and hence there has been a real focus this year on ensuring that, for example, CIP, Capital, Workforce and Clinical issues are all considered in the round. Through this integrated approach we have aimed to ensure that there is clear alignment of the operational plans, activities and resources to support delivery of our overall vision.
- **Achieving a Greater Understanding of Individual Directorates v Trust Wide Picture: At Directorate level we have sought to** Identify specific threats & weakness; Plans to mitigate these; Capacity issues; Overall vision and underpinning objectives / strategy **whilst also having a collective picture of where** the opportunities exist for greater efficiency / joint working along with organisational themes and priorities, which require a corporate response.
- **Better Alignment with Contract Process:** This was largely about “getting on the front foot” and being in a state of readiness to negotiate new commissioning structures; Able to actively contribute to early commissioner discussions; Being in a position where we have identified our priorities and can share these and finally, can demonstrate a robustness which would build confidence in our plans.
- **A Depth of Information to Inform and Underpin this year's Annual Plan:** Our intention was to develop a thorough understanding of the issues and the actions required to address these over the coming 3 years, which would also provide a strong foundation for our Annual Plan submission this year.

This year's Business **Planning Process commenced with a Board level review of the Trust's Vision, Strategic Objectives and Priorities in August 2012.** This was followed by preparatory work involving all Directorates and then a **formal launch of the process at a Trust wide workshop in Sept 12.**

Following the above, directorates were asked to undertake three key strands of work, which are summarised in the diagram overleaf and relate to:

- **A Strategic Capacity and Demand Modelling Exercise**
- **The Development of a 3 Year Directorate Level Strategy**
- **A Workforce Planning Strategy.**

August 2012 – Trust Wide Launch of Business Planning Process 2013/14

1. Capacity Planning Exercise:

Activity / demand modelling but also review of “on the ground” blockages and constraints – e.g. interdependencies

2. Directorate Level 3 Year Strategic Plans:

Vision; Key Objectives & Priorities; SWOT; Business Strategy; Key enablers to deliver Business Strategy

3. Strategic Workforce Planning Exercise:

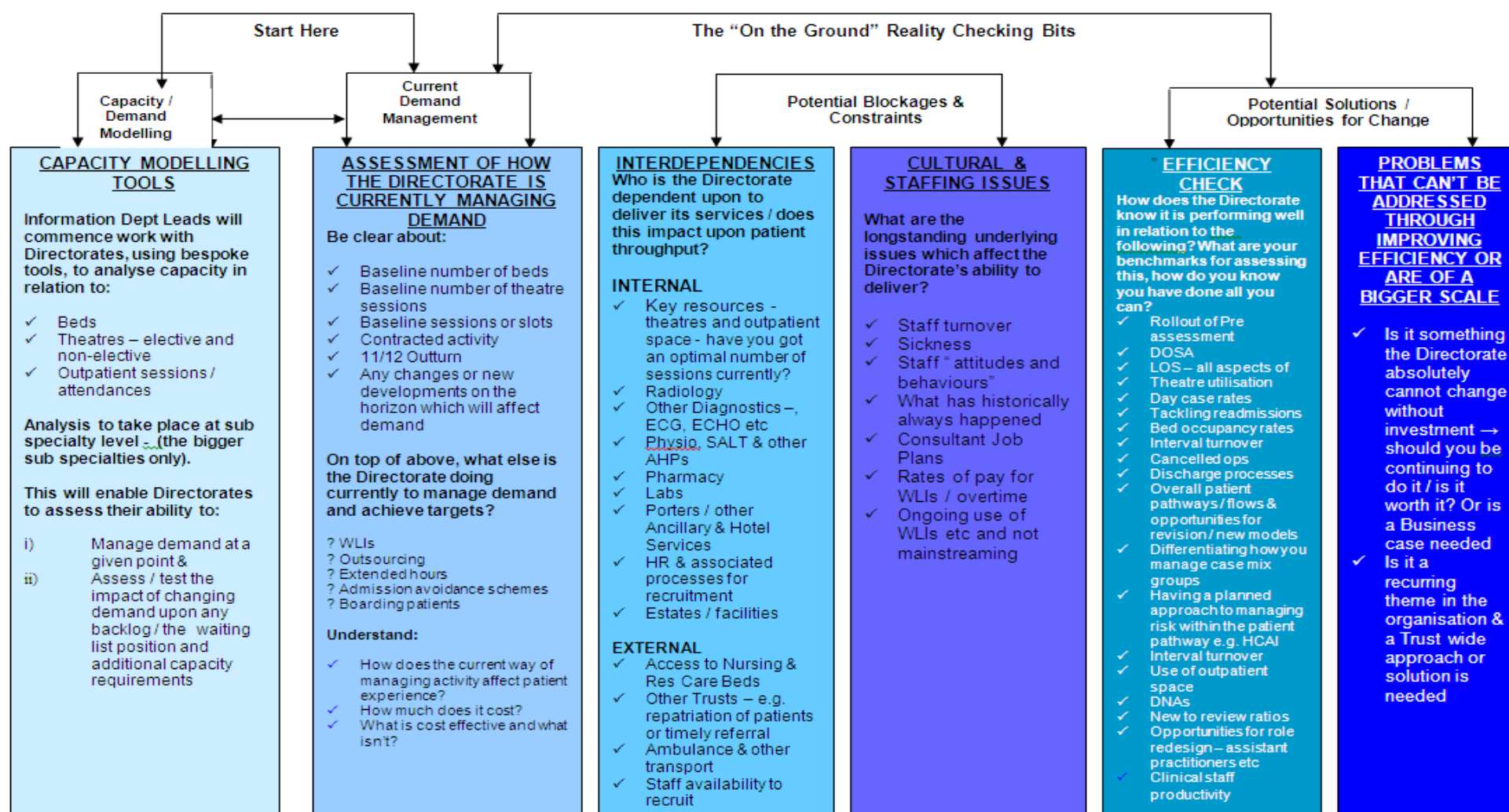
- Profile of workforce – age, gender, wte
- Modernisation plans / new roles
- Key areas of risk
- Succession planning

Outcomes:

1. Trust picture of where we are capacity constrained versus ready to grow
2. Cost effectiveness of current ways of managing activity via waiting lists / outsourcing
3. Action plans to address threats and weaknesses both internal & external at Directorate & Trust level
4. Where further service redesign is necessary / feasible
5. Understanding of the workforce risks and issues
6. Where investment is essential to support delivery of our Business Strategy / enable improvements in service quality
7. Clarity on our Business Strategy for 2013/14
8. More informed Plan than previous years
9. A solid foundation for moving forward over the next 3 years

The Activity and Capacity Modelling work was seen as critical at the outset of the process as this work not only sought to understand objective numbers and costs but to also look at the day to day issues which affect service delivery to patients at the “frontline”. The Capacity Planning Model and process is summarised over the next two pages.

Assessing Directorate Level Capacity



**NuTH Summary Capacity Planning Process
2013/13**

DRIVER: - Trust & Directorate level ability to (i) deliver the best services to patients (ii) deliver planned activity and (iii) attract predicted income

STEP 1 - Directorates work with their Information Leads to (i) Undertake required work to inform activity baselines (ii) agree sub specialties and figs to be used for capacity modelling work

TOGETHER WITH

STEP 2 – Directorate's assess how they are currently managing demand, what this is costing, whether it is a cost effective way of doing things that also works for patients & how demand is expected to change over the next 3 years.

STEP 3 – Review potential blockages & constraints; identify what the key problems are for the Directorate. Identify and develop action plans for what can be tackled. Tackle chunky issues where there is potential for real change rather than developing numerous action plans. Be clear about what *absolutely* can't be changed or tackled within existing resources

STEP 4 - Efficiency assessment / benchmarking exercise. How does the Directorate know that it is doing the best it can in all of these areas? What is your benchmark? Can you do better? Identify specific areas of the Directorate where there are still opportunities to work smarter.

STEP 5 – Look at what can't be tackled or managed within existing resources and ask the following:

Do you need to keep doing it? Is it of benefit to patients / £ worthwhile? → consider outsourcing or stopping doing it

Is investment essential? → prepare a Business Case and feed into Business Planning Process

Is it a bigger issue or recurring theme in the Trust? → refer for corporate consideration / solution.

Following completion of the above work (during August to October 2012), **Directorates were asked to submit Short Investment Proposals**, which emerged from their detailed strategy and capacity planning work, and would seek to address key weaknesses and threats through targeted financial support.

The Investment Prioritisation Process involved the following:

- Review of Proposals by a Multidisciplinary Team (Assistant Medical Director; Head of Nursing Director of Quality; Corporate Business & Development, Information, Estates, IT, HR and Finance colleagues)
- Scoring of all proposals via a two stage short listing process during which the rating of proposals at stage 2 took account of the following:

(i) From a Business Perspective

- Whether the proposal addresses an external “must do”
- Fit with overall strategic direction of Trust
- Consistency with key messages arising from Trust Performance Review Process
- Views of Link Executive Director for the relevant Directorate
- Compatibility with known commissioning priorities & intentions
- Ability to address key capacity or other key pressures within the Trust which cannot be met through service redesign or any other alternative route
- Assists in protection or growth of market share
- Financial robustness and return including e.g. whether the proposal comes under the heading of “invest to save”

(ii) From a Quality Perspective:

- Risk Rating on Directorate & Trust Register
- Impact on Patient Safety / Adverse Incident trends
- Impact on Patient Experience / Satisfaction / Complaints
- Whether linked to particular guidance such as NICE or NECPOD
- Fit with Trust Safety & Quality Priorities
- Clinical Judgement of Medical Director’s Team
- Clinical Judgement of Nursing & Patient Services Director’s team
- Consistency with messages arising from Francis Reports
- Potential impact on organisational reputation / litigation

The outcomes of the Trust’s Investment Process are summarised in Appendix 1 (Commercial / In Confidence) which sets out how the investments that are to proceed are related to / support particular strands of the Trust’s Business Strategy.

