

**Forward Plan Strategy Document  
for 2013/2014 to 2015/2016**

**Airedale NHS Foundation Trust**



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

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

Name	Stuart Shaw
Job Title	Head of Planning and Performance
e-mail address	Stuart.Shaw@anhst.nhs.uk
Tel. no. for contact	(01535) 294029
Date	31 <sup>st</sup> May 2013

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

In signing below, the Trust is confirming that:

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

**Approved on behalf of the Board of Directors by:**

Name (Chair)	Colin Millar
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Signature 

**Approved on behalf of the Board of Directors by:**

Name (Chief Executive)	Bridget Fletcher
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Signature 

**Approved on behalf of the Board of Directors by:**

Name (Finance Director)	Andrew Copley
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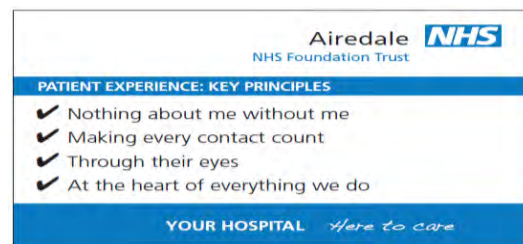
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## Section 1 Forward Plan

### A. Vision



Building on the development of the Vision statement from the previous couple of years, the Trust Board of Directors have decided to further strengthen the communication of the Foundation Trusts key values, through the use of the overarching message of **Right Care** and by emphasising four key principles relating to Patient Experience as shown above.

In making this approach, the intention is to;

- Simplify the existing vision statement to ensure greater clarity, recognition and ownership of the values and principles amongst key stakeholders
- Respond to current demands and challenges in the health and care system by reaffirming key values that we are about and continuously working towards
- Support the strategic approach the Foundation Trust is taking
- Supporting engagement with staff and key stakeholders to promote efficient working and innovative thinking

The key principles underpinning the delivery of the vision and strategy in the years ahead also remain similar to those outlined over the previous couple of years;

- Safety, quality, patient experience and staff engagement are at the centre of everything the organisation does.
- The need to be serious about efficiency and business control in order to be viable in the future.
- Transforming care is critical to the delivery our strategy, through developing our existing services whilst also designing and delivering new ways of working, using diversified models of care, both in and out of a hospital setting.
- Ensuring the care of the vulnerable, elderly, patients with dementia and those with nutrition needs are given priority focus.
- Ensuring a greater focus on clinical leadership, engagement and outcomes.
- Partnerships form a significant part of the design and delivery of our services.
- Ensuring the value of the Airedale brand is retained within the community and beyond.
- The requirement to adapt the size and shape of the workforce and estate in response to the updated service strategy.

Overall, the vision is about an approach focussed on embedding the key principles of good experience, by continuously assessing the impact and outcome for patients of the way services are provided.

## Current Position

Foundation Trusts currently have some of the biggest challenges ever faced by healthcare organisations, with the beginning of a new era and strategy for the NHS and further developments to the funding structure that shall require both the optimum and different use of resources.

Airedale NHS Foundation Trust begins this challenging period from a strong position. Some of the key highlights for 2012/2013 include;



Secretary of State for Health visit to the Foundation Trust to see how staff support patients with dementia in the ward environment and for patients with long-term conditions through the use of Telehealth.



The 1,000th patient was linked up to Airedale Telehealth Hub, providing urgent medical help from hospital consultants if required, without having to leave the nursing home.



Building work has started to create a bigger and better endoscopy unit at Airedale Hospital. The £2.4m unit is expected to be finished by July 2013 and will allow more procedures to be carried out in the future. The Foundation Trust's endoscopy unit was reviewed and assessed as meeting all requirements to be awarded JAG accreditation for 2013.



The Foundation Trust was awarded £748,000 to create a more homely environment for women giving birth. With the funding, a new bespoke midwifery led unit is to be provided which is less clinical and a more relaxing place to give birth.



Our Gynaecology Assessment and Treatment Unit won the sustained improvement award at the Lean Healthcare Academy Annual Conference and Awards event, for their work to establish a dedicated area where women can be cared for by specialist staff and have easier and quicker access to scans and treatment.



A refurbished cardiac catheter laboratory, with state of-the art equipment and enhancements to the physical environment providing greater privacy and dignity for patients, was completed in year.



Cancer patients are receiving a more comfortable experience at Airedale Hospital following an £85,000 refurbishment of the Haematology Oncology Day Unit (HODU). A review of the acute oncology service and chemotherapy service was also completed in 2012/2013. The panel reported the acute oncology service was "the best they had seen". The review found the service very patient centred with lots of good practice, including dedicated time in consultant job plans and positive relationships with radiology.





Our Ophthalmology service can now offer a new scanning service using state of the art Optical Coherence Tomography (OCT) equipment, which provides high resolution 3D images of the retina, allowing the eye to be examined in great detail.



National performance standards regarding Infection Prevention, Referral to Treatment, Cancer and Single Sex Accommodation continue to be achieved.



The Foundation Trust was runner up for the Dr Foster Trust of the Year award, recognising our low mortality and high clinical efficiency rating over the last 12 months.



Excellent outcomes were achieved from visits which focused on whether patients, particularly vulnerable older people, were treated with dignity and respect and whether their nutritional needs were being met. The Foundation Trust was highlighted as an example of good practice in a national report about the state of care in the NHS, independent health care or adult social care.



Our Pathology laboratory and Radiology and Therapy departments were successful in securing significant levels of additional work.



A number of our staff have been nominated for national awards in Audiology and Nursing. In addition, four members of staff at Airedale Hospital were officially recognised as NHS Heroes for going that extra mile to improve life for patients.



Enhanced Recovery Programme now in place for Colorectal, Urology and Orthopaedic Surgery and being extended to Breast Surgery. For primary hip and knee arthroplasty, length of stay reduced from 7 to 3 days. This is now also being utilised for fracture neck of femur patients with a positive reduction in length of stay from >21 to <14 days



We have successfully implemented a new Patient Administration System that is integrated with our referring primary care practices. This is the first step towards a fully operational Electronic Patient Record. The Foundation Trust was also successful securing Olympic Legacy funding (value £175k) to support telemedicine expansion. The equipment will enable the technology to be networked across the hospital site which will enable remote consultations via telemedicine from clinics located across the Foundation Trust.



In addition, there are further challenges to consider, all of which impact on Health and Care Providers and therefore the content of our Annual Plan including;



The new structures in the Health and Care system arising from the Health and Social Care Act 2012.



Refresh of the NHS Constitution, with particular emphasis on patient involvement, patient feedback, duty of candour, end of life care, integrated care, complaints, patient data, staff rights, responsibilities and commitments, dignity, respect and compassion.



Creation of the NHS England and the development of the NHS Mandate focussing on;

- Preventing ill-health and providing better early diagnosis and treatment of conditions such as cancer and heart disease.
- Managing ongoing physical and mental health conditions such as dementia, diabetes and depression so patients experience a better quality of life and so that care feels much more joined up.
- Helping patients recover from episodes of ill health such as stroke or following injury.
- Making sure patients experience better care, not just better treatment.
- Providing safe care – so patients are treated in a clean and safe environment and have a lower risk of infections, blood clots or bed sores.



