

Strategic Plan Document for 2013-14

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

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

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

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Jim Whittingham
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Signature: 


Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Karen Jackson
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Signature: 

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Mike Rocke
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Signature: 

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Section 1 – Executive Summary

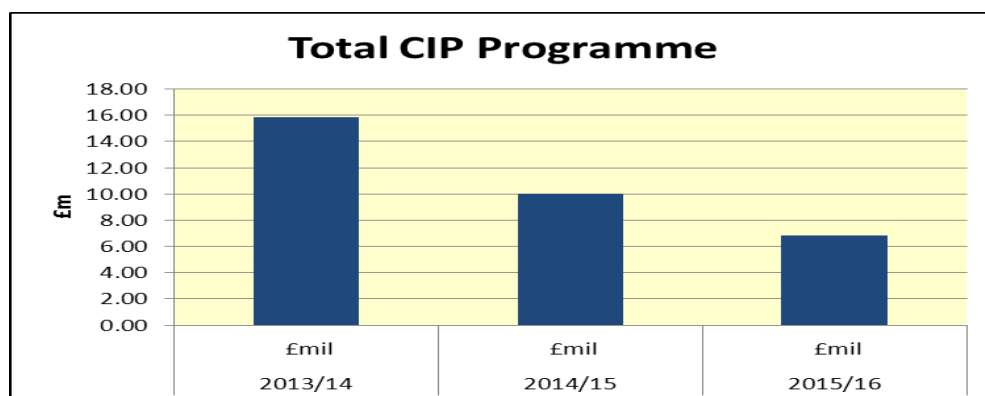
The Trust is primarily a DGH based provider, and in the tough financial conditions facing the NHS, faces significant change if it is to secure a sustainable future. Locally, the Sustainable Services Review has established a process to confirm the future state for the health economy. The Trust is an active participant in this process, and will drive forward its own visions for development – which will deliver modernised hospitals operating as part of integrated local healthcare networks.

This challenge informs the Trust's strategic plan and business projections. The Trust has constructed development plans to move services forward towards the modernised models envisaged by the Trust, whilst delivering ongoing savings that will enable the Trust to live within its own, and its commissioners', affordability parameters.

The Trust anticipates delivering ongoing compliance with Monitor's Risk Rating requirements. The summary financial position for the plan period is as follows:

	2012/13 £mil	2013/14 £mil	2014/15 £mil	2015/16 £mil
EBITDA	13.09	12.22	11.78	12.04
I&E Surplus/(Deficit)	2.07	0.34	1.73	0.30
Investment Programme (Capital)	10.23	12.69	13.51	9.15
Cash Balance (End of Year)	32.57	25.69	22.37	19.99
Risk Rating	3	3	3	3

This will require the Trust to deliver a challenging cost improvement plan, with a heavily frontloaded delivery profile. Plans are in place to deliver the majority of this programme, but the Trust must remain focused on delivery:



The Trust has been identified as a mortality outlier, and is one of the 14 to face the Keogh Review process. The Trust will use this exercise to support its own internal improvement process, which is part of a wider programme of quality enhancement. Improved clinical outcomes and patient experience are a fundamental part of the Trust's plan structures, and are cemented into the Trust's investment strategies.

The Trust team believe that the challenge of redesigning services for the future can be met while improving both cost efficiency and quality of clinical services - the Strategic Plan sets out the route to delivery.

Section 2 – Strategic Outline:

2.1 Strategic Context:

The Trust (NLAG) is the largest provider of acute care in Northern Lincolnshire, serving a population in excess of 0.4 million. It is also the largest single employer across the local community. It operates 3 hospitals (DGH hospitals in Scunthorpe and Grimsby, providing a full range of secondary care services, and a smaller unit in Goole with selected medical and surgical admissions), as well as community and therapy services for North Lincolnshire.

The Trust operates in relative geographical isolation, with neighbouring NHS Trusts to the north (Hull and East Yorkshire) and south (United Lincolnshire), and to the west a fellow FT (Doncaster). Traditionally there has been limited cross patch flows out to these competitors for services provided by NLAG, and NLAG has attracted an increasing flow of patients northwards from Lincolnshire. Local private provision is restricted to a single small private hospital in Grimsby, taking NHS patients but with limited capacity.

The Trust's NHS Trust neighbours have both struggled with their own strategic issues, and have not proven a consistent threat to core NLAG workload. The primary threat from direct competition comes from shifts across sectors – as a DGH based provider, NLAG is vulnerable to repatriation of work to primary care and to tertiary centres.

The Trust has traditionally operated from a strong financial base, and has been judged as effectively managed. It has capitalised on demographic growth in North Lincolnshire and in the Lincolnshire coastal area to increase its activity and income base. This might normally be anticipated to continue.

During 2012/13 Trust services were exposed to new entrants through the competitive tendering process, mainly via the Any Qualified Provider route. The Trust assessed each invitation to tender alongside its strategic direction. The Trust has been successfully awarded AQP status against all bids submitted. Commissioners have not alerted the Trust of any intention to tender a service during 2013/14 and beyond, and nationally it is unlikely that we will see any further Any Qualified Provider tendering exercises during the coming year. The Trust believes it has a robust plan built upon a number of defined workstreams, though there remains a likelihood that these plans will need to evolve in order to reflect the changing climate brought about by potential competition.

Key Priorities for the Evolving Climate

- To develop and implement a marketing strategy for both new and existing clinical services, raising awareness of Trust services and their accessibility.
- Continually evaluate the Trusts position in the market as alternative providers come into being, ensuring ability to respond promptly with required actions.

Financial pressures nationally are forcing change, and the Trust is under scrutiny in respect of higher than expected mortality rates. Additionally, the national drive to repatriate care to the community would lead to projected market share loss for the Trust's secondary care operations.

This opens new threats to the Trust which must be adequately countered. Underlying demand flows are likely to remain growing in line with historic trends, driven by the demographic changes which continue locally. However, the service provision needed to meet this demand will change radically, with increased emphasis on non-hospital care and centralisation of services, to retain critical mass and clinical sustainability. Competitive threats to the Trust will primarily follow from this process. The Trust's plan is centred on the response to these circumstances.

2.2 Strategic Response Plan:

The Trust works collaboratively with its two major commissioners in order to ensure that local services are delivered for local people. The Trust, its commissioners and other local providers continue to work together on the Sustainable Services Review, established to ensure that quality services, with a good

patient experience, are delivered as cost effectively as possible across the health and social care community.

The Sustainable Services Review has primarily focussed upon the larger North East and North Lincolnshire commissioners. Approximately a quarter of Trust activity comes from residents within East Riding and Lincolnshire CCGs. East Riding commissioners have engaged an external agency to undertake a review of service provision on their behalf, and the Trust expects to receive further feedback on progress during the first half of the financial year.

With the increased demand seen by the Trust from Lincolnshire residents over recent years, the Trust is working with Lincolnshire CCGs to deliver high quality pathways of care, exploring opportunities for collaborative working where possible. Lincolnshire commissioners and providers are beginning their own review, and the Trust is included in this process.