Individual Directorate submissions relating to the above work and overall corporate summaries are electronically stored on the Trust's Business Planning Drive and can be viewed by all relevant colleagues to assist with ongoing planning across the organisation.

The process described above has put the organisation in a stronger position in terms of understanding of how we may capitalise on our strengths but also address threats; weaknesses and risks along with the actions and investment required over the coming 3 years.

(4.2) The Trust's Vision, Goals & Strategic Priorities

(i) NuTH Vision

The Trust's **Vision Statement** has been consistent over the past 3 years. It articulates our commitment to local people and ambition to be their first choice of healthcare provider, whilst also highlighting a continuing drive to fulfil our role as a leading, major centre for specialised services, regionally and nationally.

VISION STATEMENT

"To be the health service for Newcastle and a leading national healthcare provider"

(ii) Our Key Strategic Goals

The Trust has 5 strategic goals as follows:

GOAL 1: To put **patients at the very centre of all we do** and to provide care of the highest standard in terms of both safety and quality

GOAL 2: In partnership with Newcastle University's Faculty of Medical Sciences, and relevant others, to be **nationally and internationally respected as a leader of high quality research and development** programmes, which underpins the quality of the services we deliver.

GOAL 3: To continue to work in **partnership with Newcastle City Council and other agencies** to drive both the delivery of **integrated care and the promotion of healthy lifestyles** for the people of Newcastle

GOAL 4: To continue to be recognised as **a first class teaching hospital**, counted amongst the top 10 in the country, which promotes a **culture of excellence**, in all that we do

GOAL 5: To maintain **financial viability / stability and achieve required CIP targets** whilst also striving for **growth, in target specialties**, to enable the continuing development and success of the organisation

(iii) Our Strategic Objectives

A series of more detailed strategic objectives underpin each of the above and these are as summarised overleaf.

NUTH STRATEGIC GOALS & OBJECTIVES

NuTH Strategic Goal

Underpinning NuTH Objectives

To put patients at the centre of all we do and to provide care of the highest standard in terms of both safety and quality

- Put patients first and plan services around them
- Consistent achievement of core standards / key performance targets and drive down waiting times
- Maintain compliance with all regulatory requirements
- Deliver a first class patient experience overall
- In line with the Trust's Patient Engagement Strategy to continue to listen to and learn from service user feedback as part of our broader strategy to improve patient experience.

In partnership with Newcastle University, and relevant others, to be nationally and internationally respected as a leader of high quality research and development, which underpins the quality services that we deliver

- Enhance and sustain the Trust's Programme of Research and Development.
- Continue to develop Newcastle Biomedicine, a joint NuTH and Newcastle University initiative, which forms the basis of Newcastle Academic Medical Science Centre
- Increase commercial trial participation and income.
- Undertake a joint programme of research activity, which will translate to tangible benefits in patient care in priority areas:

To continue to work in partnership with Newcastle City Council and other agencies to drive both the delivery of integrated care and the promotion of healthy lifestyles for the people of Newcastle

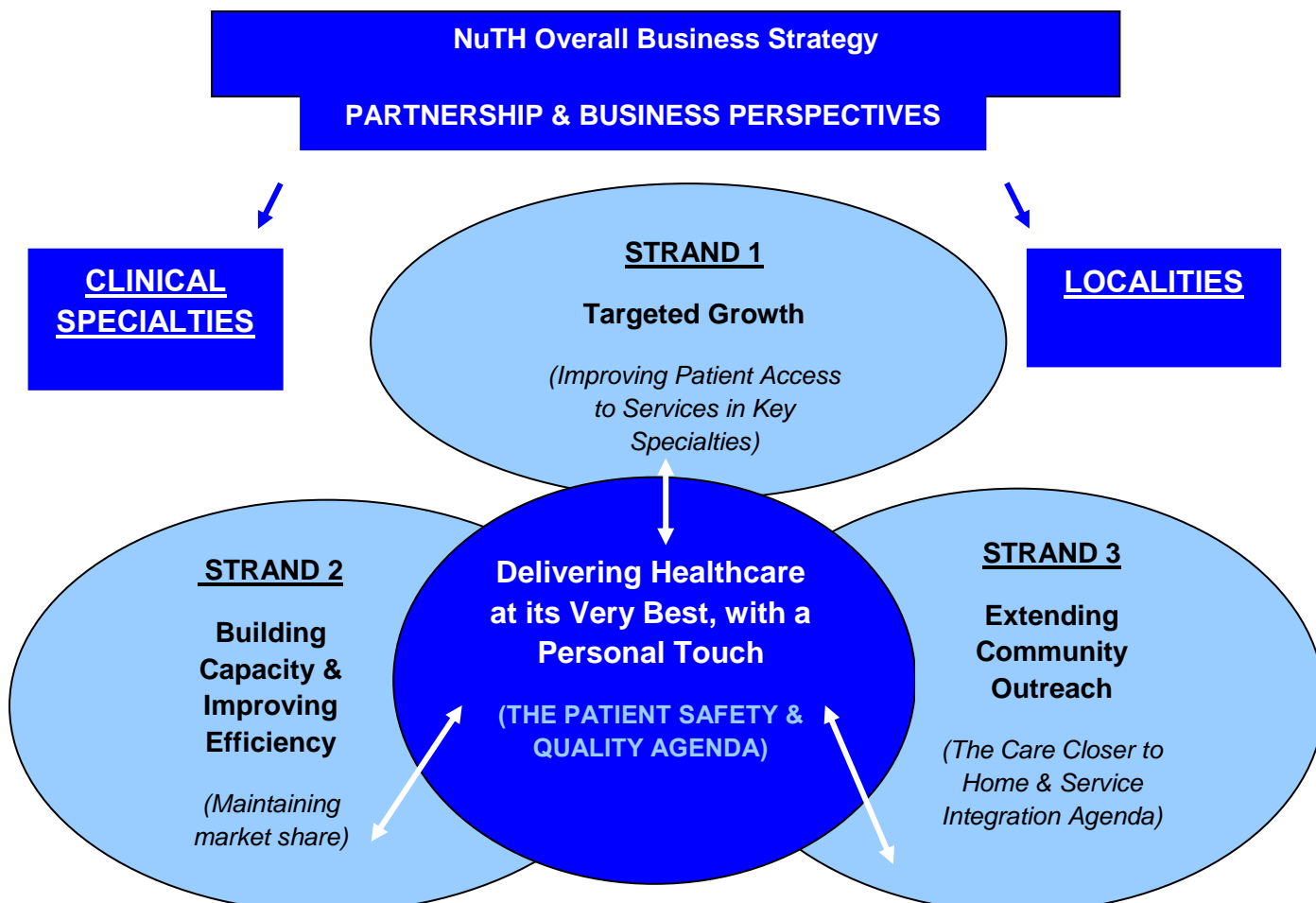
- Contribute to the narrowing of the health inequalities "gap" in Newcastle and surrounding environs.
- Reduce emergency admissions and readmissions
- Maximise the benefits of Newcastle Community Services
- Contribute to the wider integration of health and social care services in the city.
- Continue to provide active leadership and assist in shaping the Health & Wellbeing Boards.
- Contribute to regeneration / economic growth across the city

To continue to be recognised as a first class teaching hospital, counted amongst the top 10 in the country, which promotes a culture of excellence, in all that we do

- Maintain our extensive, high quality service portfolio
- Consistent achievement of all targets and continuing to deliver a first class patient experience
- Maintain our position as a leader of high quality clinical research and development
- Continue to deliver high quality training and development
- Continue to recruit and retain the very best staff

To maintain financial viability / stability and achieve required CIP targets whilst also striving for growth, in target specialties to enable the continuing development and success of the organisation

- Maintain a Monitor Risk Rating of 3 as a minimum
- To deliver all CIP targets / operational efficiencies at all levels
- Enhance the use of business intelligence to assist us in sustaining and developing business and income
- To maximise income through commercial activities to reinvest in NHS care.
- Maximise the strategic benefits of Service Line Reporting & Management and Patient Level Information & Costing Systems
- Deliver growth in target specialties



↑↑↑ KEY ENABLING / UNDERPINNING ACTIVITIES ↑↑↑	
BUSINESS INTELLIGENCE	Effectively utilising this information / having a clear understanding of the market which informs our service and business strategy and planning.
BUILDINGS & FACILITIES	Modernising and developing our premises as part of a structured programme to ensure that as far as possible we can deliver high quality healthcare from 'state of the art' premises both on our hospital sites and in community settings.
COLLABORATION & COMPETITION	Within the framework of our Competition & Collaboration Strategy, working with others to deliver high quality sustainable services, where this will benefit patients e.g. Other FTs; NEAS; GPs; Providers of Community Services; the '3 rd Sector' and other partners as appropriate. Being clear about where and when it is in the best interests of patients & the Trust to compete with other providers.
HR	Workforce Planning, Recruitment & Retention, Training & Development, Individual and Team Development, Organisational Development.
IT & INFORMATION MANAGEMENT	Maximising our use of IT and Information to assist with clinical service delivery and support our decision making to maximise efficiency.
SERVICE & USER ENGAGEMENT	Ensuring that we work with service users and carers in both reviewing and developing our services. Responding to outcomes of patient surveys. Meeting our requirements in relation to Equality and Diversity.
STAFF ENGAGEMENT	Working with and supporting our staff to sustain a culture which facilitates service improvement and enables us to retain the very best people. Responding to outcomes of Annual Staff Survey. Meeting our requirements in relation to Equality and Diversity.
PROMOTING WHAT WE DO	Through working in partnership with patients, referrers, commissioners and relevant others but also through targeted use of specific media, where this is appropriate.