Implementation of Specialist Commissioning and the requirement to meet nationally agreed service specifications in the future.



The publication and recommendations from the Francis Inquiry.

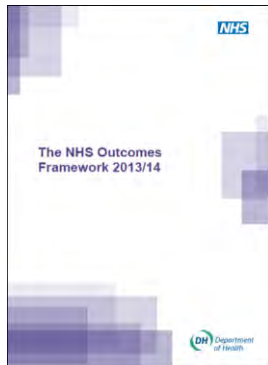


Publication of Everyone Counts with focus placed on 7 day working, greater choice and transparency, more patient participation and better customer service, better data and informed commissioning, higher standards, safe care and better outcomes;





New Provider Licence requirements with obligations regarding pricing, integrated care, choice and competition, commissioner requested services and governance.



Clinical Outcomes Framework with a focus on;

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of injury or ill health
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment; and protecting them from avoidable harm

Together, the challenges and requirements outlined over these two pages have heavily influenced the development of the Clinical Strategy in the next section.

### **Commissioning Landscape**

The commissioning landscape is changing as the new Health and Care system moves through transition to implementation following the passing of the Health and Social Care Act.

At the point of authorisation in 2010 our population's healthcare was commissioned in the main by 3 PCTs – Bradford and Airedale, North Yorkshire and York and East Lancashire, within a regional NHS structure which included 2 SHAs and 5 Local Authorities.

Of particular note was that Airedale was no single PCT commissioner's main provider.

As a result of the Health and Social Care Act, accountability and commissioning structures have been changing over the past year in preparation for the new commissioning system which went live in April. Key changes in the last 12 months have included:

- A clustering of SHAs so the Foundation Trust now sits under the umbrella of a single SHA, NHS North.
- Clinical Commissioning Groups covering much larger populations have now been assessed and authorised.
- Airedale, Wharfedale and Craven have come together as a CCG which brings together the former Craven GP Consortia and the Airedale and Wharfedale Alliance into a single commissioner.
- Bradford District and Bradford City CCG's that cover key areas on the surrounding boundaries including Bingley and Baildon.
- The Pendle Alliance has been subsumed within the East Lancashire CCG which has a similar commissioner footprint to the East Lancashire PCT.

- The introduction of specialist commissioning means contracts for a range of specialist services shall be with the NHS England and negotiated with Area Teams from the South and West Yorkshire regions.
- Whilst the local authority organisational footprint has not changed, three shadow Health and Well Being Boards are in the process of being established covering Lancashire County Council, North Yorkshire County Council and Bradford Metropolitan Council.
- The net impact of these changes is that Airedale will have four main health commissioners - Airedale, Wharfedale and Craven (AWC) CCG for which we will be the main provider, Bradford District CCG, East Lancashire CCG and the NHS England with whom we contract for specialist services.
- Airedale, Wharfedale and Craven CCG shall be the Foundation Trusts main commissioner and is hosting contractual arrangements for 2013/2014.

### **Commissioner and Stakeholder Engagement**

Over the past three years the Foundation Trust has made GP engagement and developing relationships with its commissioners (both health and social care) a key priority and looks forward to continuing to strengthen these partnerships.

We recognise that creating a sustainable local health and social care economy is right for local people and we are innovating and changing to play our part in supporting commissioners to invest their allocations as efficiently as possible. We recognise we need to radically alter the current hospital dominated delivery model to one based on diversified services, designed in partnership with our commissioners and community, delivered at the most appropriate point for patients.

The Foundation Trust has a good relationship with its commissioners and works closely with them to ensure delivery of local priorities and contractual requirements throughout the year. The position is reviewed each month at the Contract Management Board and through an established structure detailed focus is placed on reviewing quality and safety, performance, financial management, information provision and service transformation and development.

As host commissioner, Airedale, Wharfedale and Craven CCG now have delegated authority for 2013/2014 to negotiate and manage on behalf of their associates. The NHS England shall be an associate to the main contract but the delegated authority for AWC does not extend to this area of work. Contracts are now agreed for 2013/2014. At this time there is no indication that full income projections in our plan should not be received.

Executive Directors also meet regularly with our local MP's, attend and support the Overview and Scrutiny process and also support the local Links groups.



## **Commissioning Intentions**

The main commissioning intentions, as highlighted through contract negotiations, cover the following key themes. These incorporate forecast health, demographic and demand changes over the three years of the plan.

The key strategic objectives for the CCG's take into account the Joint Strategic Needs Assessment and as detailed in the Integrated Plan for 2012-2015, focus on;

- Transforming urgent care
- Transforming planned care
- Transforming Mental Health Services
- Reducing health inequalities and increasing health promotion
- Achieving excellence in prescribing and Medicines Management
- Maintaining safe, high quality and effective care
- Developing a sustainable CCG

Key planning assumptions for the Clinical Commissioning Groups include;

- Maximising health gain for the population.
- Delivery of the NHS Outcomes Framework.
- The review and quantification of planned waiting lists for all specialties and diagnostic services.
- Maintenance of the target thresholds the NHS England will take into account when assessing organisational delivery.
- The impact of repatriations of care, to ensure care pathways closer to home where appropriate, will inform contract activity.
- The impact of new technologies and service developments, introduced by agreement with the Contract Management Board.
- In the event that non-recurrent or extraordinary patterns of activity are noted, these will be considered for exclusion from the baseline going forward.
- Robust CQUIN schemes that support the QIPP agenda and make system incentives count towards better outcomes, driven by clinician/system leaders.
- All pass through payments are considered purely administrative and are therefore excluded from CQUIN payments.

The Joint Strategic Needs Assessment for both Bradford and Airedale and Craven underpin the commissioning intentions for the population of Airedale, Wharfedale and Craven. The population is projected to increase and in alignment with the national trend, the population growth of the older adult is expected to rise at a higher rate.

The health profile of the local population is diverse, ranging from severe inner city deprivation to above average affluence. Along with the rise in the population size, the projections are that there will be an increase in care requirements for people in particular with long term conditions, ambulatory care sensitive conditions and cognitive impairment and dementia.

Given the increasingly tighter financial environment in which both health and social care have to operate, the need to radically redesign services using Quality, Innovation, Productivity and Prevention (QIPP) principles is required to meet the future care needs of the population and the sustainability of service provision.

Airedale, Wharfedale and Craven CCG has a higher prevalence of Chronic Heart Disease, hypertension and depression. Prevalence of Chronic Obstructive Pulmonary Disease, diabetes and asthma is above the England average, but average for the district. Whilst having a higher than average prevalence of epilepsy, the neurological spend per weighted head of population is low, with a corresponding higher than average mortality. Paediatric admissions for asthma and URTI are above the district average.

Key transformational priorities therefore influencing our commissioners approach are:

- Integrated health and social care for adults programme and supporting work
- Urgent care programme and supporting work streams
- Ambulatory care pathways, ambulatory care clinics and Clinical Decision Unit
- Quality Improvement programme for long term conditions
- Integrated falls service

There are currently no material service decommissioning intentions being set out by our commissioners, although this shall be closely monitored on an ongoing basis.