The plan set out in this document is constructed against the following context:

The key themes influencing the strategic position

- **Trust Branding:** The construct of the recognised District General Hospital is changing. With the introduction of new providers into the healthcare sector, a change in patient flows to specialist tertiary providers, the increasing drive for integration across health & social care and others factors such as an ageing population, the Trust recognises the need to transform itself both in terms of footprint and services delivered to ensure its continued survival.

A key part of the transformation is the recognition that acute care within a hospital setting is no longer the sole focus of our Trust. A change to the name of the Trust will be consulted upon during the forthcoming year to affirm the Trust direction of travel.

- **Service Provision Portfolio:** The Trust continues to expand its service portfolio to support its vision of transforming service delivery. In addition to the continued development of integrated Health & Social Care Locality Teams in North Lincolnshire, and the successful award of Any Qualified Provider status across a range of community based services, the Trust opened its Stroke Intermediate Rehabilitation Unit during 2012/13.

During 2013-14 the Trust will expand its portfolio further by opening a step down intermediate care facility on the Grimsby site, and an Unplanned Care Centre on the Scunthorpe site. Further options will be explored with regards to opportunities to build upon the Trust's Private Patient service, following a 7% growth during 2012/13 resulting from increased marketing and refocused service provision.

- **Quality of Service Provision:** The quality of care provided by the Trust is vital in delivering the best outcomes for our patients, and is at the heart of every service delivered. The Trust has quality and patient safety as key corporate priorities. Central to our vision is the sense of team, inclusivity and that everything we do contributes to the delivery of exemplary patient care.

As part of the current programme of quality improvement, mortality rate improvement remains the Trust's foremost priority. The Trust has been identified as having a higher than expected mortality rate. All 14 hospitals that have been identified will be subject to the Keogh review process which will take place during the first quarter of 2013/14.

The review will seek to determine whether there are any sustained failings in the quality of care and treatment being provided to patients, and to identify whether existing action to improve quality is adequate. It will also seek to identify whether any additional external support should be made available to Trusts to help them improve.

The Trust commenced 2012/13 with the aim to achieve a Risk Adjusted Mortality Indicator (RAMI) score below 100 by 31st March 2013. The Trust's RAMI Indicator (moving annual total) is reducing faster than the comparator peer group, and for the year to March 2013 it was 100. The peer average for the year to March 2013 was 103.

The most recent Summary Hospital Level Mortality Indicator (SHMI) for the period of October 2011 to September 2012 (which includes community deaths within 30 days of discharge) was 115 – a three point improvement compared to the previous publication. This still presents a significant challenge and key focus area for the Trust, particular in view of the forthcoming Keogh Review. The Trust remains outside the expected mortality rate range.

Priority work streams are clinically led, with the work being undertaken by multidisciplinary teams. The actions being taken within the Trust are already having a positive impact on mortality and quality of care. The improvement programme will continue to ensure working practice is embedded within everyday service delivery, both within the Trust and with other local providers.

- **Regulatory control and good governance:** The Trust is registered with the CQC. In February 2013, the Trust received its planned but unannounced inspection visit by the CQC. Whilst no major concerns were highlighted during the visit, it was identified that action is required. Delivering these improvements (see Section 3.6) is a key service priority for 2013/14.

The Trust continues to monitor performance against CQC requirements at the Trust Board on a quarterly basis. The Trust currently has Maternity CNST Level 1 and has gained level 2 NHSLA standards.

Effective from 1st April 2013 Patient Led Assessment of the Care Environment (PLACE) came into effect, replacing the previous Patient Environment Action Team (PEAT) score. Visits into the Trust will take place during quarter 1, with the results expected in September 2013. The Trust is starting from a strong position - the review will focus upon similar areas to PEAT, for which the Trust received a rating of excellent across the majority of categories.

- **Infection control:** The Trust reduced the number of infections during 2012/13 by 13% for Clostridium Difficile and 25% for MRSA infections. With the Trusts zero tolerance to healthcare acquired infection, the intention is to continue to deliver improvements in reducing the number of infections.
- **Waiting time performance:** The Trust has consistently over-performed against the requirement to keep waiting times from referral to treatment within 18 weeks. This continues to be amongst the best performers within the North of England, supported by reduced waiting times for both diagnostic and therapy services.
- **A&E performance:** The Trust, like most of the acute sector, experienced significant difficulties during quarter 4 across both of its acute sites Accident & Emergency departments. This is a picture that has been experienced on a national scale. Whilst the Trust did achieve 95% for the year overall, performance in the final quarter fell below 95% of patients seen within 4 hours. Actions are in place to ensure performance is returned to above 95%.
- **Bed pressures and discharges:** The Trust opened its Acute Medical Unit at DPOW during 2012, a unit designed to accommodate ambulatory care conditions on a short stay basis. This has improved patient flows between A&E and admission and supported the Trusts already strong performance for length of stay.

Community beds opened by another provider during 2012 to support patients who are

medically fit and able to be discharged have not delivered the much needed capacity, leaving the Trust unable to access the beds on a regular basis. With the continued, unacceptable level of patients remaining within acute care unnecessarily, Commissioners and providers within North East Lincolnshire have agreed for an intermediate care facility to be developed on the Diana, Princess of Wales site. This will open in the first half of 2013/14.

- **Strong Performance:** The Trust is reporting above peer group average performance for;
 - Average length of stay
 - Daycase rates
 - Emergency re-admissions within 30days
- **Collaborative working:** The Trust continually explores opportunities to work with external parties, assessing the potential benefits of partnership working within Northern Lincolnshire and elsewhere. For example, the development of an Integrated Therapy Service working within North East Lincolnshire, and collaborations with other Trusts for the provision of non-clinical services e.g. Fraud and Informatics.
- **Efficiency & cost control:** The reference cost position shows that the Trust has continued to provide services at a more cost effective way than national averages. In view of the recent quality focus across the NHS, the Trust aims to ensure that we maintain a robust balance between quality and affordability.

The Trust sets out below the specific proposals and service plans which are designed to deliver the necessary strategic changes and address those factors which require improvement or further attention.

Section 3 - Quality Strategy

3.1 Quality Strategy Outline:

The Board at NLAG recognises its role in placing quality and safety at the centre of everything it does. The Quality and Patient Experience Strategies agreed by the Board outline how the Trust will ensure robust systems and processes are in place to support this vision. The Trust has strong patient experience results; 98% of the Trust's patients would recommend the Trust to their family and friends. The Trust's programme builds upon the current favourable aspects of the overall experience it provides to its patients, and challenges all areas where performance is not at the levels we expect.

3.2 Mortality Improvement:

A priority focus is our review of mortality rates and on-going improvements. The Trust has, since the emergence of clear data on this issue towards the end of 2011, steadily built and improved upon an action plan. This plan has two broad components:

- Specific targeted projects to improve pathways and outcomes in service areas with problematic mortality performance;
- Wider programmes to tackle more systemic problems affecting the quality of clinical decision making, capacity restrictions, and patient care.