(4.3) An Overview of the Trust's Competitors & an Assessment of its Current Strengths & Weaknesses within the Local Health Economy.

NuTH is mindful of the numerous influences nationally and locally which are driving the current NHS "business agenda" and accepts competition as a given. Over the past 12 months the organisation has therefore reviewed its approach and sought to develop a strategic and structured model, which will underpin our competitive response.

Our strategy has been informed by detailed work undertaken as part of this year's Business Planning round, a key outcome of which is the Trust's Collaboration and Competition Strategy. This, sets out a multi layered programme of work, describing our approach from both a specialty and locality perspective and summarises our plans around promoting Patient Choice and Engagement; "managing" stakeholder relationships and better promoting what we do.

The above work over the past 12 months places us in a much stronger position from which we can both respond to competitive threats within the local health economy where we recognise the following:

Neighbouring FTs - Competition amongst some neighbouring FTs is characterised by an intense degree of rivalry with emergent and aggressive plans to duplicate NuTH's offer in key specialties, including some specialised services where the Trust has previously enjoyed a 100% market share.

Within the context of the above, specific issues for the Trust at this time include: Firstly, the development of Cramlington Specialist Emergency Care Hospital, a new 270 bedded hospital just 9 miles north of Newcastle, which is due to become operational in 2015. Our primary concern in relation to this is the undoubted impact that it will have upon the whole local health economy, given that there is already a level of overcrowding in the hospital sector. The new facility was also planned as a centre for non-elective activity but it is now very clear that the service offer will be significantly more diverse.

Secondly, a neighbouring FT is beginning to deliver new services outwith their previous DGH function. This will represent a duplication of NuTH's offer and impact on some services where we have previously enjoyed a 100% market share.

Any Qualified Provider (AQP) – AQP is being further developed by commissioners for increasing numbers of services. This represents both a risk but also an opportunity for the Trust's services where there have already been some notable successes.

The Independent Sector – The Independent Sector in general has had a limited impact in the North East & Cumbria to date. It is, however, more agile and able to enter and exit markets more quickly and effectively. GP Out of Hours Services are to be tendered in the near future and the Independent Sector is likely to be attracted to this opportunity. The Trust is currently considering the role it would wish to play in this arena.

Other Specialist Centres – The other tertiary centre within the North East & Cumbria is 40 miles south of Newcastle and does not provide a comparable portfolio of services. It is however looking to compete in some areas and there have been recent indications of closer working with neighbouring DGHs.

Community & Primary Care Providers- colleagues in both sectors are well placed to deliver some services currently delivered by NuTH, although the range would be limited and we certainly feel that greater opportunities are likely to be found through joint working.

Within the context of the above NuTH has a range of strengths, which are all of central importance in the context of delivering our Competition and Collaboration Strategy:

KEY ORGANISATIONAL STRENGTHS

- Strategic vision and drive
- Ability to translate strategy into tangible service improvements for patients
- Track record as a first class teaching hospital, which promotes a culture of excellence in all that that it does
- An externally validated record for delivering safe, high quality services
- Consistently high performance
- Breadth and diversity of service offer
- Scope and quality of clinical expertise
- Academic, teaching and research profile
- Loyal, skilled and committed workforce
- High quality buildings and facilities
- Effective strategic partnerships, particularly with Newcastle City Council and local Universities, the Ambulance Service as well as several other FTs with evidence of these relationships translating into integrated / multiagency models of care for patients
- A recognisable brand, which is synonymous with all of the above

The Trust also acknowledges the following organisational weaknesses:

KEY ORGANISATIONAL WEAKNESSES

- Community premises and associated infrastructure legacy
- Some aspects of our Information Technology / Informatics require improvement
- The constant requirement to respond to “external” influences due to the ever changing bureaucracy and the legacy of previous administrations
- Clinical information we provide to Primary Care is not always as good as it could be

All of the above are to be addressed via agreed work streams which emerged from our planning round over the past 6 months.

(4.4) Forecast Health, Demographic, and Demand Changes

The annual Office for National Statistics (ONS) estimates the current population of Newcastle upon Tyne to be circa 292,000 with a level of growth expected to continue.

About 12% of the Newcastle population is aged between 20 and 24, reflecting the large student population at the city's universities. Along with the rest of England, the population in Newcastle is ageing with 83,800 people being aged 50+. According to ONS projections, the number of people aged 65-74 will grow by a third from 2008-2028. The biggest percentage increase, however, is anticipated in the oldest group of the population. There are currently 5,400 people living in Newcastle aged over 85. By 2029 this will increase by over two thirds to 9,000.

Since 2003 there has been an unexplained return to an excess of births over deaths and Newcastle is projected to experience a 12.8% rise in the number of births by 2016.

The latest estimates show 6.9% of the population as being from BME groups; an increase from 4.1% in 1991.

In 2005/06, 30% of all children were living in “out of work” families (compared with 20% in England). Of these, 10,000 live with out of work lone parents. e health of people in

(Source: Mid 2010 Population estimate ONS)

Deprivation is higher than average and about 14,300 children live in poverty and in keeping with this, the health of people in Newcastle upon Tyne is generally worse than the England average.

Life expectancy for both men and women is lower than the national average and is 13.7 years lower for men and 10.8 years lower for women in the most deprived areas of Newcastle upon Tyne compared with the least deprived areas. On the upside, however, over the last 10 years, all cause mortality rates have fallen. Within this, early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

Childhood obesity, levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18, breast feeding initiation and smoking in pregnancy are worse than the England average.

Estimated levels of adult 'healthy eating', smoking and physical activity are worse than the England average. Smoking related deaths and hospital stays for alcohol related harm are worse than the England average.

(Source: DH 2012 Health Profile, Newcastle upon Tyne)

Trust activity over the coming years will clearly be directly influenced by the overall health of the population and disease morbidity. Upstream, lifestyle choices in parts of the region clearly have the anticipated impact upon health outcomes e.g. in relation to alcohol consumption, the number of hospital admissions for people under 30 with Alcoholic Liver Disease has increased by 400 per cent in the . This is compared to a 117 per cent reported for the UK. Research by Balance, the Alcohol Office, has shown that 115 people under the age of 30 were admitted to hospital for alcoholic liver disease last year, compared to 23 admissions ten years ago.

In relation to smoking, the Trust has found the targets for quitting smoking to be challenging but overall last year there were more quitters than in the previous year. As already highlighted above, early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

Ageing population trends clearly presents an ongoing challenge for all health and social care organisations and this very much underpins the work we are continuing to do with our colleagues in Primary Care, at Newcastle City Council and with the 3rd Sector around service integration and the management of long term conditions. The local Wellbeing for Life Strategy will also be one of our key points of reference.

(4.5) Impact Assessment of Market Share Trends over the Life of the Plan

The Trust has undertaken detailed analyses and closely monitors market share at locality, specialty and sub specialty level. Our Collaboration & Competition Strategy has been closely informed by this work and this, in turn, has also directly influenced our Investment Strategy for 2013/14. Further information is available within the Commercial / In confidence Appendix to this document.

(4.6) Threats and Opportunities Arising from Changes in Local Commissioning Intentions

(i) An Overview of Key Changes to Local Commissioning Strategy / Intentions & Their Anticipated Impact in the Trust

NuTH is monitoring the impact of the new commissioning architecture which is still at an embryonic stage. On the upside: the new structures are positive in terms of building locality links and particularly facilitating clinical dialogue. On the downside: new commissioners are having to prioritise the need to establish themselves as organisations above everything else which, slows the system; there are a myriad of complex and conflicting priorities for new organisations to balance and the Trust is dealing with a series of smaller organisations where, inevitably, there is a lesser degree of financial flexibility. Within the context of the above, the Trust's Business & Development Team is working hard to establish links with individual localities and to maintain dialogue around key issues.

Currently, the primary focus of commissioners is upon: Moving activity out of secondary care; better

management of long term conditions and frail and elderly users of services. In the main, this represents a continuation of existing programmes of work and a degree of synergy between our interests and those of commissioners.

(ii) QIPP & Demand Management

All CCGs are focussing on demand management whilst two - North Tyneside and Northumberland - have cited this as a significant issue for the forthcoming year and have specific programmes of work. Other CCGs will no doubt be assessing their approach and may follow.

(iii) Decommissioning

NuTH has been advised that its Weight Management Service, delivered by its community services function, is to be decommissioned by Newcastle City Council. We inherited this service through Transforming Community Services (TCS) and believe that re-commissioning of the service probably represents an opportunity to improve the current offer to patients. Other than this, we have not been issued notice on any other services and are not aware of any specific decommissioning plans.

(iv) Potential Any Qualified Provider Tenders

The level of risk associated with "Any Qualified Provider" is yet to be quantified. It is thought that this approach offers both opportunities and threats. We will carefully evaluate the benefits of tendering for each of these on an individual basis given that the process is labour intensive, not all will be consistent with the strategic direction of the organisation, of financial benefit to the Trust or necessarily be ultimately in the best interests of patients.