### **Specialist Commissioning**

In line with national policy, some of the Foundation Trusts services shall be contracted for in 2013/2014 through NHS England Specialist Commissioning with nationally mandated service specifications for these areas.

NHS England have advised that there is to be a 6 month period for assessment against these specifications and that for any identified gaps, Trusts need to work up plans for meeting the specification within a maximum of 12 months.

The services relevant to Airedale are;

- Adult Chemotherapy
- Specialised Endocrinology
- Implantable Cardioverter-Defibrillators (ICD) and Cardiac Resynchronisation Therapy (CRT)
- Teenage and Young Adult Cancer
- Rare Cancers (adult)
- Specialist Haemoglobinopathy
- Specialised Orthopaedics
- Specialised Wheelchairs and Seating Services
- Congenital Heart Disease - Paediatric
- Neonatal Care Services
- Secondary Care Dental
- Immunisation and Screening

In total, these services amount to over £11m of income, with further work to take place during 2013/2014 to establish if any additional income is to be reclassified from Clinical Commissioning Groups to Specialist Commissioning.

Whilst 2013/2014 shall be a period of transition, it is clear there could be risks from 2014/2015 onwards if national specifications cannot be delivered with the potential for service reconfiguration into larger specialist centres. These are currently being assessed as the full specifications are only just being published.

The mitigation shall require detailed risk assessments for down side planning (clinical, financial and strategic) in the event that the service model for these areas is different in the future.

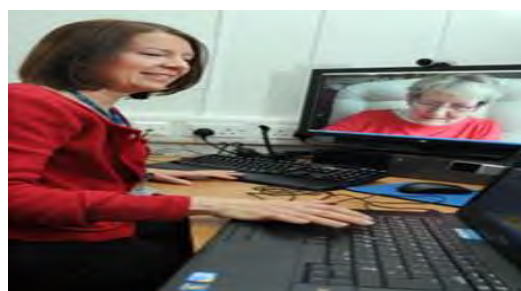
### **Service Model**

The Foundation Trust currently provides a broad range of secondary care acute services covering Non-Elective, Elective, Day Case, Outpatient, A&E, Maternity, Diagnostics, Therapies and Community Service activity.

The Foundation Trust Inpatient/Day Case activity levels over the past four years have seen increases for both Elective (predominantly Day Case) and Non-Elective activity. Total Elective activity has increased by 13% over this period, driven predominantly by increased levels of demand, potentially as a result of active marketing and competitive waiting times across a number of specialties.

With the exception of 2011/2012, Non-Elective activity has also continued to grow year on year. The implementation of the 30% funding rule for Non-Elective activity above the 2008/2009 threshold, has led to a level of income only being received at a marginal rate at a time when the costs to delivering the service demands are rising.

For Elective activity, it is anticipated that choice and competition shall continue to provide opportunities for increasing market share. For Non-Elective activity, current projections show no potential reductions in demand. This was discussed at length with commissioners in agreeing 2013/2014 contracts, in particular the commitment to reinvest the 70% Non-Elective funding to support emergency work. This shall require close monitoring and may require further discussion during the year.



Please see Appendix 5 for further details. The Foundation Trusts approach to aligning its strategy with these priorities is set out in Sections C and D of this plan.



### C. Clinical Strategy

In 2011/2012 the Foundation Trust outlined a new strategy that was designed to best place the organisation to address a number of key challenges in the years ahead, including;

- The changing national context, policy and strategy
- The significant financial challenges faced by all healthcare organisations
- The greater power being given to both patients and the public (ultimately leading to “no decision about me without me”)
- The implementation of Clinical Commissioning Groups
- Greater local accountability and an Any Qualified Provider framework

The revised strategy outlined an approach that moves towards a whole health system that is designed for purpose and which moves away from the traditional default model of hospital dominated delivery. This includes;

- Ensuring the clinical processes around diagnosis, specialist opinion and specialist treatment are planned to deliver both an effective and diverse range of care.
- Providing a range of care packages for patients in different settings for both our existing and new services.
- Changing the model of service delivery for specific groups, ensuring that patients are treated in the most appropriate setting for their care needs and maximising the use of the organisations resources.

As highlighted in the previous section, the Foundation Trust has made a significant start to the delivery of this strategy, however there is much more work to do.

Whilst these overarching themes are still relevant to the overall strategic approach being driven through, in response to the further developments around the Health and Care system over the previous 12 months, together with the current demands being experienced, the Trust Board of Directors have agreed that the overall strategic approach is to be further developed for 2013/2014 and beyond.

This further approach is designed to deliver appropriate, high quality and cost-effective services for its patients on a sustainable basis. Continued consultation with key stakeholders, including both our Governors and Members, has helped to ensure support for the continuity of this approach.



There are a number of key themes to the Foundation Trusts overarching Strategy;



**Quality, Safety, Patient Experience and Staff Engagement** remain at the centre of everything we do.

For 2013/2014 this shall continue to include a key priority focus around the care of the vulnerable, elderly, patients with dementia and those with nutritional needs



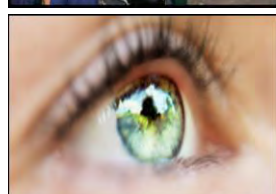
### **Urgent Care**

Responding to existing demands, implementing (in conjunction with our key stakeholders) a whole health system approach to the management of emergency care.



### **Service Development**

Focus on developing and diversifying both our existing and new service provision.



### **Elective Growth**

Focus on maintaining and generating income through growth and repatriation to support clinical sustainability.



### **Service Transformation**

Focus on transforming the way in which services are provided, through the use of alternative products.



### **Standards and Outcomes**

The need to ensure national standards continue to be delivered and focus on delivering the best possible outcomes for patients in line with the Outcomes Framework



### **Productivity and Efficiency**

Focus on efficient and effective service provision, reducing costs



### **Utilising Technology**

A key enabler to all of the above areas with some specific high impact projects around the further expansion of Telemedicine and realising the benefits from the Electronic Patient Record programme.



For each of these themes a series of high level priorities have been identified. These are outlined in Section D of this plan.

The Strategy being set out in this way is designed to set out how we plan to;

- Put the patient at the centre of everything we do;
- Ensure our staff are fully engaged in what we are setting out to achieve;
- Meet the challenges and changes in the health and care system;
- Deliver safe, high quality and cost-effective services for our patients;
- Ensure we are well governed, meeting our key requirements and focussed on positive clinical outcomes;
- Provide clinical services that are sustainable going forward;
- Ensure we continue to develop our services in a competitive environment, ensuring growth and repatriation where opportunities exist;
- At the same time, focussing on service transformation, integration and the use of available technology to support sustainability going forward;
- Continue to provide a choice for the population we serve to meet consumer and stakeholder expectations.

### **Strategic Approach**

The Strategy is designed to ensure the Foundation Trust focuses on planning for;

- Short term – Ensuring service continuity through transformation and growth and reviewing service strategies for future years, review of SLR etc.
- Medium term – Looking at service configuration options linked to viability.
- Long term – Moving our overall approach towards being added value led rather than cost led.