A key factor in delivering necessary improvement is to ensure that front line clinical staff are committed to change and the process of on-going improvement. The Trust has run a programme of engagement events to set the scene for further work on mortality improvement, and refocused action plans to put clinicians in the key lead roles in delivering improvement. The Trust understands the responsibility it has to patients to bring about significant improvement in performance. The Keogh Review will assist in this process.

3.3 Quality and Patient Experience Strategy:

The strategy sets out the Trust's approach to quality and patient experience, and identifies Trust priorities for the next three years. It describes how quality goals and enhanced patient experience will be delivered, and how delivery will be measured and assured. It provides a framework to support and motivate staff to deliver the highest possible quality care.

A key principle underpinning the quality strategy and patient experience strategy is a belief that treating our patients with respect and dignity enhances their wellbeing, and supports a more conducive working environment for staff. This principle is also a vital factor supporting the Trust's business and financial plans; to nurture and sustain a sound business strategy, the Trust must meet the expectations of its patients, commissioners and other service users.

Key components of the quality and patient experience strategy

- To evidence through our governance programme that risk assessment and quality improvement are embedded in everything we do.
- To ensure the delivery of all of the high impact changes which are set out in both the CQUINs guidance and Innovation: Health and Wealth.
- Provide a tool in which to drive forward positive change, where the focus is on people and outcomes rather than processes.
- Integrated Care Management significantly improves the experience and outcomes of patients needing NHS care especially for long term conditions. The Trust will continue to work alongside local organisations to embed the culture of collaborative working.
- For all patients receiving a diagnosis of dementia, the Trust will provide a 'This is Me' booklet. Discussions with the patient and or their carer will include signposting to

advice and support services that are available to them.

- The Trust will continue to deliver robust services in respect of safeguarding vulnerable adults and children in multidisciplinary settings, including the provision of expert training and advice.
- For all patients who have Learning Disabilities, the Trust has a learning disabilities nurse who provides support and training for staff. Discussions with the patient and/or their carer will include signposting to advice and support services that are available to them. We are currently undertaking a gap analysis in relation to Winterbourne View and the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD). This will be presented to the Trust Board and any action required prioritised.

In support of the above strategy the Trust has concentrated attention on a number of areas for further service improvement, such as mortality, improving care to reduce avoidable harm, and High Impact actions for Nursing.

3.4 Board Oversight on Quality:

During 2011, the Trust undertook a gap analysis against Monitor's Quality Governance Framework. Whilst no significant gaps were identified, some actions were agreed to further strengthen the Trust's quality governance arrangements. The resultant action plan was approved by the Trust Board and progress has been monitored via the Quality & Patient Experience Committee. The completion of this work has also informed the Trust Board's consideration of the self-certifications required as part of the Strategic Plan process. The above strategy is supported by four key documents, the progress against each of which is the responsibility of the Trust Board and its sub-committees:

Quality monitoring

- **Annual Quality Account** - this document sets out in detail the clinical quality priorities for the year ahead in addition to reviewing the progress made towards the previous year's objectives.
- **Delivery Plans** - this sets out the timetable by which we will monitor the implementation of the Strategies.
- **Monthly Quality Report** – this provides the Trust Board with a detailed focus on progress towards meeting these priorities throughout the year.
- **Monthly Mortality Report** – this provides the Trust Board with a detailed focus on the progress in relation to the mortality action plan and clinical priority workstreams supporting this work throughout the year.

The strategy also includes the following initiatives which, whilst commenced during 2011/12, are planned to be further progressed during the course of this year:

- Further development in the use of care bundles to identify standards of care for specific conditions.
- To fully embed the use of the new Quality Dashboard that has been produced to provide a Board to Ward view of quality throughout the Trust.
- Continue to develop the staff reward and award schemes.
- A formal commitment to leading, managing and delivering our services in line with the vision and values created together with our staff

The patient experience strategy plan includes the following initiatives:

- The Trust Board will play an active leadership role advocating improvements in patient experience
- Learn from high profile failures to ensure that we have the right staff with the right skills in the right place
- Developing highly competent staff who behave in a compassionate manner

The Chief Nurse has the lead for quality at Board level, working closely with the Medical Director and the Director of Clinical and Quality Assurance, and the Non-Executive lead, who chairs the Trust's Quality and Patient Experience Committee. This Committee is responsible for the following:

Quality & Patient Experience Committee responsibilities

- Overseeing the development and implementation of the Trust's Quality Strategy and Patient Experience Strategy and the agreement of annual quality objectives.
- Considering the monthly Quality Report and Annual Quality Account prior to submission to the Trust Board and publication of the Annual Quality Account.
- Ensuring that actions arising from the external assurance on the Annual Quality Account are implemented.
- Agreeing key quality performance indicators and utilising these as appropriate to assess Trust performance and improve quality and patient experience.
- Monitoring the Trust's performance in respect of the achievement of quality contract targets e.g. CQUINs/Quality KPIs and advising on remedial actions where shortfalls are identified.
- Using information from the CQC Quality & Risk Profile (QRP) and other sources of information to identify and address issues (e.g. Mortality) which may impact on the Trust's ability to deliver a safe and effective service to patients.
- Considering the outcomes of relevant local and national audits and reports (e.g. Dementia and stroke) and recommending appropriate action to further improve quality and/or monitoring the development and implementation of appropriate action plans.
- Making recommendations for action to Directorates and the Trust Board for developing or improving standards, systems and processes for improving quality and patient experience.
- Agreeing the Annual Clinical Audit Programme and the Annual Clinical Audit Report prior to submission to the Trust Board.
- Agreeing the Trust's strategy and approach to information to improve the experience of patients.
- Acting as the central repository of all patient feedback in order that the intelligence from a variety of sources is considered in the round rather than in isolation.

During 2012/13 the Trust has undertaken a considerable piece of work to develop a Quality Dashboard to enable a Board to Ward view of the key quality indicators being measured. This has been developed on the Health Assure system, by which the Trust measures its assurance against national requirements. They include the following:

- CQC Registration Requirements
- The Hygiene Code
- NHS Litigation Authority Risk Management Standards for Acute Trusts
- Clinical Negligence Scheme for Trusts Risk Management Standards for Maternity Services
- Information Governance Toolkit

- Code of Governance Framework
- Health and Safety
- Regulations Applicable to Facilities Management
- NICE
- Clinical Audit
- Equality and Diversity.