(v) Shifting Care Delivery Outside of Hospital

Care closer to home continues to be a key focus in commissioner strategies, however, a greater understanding of expectations is yet to be reached. Local experience to date suggests that commissioners are concerned (with some exceptions) that outreach secondary care services will simply stimulate demand and growth. As a result, there is some reluctance to work in partnership with the Trust around services that are not on commissioner's own agendas but may be of broader strategic importance. Attempts by the Trust to offer even existing, high volume services closer to patients outwith this agenda, are sometimes hampered by a reluctance to address things that will really help us to transform the system, for example, existing ambulance contracts which are not within the gift of the Trust to address but are clearly a crucial "enabler" in delivering community based services.

Delivering more care outside of hospital is a key strand of the Trust's Business Strategy and our approach involves a range of models from direct provision via secondary care clinicians through to an integrated approach involving a range of other providers including Primary Care. These new pathways of care are reliant on quality infrastructure and access to other services such as diagnostics, if they are to ensure genuinely offer effective alternatives to hospital based care and treatment. The Trust has therefore invested and is continuing to invest in a range of community facilities in strategically appropriate locations.

NuTH has focused on delivering both unplanned and planned care outside of hospital. Regarding unplanned care, the Trust currently has 4 Walk In / Minor Injury facilities as well as a range of other services designed for people with long term conditions. COPD accounts for a significant percentage of emergency hospital activity and there is now an 'Exacerbation Service' which will respond to COPD patients in the community, with the aim of rapid intervention and hospital avoidance. Analysis to date has shown a significant reduction in admissions.

TCS has enabled a growing number of patients to receive more care outside of hospital with fewer appointments and visits via strengthened links with specialist staff, e.g. Tissue Viability and Leg Ulcer Services. Joint clinical guidelines between primary care and secondary care have also ensured that the right patients are seen in the right place.

Newcastle Hospitals and Newcastle City Council have been working together for several months to co-locate a number of key services. The recently launched Allendale House Project is a sizeable and extremely positive example of successful collaboration between NuTH and the City Council. The scheme offers a single point of access to a range of dedicated teams of staff, such as Rapid Response and Re-ablement who work in collaboration, underpinned by streamlined pathways of care, to support people with health and social care needs. The primary aim is to support and rehabilitate people so that they can remain safe and independent in their own home and where possible avoid admission to hospital or longer term care. Early evaluation indicates that the scheme is having a positive impact in terms of reducing avoidable admissions.

(vi) Reconfiguration Plans

The review of “prescribed services” (formerly specialised services) against new national specifications which will offer both opportunities and threats for NuTH, depending on the outcome of the self-assessments undertaken by the FTs in the North East & Cumbria. This may result in some reconfiguration of services where other FTs are unable to deliver particular services or elements of these.

The North East & Cumbria is characterised by a level of overcrowding in the secondary care sector and some significant reconfiguration, as is currently envisaged south of the river, would not be unexpected. Changes in Children’s and Maternity Services are already underway to deliver revised, regionally agreed models of care. The latter will centralise specialist provision with Assessment and Midwifery led units in other parts of the patch. Significant changes in PICU and NICU are expected to follow.

The National Safe and Sustainable Review of Children’s Cardiac Surgery has significant implications in terms of service reconfiguration and the changes proposed earlier in the year, to centralise provision at the Freeman Hospital, for the Yorkshire and populations are still factored into our plans whilst we await next steps from the Department of Health and Review Team.

(vii) Other Issues

Commissioners are seeking to tender GP Out of Hours services during 2013/14 and the Trust is working to understand the wider Urgent Care Strategy for the City and determine the role it wishes to play in relation to this service.

The transfer of Public Health services from Health to the Local Authority presents some risks and the commitment to a maximum of one year’s funding is problematic in terms of ensuring continuity and sustainability of service.

(viii) How the Trust has Factored the Above into its Plans

The Trust’s Business & Development Team have named links with each Directorate and issues are therefore discussed within corporate teams as part of day to day business. The Business & Development Team has also been recently restructured to enable a better fit with the “new external world” and to ensure that the appropriate discussions take place within the context of a structured framework for doing business.

The Trust has also recently concluded a comprehensive Business Planning round. This yielded a wealth of useful information which will continue to inform our future plans.

(ix) How the Trust is Diversifying its Income Streams (e.g. research, private patients, exploiting intellectual property).

In terms of **research and exploiting intellectual property**, NuTH is the biggest clinical trials centre in the country and works with a range of valued partners including Newcastle University (particularly under the umbrella of Newcastle Biomedicine), and more recently Guy’s and St Thomas’ with whom we have established a Memorandum of Understanding. We also collaborate with a number of commercial partners. NuTH’s research activities underpin the delivery of high quality services to patients; have reputational benefits and also attract a level of income in the form of grants and sponsorship. We

anticipate that our research activities and portfolio will continue to expand over the coming 3 years.

Commercial Pipeline –NuTH, in collaboration with Newcastle University, has developed an extensive programme of work with multiple benefits for service improvement and the Trust's profile as an innovative, leading edge organisation. The projects are of varying scope and at different stages of development. There are certainly, however, significant possibilities regarding income growth and patient benefit in the future.

Private Patients - Given its portfolio of services, NuTH is able to offer specialist care to private patients from a national, as well as local market. We also manage overseas patients and our overall related income has been stable over number of years despite the economic downturn.

(4.7) Collaboration, Integration and Patient Choice

(i) Plans to Integrate Services to Provide Better Care and / or Increase Efficiency;

Further to TCS the Trust has continued to ensure effective internal integration of community services focusing first and foremost on the needs of the patient. This has resulted in some of our community services transferring into existing Trust Directorates e.g. Community Gynaecology now sits within Women's Health Services, ensuring an integrated pathway approach and reducing any duplication or fragmentation which may have previously existed.

As well as our focus within healthcare, substantial work has been concerned with working in collaboration with Local Councils, especially Newcastle, which has a newly appointed Director of Integrated Services, an approach which is consistent with national policy. NuTH welcomes this and believes the appointment will assist in driving greater integration across health and social care where early indications suggest improved outcomes including a reduction in admissions to hospital and also improved access, which is already highlighted elsewhere in this.

(ii) Development of Partnerships and Collaborations with Other Providers

NuTH has developed and contributes to a range of formal and informal networks and partnerships locally and nationally which are aimed at improving patient care and experience. In keeping with our overall approach we have taken a specialty and locality approach to developing links with other colleagues, networks and partnerships.

Primary Care – i) NuTH has formed an informal network of local GPs from North of the Tyne in order to improve communication, identify areas of common interest, receive feedback on Trust services and focus on areas for development and improvement; ii) We are a member of a social enterprise comprising a group of GP practices in Northumberland which have come together to focus on joint delivery of services. Developments to date include GP delivery of local services on behalf of the Trust; a GP Education Club delivered by secondary care clinicians and a range of joint research initiatives. iii) Better Together Partnership – as part of the NuTH's strategy for integrated care, we regularly meet with Newcastle GPs to discuss ongoing initiatives, care closer to home and the development of community services.

More specifically in relation to Primary Care, the Trust is a leading member of the Hadrian Primary Care Alliance and a formal member of the Alliance Board. The project has a number of joint work streams which have emerged, including education and training, research and service delivery.

The Trust is also further strengthening its links with Primary Care colleagues in Northumberland via a range of mechanisms; one of which involves the development of new NuTH facilities in the south Northumberland, where there are some areas of significant need and a high volume of users of our services. This will be the Trust's fifth collaborative development with Primary Care (involving a new build) and will build upon notable successes elsewhere e.g. Benfield Park in the East of the City and Battle Hill developments towards the Coast. There are further plans for such facilities.

Neighbouring Foundation Trusts – As well as other Trusts nationally, NuTH currently undertakes collaborative work with a number of FTs, including City Hospitals Sunderland, County Durham & Darlington and Gateshead. This is focussed around providing support to ensure ongoing sustainability of services and improving local access for the North East & Cumbria.

Clinical Networks / Clinical Senates – NuTH “plays into” a range of national and regional networks across a myriad of specialties and is a very active contributor and leader in discussions.

Newcastle City Council - The Trust enjoys a positive working relationship with the Local Authority and examples of some collaborative projects have already been outlined within this document. The Trust is a key partner to local Health & Wellbeing Boards where it continues to seek to shape integrated service provision for local people.

Voluntary Sector - The Trust works closely and productively with a wide range of partners in the 3rd sector.

The “Shelford Group” – NuTH is an active collaborator in the “Shelford Group”; a network of specialist teaching hospitals which undertakes comparative work and addresses issues of common interest. This includes: Sheffield Teaching Hospital NHS Foundation Trust; Cambridge University Hospitals NHS Foundation Trust; Oxford University Hospitals NHS Foundation Trust; University Hospitals Birmingham NHS Foundation Trust; University College Hospitals NHS Foundation Trust; King’s College London NHS Foundation Trust; Imperial College Healthcare NHS Trust; Central Manchester University Hospitals NHS Foundation Trust and Guy’s and St Thomas’ NHS Foundation Trust. NuTH is currently developing its broader Relationship Strategy, the arising actions from which will form a key work stream of our wider Collaboration & Competition Strategy.

(iii) Consideration of the impact of proposals in relation to competition rules (CCP etc.) and patient choice, where applicable.

NuTH has a clear strategic vision regarding how it wants to ensure local people have good access to high quality services. In delivering this, the Trust is comfortable about both competing and collaborating with other providers on a level playing field.

Within the context of competition there is a need to for greater transparency in terms of decision making by some commissioners, where there is the potential for conflict of interest given the dual role of GPs. This is a general issue but is most evident in relation to non-elective care and community outreach provision. In relation to the latter, the Trust wishes to offer existing patients, in high volume specialties, access to services via clinics closer to home but this is not always welcomed by commissioners.