Supporting this is the need to;

- Continue to enhance clinical engagement and leadership driving the delivery, transformation and integration of services.
- Develop Governance structures for clinicians in primary and secondary care.
- Have greater emphasis on preventative medicine, avoiding admissions and a focus on elderly care.
- Move from episode based acute care to population based health care.
- Respond to a health system driven by patients.
- Reduce health inequalities.
- Assess a potential different provider landscape.

### **Service Line Strategy**

The Foundation Trust's service line strategy over the next three years involves;

- Continued provision of SLR information to the Operational Groups
- Have reviews being led by Clinical Directors and Clinical Executive Group
- Ensure SLR is integrated into work completed for the Leadership Programme
- Development of PLICS data in the Foundation Trust
- Reviews to take place through Business and Delivery Assurance meetings

## **Workforce**

### **Size and Shape of the Workforce**

The Foundation Trust leaver turnover rate is 8.07% against a leaver turnover rate nationally for small acute trusts of 13.88% and locally for small acute trusts of 9.40% (NB: Leaver Rate = Number of leavers / Average number of staff within period). The Foundation Trust 12 month stability index is 91.84% compared to 86.13% average for all acute trusts and 90.44% for local small acute trusts (Stability Index = Number of staff in the group at both start and end of period / Number of staff present at start).

The expectation is that the size of the overall workforce will remain relatively stable over the next three years with small reductions in some areas being balanced by small increases in others related to the overall Trust strategy and income growth plans.

### **Medical Staffing**

Overall the Foundation Trust has a strong and competent consultant cadre, which is continuously being refreshed through natural turnover. Developments in the next three years will include recruitment to some consultant specialist roles to reflect service developments and growth plans, (e.g. Gastroenterology) and the consideration of a richer skill mix in specific areas where middle grades are likely to be in short supply and where there is a need for a focus on judgement and clinical decision making. Anticipated retirements in surgery and diagnostics will present challenges with the loss of skills, experience and flexibility with new recruits less likely to have the broader generalist skills of those departing. Succession plans are being developed to address these risks.

It is expected that the number of doctors in training employed at the Foundation Trust will continue to decline in line with planned Deanery reductions over the three years of the plan, with particular gaps in surgery and anaesthetics. We are therefore looking at developing and utilising Advanced Nurse Practitioner and Assistant/Associate Practitioner roles to address these gaps and to further improve patient experience and care, particularly out of hours.

### **Nurse Staffing**

Nurse staffing is likely to remain relatively stable with changes taking place to reflect plans with regard to the overall acute bed base. Within the hospital setting, the Foundation Trust aims to maintain a ratio of a minimum of one whole time equivalent (WTE) per bed although this differs for acute and critical care areas such as the Stroke Unit and Medical Assessment Unit. It also aims to maintain a ratio of 65 per cent registered nurses to 35 percent unqualified staff in the overall nursing establishment, but again this will be adjusted accordingly depending upon the acuity and dependency of patients.

There will be developments linked to Trust strategy and the move towards providing more care in a community setting which will impact on hospital compared to

community nurse ratios and skills development for the future. There will also be a focus on further developing the Health Care Support workers with the possible development of senior health care support worker roles and an increased focus on training and qualifications in line with the outcomes of the Francis report. In Midwifery, as a result of workforce redesign and skill mixing, the number of Band 5 midwives on preceptorships has increased. The Band 5s will complete their training over the next three years.

### **Non Clinical Workforce**

The non-clinical workforce will remain relatively stable, though there will be changes at Band 3/4 in clinical and diagnostic support and administration as a result of pathway redesign and corporate level reviews. The Foundation Trust is also likely to see a reduction in overall staffing numbers at the lower pay bands as a result of service redesign in line with QIPP plans.

### **Approach to Clinical Quality**

The Foundation Trust currently has full Care Quality Commission registration with no conditions or restrictions.

In 2012/2013, the Foundation Trust received three inspections by the Care Quality Commission covering;

- Mental Capacity Act
- Care and welfare of people using our services
- Castleberg Hospital site visit

As reported in our Quarter 3 return, two minor concerns were highlighted regarding the visit to Castleberg. Following a recent re-inspection, these have now been reported as resolved and there are no concerns outstanding.

The Foundation Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is as set out below.

### **Leadership and Governance**

The Foundation Trust continues to further strengthen the arrangements to develop the clinical leadership and integrated governance in the organisation. Specifically these include;

#### **Governance System**

A restructure of the Board sub-committee and management group structure has been implemented by the Board of Directors to further strengthen the integrated governance in the organisation. This also includes:

- The development of an integrated dashboard including quality and safety metrics linked to CIP schemes
- A monthly quality accounts report
- A report on safely reducing costs



A clear line of accountability for each service area, including out of hospital services, is incorporated in the new arrangements. This includes quality and safety metrics where available. The Foundation Trust is also contributing to the national work on developing KPIs for community services with the Foundation Trust Network.

### **Quality Governance - Patient Safety and Quality Impact Assessments**

The current process for assessing the impact of CIPs on patient safety and quality is formed by a review of each scheme, in person, by the Director of Operations, Medical Director and Director of Nursing. Any potential adverse impact on quality and safety triggers a detailed risk assessment which leads to the scheme either not being progressed or, if sufficient mitigation is in place, implemented with subsequent monitoring through the Foundation Trust risk management structures. The schemes are also RAG rated by their potential for patient safety or quality risk and reported to the Board of Directors and follow Monitor's Quality Governance Framework requirements model to inform best practice.

### **Quality Governance Reporting**

Quality dashboards have been developed for each service group and are reviewed and monitored through the Delivery and Assurance Group (DAG) meetings. Here all aspects of a service groups' performance, including risks to quality, are reviewed by Executive Directors with the group clinical management team.

### **Board of Directors**

Five of the Executive Directors Group have a professionally qualified and registered clinical background. In addition, the replacement of one Non-Executive Director post in 2012/2013 saw the appointment of a new Board member with experience in a healthcare setting.

A skills gap analysis for all of the Board of Directors has been completed and this shall help inform a succession plan for the recruitment of a new Chairman and Non-Executive Director in 2013/2014. The analysis is set to take place annually.

The Board of Directors are to conduct a formal annual evaluation of its own performance and that of its committees on an annual basis and plans to undertake a formal external evaluation every three years in accordance with the Monitor Code of Governance.

### **Clinical Executive Group**

To support the development of Clinical Leadership going forward, a Clinical Executive Group is now in place with Clinical Directors meeting regularly with the Chief Executive, Medical Director and Director of Operations regarding the ongoing approach to defining service strategy.

## **Transformation**

The Foundation Trust has staff with experience of leading transformational change, for example in developing a culture of infection prevention and development of the provision of Telemedicine for its services.

The progress of the Foundation Trusts current strategy and milestones are reviewed and details of emerging themes for 2013/2014 and beyond are outlined and discussed at Senior Groups including all Executive Directors, Clinical Directors, Senior Matrons and General Managers.

The Foundation Trust has an established Transform Programme Board meeting monthly. Work streams have been identified with clinical leadership between hospital consultant and GP for each area.