3.5 Quality Improvement Actions:

The Committee has constructed an ambitious programme of quality improvements designed to support the delivery of the quality strategy set out above. Through the consultation process, measures have been identified to monitor delivery of this programme. Progress on delivery will be measured through the following milestones:

Quality Improvements

- **Patient Safety Measures** – the first dimension of quality must be that we provide safe services to patients. This includes ensuring the environment is safe, clean and reducing avoidable harm such as drug errors or unacceptable rates of healthcare acquired infections (HCAI). The Trust will focus in particular on the following areas:
 - reducing the number of cases of MRSA
 - reducing the number of cases of C.difficile
 - increasing the volume of harm free care in both the acute and community settings
 - reduction in the number of avoidable falls
 - reduction in the number of avoidable pressure ulcers.
- **Patient Experience** – this dimension focuses upon how the person is cared for – the compassion, dignity and respect with which our patients are treated. The consultation process incorporated the following measures for this domain:
 - implementation of the Friends and Family Test
 - reduction in the number of re-opened complaints
 - 90% of actions plans following complaints to be implemented within timescales
 - 10% reduction in the number of complaints received by the Trust by March 2014
 - implementation of a cultural barometer.
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- **Clinical Effectiveness Measures** – this relates to the success rates from different treatments for different conditions. Assessing this will include (amongst others) the following clinical measures:
 - to improve our position in relation to mortality
 - to improve our performance in relation to the use of NEWS
 - to achieve the standards outlined in the national dementia CQUIN
 - to improve consistency of compliance with NICE guidance.

3.6 CQC Registration:

The Trust is not fully compliant with the registration requirements of the Care Quality Commission (CQC). In February 2013, the Trust received its planned but unannounced inspection visit by the CQC. Whilst no major concerns were highlighted during the visit, it was identified that some action is required in respect of the following outcomes:

- Outcome 4: Care and welfare of people who use our services (moderate impact)
- Outcome 14: Supporting workers (moderate impact)
- Outcome 21: Records (minor impact)

The Trust was already aware of these issues and actions were underway in some areas, e.g. mandatory training and appraisal. Actions are continuing to address the non-compliances identified as quickly as possible to ensure the Trust returns to full compliance with CQC registration requirements.

Section 4 - Trust Clinical Strategy

4.1 Service Development Strategy:

The Trust has identified developments for services which fit within the wider development strategy, flowing from the key themes of clinical sustainability, cost efficiency, and service quality. The Trust will under the auspices of the sustainable Services Review continue to identify the most appropriate strategies, service by service, which will retain critical mass in order to guarantee ongoing clinical viability.

The Trust has used its own service line and patient level cost information to inform its strategy. Key areas for action include general surgery, where erosion of high end surgery workloads as tertiary centres centralise work, as one example. Acute medical services have also suffered as the application of the 30% marginal rate has driven an adverse impact on profitability as demand has increased. The Trust is an active member of the NHS Benchmarking service, and uses output from this service, alongside other benchmarking data, to inform development and savings plans.

As important as financial information in developing clinical strategy is performance information – particularly clinical outcome data. This is still a developing field, but the Trust is active through its planning processes in identifying and utilising data that is available, and developing comparative analysis.

The Trust has commenced work on redesigning services already. Unscheduled care services are a prime example, with development along revised models, working with local commissioners and other providers. This process is live at both DGH sites. This is an integrated programme of pathway, workforce and facility redesign. Further examples include the redesign process for Goole, with a redesigned medical model and increased focus on diagnostic and daycase services. In Women and Childrens' services, ongoing improvements have done much to close a historic profitability gap. The Trust also continues to work on services with scope for expansion, with diagnostic services a key area. Pathlinks, the existing hosted cross Trust service for Lincolnshire, is working through proposals for an extended collaborative as part of the competitive tendering process for East Midlands direct access pathology.

4.2 Clinical Workforce Strategy:

The Trust continues to invest in its workforce with an approach underpinned by the Organisational Development (OD) and Workforce Strategy, April 2012. This strategy gives clear direction for recruiting, developing and retaining the current and future workforce. The ultimate aim is to create a truly great organisation which delivers the best in patient care. The Trust recognises that strong organisational values increase staff engagement and also improves the overall patient experience. The organisational development strategy therefore is aimed at establishing core values with staff, to shape behaviour and develop a positive strong organisational culture. The strategy is based around three core areas of focus:

Core dimensions of the Organisational Development model

- **Workforce development** - the Trust's plans ensure that the workforce is of the right size, with the right skills and organised in the right way.
- **Education & training** - this covers both organisational and individual priorities facing the Trust; ensuring that we meet the mandatory commitments in maintaining a capable and competent workforce and develop teams and individuals to their full potential.
- **Communication & culture** - the Trust plans to develop the existing PR and communications function in order to provide a greater focus on developing the Trust 'brand', provide leadership support for communication and nurture communication as a core competency throughout the organisation.

This overarching work supports the strategy to develop the clinical workforce, in line with the following key issues facing the Trust:

Medical Staff Recruitment: The Trust has traditionally struggled to attract both training grade and substantive medical staff because of relative geographical isolation. This has in turn put pressure on costs, and introduced a potential quality risk factor. This is particularly problematic in pressure specialties such as A&E.

Nursing Staff: Whilst the Trust has not struggled to recruit nurses historically, continuing demand pressure and workforce demographics have started to lead to pressures in nursing establishments, testing bank capacity and pressuring staff in post.

Technical and Therapy Staff: The Trust has seen significant improvements in availability of these staff types, but is looking to develop greater skill mix and role change improvements.

The Trust has recently embarked on a project focusing on the recruitment, induction and deployment of staff. The aim of the project is to improve recruitment processes, timescales and quality decisions by introducing a centralised model of recruitment and ensuring robust induction arrangements are in place. Work is in progress to introduce cohort recruitment for areas such as nursing and health care assistants, and create talent pools enabling posts to be filled in a timely manner.

The Trust recognises that there are posts which are difficult to fill for a variety of reasons and therefore innovative approaches to recruitment are being developed. These include the development of new roles, supporting staff to take up training opportunities as an enablement to career progression, looking at marketing the Trust on an international platform, and forming partnerships with overseas organisations/agencies.

An apprenticeship recruitment programme was launched in January 2013 which resulted in the appointment of the 34 new apprentices. This is the first phase of an on-going plan to further develop apprentice opportunities within the organisation. In addition to the above the Trust is currently focusing on re-launching the Trust's Employability and Work Experience Schemes. This will enable individuals to achieve real skills within the workplace and valuable experience currently not available. This will help develop the potential skills of unemployed individuals to the benefit of not only the Trust, the individual and the wider health agenda as well as ensuring that we have closer ties with the local education providers.

The Trust has an on-going process designed to ensure that staffing levels in clinical areas remain safe at all times, and are subject to regular review to reflect changes in clinical workloads. This links also into the development programme for clinical staff at all levels, through improved training and development programmes for staff.

The Trust has undertaken a comprehensive review of mandatory training and strengthened its recording and reporting systems. This is supported by a locally developed, and now fully operational, Mandatory Training Information System (MTIS), which will provide both clarity to each staff member over their mandatory training requirements, whilst at the same time provide Board level assurance that mandatory training is taking place and our staff remain compliant.