NuTH is a strong advocate of patient choice and has recently agreed a (Commercial in Confidence) Promoting Choice and Engagement Strategy. Commissioners cite concerns about Choice stimulating secondary care demand and this appears to be reflected in the fact that a low proportion of patients in Greater Tyneside are aware that they actually have a choice of provider. NuTH believes that there is a lack of momentum around the Choice agenda generally within the local health economy.

5. QUALITY – INCLUDING PATIENT SAFETY, CLINICAL EFFECTIVENESS & PATIENT EXPERIENCE

(5.1) An outline of existing quality concerns (CQC or other parties) and plans to address them:

Two Quality concerns were raised during CQC visits during 2012/13. These related to: i) Some aspects of documentation for patients detained under the Mental Health Act and ii) Documentation of certificates of opinion (HSA1 forms) required as part of the management of termination of pregnancy.

In both cases the Trust took remedial action, and a subsequent inspection of the HSA 1 forms confirmed that this matter had been fully resolved.

(5.2) Key Quality Risks Inherent in the Plan and How these will be Managed

- Balancing delivery of high quality services whilst also delivering a challenging CIP programme – this is addressed within the Trust's overarching CIP framework.
- Delivering 7 day services / 24/7 consultant presence – is concerned with improving access for patients. The Trust already delivers a range of service outwith standard hours but the approach needs to be replicated across the wider organisation, as appropriate. A level of resourcing is already included in the Plan but this may need to be enhanced in some areas and will be monitored. Work concerning this area is currently being led by the Medical Director's Team
- Outreach Strategy – improves access for patients but i) not everything can be delivered locally and that's not always understood ii) the approach spreads the clinical workforce across the patch to deliver multi-site working. Issues concerning outreach services will be being addressed within work to develop the Trust's Outreach Strategy.

5.3 The Trust's Quality Priorities

The Trust's Quality Vision, detail of underpinning objectives and priorities and monitoring and reporting systems are articulated within the Trust's Quality Account for 2013/14. Our key priorities for this year are summarised below:

PATIENT SAFETY

Priority 1 - To reduce all forms of healthcare associated infection (HCAI). We will quantify our success in this by:

- Aiming for the annual number of hospital acquired Methicillin Resistant Staphylococcus Aureus(MRSA) bacteraemia cases to be no more than 0.
- Reducing hospital acquired infections related to Clostridium Difficile (C.diff) to be no more than 66 cases in the next year.

Priority 2 - In accordance with the Safety Thermometer to prevent avoidable harm, disability or death from:

- Falls
- Pressure Ulcers
- Catheter related urinary tract infections (UTIs)
- Venous thromboembolism (VTE)

The particular emphasis of harm the Trust will focus on in 2013/14 is the reduction of new pressure ulcers.

Priority 3 - To ensure that patients with a diagnosis of dementia receive high quality individualised personal care provided by a skilled workforce in an environment that enhances their care and recognises the needs of their carers.

CLINICAL EFFECTIVENESS

Priority 4 – To monitor mortality indicators with the aim of reducing avoidable deaths.

Concerns about mortality and the standard of care provided at the Mid Staffordshire NHS Foundation Trust resulted in an investigation by the Healthcare Commission (HCC) which published a highly critical report in March 2009. This was followed by two reviews commissioned by the Department of Health. These investigations gave rise to widespread public concern and a loss of confidence in the Mid Staffordshire NHS Foundation Trust, its services and management.

Priority 5 – Further development of the Early Warning Score (EWS) system, ensuring that changes trigger clinical review to ensure early recognition of the deteriorating patient.

Priority 6 – To monitor compliance with the policy for insertion and management of nasogastric tubes with the aim to reduce the number of patient safety incidents.

PATIENT EXPERIENCE

Priority 7 – Whilst the Trust performs well in patient experience measures such as the National Inpatient and Outpatient surveys it recognises that there is always the potential for further improvement and is committed to monitoring and improving the patient experience by:

- Introducing the Friends and Family Test by the first of April 2013 across all adult inpatient wards and people attending the Emergency Department (ED). Providing results to individual wards will enable teams to respond to patient feedback and support improvements in a timely manner.
- Introducing the Friends and Family Test by the first of October 2013 within Maternity Services.
- Taking forward a Trust wide staff engagement programme related to delivering “Healthcare with a Personal Touch” to enhance the patient experience.
- Developing a series of “Take Two Minutes” feedback mechanisms to encourage patients, carers and families to provide feedback on their experiences.
- Enabling responsiveness to the personal needs of patients. For in-patients this will be by evaluating their experience, based on the annual Care Quality Commission (CQC) National Inpatient Survey and, for outpatients and those in the community by evaluating their experience via local surveys.

(5.3) An Overview of how the Board Derives Assurance on the Quality of its Services and Safeguards Patient Safety.

- We aim to put quality at the heart of everything we do and to constantly strive for improvement by monitoring effectiveness. High level parameters of quality and safety are reported monthly to the Board and Council of Governors. The Quality Report contains information about Patient Safety, Clinical Effectiveness and Patient Experience. Activity is monitored, in respect to quality priorities and safety indicators, by exception and performance is benchmarked against local and national standards.

- The monthly Clinical Assurance Tool (CAT) provides continual clinical assurance to the Trust Board in the form of an overview of performance against a wide range of clinical and environmental measures for each ward and Directorate. The aim of the CAT is to measure and demonstrate compliance with the published documents and national drivers such as High Impact Actions, Saving Lives as well as providing useful data to support, verify and offer assurance for external inspectorates.
- Feedback and, where necessary, reports on improvement actions are provided to the Corporate Governance Committee.
- The Trust's Quality Vision, detail of underpinning objectives and priorities and monitoring and reporting systems are articulated within the Trust's Quality Account for 2013/14.

More specifically, the Board derives assurance about particular aspects of quality as follows:

i) Patient Safety: The Quality Report publishes robust metrics to monitor the quality and safety of patient care within the organisation. These accounts are reviewed by the Trust Board and the Clinical Policy Group – a meeting of senior clinical staff, on a monthly basis. Where the quality report highlights areas of concern, action plans are developed to ensure that appropriate remedial action is taken and that improvements are achieved.

ii) Clinically Effective Services: The Trust produces clinical effectiveness dashboards from a number of different internal and external data sources which are presented to Directorates. These are reviewed by all Directorates and have evolved to meet the particular needs of individual clinical areas. Directorate performance is reviewed on a quarterly basis and action plans drawn up to ensure that areas for improvement are addressed. As part of the introduction of Medical Revalidation we have carried out a project to develop dashboards for individual doctors, providing information about the clinical effectiveness of their practice, or where relevant, the practice of the team within which they work. These dashboards are continuing to evolve but the development of them has already increased medical staff engagement in the process of monitoring clinical effectiveness and patient safety.

iii) Patient Experience: The Trust regularly seeks the opinions of its patients and responds to concerns raised in a timely way. We are currently introducing a system for the collection of real time patient feedback from patients across the organisation. We have developed a patient feedback system for use as part of Medical Revalidation. The responses from our patients consistently illustrate a high degree of satisfaction with the services we provide and the quality of care that is delivered.

Within the above, the Trust places a high emphasis on delivering compassionate care and in support of this has recently introduced the "Personal Touch Awards" which patients can nominate staff to receive. We have also developed a training programme for all staff groups, focussed on improving the experience of patients using our hospitals. This is in the form of a DVD presentation for all staff.

6. CLINICAL STRATEGY

(6.1) Service Line Management Strategy:

(i) **The Trust's Overall Clinical Strategy Over the Next Three Years**

The Trust's Business Planning process for 2013/14 -15/16 required all Clinical Directorates to develop 3 year Strategic Plans, which sought to identify the following:

- A situational analysis of the Directorate's current position (SWOT)
- An action plan, highlighting actions to be undertaken, to address weaknesses, threats and any additional risks.
- Vision for the Directorate and Specialties / Sub Specialties where appropriate
- Key goals, objectives and priorities as they relate to the Directorate's vision for patients.
- The Directorate's Forward Business Strategy
- The support and resources required for the Directorate to deliver its plans
- Implementation plan for the Directorate Strategy.

The Trust has also developed corporate strategy documents as follows:

- *NuTH Community Health Strategy 2012-2015*
- *NuTH Better together.....*"our Manifesto and Plans to deliver Integrated Healthcare to local people Published in 2009 and still highly relevant
- *Proud of Nursing and Midwifery – A Strategy for Success 2010-2013*

There are clear and common principles highlighted within all of the above about how the Trust intends to continue to deliver high quality clinical care to all patients. Collectively, the latter form the basis of our clinical strategy for the next 3 years:

Delivering Safe, High Quality Patient Care is the cornerstone of what we do and the first strategic goal of the Trust. To reflect the priority attached to this issue and the Trust's desire to be open and transparent, this item is discussed during the public section of the Board. We are focussed on delivering services that i) Maintain patient safety at all times and in all respects; ii) Are clinically effective and lead to the best possible health outcomes for patients; iii) Ensure that patients enjoy a positive experience whilst using our services.

Offering Seamless / Integrated Pathways of Care –We believe it is crucial to minimise any barriers which may arise in crossing organisational boundaries. Hence, a key part of our overall strategy is to work with primary care colleagues and other secondary and tertiary care NHS organisations as well as those in other agencies, particularly Social Care, to ensure that patients ultimately enjoy a joined up, positive experience when using our services.

Providing Care in the Right Place at the Right Time – We are committed to delivering the same high quality of care whether that be in a highly specialised and high tech hospital environment or a patient's home.

Delivering Convenient & Flexible Care – We will continue to review the way in which our services are delivered to ensure that they meet the needs of patients. We currently provide services outwith office hours in several specialties. We work with patients to ensure that the care that we deliver meets their needs and those of their families.