An Airedale Transformation Integration Group has also been instigated by the Foundation Trust and is now chaired by the Chair of the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). It has Board level representation from all partners in the Airedale health and social care community. Its function is to oversee all transformation and QIPP programmes across the CCG patch.

## **Construction of the Annual Plan**

As part of the development of the 2013/2014 Annual Plan, all groups within the Foundation Trust, clinical and corporate, presented their plans to the Board of Directors. This covered a review of progress for 2012/2013, the groups strategic approach to ensuring clinical service sustainability, key priorities, financial plans, service development and capital development priorities and key risks and mitigation.

The reviews also considered all aspects of service performance, including patient experience, quality and safety, alongside financial and service information. Where any gaps were identified, these were followed up with a second phase of meetings through the Delivery Assurance Group process.

The construction of the Annual Plan is based on the output from this process and is a central reference point for managing the organisations key objectives in 2013/2014 and beyond.



## D. Service, Clinical and Quality Key Priorities

Goal	Key Milestones and Actions 2013/2014 to 2015/2016
<b>Delivering Our QIPP Requirement</b>	<p>Minimum 5% CIP delivered each year (2013/2014 £5.9M / 2014/2015 £6.7M / 2015/2016 £5.1M)</p> <p>Focus on cost efficiency; EBITDA rate of 5.5% delivered (minimum level of 5.3% across year)</p> <p>Patient safety and quality assessments reviewed through Safely Reducing Costs framework by the Director of Operations, Medical Director and Director of Nursing.</p>
<b>Further Improving The Patient Experience</b>	<p><b>Patient Public Experience and Engagement Strategy priority focus areas;</b></p> <ul style="list-style-type: none"> <li>• Involving patients in decisions</li> <li>• Communication</li> <li>• Privacy, dignity and respect</li> <li>• Nutritional care for patients with dementia</li> <li>• Ensuring patients are informed</li> <li>• Recommended as Provider of choice</li> </ul> <p>Approach to be reviewed following Francis Report recommendations</p> <p>Implementation plans for patient experience priorities 2013/2014 developed, linked to the overarching PPEE Strategy and delivery overseen by the PPEE Steering Group</p> <p><b>Priorities for 2013/2014</b></p> <p>(a) To embed the key PPEE principles across the organisation so that they become a reality for our patients, public and staff (Executive Lead: Director of Nursing).</p> <p>Rolling out mandatory 'Right Care' training and aligning with the NICE local standards. Focus on key principles set out in vision;</p> <ul style="list-style-type: none"> <li>• 'No decision about me without me'</li> <li>• Making every contact count</li> <li>• Through their eyes</li> <li>• At the heart of everything we do</li> </ul> <p>(b) Review all access points to the organisation enhancing patient/public experience and information (Executive Lead: Director of Strategy and Business Development).</p> <ul style="list-style-type: none"> <li>• Information – Website; letter templates; patient service information;</li> <li>• Travel – Bus stops; patient/visitor car parks; parking tariffs; disabled access</li> <li>• Site welcome and access – Entrances; receptions; signposting; way finding; meet and greet; wheelchairs; telemedicine options</li> <li>• Site facilities – commercial opportunities; waiting times on display; waiting rooms and amenities; restaurant; cafes; attractive quiet private spaces; child friendly spaces</li> </ul>

(c) Enhancing the patient experience in Maternity services (Executive Lead: Director of Operations)

- The Women's Future Programme – Effective leadership and role modelling; real time monitoring
- Information - Maternity website; information distribution; Maternity client held records; parental education; focus groups
- Choice – Birth plan; normality; telemedicine options; community antenatal and postnatal support; outreach flexibility
- Productive Maternity - Releasing time to care; LEAN processes re-invested into clinical care
- Maximising the environment – Midwife Led Unit development

Other Group level projects covering;

- Implementing actions from national patient surveys (e.g. Cancer survey)
- Paediatrics - Ensuring "voice of the child" is heard in the development of services and pathways, patient feedback POSCU
- Gynaecology – Use of satellite clinics in Ilkley/Bingley district and service developments linked to patient feedback
- Improved choice and outcomes for service users through developments
- Patient/public engagement in capital developments/production of information
- Develop user involvement in peer review process
- Stroke (Hyper-Acute Stroke Unit) – Better outcomes, stroke patients spending more of their time on a stroke unit and getting direct care from the stroke team, together with improving Length of Stay
- End of life care - Roll out of Gold Standard Framework supporting the development and sustainability of the End of Life Care pathways
- Intentional rounding on the wards
- Implementation of hospital at night – Improved resilience for clinical cover by better utilisation of Junior Doctors and Advanced Nurse Practitioners.
- Research - To give as many of our patients as possible the chance to take part in a clinical trial.