The Trust has established a Workforce Review Group, chaired by the Director of OD & Workforce, which will oversee and take overall co-ordinating responsibility for workforce elements within the Strategic Plan.

4.3 Clinical Development Strategy – Developmental Plans:

The plans the Trust have developed will dovetail into the potential outcomes from the Sustainable Services Review whilst ensuring immediate service delivery is safe and of the highest quality. The Trust's reconfiguration plans over the next three years and beyond aim to deliver longer term benefits:

1. Improvements in the quality of patients experience
2. Sustaining the future financial viability of services

More specific outcomes include:

- Service environment to enable a safe, optimal flow of patients, meeting the clinical needs associated to the patient group and adhering to all critical accreditation standards.
- Reconfiguring services to support hospital avoidance where clinically safe to do so.
- Delivering a service configuration which enables inpatient wards to operate at an 85% occupancy rate.
- Delivering services differently, such as implementation of ambulatory care models to build upon the Trusts already strong length of stay performance and to reduce outliers.
- Delivering services which are financially viable, placing particular focus through the transformation programme on those services that have been highlighted through service line management as unviable as currently configured - for example transforming Scunthorpe A&E into an integrated North Lincolnshire Unplanned Care Service.

Through the leadership of the 'Goole Going Forward' Board, a significant commitment has been given to reviewing services and exploring opportunities for future developments which are aimed at enhancing future sustainability of the hospital. During April 2013 additional services commenced in Goole:

- Expansion to Endoscopy services, complimenting existing service provision
- Provision of mobile MRI and CT diagnostic services
- Commencement of a Hysteroscopy service

Further developmental opportunities will be explored as we progress throughout 2013/14 in collaboration with Commissioners.

In addition to the above, working alongside clinical teams and other key stakeholders, the agreed priority work streams are as follows:

Priority Workstreams

- **Unplanned Care** - Delivery of agreed Unplanned Care specifications improving the patient journey, from accessing care through to discharge from care (encompassing newly established locality teams in North Lincolnshire); working across organisations, integrating services to deliver across seven days will achieve robust and cost effective service provision. A variant of this approach is also being pursued in conjunction with partner providers in North East Lincolnshire who hold responsibility for community provision in that area.
- **Emergency Ambulatory Care & Short Stay** - Reconfiguring medical services on the Scunthorpe site to include a fully functional Emergency Ambulatory Care Unit providing a short stay facility upon which the Trust will expand the ambulatory care model and build upon same day / within 48hrs care.

Adherence with best practice standards to deliver 4 bedded bays with hand basins and wash facilities as opposed to the current 6 bedded bays. This supports the Trusts zero tolerance to health care acquired infections.

Transformation of existing surgical inpatient areas providing short stay assessment areas upon which to expand the ambulatory model of care and further implement enhanced recovery and technologies such as intra operative fluid management reducing length of stay for patients.

- **Intensive Care** - The Critical Care network have identified Scunthorpe General Hospital site as a site with an above average number of out of area referrals for critical care patients. With increased acuity seen throughout the last 6 months, and an increased number of planned operations cancelled due to no available ICU beds, it is crucial to increase wider intensive care services. The development of a High Dependency Unit at the Scunthorpe site and an Acute Respiratory Care Unit at both main acute sites are a priority for the Trust, and deliver on actions identified as part of the Trust's Mortality Action Plans.

- **Decant Facility** - With the increase in non-elective activity, the Trust will create flexible decant facilities. The reconfiguration plans enables the Trust to create dedicated decant facilities which support peaks in demand ensuring consistency and robustness in quality of care given especially in view of current non elective levels of demand.

Integrated / Community Care

Palliative Care - Building upon existing community provision within North Lincolnshire, the Trust will develop a higher quality and more cost effective End of Life/Palliative Care service. This will provide a service which will reduce the number of deaths in the hospital setting by delivering an integrated seven day service within the clients place of residence, a service which through working across different organisations and removing the reliance on agency staff will be robust and sustainable, and will be one which will give clients dignity and choice towards the end of their life.

Dermatology - The Trust will locate Dermatology services within a community location to support the Trust's strategic direction detailed above. Through partnership working between the clinicians (both primary and secondary care), utilising telemedicine to enable care to be undertaken within individual GP practices with in-reach into acute clinicians for advice & guidance, thus reducing acute attendances.

Community Equipment store - Working alongside our commissioning colleagues, other providers and community members, the Trust are exploring potential opportunities to provide a sustainable solution for the equipment service. This will provide a solution which enables economies of scale through integration of all equipment services and provide an environment which is fit for purpose.

Women's and Children's - Redesign of Women and children's services on the Grimsby site, incorporating the co-location of the gynaecology ward, will deliver efficiencies through improved patient flows and reduction of outlying patients.

Repatriation of Patients

Cardiology Day Case Unit - Develop a Cardiology Day Case Unit with the primary function to provide a dedicated Cardiology Cathlab enabling the repatriation of the Cardiology Complex Devices service from Hull & East Yorkshire NHS Trust providing local services for local residents.

Northern Lincolnshire Wide

Continued development of 7 day services - Equitable access to services where needed regardless of day of the week. Steps are already being taken to move diagnostic services onto a 7 day working week and a project group has been established to take forward 7 day working in the wider context.

Intermediate Care/Step Down Facilities - With the continued high level of delayed transfers of care at the Grimsby site and the difficulties experienced in accessing community beds, the Trust will be creating an intermediate care unit. This unit will accommodate patients who are medically fit but awaiting further NHS care. The unit will build upon the successfully implemented Stroke Intermediate Rehabilitation Unit opened during 2013. Both of these units will alleviate pressures within acute care experienced whilst awaiting transfers of care from acute to community settings.

With the changes in pathway from the Trust to the Specialist Tertiary Centre, the Trust needs to adapt its service provision to deliver care for patients who have receive their specialist care within the Tertiary Centre but who are not yet able to be discharged back to their place of residence. Pathways are being established and potential facilities being

explored across all 3 Trust sites for this provision.

Outpatients - The contractual framework for North East Lincolnshire contains the commissioning intention for the Trust to deliver a significant improvement in outpatient new to review ratio. The Trust and CCGs have agreed to work together to undertake a clinically led review of all follow up patients within four focus specialties initially. The outcome of the review must develop robust governance arrangements and secure clear patient pathways agreed by all parties to deliver consistent, safe services going forward.

Endoscopy Service, JAG Accreditation - The Trust attained JAG accreditation in 2008. Following a change to accreditation standards, this is now an annual review process. During our last review the Trust received accreditation, however conditions for improvement were attached. The Trust is progressing with both the process and environmental changes required to ensure full accreditation is maintained.

Partnership Working - The Trust is working with a number of external parties to assess the potential merits of partnership working within Northern Lincolnshire. The Locality Teams within North Lincolnshire are proving successful delivering easier access to the most appropriate service and reducing duplication in attendance. Work continues with the two social enterprises within North East Lincolnshire to deliver integrated therapy services and improved care for patients with Dementia.