Being a Listening & Learning Organisation – We take patient and staff feedback, in all forms, very seriously. We demonstrate this by actively seeking views via a range of mechanisms and responding clearly and appropriately to, for example, the outcomes of patient and staff surveys, complaints and PALS queries, and by reviewing, changing and monitoring aspects of our services. In the past year we have

carried out a Trust wide programme which has actively sought the opinions of all staff groups on the issues raised by the report. In the coming year we will implement an action plan to address areas of concern.

In terms of our overall clinical direction of travel, a range of clinical strategies with some overarching principles suits the organisation with its very diverse portfolio. Next year, however, we are planning to develop an Integrated Business Strategy which will set out our overall organisational approach, underpinned by the following:

- Clinical Strategy
- Quality Strategy
- Estates Strategy
- IT Strategy
- Workforce Strategy etc
- Business Strategy
- Financial Strategy

In practice, the Trust currently considers all of the above elements “in the round” but it is thought that a single document would be a beneficial single point of reference for the whole organisation.

(ii) The Trust’s Service Line Strategy Over the Next Three Years

The Trust is actively developing the tools applicable to service line management in order to assist Directorates to meet operational, financial and clinical objectives. Within this there are 3 key strands of work:

- **Continuing to Strengthen the Engagement of Clinicians in Management** –The Trust has increased its compliment of Associate Medical Director Posts and strengthened their role to increase the accessibility and responsibility of individual Clinical Directors within each Directorate. New posts have also been developed, within the Medical Director’s Team, with respect to Corporate and Clinical Governance as well as Clinical Informatics strengthen our approach in terms of this agenda.
- **The Development of Service Line Reporting and Patient Level Costing** – including a programme of in-depth studies of individual Directorates involving the Lead Clinicians, Directorate Managers, and Directorate Finance Staff. The Trust has also recently joined a benchmarking club to improve our ability to test the validity of patient level data.
- **Further Development of the Trust’s Quarterly Performance Management Process** - to include service line reporting, quality and performance measures, activity, cost improvement and Directorate Strategies– i.e. to bring all the tools of service line management together.

This work around developing the tools has raised issues that have untimely led to positive changes in operational and clinical processes. All of this work is paving the way for a broader Service Line Management Strategy in future years.

(vii) Identification of which services have consultant cover below those recommended by Royal Colleges etc. ([link to financial template](#))

The Trust has identified the need to raise consultant staffing levels in 2 tertiary specialties and is addressing this via the 2013/14 – 2015/16 investment strategy. Further detail is provided within Section 2 of Appendix 1 (Financial Commentary)

(viii) Innovations in care delivery developed at the Trust or in conjunction with partner organisations.

Delivering “innovative and leading edge care” is one of the Trust’s 8 core priorities. Given the breadth and diversity of our portfolio along with its reputation as a leader of high quality research regionally, nationally and internationally, we are engaged in a diverse spectrum of work, which is difficult to convey within this short document but some examples are given below.

Further strengthening our Academic and Teaching profile which, will be partly achieved through the recent confirmation of Academic Health Sciences Network status for the & North Cumbria within which Newcastle upon Tyne is to be recognised to be the focal point of innovation and translational research.

The SHA awarded Newcastle Biomedicine funding in late 2011 to support the Newcastle upon Tyne Hospitals NHS Foundation Trust with the identification, commercialisation and adoption of innovations. Two Business Development Managers (BDMs) appointed by Newcastle University and seconded to Newcastle Hospitals, have been in post since January 2012 to undertake a two year project. The focus to date has been on 1) establishing a framework in which to develop Newcastle Biomedicine commercial projects and 2) progressing existing and new initiatives that fall under the classification of innovation out of and in to the NHS.

A commercialisation pathway, aligned with the University’s well established process, has been developed to exploit innovations arising from within the Trust. Access to University support and services, such as expertise on intellectual property and laboratory facilities, has helped to facilitate the progression of projects.

Below is a very small selection of examples of Innovation developed within the Trust:

- **ENT** - Bone Anchored Hearing Aid Programme - Newcastle delivered the first new implant in the world of this type in August 2012.
- **Surgery** - Robotic surgery (DaVinci Robot) for various procedures (radical prostate, nephrectomy, pyeloplasty, cystectomy, CABG and potentially rolling out for colorectal, thoracic and HPB surgery).
- **Thoracic Surgery** - Acute multiple rib repair - Acute repair of multiple rib fractures programme. NuTH is one of the top three centres in the country promoting this treatment, which has significant benefits for patients.
- **Lung Transplantation** - Nova lung system – is used as a bridge to lung transplantation in very sick patients.
- **Learning Disability** – Development of dedicated care pathway for people with a Learning Disability who are using our Emergency Departments
- **Ophthalmology** – Our highly successful 24/7 Corneal Graft Emergency Service offers a dedicated and specialised service to look after patients post corneal transplantation.
- **Ophthalmology** - Corneal collagen cross-linking - increases the stability of the cornea (transparent window in front of the eye) by a chemical process using eye drops and UV light. This is the first treatment that offers the possibility of halting the progression of keratoconus and sometimes improving vision.
- **Genetics** - Cancer Family History Service being delivered in collaboration with Teesside Genetics Unit.
- **Cardio – Respiratory** - We have commenced Bronchothermoplasty treatment for severe asthma patients to help reduce acute exacerbations of asthma and associated readmissions.

- **Microbiology** - The Public Health England laboratory (formerly Health Protection Agency and on the Freeman Hospital site) working jointly with the Trust's Microbiology Department have developed and introduced a single multiplex PCR test for molecular detection of Adenovirus, Cytomegalovirus and Epstein Barr virus, which replaces the previous three separate tests.

Commercial partnerships have also been established for a variety of reasons including to improve patient care, develop intellectual property, encourage innovation, enhance the Trust's reputation, generate income, and for research purposes including access to grants.

7. CLINICAL WORKFORCE STRATEGY

7.1 Strategy Overview

As part of the 2013/14 Business Planning round, a strategic workforce planning exercise was also undertaken. This work has enabled us to gather substantial information about the current profile of the workforce and to identify our priorities going forward. This detailed work forms the basis of our Workforce Plan. The work was led by the HR Director and involved all Directorates and disciplines across the organisation.

The main workforce priorities for NuTH at this stage, in the context of delivering our overall vision and objectives, are as follows:

1. **Role Development / Enhancement and New Roles**

The Trust is in the process of implementing changes in relation to the 'Modernising Careers' requirements within medicine, nursing, allied health professionals and scientists. The 'Modernising Pharmacy Careers' expectations are yet to be finalised but these will need to be implemented from 2013/14 and changes in the latter are expected to impact on the supply of new registrants as well as introduce new requirements for existing staff.

The Trust has taken account of recommendations arising from the Francis Report where the following have been given particular consideration:

(i) **Support Workers**

A number of directorates have identified the need for skill mix change and new roles including Assistant Practitioners to support nursing, allied health professionals and scientists within inpatient settings.

The Nursing & Patient Services Corporate Team oversee a governance framework which supports the development of new and innovative roles in response to the changing care needs of patients and specialities. The Clinical Development Group (Non-Medical) (CRDG) also works with practitioners to ensure a consistent and safe approach, and has approved a number of applications over the last year.

Many of the above relate to improving process and streamlining care, for example, practitioners requesting investigations or blood tests which would not have been traditionally a part of their role. These types of applications are significant and provide an enhanced patient experience.

Some are more invasive and creative, such as Radiographers accessing central lines for administration of contrast medium or "nurse sedation" guidelines in specific areas. Others are innovative and challenging to traditional professional boundaries such as nurse lead Hysterosalpingography for routine infertility investigations, nurse specialist performing muscle biopsy and nurses undertaking Transcranial Doppler ultrasound.

Where proposed role expansions are high risk or invasive, CRDG work collaboratively with Clinical Governance & Quality Committee through approval process.

Early in 2012, a project began to explore the role of Assistant Practitioners (APs) and the contribution this role could make to nursing teams. A Steering Group was formed, chaired by Head of Nursing (RVI) which oversees and monitors progress.

This role is designed as a trainee Band 3 for a two year period, working in conjunction with Teesside University for each practitioner to achieve a Foundation Degree in Care. Their clinical practice is supported by mentors in the Trust – exactly as with Student Nurses and learning outcomes and assessments constitute a pathway to academic achievement and clinical competence. The APs work at a higher level than Health Care Assistants and have agreed generic competencies.

17 Trainee Assistant AP's were recruited from Health Care Assistants within the Trust and in 2013, 22 further posts have been agreed. The early indications are extremely positive and the Steering Group continue to develop the role.

The Trust is planning to further develop its existing Health Care Assistant (HCA) programmes and vocational framework through the introduction of a 'Clinical Support Worker Academy' in 2013. This will enable the Trust to proactively meet the recommendations regarding minimum training standards for healthcare support workers as outlined in the Francis Report recommendations. The Academy will also provide a framework for the development and retention of existing support workers whilst also providing a strong foundation for creating a culture of compassionate care based on the Trust's core professional behaviours and Chief Nursing Officer's Vision of 6 C's – Care, Compassion, Competence, Communication, Courage and Commitment.

This above is considered to be a key priority of the workforce plan over the next 2 – 3 years and will affect 1200 staff. In addition, widening access initiatives will be explored which will take positive action to increase diversity through encouraging new entrants to healthcare careers. This will include: partnership working with local schools; reviewing and expanding our career insight / work experience opportunities; providing an increased range of educational pathways with enhanced inductions; NVQs and purposeful work experience to support a flexible and skilled workforce.