<p><b>Enhancing Staff Engagement Across The Foundation Trust</b></p>	<p>Improvements for key priorities outlined in the Staff Engagement Plan;</p> <p><b>Great Line Management</b></p> <ul style="list-style-type: none"> <li>• 85% staff receiving annual appraisal (85% in 2012/2013)</li> <li>• 38% of staff saying they had well structured appraisal (35% in 2012 Survey)</li> <li>• Staff satisfied with support from immediate line manager – 3.7 (3.6 in 2012 Staff Survey)</li> </ul> <p><b>Engaged Workforce</b></p> <ul style="list-style-type: none"> <li>• Engagement Index of 3.8 achieved (3.73 in 2012 Staff Survey)</li> <li>• 3.6% Sickness Absence Rate (4.2% in 2012/2013)</li> <li>• 4% reduction in percentage of staff experiencing stress at work</li> <li>• Staff recommending the Trust as a place to work or receive treatment – 3.8 (3.65 in 2012 Staff Survey)</li> <li>• Staff Job Satisfaction – 3.7 (3.62 in 2012 Staff Survey)</li> <li>• Staff Motivation at Work – 3.9 (3.83 in 2012 Staff Survey)</li> </ul> <p><b>Effective Resourcing</b></p> <ul style="list-style-type: none"> <li>• 8% Leaver Turnover Rate (Currently 8.07%)</li> <li>• 15% reduction in Locum and Nurse Agency spend</li> <li>• Reduction in work pressure felt by staff – 2.9 (3.18 in Staff Survey)</li> <li>• 65% staff saying learning and development help them do their job more effectively (65% in 2012/2013)</li> <li>• 4% vacancy rate</li> </ul> <p><b>Further development of metrics e.g.;</b></p> <ul style="list-style-type: none"> <li>• Ratio of Nurse staffing to beds</li> <li>• Specific metrics for acute or community based care</li> </ul> <p><b>Other approaches being implemented across the Groups include;</b></p> <ul style="list-style-type: none"> <li>• Monthly staff open forums</li> <li>• CIP Workshops involving all clinical staff groups</li> <li>• Consultations with staff on shift changes</li> <li>• Staff involvement in challenging case planning</li> <li>• CNST strategy implementation groups</li> <li>• Job planning</li> <li>• Engaging about Nursing staffing levels/shift pattern reviews</li> <li>• Staff Development</li> <li>• New sickness absence policy</li> <li>• Accredited Great Line Management skills programme</li> <li>• Rising Stars programme supporting development</li> <li>• Promotion of facilities and services for staff e.g. Nursery</li> </ul>
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<b>Transforming Urgent Care</b>	<p>Following substantial pressures in 2012/2013 across the whole health system, the implementation of an Urgent Care Board with a priority to deliver a different whole health system model of urgent care incorporating;</p> <p><b>Changes to the way emergency care is provided at Airedale</b></p> <ul style="list-style-type: none"> <li>• Staffing requirements (e.g. appointment of a Matron, use of Advanced Nurse Practitioners, use of Pharmacy MTO, shift change planning, extended hours for minors stream, training and development requirements, team development requirements).</li> <li>• Process (e.g. clinical interface between doctors and nurses, use of proforma, more effective use of Local Care Direct, changes to minor and major work including streaming, use of rapid access and treatments, internal escalation, roles and responsibilities).</li> </ul> <p><b>Changes to the process and flow of non-elective patients through the hospital</b></p> <ul style="list-style-type: none"> <li>• Flow (e.g. senior clinical leadership, develop relationship between acute, emergency and specialist medicine, integrated approach to short stay, enhanced Consultant Physician presence on MAU, discharge planning, reducing length of stay).</li> </ul> <p><b>Supported by our key partners, to significantly develop the infrastructure and management of urgent care across the whole health economy</b></p> <ul style="list-style-type: none"> <li>• Flow (e.g. front end triage back to primary care, developing ambulatory emergency care pathways with primary care, use of assistive technology such as Telemedicine, improving access to specialist medical opinion for primary care, Telemedicine units in Nursing Homes, work with Ambulance Providers to avoid Green 1 and 2 admissions (GP in hours pathways).</li> </ul> <p><b>For 2013/2014, Commissioners have also agreed to leave the 70% Non-Elective funding available to support;</b></p> <ul style="list-style-type: none"> <li>• Provision of Clinical Assessment Team providing access for GP's to immediate Consultant opinion</li> <li>• Telemedicine – Further expansion to Nursing Homes in the District</li> <li>• Bed Infrastructure – Ensuring an appropriate bed base is in place to support periods of peak demand. For 2013/2014 the Foundation Trust in including 24 further beds into its planned bed base following the completion of some external bed modelling work.</li> </ul> <p><b>Surgery</b></p> <ul style="list-style-type: none"> <li>• Reviewing readmissions and identifying aspects for change that could avoid re-admissions.</li> <li>• Implementation of a Surgical Assessment Unit in 2013/2014 to reduce Non-Elective length of stay and admission avoidance.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Review opportunity for Non-Elective Orthopaedics rehabilitation.</li> <li>• Pathway redesign e.g. Trial Without Catheter, Acute Urine Retention</li> </ul> <p><b>Maternity and Gynaecology</b></p> <ul style="list-style-type: none"> <li>• Use of ambulatory care pathways e.g. PV bleed</li> <li>• Possible extension of Maternity Assessment Centre opening hours</li> </ul> <p><b>Paediatrics and Neonatal</b></p> <ul style="list-style-type: none"> <li>• Consultant provided model delivering high proportions of Assess To Admit patients</li> <li>• Development of Paediatrics Assessment Room - Working group established to put together options appraisal – potential implementation Winter 2013</li> <li>• Managing long term conditions to prevent acute admissions - Diabetes BPT</li> </ul>										
<b>Service Developments</b>	See Appendix 5.										
<b>Service Transformation</b>	<p><b>Products for implementation in 2013/2014 as part of Transform Programme and embedding with benefits realised across 2014/2015 and 2015/2016</b></p> <p><b>Programme aims and structure</b> The overall aim of the project is to transform Airedale NHS Foundation Trust adult services by redesigning patient pathways, in conjunction with other partner organisations and patient representative groups. The redesign will focus on integrating pathways, the delivery of services closer to home, and involving patients in decision making in ways which reflect ‘Nothing about me, without me’.</p> <p>There are infrastructure enablers for transforming patient pathways and these include;</p> <ul style="list-style-type: none"> <li>• Rapid access to diagnostics services</li> <li>• Telemedicine, telehealth and telecare</li> <li>• Integrated teams using structured processes to personalise care</li> <li>• Use of buildings for patient flows and co locating teams</li> <li>• Financial incentives for organisations to change pathways</li> <li>• Cultural issues between organisations requiring organisational development programmes</li> </ul> <p>There are four work streams;</p> <table border="1"> <thead> <tr> <th>Work stream</th><th>Aim</th></tr> </thead> <tbody> <tr> <td>Specialist Assessment and Treatment</td><td>Rapid diagnosis and intervention</td></tr> <tr> <td>Reablement and Intermediate Care</td><td>Keep people independent and out of hospital</td></tr> <tr> <td>Long Term Conditions</td><td>Keep people independent and out of hospital</td></tr> <tr> <td>End of Life work</td><td>A good death in location of choice</td></tr> </tbody> </table>	Work stream	Aim	Specialist Assessment and Treatment	Rapid diagnosis and intervention	Reablement and Intermediate Care	Keep people independent and out of hospital	Long Term Conditions	Keep people independent and out of hospital	End of Life work	A good death in location of choice
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**Specialist Assessment and Treatment**

- Generic pathway for ambulatory care and template for use on PAS
- Specific pathways developed; Cellulitis, DVT, heart failure
- ICE Order Comms in radiology
- Clinical Assessment Team and ambulatory care centre
- Community diagnostics review

**Reablement and Intermediate Care**

- Increased capacity and scope of services with reablement funding
- CCCT (Craven Community Collaborative Care Team)
- Integration of intermediate care and local authority reablement schemes to increase independence
- Development of integrated community teams based on GP surgery populations in three localities
- Telemedicine into care homes and patients own homes

**Long Term Conditions**

- Generic long term condition pathway and model agreed with CCG
- The use of risk stratification tools
- Staff training to change the culture towards self care
- Dementia workshops and pathways
- Pharmacy reviews for complex patients
- Information specialist service and website
- Self care developments

**End Of Life**



- Workshops for all partners
- Generic End Of Life pathway agreed with CCG
- Shared purpose bid funding
- End of Life Registers
- Staff training to raise difficult issues
- Potential for telemedicine hub
- Gold Standards Framework being adopted across the health economy including some care homes

**Demonstration of products**

Pathway spine; Decision making pathways (Cellulitis, alcohol, DVT); Link to Map of Medicine; Link to Patient Information prescriptions; End Of Life pathways and assessment tools; Patient Information Service

**Outcomes and benefits**

Reduced attendances to A&E; reduced admissions; decreased length of stay; reduced travel for patients; improved co-ordination of care; reduced variation in care; more patient involvement in planning of care; patients better supported at home;