4.4 Performance Targets

Maintaining strong performance remains an upmost priority for the Trust; especially within an extremely challenging environment. The Trusts aims to achieve compliance against performance measures both national and local performance measures contained in both the compliance framework and the standard contract. The Trust Board will continue to focus on ensuring these measures are achieved.

Whilst the Trust will aim for compliance, a number of pressures have been placed onto the Trust. At the Diana, Princess of Wales site insufficient intermediate care facilities have meant patients remain in hospital longer than clinically necessary. The Grimsby site has continued to report unacceptable levels of delayed transfers of care. Coupled with an increase in acuity of patients requiring admission, this has impacted upon beds available and contributed to delays in admissions from A&E and ultimately achieving the 4 hour turnaround measure.

At the Scunthorpe site, delayed transfers of care are not a significant issue - however we have continued to see an increase in demand for urgent care services. With the tendering process for Unplanned Care taking longer than originally anticipated, the Trusts plan to develop an integrated unplanned care service will now come to fruition in quarter 3 of 2013/14.

The plan for 2013/14 is to continue to monitor key quality indicators with a Trust focus on improving mortality, A&E and clostridium difficile performance.

Section 5 – Productivity, Finance And Investment

5.1 Financial Context:

The Trust's financial strategy is constructed within the national economic environment of zero real terms growth in overall health funding, and the continued prospect of income deflation for the acute sector. These national pressures force the whole community to agree and construct a service profile across the local health economy which is both affordable and deliverable. This represents a significant challenge, and will require all agencies to play their part in tackling major service transformation.

The Trust is not anticipating any material change to service configuration through this process which would impact upon the 2013/14 service delivery plans. The financial assessments made for 2014/15 and beyond have been constructed upon the basis that commissioners adopt service configuration proposals which have been set out in a "Strategic Options" report prepared by the Trust in autumn 2012, and fed into the Sustainable Services Review deliberations at that time. However, given that there is no guarantee that commissioners will adopt these proposals, there is a potential that plans for 2014/15 and beyond will need to be adapted.

The Trust will continue to play a pivotal role in the Sustainable Services Review in order to influence commissioner option appraisal thinking. The Trust needs commissioners to build upon the effective community-wide working thus far, and acknowledge the benefits to be gained from an integrated healthcare system. This philosophy forms the basis of the Trust visions to expand its service portfolio, generating alternative income flows - much needed following national changes to patient pathways which have diverted existing Trust income elsewhere.

5.2 Financial Performance 2012/13

During 2012/13 the Trust generated a trading surplus of £2.5mil, before the application of exceptional costs relating to restructuring and asset valuation changes. Once gains on asset transfers have been taken into account the Trust reports an underlying surplus consistent with definitions used in the Monitor Risk Rating Framework of £2.3mil - approximately £0.3mil ahead of the planned surplus for the year. This reflects an overall improvement in the bottom line trading position in the second half of the financial year, predominantly but not exclusively due to the settlement of a contractual package with commissioners. This covered both the impact of excess demand upon the Trust, and contributions to support the transformational journey which the Trust has embarked upon.

The following table outlines the summary financial performance in 2012/13:

<i>Financial performance – 2012/13</i>	Plan £mil	Actual £mil
Clinical Income	275.1	285.4
Non Clinical Income	31.8	32.3
Total Income	307.0	317.8
Pay Costs	(205.2)	(214.2)
Non-pay Costs	(85.9)	(90.3)
EBITDA	15.9	13.2
Post EBITDA Items	(13.8)	(10.9)
Trading Surplus	2.0	2.3
Restructuring and Revaluation Costs	0	(0.2)
Final Surplus	2.0	2.1

The Trust ended 2012/13 with cash balances of £32.6mil. This sum is approximately £11.8mil higher than the original plan, and reflects the deliberate policy of accumulating sufficient liquidity flexibility to support an ambitious programme of investments necessary to fund the transformational changes required from the service during the medium term. This strong liquidity position is central to plans for the next 3 years, giving sufficient flexibility to continue to invest to transform.

5.3 Financial Projections 2013/14-2015/16

The Trust, like most of the acute sector, faces an extremely challenging financial position for 2013/14. This is primarily due to the combination of the following factors;

- An expectation from commissioners of flat line income levels or, at worst, potential future real terms reductions in income
- The potential for increased investment in clinical front line services due to the Trusts mortality position and increased sensitivities to clinical risks associated with the recommendations within the Francis Report.
- Continued operational pressures brought about by referral demand which make significant in-year clinical infrastructure savings during the course of 2013/14 in a number of services an unrealistic prospect.
- Diminishing prospects for significant future savings from non-clinical areas

The Trust's business planning processes for 2013/14 will therefore need to effectively combine the following key priorities:

- to actively support (and, where necessary, lead) commissioners in pursuing the transformational agenda during 2013 in order that any changes to service provision brought about by this can be effectively implemented in 2014/15 and beyond;
- to deliver a challenging programme of cost efficiencies which can bridge the financial gap brought about by the absence of a clear cross-community service strategy recognising the imperative that the safety and quality of service provision during the course of this year must be preserved;

The Trust is not expecting any material real terms growth in overall income levels, and therefore assumes that all cost increases and investment priorities will be internally funded via the efficiency programme embedded within the plan. The following table outlines the Trust financial performance in 2012/13 and how this is envisaged to develop over the following three years:

	2012/13	2013/14	2014/15	2015/16
	£mil	£mil	£mil	£mil
Income - Clinical	285.42	280.15	280.56	284.88
Income - Other	31.42	31.94	33.78	35.08
Income - Donations	0.68	0.30	0.30	0.30
Expenditure – Pay	(214.20)	(208.61)	(207.12)	(207.55)
Expenditure – Non Pay	(90.23)	(91.56)	(95.75)	(100.66)
EBITDA	13.09	12.22	11.78	12.04
Post EBITDA Items	(10.77)	(11.88)	(10.05)	(11.74)
Trading Surplus/(Deficit)	2.32	0.34	1.73	0.30
Exceptional Items	(0.24)	0.00	0.00	0.00
I&E Surplus/(Deficit)	2.07	0.34	1.73	0.30

The above financial framework presents significant managerial and operational challenges to the Trust and, given the scale of the cost reduction plans upon which it is predicated, is risk laden. The Trust does have detailed and robust plans in place for the forthcoming year, which are built upon the following key planning assumptions:

- Certainty over income levels for 2013/14 following the agreement of a firm contracting base with commissioners;
- A health community wide agreement to jointly review service plans and structures for 2014/15 and beyond, which incorporate reconfiguration plans to redesign services to reduce costs without affecting underlying service delivery;
- A foundation for full year savings for the forthcoming financial year as a consequence of workforce reductions being implemented in the first half of 2013;

- Further efficiencies which are due to be generated through a robust process of a local renegotiation of terms & conditions with staff, combined with the full roll out of key workforce enablers such as E-rostering across a range of staff;
- A programme of estates rationalisation which combines sales of redundant estate with energy efficiency measures for the remaining estate;
- Income generation initiatives, the introduction of which will be co-ordinated through a Commercial Ventures Committee, which reports to the Trust's Finance Committee.