(ii) Advanced and Specialist Roles

This has been identified as a need in a number of directorates for two reasons: Firstly, in terms of succession planning for specialist nurses as a result of the demographic profile indicating a potential loss of expertise in the next 3 – 5 years; secondly, reductions in junior doctor training numbers has already impacted on middle grades and potential solutions to meet service needs include non – medical, non-training roles to replace the posts.

A recent example includes the creation of Advanced Practitioners in Adult Critical Care, and the need for a similar role in Paediatrics has also now been identified. Growth in Critical Care activity requires additional development of post qualifying skills in Nursing and Allied Health Professionals.

Currently the Northern Deanery has reported a poor regional fill rate in round 1 of the Modernising Medical Careers (MMC) 2013 recruitment - in particular GP (ST1) Trainees, and within speciality recruitment, CMT & ACCS Acute Medicine and Core Psychiatry (CT1).

The implementation of the MPET tariff transition plan is also a significant risk to training infrastructure due to income reduction and number of trainees. However, there may also be an opportunity to offer additional placements to junior clinical trainees / students through promoting high quality training experiences which include provision of enhanced supervision and breadth of clinical specialities

Other new roles are being explored and introduced to take on the duties of senior Medical / Scientific staff, such as Consultant Radiographers, Scientific Advanced Practitioners in Laboratory Medicine, as well as

the expansion of existing roles, such as technologists taking on duties previously performed by Clinical Scientists.

The above involves the development of current staff and as such will require internal investment and support, for example a Trust salary support scheme for some roles and in other cases supernumerary roles to facilitate effective learning and acquisition of competence standards.

The further expansion of the nursing role is likely to remain a feature of workforce planning both in terms of taking on responsibilities traditionally performed by other staff groups, but also in relation to advanced nursing practice skills to meet patient needs and technological advancements.

The Trust will continue to review the impact of modernising Nursing careers ambitions in respect of developing the all graduate workforce, balancing this requirement against priorities for knowledge and skills acquisition for service needs.

2. Succession Planning

There is a need to plan for both clinical and leadership succession in that the retirement profile of senior staff across the clinical directorates is a risk.

20% of Agenda for Change staff of staff at band 8a and above are aged 55 or older, with a further 25% aged 50 – 54. In some directorates all senior management staff are of a similar age and are potentially approaching retirement – for example, laboratory medicine.

The abolition of the default retirement age has not helped the ability of the organisation to succession plan in an efficient way. The risk of high numbers of potential retiree's has been identified as an issue for a number of specialist roles (unique stand-alone roles or those in small teams) where there are national shortages, as well as limited internal supply with long training lead times to develop successors. As such there is an increasing emphasis on "grow our own" to meet demand.

Succession planning for emergency cover risks (sick leave or maternity leave) impacts on service continuity due to the use of small teams and / or unique roles. The overall maternity risk rating for the Trust is 35% (highest in Registered Nursing / Midwifery and Allied Health Professionals at 43% and 50% respectively).

On-going challenges recruiting to the band 7 Ward Sister / Charge Nurse posts exist in a number of directorates. The Trust wide profile shows approximately 12% of these post holders to be over 55, with approximately 22% aged 50 -54.

Some directorates are experiencing that the traditional 'feeder' post – i.e. Band 6 Sister / Charge Nurse to be an obstacle which 'blocks' the throughput of internal supply as post holders do not wish to move into the role.

3. New Ways of Working to Meet Changing Service Demands

In line with our strategic aim to extend community outreach and deliver care closer to home, there will be a need to extend the community non-medical workforce and ensure that they are equipped with the appropriate skills and knowledge. The extended working day and 7 day working will also have an impact in this regard.

A number of Directorates will need to increase their establishment to meet national / professional standards; for example, the radiography establishment will need to increase in NCCC; increased staffing levels will be required in Internal Medicine to meet national standards for Cystic Fibrosis (CF) and HIV; in

Children's Services, increased staffing levels will be required to meet RCN standards in paediatric neurosurgery and NICE guidance for 45 minutes of therapy for stroke patients.

Laboratory Medicine and Genetics Directorates are introducing newer technologies and hence there will be sustained demand for IT expertise. A number of other technology related developments have also been identified as having an ongoing impact on workforce requirements including: radiography; ongoing developments such as digital dictation and voice recognition technologies which will change the role and team structure of clerical workers; the use of telemedicine in consultations and the introduction of further robotic surgery techniques.

A number of directorates have raised concerns about the impact of local authority budget cuts on patient flows e.g. resources available for admissions avoidance schemes. Major Trauma status has increased the number of major Trauma calls presenting challenges in meeting the quality targets in Internal Medicine due to the increased demand on staff and this is also impacting on staff in MSU (particularly due to reduction in junior doctors and Medical Trauma centre requirements).

Some Directorates are looking for growth externally or outside of their 'traditional' service delivery – for example Pharmacy expansion of Newcastle Specials, the provision of external sterilisation services by Peri – Operative, and the provision of education by areas of Patient Services which could both generate income for the Trust as well as contribute to improving other key objectives such as patient admission and discharge.

Ensuring the clinical workforce can deliver high quality compassionate care is a key requirement of the Trust Workforce Strategy and this was also highlighted in the Francis Report. Achieving compliance in both the medical and non-medical workforce, based upon fulfilling the core professional behaviours and values is central. Supporting revalidation for medical staff will be on-going, and the potential impact of adopting revalidation for nursing staff will also need to be considered.

7.2 Key Workforce Pressures and Clinical Sustainability

The Trust has identified key pressures within the workforce via this year's Capacity Planning and Strategic Workforce Planning Exercises. A number of these will be addressed via targeted investment as highlighted in Appendix 1.

In terms of clinical sustainability, the Trust cognisant of the role it has to play is supporting neighbouring Trusts within the North East & Cumbria by delivering high quality specialist care. To underpin this, the Trust will continue to: i) work in collaboration with local partners to develop integrated and efficient pathways of care; ii) recruit the very best people to enable the delivery of the best possible care to patients; iii) network with national and international partner organisations to ensure the care we offer continues to be "leading edge" and results in the best possible health outcomes.

Directorate and discipline specific priorities and action plans are contained within the organisation's Workforce Plan.

8. PRODUCTIVITY & EFFICIENCY

(8.1) An overview of potential productivity and efficiency gains built into plans, including financial impact of projected gains from the following:

The organisation has an overall £35m CIP target to achieve on an annual basis for the life of the Plan.

Across the NHS, there is clear evidence to suggest that concentrating on delivering high quality care can

improve efficiency and remove waste. Within this context, the Trust wishes to promote a cross-directorate and a transformational approach to achieving this aim by identifying areas of the business which will:

- Improve the way we work
- Ensure we get value for money
- Help us exceed patient expectations

A number of Trust wide productivity and efficiency schemes have been identified as areas for improvement with an initial target of £2m in 2013/14; This conservative target has been agreed in recognition that this is a new approach and that the initial phase will be about assessing risks and barriers. It is anticipated that transformational schemes currently in development will, however, deliver the majority of CIP targets in future years.

In 2013/14 a £33m target will be delivered through Directorate specific initiatives. The overall compliment of Directorate versus Transformational Schemes will be reviewed throughout 2013/14 and this will determine the balance going forwards into the next 2 years of the Plan.

(8.2) CIP Governance

(i) An Assessment of Historic Performance Including Main Drivers and Necessary Further Action to Ensure Future Delivery

NuTH has a good track record having consistently delivered its CIP target. In 2012/13 we delivered a target of £35m. There is also a recurrent target of £35m for the life of the Plan and we are committed to achieving this whilst also improving patient care. This is a substantial challenge and will be managed as set out in the following sections:

(ii) An Overview of PMO, Leadership and Assurance Arrangements for the Life of the Strategic Plan.

NuTH's **Governance arrangements** are robust and clinical input is viewed as essential to ensure the quality of service provided to patients is at least protected but preferably enhanced through developments.

The **Director of Finance** is responsible to the Trust Board for the delivery of the CIP programme.

The **CIP Steering Group** oversees the Programme overall. This is chaired by the DoF and sets strategic direction; agrees the programme and receives reports on the progress made in year. This Group meets on a quarterly basis and includes senior finance, clinical and corporate representatives.

The **CIP Operational Group** reports to the Steering Group and meets weekly to review progress across the programme and reports to the Steering Group. The Group have delegated responsibility for management of the programme on a day to day basis. Group members review all of the schemes and Directorate plans in detail. The Operational Group is led by the Associate Medical Director (Corporate & Clinical Governance) and also involves the Deputy Director for Business Development, an Assistant Finance Director, the Assistant Director of Performance, the Head of Nursing and members of the Service Improvement Team.

The **Trust's approach** to delivery of the next 3 year's CIP target is partly traditional i.e. delivered through a number of schemes have been designed to deliver specific savings at Directorates level and partly transformational i.e. looking to develop cross Directorate schemes that are aiming to deliver improved patient care and patient experience at the same time as delivering greater efficiency with associated savings.

At a **Directorate / Department level** the head of each Corporate Department and the Directorate Management Teams (led by Directorate Manager and Clinical Director) are responsible for the

development of CIP plans to meet the targets set for their area of responsibility. These plans are then presented to the CIP Operational Group for review where their clinical safety, financial basis and likelihood of delivery along with any potential implications on other clinical or corporate services are considered. Those plans which are approved at Directorate or Corporate Department level then become the responsibility of the Directorate or Departmental Management Team.

Schemes which require cross Departmental / Directorate co-ordination are allocated to one of the members of the CIP Steering Group.