	<p>maintenance of independence and less dependent on services; improved access to information for patients; improved sharing of information between professionals; less admissions to long term care; improved patient satisfaction.</p> <p><b>Outpatients</b> Develop a robust reporting tool that supports full utilisation of facilities and clinics; Telemedicine - Support the provision of follow up activity in surgical specialties; Review the opportunity for electronic check in with PAS SystmOne.</p> <p><b>Choose &amp; Book</b> Increase directly bookable activity from &lt;60% to &gt;80% and reduce paper referrals.</p> <p><b>E – Consultation</b> Identify and implement e-consultation in specialties e.g. Vascular Surgery, Maternity, Gynaecology, Neurology, Haematology.</p> <p><b>DNA</b> Further reduction of DNA through use of SMS messaging for appointment reminders.</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Acute medicine model on Medical Assessment Unit and short stay pathways</li> <li>• Acute Telemedicine referrals to reduce demand on hospital beds – Care of the Elderly Consultant of the day.</li> </ul> <p><b>Surgery</b></p> <ul style="list-style-type: none"> <li>• Review bed reconfiguration once Surgical Assessment Unit is functional.</li> </ul> <p><b>Maternity and Gynaecology</b></p> <ul style="list-style-type: none"> <li>• Direct access hysteroscopy; Weekend/evening working; Midwifery led specialist clinics; Midwifery managers restructure.</li> </ul> <p><b>Paediatrics and Neonatal</b></p> <ul style="list-style-type: none"> <li>• ANP Nurse currently being trained; Review of outreach provision (Paediatrics and NNU); Ambulatory care in Paediatrics; Neonatal cot review-modeling commenced</li> </ul>
<p><b>Elective Growth</b></p>	<p>See Appendix 5.</p> <div data-bbox="399 1664 919 1975">  </div> <div data-bbox="935 1664 1489 1986">  </div>

<b>Delivering Key Standards</b>	<p>Nationally mandated performance and quality standards delivered including;</p> <ul style="list-style-type: none"> <li>• MRSA Bacteraemias</li> <li>• Clostridium Difficile infections</li> <li>• Referral to Treatment (Admitted/Non-Admitted/Incomplete pathways)</li> <li>• Accident and Emergency waits</li> <li>• Cancer waits</li> <li>• Diagnostics waits</li> <li>• Eliminating Mixed Sex Accommodation</li> <li>• Ensuring no Never Events</li> <li>• A&amp;E/Ambulance Handover</li> <li>• Duty of Candour</li> <li>• Publication of Formulary</li> </ul> <p>Delivery of locally agreed priority performance standards through contracts with Commissioners including; Cancelled Operations, Delayed Transfers of Care, Maternity standards, Safeguarding training, Infection Prevention, Mental Capacity Act training and Stroke/TIA.</p>
<b>Ensuring The Best Clinical Outcomes For Our Patients</b>	<p>National Clinical Outcomes Framework 2013/2014</p> <p>Upper quartile performance for the 5 national domain areas;</p> <p>(a) Preventing premature death</p> <p>(b) Enhancing the quality of life for patients with long term conditions</p> <p>(c) Helping people recover from periods of ill health or injury</p> <p>(d) Ensuring people have a positive experience of care</p> <p>(e) Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Patient Reported Outcome Measures (PROMS) achieving results in the top 25% of Trusts nationally</p> <p>Clinical Outcome priorities set out in Quality Accounts;</p> <ul style="list-style-type: none"> <li>• SHMI</li> <li>• PROMS</li> <li>• Readmissions within 28 days</li> <li>• Responsiveness to personal needs of patients</li> <li>• Employed staff who would recommend hospital to their family/friends</li> <li>• VTE Risk Assessment</li> <li>• Rate of Clostridium Difficile per 100,000 bed days</li> <li>• Reported number and rate of patient safety incidents (per 100 admissions)</li> <li>• Learning Disabilities</li> </ul>



	<p>Participation in and compliance with;</p> <ul style="list-style-type: none"> <li>• National Clinical Audits</li> <li>• NCEPOD Enquiries</li> <li>• NICE guidance</li> <li>• Clinical research</li> </ul> <p>Benchmarking health intelligence through use of Dr Foster Clinical Outcome Measures for discussion with clinicians at review meetings.</p> <p>Benchmarking and reporting on clinical outcomes developed to inform clinician job planning.</p>
<p><b>Delivering Our Clinical Quality and Safety Strategy</b></p>	<p>Key priorities from Clinical Quality and Safety Strategy;</p> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>• Real Time Monitoring</li> <li>• Improving nutritional care for patients with Dementia</li> <li>• Privacy and Dignity</li> <li>• Creating a customer services culture</li> <li>• Community Services</li> </ul> <p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>• Inpatient Falls</li> <li>• Pressure Ulcers</li> <li>• Infection Prevention</li> <li>• Community Services</li> </ul> <p><b>Clinical Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Telemedicine</li> <li>• Caesarean Sections</li> <li>• Enhanced Recovery</li> <li>• Fracture Neck of Femur</li> <li>• Community Services</li> </ul> <p><b>Foundation Trust Response To Francis Inquiry</b></p> <ul style="list-style-type: none"> <li>• February Board of Directors review / Board Strategy Day (March)</li> <li>• March Public Board</li> <li>• Staff Listening Events – April 2013</li> <li>• Director Listening Sessions – April 2013 onwards</li> <li>• Francis Implementation Plan – EAG &amp; Board of Directors monthly</li> <li>• Dementia Strategy – Implement in key ward areas</li> <li>• Discussed some potential impact at Medical management meetings.</li> </ul>

	<p><b>Specialist Commissioning/NICE/Any Qualified Provider</b></p> <ul style="list-style-type: none"> <li>• Work with Business Development to link into strategy and build relationships with GP's</li> <li>• Review Specialist Commissioning service specifications as published</li> <li>• Ensure all current NICE guidance is compliant</li> <li>• Work with Business Development to review Any Qualified Provider specifications as published (e.g. Anti-Coagulation)</li> </ul> <p><b>Maternity</b></p> <ul style="list-style-type: none"> <li>• NICE Guidance regarding PV bleeds - Joint working with CCG</li> <li>• Specialist Commissioning of screening including Downs Syndrome</li> </ul> <p><b>Paediatrics and Neonatal</b></p> <ul style="list-style-type: none"> <li>• Children's Network (CCG led) and sub groups i.e. Asthma group</li> </ul> <p><b>Consultant Cover On Site</b>  Details for A&amp;E, Acute Paediatrics, Maternity, Acute General Surgery and Stroke included in Financial Return. Note: There is Consultant cover through on-call arrangements for all of these areas 24 hours x 7 days x 365 days a year.  <b>Error! Not a valid link.</b></p>
<b>Maximising Our CQUINS Performance</b>	<p>Maximising CQUINS income for indicators on;</p> <ul style="list-style-type: none"> <li>• VTE (Risk Assessment and Incidence)</li> <li>• Friends and Family Test (Service expansion and response rates)</li> <li>• Safety Thermometer (Pressure Ulcers)</li> <li>• Dementia (Screening, Diagnosis and Referral Named Clinical Lead/Training)</li> <li>• Ambulatory Care Pathways and impact of Clinical Assessment Team</li> </ul>
<b>Further Improving Our Service Productivity</b>	<p><b>Theatre Utilisation</b>  95% of lists and 85% of time utilised</p> <p><b>DNA rates</b>  Outpatient New Appointment DNA rates reduced to 6%.</p> <p><b>Bed Occupancy</b>  Ensuring minimum 90% occupancy at Trust total level</p> <p><b>Outpatient Utilisation</b>  85% of clinic time utilised</p> <p><b>PLICS Information</b>  Reviewed through Business Meetings</p>

### **Enhanced Recovery Programme**

Continued improvement to reducing length of stay around Colorectal Surgery, Joint Replacement Surgery, Urology and Gynaecology. Implementing Enhanced Recovery Programme for Breast Surgery

Continue to monitor Enhanced Recovery Programme Length of Stay by clinician monthly and discuss to ensure all benefits are sustained. Explore potential further areas across three years of the plan.