5.4 Investment Plans - Capital

The funding brokered during 2012/13, combined with monies sourced internally as part of the overall capital and working capital structure, allow the Trust to embark on a capital investment programme to deliver transformational development:

	2013/14	2014/15	2015/16
	<u>£mil</u>	<u>£mil</u>	<u>£mil</u>
DPOW Reconfiguration Programme	3.11	2.48	0.02
SGH Reconfiguration Programme	1.80	0.50	2.40
GDH Reconfiguration Programme	0.00	0.05	0.35
Planning and Feasibility Works	0.08	0.08	0.13
Community Equipment Facility	1.06	0.00	0.00
DPOW MRI	0.00	1.00	0.00
Energy Collaborative	0.35	3.90	0.75
Facilities Maintenance Programme	1.67	1.50	1.50
Equipment Renewal Programme	3.12	2.50	2.50
IM&T Programme	1.50	1.50	1.50
Total Capital Programme	12.69	13.51	9.15

The capital investment strategy is tied directly to the changes needed to support the transformation process. It includes key developments in healthcare environments at all sites, supporting remodelling of unscheduled care services and improved diagnostic provision and improved patient environments. At DPOW, the plan includes the development of a new Cardiology Daycase Unit to support enhanced service provision across the Trust, and at SGH plans include significant upgrades to critical care and high dependency care facilities. The programme also supports the development of intermediate and step down care facilities, one part of the Trust-driven development of integrated secondary and community care.

A further key feature is the expanded IM&T development programme – linked to Trust improvements in systems to support quality improvement and savings through the move to paperless information provision.

The Trust envisages that the capital cost of the energy efficiency programme will be sourced via external borrowing. The Trust is developing a guaranteed savings model for this scheme with partner British Gas. The precise capital investment requirement is expected to be finalised in late summer. The Trust has approached the Foundation Trust Financing Facility to explore the potential for support.

5.5 Investment Plans - Revenue

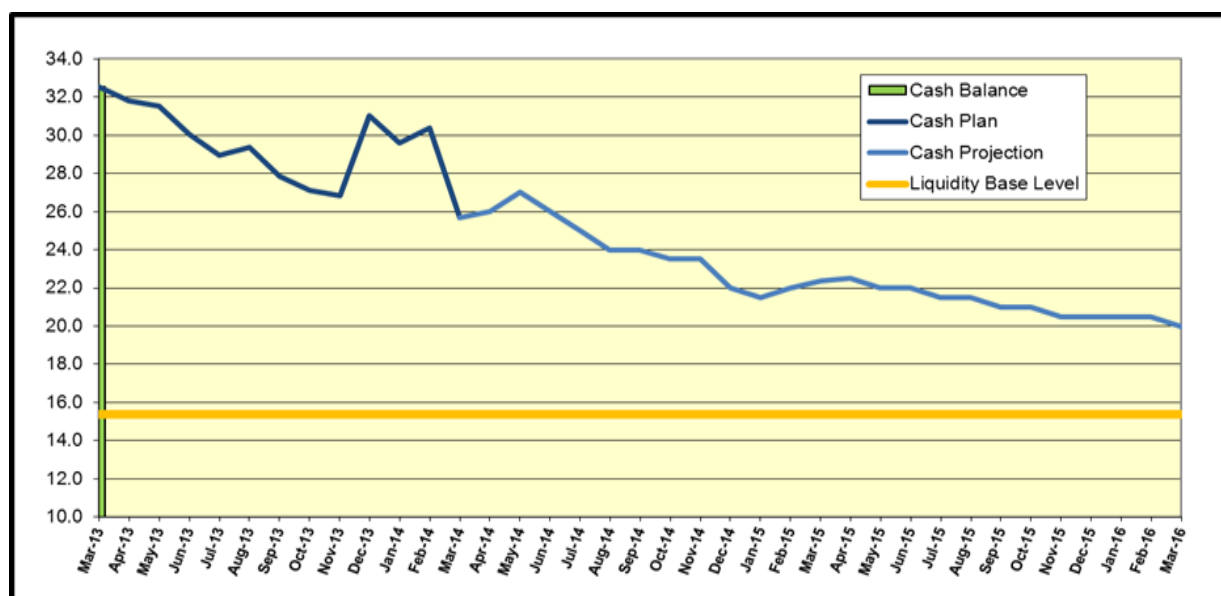
Despite the straightened financial conditions facing the healthcare community, the Trust still plans to continue investments to support quality improvement. Investment plans are focused on the extension of services across all 7 days of the week, improved bed capacity, and further improvements to medical staffing and nursing cover. These are all key areas identified as potential improvers across a range of quality indicators, including mortality rates and patient experience. The following table shows the plan totals over the period:

	13/14	14/15	15/16
Total New Revenue Investment In Year	£4.85m	£4.25m	£4.31m

5.6 Working Capital and Liquidity

The Trust's working capital strategy seeks to make maximum value from the Trust's strong liquidity position. The Trust enters 2013/14 with a very strong liquidity position, with sufficient financial flexibility to deliver the transformation agenda. This will also provide the Trust some flexibility in the management of the financial risks contained within the financial plan.

Given the Trust's strong liquidity position, there are no foreseeable requirements for the existing working capital facility to be accessed. The Trust is giving serious thought to not extending the facility after November, given potential changes to the Risk Rating Framework. Plans assume at this stage that the facility will be maintained through the plan period. The projected cash position of the Trust is set out below, reflecting the ongoing investment strategy over the period utilising existing liquidity balances.



5.6 Productivity Improvements and Savings Delivery:

The total cost improvement plan over the period contained within the plan is as follows:

	2013/14 £mil	2014/15 £mil	2015/16 £mil
Medical Staffing - PA and Session Costs	2.01	0.39	0.08
Medical Staffing - Establishment Reconfigurations	0.83	0.31	0.22
Medical Staffing - Locum Cost Controls	1.15	1.25	1.10
Nursing - Facility Reconfigurations	1.10	0.31	0.34
Scientific/Technical - Establishment Reconfigurations	0.28	0.33	0.18
Bank and Agency Cost Controls	0.30	0.31	0.23
Non Clinical - Administrative Reconfiguration	0.96	0.35	0.22
Non Clinical - Hospital Support Assistant Role	0.75	0.57	0.28
Non Clinical - Other Roster and Staffing Efficiencies	0.93	0.17	0.14
Procurement and Drugs Controls Savings	2.16	2.28	1.67
Technical Savings Programme	2.38	1.10	0.80
Terms and Conditions Savings Programme	1.50	1.83	1.38
Total Expenditure Savings	14.35	9.20	6.64
Income Generation Schemes	1.50	0.80	0.20
Total CIP Programme	15.85	10.00	6.84

This represents a challenging plan, particularly in year 1, when the total value equates to 5.1% of turnover. This reflects the need to match over the period the forecast level of savings efficiencies built within the national tariff. The key themes behind the savings plan include:

Clinical Reconfiguration: Across medical nursing and therapy areas, redesign work on establishments to better reflect operational requirements will deliver savings. Examples include the reconfiguration of paediatric facilities following service redesigns undertaken in 2012/13, and the remodelling of medical staffing teams to reflect changes to workloads. This process is the method by which operational improvements in areas such as length of stay, readmission rates and productivity.