Where a risk of failure to deliver becomes evident through our monitoring processes, the risk to the overall plan is assessed. Individual Directorates and Departments are required to develop additional schemes where it becomes clear that a plan which has been included within the overall annual plan is likely to fail to deliver its declared target. They are supported in doing so by the CIP Steering Group.

(8.3) CIP Profile

(i) Key CIP schemes including risk ratings for individual schemes

The above are listed in Appendix 2.

(ii) An Outline of Transformational /Service Redesign CIP Schemes which Represent Step Changes in Processes Rather than Incremental Changes and a Brief Explanation of how this Change will be Achieved.

As mentioned above, The Transformation CIP Programme is managed by the CIP Operational Group, which, is led by the Associate Medical Director for Corporate and Clinical Governance.

This model has high level commitment from Directors as well as senior clinicians and managers and a number of workshops involving senior staff have taken place. A 3 year programme is being developed recognising that some schemes may take several years to deliver significant savings. Initial pathways to be examined include inpatient medical and surgical pathways, the use of investigations in pathways and outpatient activity.

Some particular Working Groups have been established as follows:

- Outpatient Group
- Readmissions Group
- Theatre Cancellation Group
- Reducing Waste in Clinical Pathways
- Length of Stay
- Coding Group

(8.4) CIP Enablers

(i) The Extent of Clinical Leadership and Engagement in Identifying and Delivering CIPs;

- The CIP Strategy was developed by the Steering Group which includes senior medical and nursing representation.
- The overall strategy is agreed by the Trust Executive including the Medical Director and the Director or Nursing and Patient Services.
- The CIP programme is managed on a day to day basis by an Operational Group that is chaired by an Associate Medical Director (Corporate and Clinical Governance) and has senior nursing representation.

- Directorate level CIP plans are developed by the Directorate Management Team and have to be agreed by the Clinical Director before they are submitted to CIP steering group for approval. Schemes are developed with frontline clinical input

(ii) The Requirement for Enabling Investment in Infrastructure (external support, IT, project delivery resources, etc.)

The Trusts Corporate Departments including the Service Improvement Team will support Directorates in the delivery of CIP schemes. If the need for additional resources becomes apparent this will be managed in year.

(8.5) Quality Impact of CIPs

(i) The Mechanism by which the Trust Ensures that its CIP Plans will not Adversely Affect Service Quality

NuTH has altered the focus of the projects leading to achievement of CIP for 2013/14 to address this specific issue. The approach is one of cost improvement through service transformation rather than simple cost reduction. The emphasis is on identifying areas of service provision where a transformational approach can achieve long term sustainable improvements in service quality with a secondary benefit of cost reduction.

The CIP Operational Group requires an assessment of the clinical impact of all CIP schemes from the proposing Directorates or Corporate Departments before they are accepted for implementation. This assessment must include not only the potential impact of any schemes on the proposing area but also on other clinical areas that might be affected by these schemes.

These assessments of risk to service quality are reviewed by the medical and nursing members of the CIP Operational and Steering Groups and, where deemed necessary, opinions are sought from other clinicians with relevant experience. At this stage the relevant measures of quality associated with each scheme are identified, for example, length of stay, waiting time, readmission rate, patient satisfaction.

The CIP programme is presented to the Trust Executive including the Medical Director and Director of Nursing and Patient Services for approval.

The CIP steering group provides regular reports to the Trust Board.

(ii) The Measures of Quality which will be Used to Inform this Assurance and how the Trust Monitors Quality Impact of CIPs on an Ongoing Basis

The CIP Operational Group monitors the implementation of CIP schemes on a weekly basis. The potential quality risks for each project, as identified during the development and approval phase, are reviewed, and the relevant measures of quality are assessed at quarterly CIP Steering Group Meetings.

The specific metrics appropriate for each Directorate and scheme will vary but are likely to include: review of clinical incidents, complaints, patients and staff satisfaction. A report from each group including these metrics is received by the CIP Operational Group on a monthly basis.

If there are concerns that a CIP scheme may be having an adverse effect on quality of patient care this is investigated as a matter of urgency and the outcome of the investigation presented to the CIP Steering Group and Trust Executive for consideration.

The primary consideration in all CIP discussions, within the organisation, is to ensure that safety and quality of patient care is preserved or indeed further improved as a result of CIP projects.

The Trust's emphasis is on a rolling programme of ongoing service transformation rather than a programme limited to delivery of in year short term savings.

9. FINANCIAL AND INVESTMENT STRATEGY

(9.1) An Assessment of the Trust's Current Financial Position

The Trust continues to demonstrate a strong financial base and a surplus of £26.8million before exceptional items and an overall 'Financial Risk Rating' of '5' was reported for 2012/13. The Trust has had to generate a higher surplus than was anticipated to meet the threat of punitive penalties within the national contract, In fact the penalties did not apply but it was considered necessary to make adequate provision in year.

The financial stability of the Trust does stand it in good stead to address the impact of economic downturn in the funding of public services. There remains an underlying strength and hence the opportunity for capital investment to progress further innovation and in particular to derive the benefits which are available from the integration of community services.

(9.2) Key Financial Priorities and Investments and how these Link to the Trust's Overall Strategy

The financial strategy for the coming 3 years builds on the Trust's overall strategic direction and goals.

- To continue to deliver a surplus on turnover; with the aim for a sustained underlying recurrent surplus.
- To maximise income, through both developing new services and increasing market share.
- To deliver cost efficiency requirements, whilst never compromising clinical quality or patient safety.
- To further understand and act upon all business opportunities and risks. Patient Level Costing system outputs act as an enabler for this and will allow sophisticated investment decisions to be made to enrich the financial stability of the Trust.
- Using cash reserves implement a large & varied capital programme over the 3 year period to greater enhance the infrastructure used to deliver services.

Investments which have been prioritised to support each of the above are shown in diagram overleaf.

(9.3) Key Risks to Achieving the Financial Strategy and Mitigation

The key financial risks to achieving this strategy are summarised as:

- 2013/14 sees significant changes to the NHS commissioning environment and this presents a risk to NHS trusts in the shape of changes in responsibility for commissioning a number of services (and the financial transactions supporting this), and expected increasing data challenge.
- Continued deflation of tariff and thus the on-going need to deliver efficiencies at a minimum of 4% per year, whilst maintaining excellent standards of clinical quality and safety.

10. MEMBERSHIP COMMENTARY & GOVERNOR ENGAGEMENT

10.1 Membership Commentary

The Trust has three Public membership constituencies and seven Staff constituencies. Anyone over 18 and resident in one of the Public constituencies is eligible to apply for Membership. The Public constituencies are:

- 1) Newcastle upon Tyne
- 2) Northumberland, Tyne and Wear former Strategic Health Authority area (excluding Newcastle)
- 3) Co Durham and Tees Valley and Cumbria and Lancashire former Strategic Health Authority areas and beyond.

Membership numbers disappointingly fell slightly between 1st April 2012 and 31st March 2013. The target for membership recruitment for the year end was to maintain 9,000 members in total. By the end of the year the figure for registered public members had fallen from 5,739 to 5,498, while registered staff members increased from 3,282 to 3,478. It is thought that the decline in Public membership reflects the demographic 'skewing' towards the older end of the age range.

Whilst the membership is broadly balanced from a gender mix perspective, with a male to female ratio of 46.4%: 53.6%, representation from ethnic minority members of the local population (at 3.8%) and the under 21 age group (0.33%) would both benefit from targeted recruitment. In the latter regard, the Membership and Community Relations Working Group of governors has established links with both Newcastle University and the University of Northumbria, with the specific objective of recruiting more students to the Membership.

Since March 2009, all new Members have automatically received a Membership certificate at the end of the month in which they joined. Outcomes in terms of stimulating awareness and adding additional Public Members have been disappointing, however, with relatively few new Members recruited – 158 in the course of 2012/13 but 399 members were lost in the same period.

The Membership and Community Relations Working Group proposed to the Council of Governors in May 2011 that, whilst there should be no let-up in the Membership recruitment efforts, there could be an increased emphasis on engagement with the existing Membership. This was endorsed and consequently there have been three Members' Events in the course of 2012/13, each focused on an exposition of a particular clinical service – Organ Transplantation, Children's services, and Care of the Elderly. These events have been well attended and have served not only to add new Members but to raise awareness amongst the wider Membership that there is a role to be played as an advocate for Membership.

The twice-yearly newsletter for Members facilitates a "sign one up!" campaign, encouraging every member to sign up a family member, colleague or relative. The newsletter continues to be a key recruiting tool. For Staff, the "New in November" campaign was successful in adding around a hundred new Members and hence this will run again in 2013.

Existing communications networks across the region with which governors are engaged, particularly charities related to patient care and established patient interest groups, will also be used as conduits for further promotion.

10.2 Governor Engagement in Developing the Trust's Annual Plan 2013/14

In developing this year's Annual Plan. Governor contributions were secured via the Business Development Sub Group of the Council of Governors, as is normal practice.

Governors raised comments in relation to the following areas:

- The need for to become involved in the Annual Planning process at an earlier stage
- Greater use should be made of the Trust's strap line as an ongoing theme throughout the document (Healthcare at its very best, with a personal touch,)
- The document should include more aspirational and qualitative statements
- All Trust collaborators, partners and stakeholders should be acknowledged equally.
- The document needs to mention Newcastle specific problems including the exponential rise in liver deaths over the last ten years.
- There has been much work done regarding the Children's Directorate and this should be highlighted. In addition to the National PICKER Institute Survey for the whole Trust, an additional and voluntary Children's PICKER Survey was commissioned to further improve the quality of children's services.

The above were either addressed within this document and / or are being addressed through broader programmes of work within the Trust.