### **Length of Stay**

Review Length of Stay of procedures to see if appropriate for day surgery

Use of Better Care, Better Value metrics [www.productivity.nhs.uk](http://www.productivity.nhs.uk)

### **Benchmarking**

- Medicines Formulary
- Acute Pain Service
- Outpatients
- Back office functions

### **Maternity and Gynaecology**

- Therapeutic hysteroscopy

### **Administration**

- Review number of appointment changes in Outpatients

### **Potential Best Practice Tariffs**

- Acute stroke care
- Diabetic ketoacidosis & hypoglycaemia
- Early inflammatory arthritis
- Interventional radiology
- Parkinson's disease
- Pleural effusion
- Same day emergency care
- TIA
- Paediatrics Epilepsy
- Breast Surgery



<b>Developing Our Clinical Workforce</b>	<p><b>Job Planning</b></p> <ul style="list-style-type: none"> <li>• Job Planning and revalidation completed for all Consultants</li> <li>• Implementation of electronic job planning system</li> </ul> <p><b>Development of Consultant led 7 day service provision</b></p> <ul style="list-style-type: none"> <li>• Consultation with nursing staff in theatre, endoscopy and day case unit</li> <li>• Job planning to include out of hours working as routine in evenings or weekends) for all new posts</li> <li>• Discuss out of hours working with individual clinicians</li> <li>• Review opportunity for 3 session working in theatre</li> <li>• Consultants – part of job planning and recruitment</li> <li>• Support staff – Plans to develop along with consultation</li> </ul> <p><b>Clinical Leadership</b></p> <ul style="list-style-type: none"> <li>• New Clinical Leadership structure / filling gaps</li> <li>• Clinical Executive Group in place for Clinical Directors to meet regularly with Chief Executive, Medical Director and Director of Operations</li> <li>• Developing clinical teams</li> <li>• Bradford University Leadership Programme</li> <li>• Medical work experience programme introduced</li> <li>• LEAN as key tool to delivery</li> </ul> <p><b>Clinical workforce planning</b></p> <ul style="list-style-type: none"> <li>• Review of potential retirements</li> <li>• Sub specialisation activity to be monitored as part of business meetings</li> <li>• Reduction of trainees to be considered and evaluated</li> </ul> <p><b>Clinical Workforce Succession Planning</b></p> <ul style="list-style-type: none"> <li>• Succession planning for Consultant Workforce due to potential retirements</li> </ul> <p><b>Nursing/Junior Doctors Workforce Plan</b></p> <ul style="list-style-type: none"> <li>• Increase specialist nursing resource for Respiratory Medicine and Cardiology</li> <li>• Develop plan for enhanced nursing practice to support key areas – A&amp;E and hospital at night</li> <li>• Junior Doctors - Gap analysis on potential in take</li> <li>• Strategic approach – Range of options so not just using bank and agency</li> <li>• Options covering mix of day shifts and out of hours</li> <li>• Planned recruitment of 9 Advanced Nurse Practitioners to help cover gaps</li> <li>• Reduced level of bank and agency spend</li> <li>• Ongoing monitoring of vacancy rate</li> <li>• Right Care Nursing and Midwifery implementation plan</li> <li>• Francis Report – Staff engagement, Duty of Candour, maintaining public confidence, Safer Staffing Alliance</li> </ul>
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<p><b>Utilising Technology and realising benefit of the Estate</b></p>	<p><b>Digital Care Programme / Development of Electronic Patient Record</b> Focus on clinical systems, business systems and core infrastructure</p> <p><b>Phase One (2012/2013)</b></p> <ul style="list-style-type: none"> <li>• PAS Replacement</li> <li>• Bed Management</li> <li>• E-Discharge</li> <li>• E-Prescribing</li> </ul> <p>Implement outstanding areas and embed to realise benefits.</p> <p><b>Phase Two (2013/2014) Subject To Contract Variation</b></p> <ul style="list-style-type: none"> <li>• Roll Out PAS</li> <li>• E-Rostering and E-Consultation</li> <li>• Scanned Medical Records</li> <li>• Maternity</li> <li>• Order Comms</li> <li>• Reporting and Coding development</li> <li>• Document storage (e.g. Sharepoint)</li> </ul> <p>Other areas for development over the next three years include Pharmacy Web, Cancer PPM, Pathology LIMS, ESR and also PACS procurement.</p> <p><b>Telemedicine</b></p> <ul style="list-style-type: none"> <li>• Potential Partnerships and expansion to additional Nursing Homes</li> </ul> <p><b>Estate Strategy</b> Partnership arrangements developed to support investment in and delivery of the 5 Year Estates Strategy, transforming the Estate. This is currently being evaluated, but linked to the emerging service strategy would potentially focus on the following;</p> <p><b>Emergency Department expansion/upgrade</b> Supporting transformation of urgent care.</p> <p><b>Theatres</b> Expanding capacity, supporting potential future elective growth.</p> <p><b>Ward Improvements</b> Upgrade and reconfiguration to meet current NHS guidance and to provide a more attractive setting for patient care.</p> <p><b>Maternity and Paediatric Services</b> Upgrade and reconfiguration to meet current NHS guidance and to provide a more attractive setting for patient care. Maternity upgrade to compete in the local market. Improvements could include an LDRP birthing model.</p>
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	<p><b>New main entrance</b></p> <p><b>Relocate Outpatient services</b></p> <p><b>Second entrance to the hospital site</b></p> <p><b>Improve parking</b></p> <p><b>Surplus land release</b> Potential efficiency/income could be released for development to fund improvements</p> <p><b>Pathology upgrade</b> Requirement to support expansion of service</p> <p><b>Laundry redevelopment</b></p> <p><b>Pharmacy upgrade</b></p> <p><b>HDU capacity increase</b></p> <p><b>Existing Buildings</b> Some buildings are suitable for reconfiguration to provide modern accommodation for relocated clinical services.</p> <p><b>Carbon Energy Fund</b> The Foundation Trust has submitted a £1.6m bid to the Government's Energy Fund for capital monies to fund a new combined heat and power installation. We expect an announcement imminently on whether the bid has been successful.</p> <p><b>Supporting NHS Sustainability Programme</b></p> <p><b>Capital Programme</b> Supporting the Capital Programme with a particular focus in 2013/2014 on the completion of the Endoscopy Unit and the start of the A&amp;E redevelopment. In addition, work to develop the clinical environment to support the service development around macular degeneration in Ophthalmology.</p>
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