Non Clinical Reconfiguration: The Trust is part way through its Fit For The future programme of support service redesign. This has delivered significant savings already, and will continue through the plan period. This work is due to complete by March 2015.

Role Redesign: Radical role design work will deliver savings and improved quality. The most significant example in the current plan is the development of the Hospital Support Assistant role, now in pilot stage.

Roster Control: Improved rostering improves service quality and cost effectiveness, reducing additional sessions, bank use and overtime. The Trust continues to roll out its e-rostering programme.

Procurement Savings: There are still further savings to be delivered on Non pay through improved standardisation and procurement.

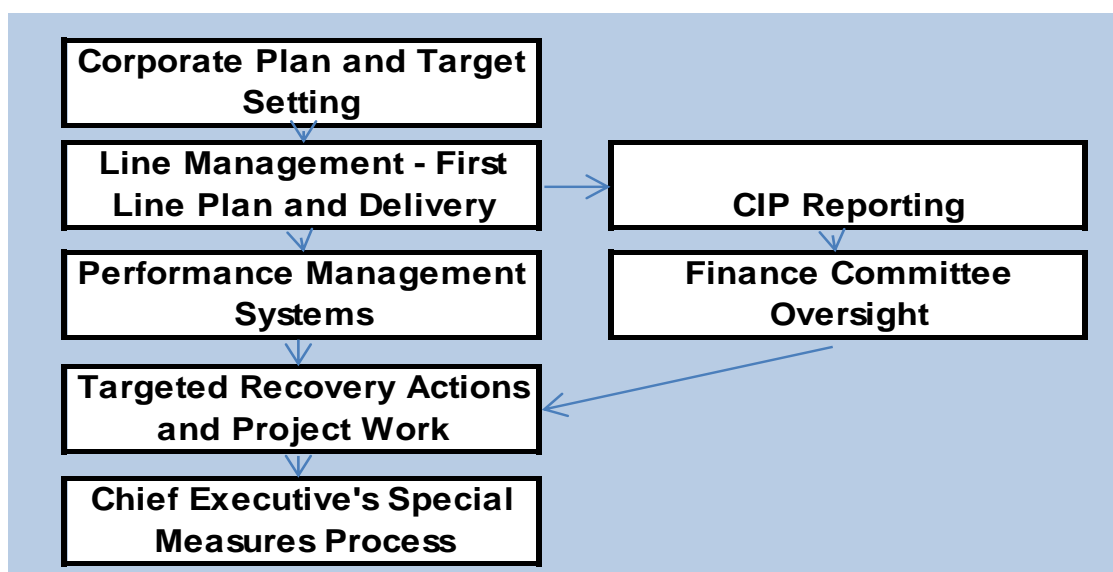
Technical Savings: Work to optimise cost of capital, taxation arrangements, and income for non clinical services remain a supplementary feature of the programme.

Terms and Conditions: The Trust will continue to work to develop the existing national and local pay frameworks to improve flexibility and equity.

5.7 CIP Delivery and Governance:

The programme was signed off to ensure no anticipated adverse impact on quality by the Chief Nurse and Medical Director internally, and also by local commissioners. The Trust recognises that to save at the expense of quality would be counterproductive.

The plan is challenging, and therefore has inherent risks. It is important that delivery support is in place to make sure that the plan will be delivered, and that where slippage occurs it is identified rapidly, and corrective action taken. The Trust can support only limited slippage on plan delivery, and cannot support non delivery recurrently. Plan delivery will be undertaken through the Trust's internal Performance Management framework, overseen by the Finance and Performance Committee of the Trust Board:



Section 6 - Concluding Comments

The Trust faces challenge from 3 directions:

- The need to redesign services within a modernised framework
- The need to improve clinical quality and patient experience
- The need to live within extremely tight financial constraints

6.1 The Modernisation Programme

The Trust has already started to redesign and evolve its business model to meet this challenge, with a focus on out of hospital care. The Trust has worked to integrate its secondary and community services in North Lincolnshire following the transfer of services in 2011, and is working on developing similar service redesign programmes across North East Lincolnshire and other areas served by the Trust as principal secondary care provider. This may involve changes to the organisational model locally, and links also to the health and social care integration debate. The Trust is keen to develop its services along the integrated provider path as far as is practicable.

The Trust also looks to evolve its core secondary care services, to repatriate appropriate activity, such as the planned developments around cardiology devices and heart failure, and also to accommodate the pull of activity into tertiary centres. This will affect the Trust's input to the Sustainable Services Review - the need to maintain critical mass in core services will be a key objective for the Trust. The Trust will also be looking to take forward major strategic initiatives such as the proposed hosted expansion of Pathology services across a range of new organisations – expanding on the successful Pathlinks model.

The Trust investment programme has been harnessed to support this transformation in services. The Trust development path is symbolised by the decision to change the Trust name in the course of the year, to better reflect the evolving business model.

6.2 The Quality Improvement Programme

The Trust has clear challenges to face in terms of quality improvement. Despite generally good performance against key targets and patient experience measures, and a commitment to protecting front line services from the financial pressures facing the NHS, the Trust has to develop both pathways and its skilled staff teams if it is to improve its mortality position.

The Trust has a history of improvement in linked areas such as waiting times and infection control. The challenge on Mortality in particular is more complex, bringing together service configuration, clinical decision making, staff skills development and multi sector integrated working. The Trust has taken the first positive steps, and has also started the process of forging the necessary relationships across primary community and secondary care to resolve this issue. The Trust remains confident that the necessary improvements can be delivered, and that quality can be improved even in the face of the financial challenges.

6.3 The Financial Improvement Programme

The Trust has made progress on reconfiguring its cost base to make real improvements, particularly across non clinical support services. This process continues, through a process of reconfiguration and redesign which are delivering improved outcomes and controls in addition to reduced costs. Progress has been slower in clinical areas, but again the first steps have been taken. The Trust has comprehensive and realistic savings plans. Risks in terms of the required pace of improvement are very real, though the Trust has a range of potential mitigating actions to handle some degree of in year delivery slippage. The Trust is fully aware that the programme of savings set out must be delivered if the Trust is able to live within the funding constraints facing the wider health community.

The Trust has a clear view of its own development path, which will deliver the modernised services necessary to deliver improved quality outcomes within tough financial constraints.