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Northumbria Healthcare NHS
NHS Foundation Trust

Annual plan

One year operational plan





Contents

Part 1 – Our strategy for delivering clinically and financially sustainable services

1 Recap of the 2014/15 Strategic Plan

In our 2014/15 strategic plan we set out the following ambition and strategic goals:

Ambition

Our ambition is to provide local patients with the highest possible set of sustainable healthcare services by achieving our vision:

'To be the leader in providing high quality, caring and safe health and care services'.

Strategic goals

To:

- Ensure that quality underpins every decision.
- Provide the safest health and care services to patients and service users.
- Be recognised as a caring organisation locally, regionally and nationally.
- Maintain long-term financial strength despite the challenging environment.
- Attract, retain, support and train the best staff.
- Develop an internationally recognised brand and build strong local and national relationships.

Review of the 2014/15 Strategic Plan

The Board has re-evaluated its 2014/15 strategy to ensure it remains appropriate with particular focus on:

- Changes to the national and local context since we submitted our Strategic Plan.
- The Trust's performance against financial, operational and quality metrics as identified in the two year operational plan and in terms of delivery against Monitor governance standards.

Based on this review (summarised below), the Trust confirms that it is in a position to recommit to the 2014/15 strategy submitted in 2014.

2a. Changes to the national and local context since we submitted our Strategic Plan

The local and national context remains in line with our evaluation in the strategic plan. However, it is clear that the pressures we described (ageing demographic, increased need and increasing financial constraints) are coming to bear on the local health economy (and NHS). In particular:

- *Operationally* - National A&E pressures have been borne out locally with increased demand from the frail elderly and a system wide plan that needs to be strengthened. The Five Year Forward View has articulated the case for change and outlined the shape of potential future solutions.
- *Clinically* - Increasing national focus from the CQC as well as royal college guidelines has raised expected minimum quality standards.
- *Staffing* – National staffing shortages have increased the system reliance on temporary staffing, increasing costs and increasing quality risk.
- *Financially* – Increased demand, rising costs and a reduction in funding have put pressure on our local commissioner's financial position.

Despite this, the Trust's overall performance has remained resilient and the Trust has not observed any material changes to its performance on quality or governance indicators. An area of pressure was observed in Quarter 3 and Quarter 4 with regards to the 62 day screening cancer target. However, as reported to Monitor, this was as a consequence of the very small numbers of screening treatments (6.5 – just over the de minimus of 5) as a result of patient choice due to the Christmas period.

2b. Progress against the Strategic Plan

The Trust has made demonstrable progress in delivering against its Strategic Plan.

- *Operationally*: The Trust has made good progress against its safety and quality measures in 2014/15. For example, despite widespread national deterioration in A&E and Referral To Treatment (RTT) performance over the last winter, the Trust's performance has been robust throughout. Additionally, the Trust has seen a significant improvement in its management of patient falls and hospital acquired pressure ulcers and can now report that it is back in line with the national rate. This is reported in the Trust's Quality Account for 2014/15. The Trust has also made significant progress on the management of sepsis, such that its compliance rate with the sepsis bundle exceeds national available figures.

- *Clinically*: A key component of our Five year strategy is the delivery of the new Northumbria Specialist Emergency Care Hospital (NSECH). The planning of the hospital is still on track with the hospital opening in June 2015. The associated staffing and service changes that are required for this new model of care are under way and the public communication campaign outlining the changes commenced in March. These changes in the model of care is closely linked with future winter and operational resilience planning (see section 2.1 Winter plan) and also with the submission of an Integrated Primary and Acute Care System model (PACS) as detailed within the Five Year Forward View. The post NSECH model creates the environment for primary and secondary care co-location alongside providing the opportunity to explore the development of an accountable care organisation in the future.
- *Financially*: The Trust continues to deliver against its 2014/15 financial plan. In particular, the Trust's income & expenditure performance has been resilient due to strong cost improvement delivery and key capital investments have been made as planned.

3 Overview of refreshed strategic plan

Strategic context

Northumbria Healthcare NHS Foundation Trust (NHCFT) remains proud to be one of the country's top performing Foundation Trusts and, in many ways, is unique to the NHS. The Trust offers a range of services across health and social care, in hospital and community based settings as well as in people's own homes. The diverse range of services, and environments that it is delivered within by the Trust, is rarely found within one organisation. NHCFT have been delivering these services, in local settings for a number of years and continue to do so successfully. This places NHCFT in the unique, but opportunistic, position of being well placed to rise to the challenges facing the NHS in the coming years.

The Trust provides services to people that live in urban areas (North Tyneside) and also to those that live in some of the most rural parts of England (Northumberland). Both areas have industrial histories ranging from ship building to coal mining, with limited population movement out of area (creating an older age profile) and with high level of depritation is some of its catchment area. As such the local population has some of biggest health challenges nationally. Despite this, Northumbria Healthcare is focused on delivering the best possible care with the best health outcomes to its local population, being responsive to the needs of the local population, developing strong relationships across public, private and the voluntary sector, supporting local communities and supporting staff to achieve their personal goals.

Northumbria Healthcare employs over 9000 people, many of whom live in the local communities served by its hospitals, community health services and social care provision. Their personal development is at the heart of the Trust's success and, is why we invest heavily in nurturing and empowering staff to set the quality standards within the organisation. All who work in the Trust, whatever their role, strive for excellence in all that they do and believe that the focus of the organisation is on providing safe, caring, high quality health care to the local population.

However, in order to realise our ambitions of delivering high quality, safe and sustainable services, the Trust will need to meet the significant challenges which it faces. The challenges and our associated action plan to ensure the Trust remains clinically, operationally and financially sustainable over the coming years detailed in the Trust's five year strategic plan (2014).

Strategic priorities

The Trust's strategic priorities remain unchanged from our original strategic plan submitted in 2014/15, but it is worth re-emphasising the Trust's desire to work with the local system and to develop innovative models of care to secure high quality, sustainable services into the future:

The Trust will increasingly work with the local system to integrate community, primary, social and acute services to provide a robust local response to the national frailty issues and financial challenges described previously.

The Trust will work collaboratively with the local system to develop alternative models of care based on the Five Year Forward View. The Trust submitted a PACS bid in collaboration with Northumberland Clinical Commissioning Group and a Multi Specialty Community Provider (MSCP) bid in collaboration with North Tyneside Clinical Commissioning Group. Both bids complement the work that has been undertaken by the Trust in year one of its five year strategic plan. The Trust was successful in its PACS bid with Northumberland Clinical Commissioning Group and has been selected as a 'Vanguard' site. The refreshed Five year plan incorporates the work associated with delivering key components of the PACS bid.

The acquisition of North Cumbria still remains part of the Trusts Five year plan, although the Trust is not dependent on the acquisition for its future sustainability. On going discussions with relevant regulators continue, in order to understand the feasibility of completion of the acquisition.

4 Declaration

The Trust can declare, that based on the evidence it has to date, and the strategies outlined in this plan, that it can continue to deliver high quality services and will remain sustainable as a foundation trust over the coming five years on a clinical, financial and operational basis as outlined in its five year strategic plan.

1. Clinical sustainability is achieved through the opening of the new Northumbria Specialist Emergency Care Hospital. This effectively makes the Trust a fixed point within the local health economy and allows the Trust to maintain 24/7 consultant rotas across key medical and surgical services supported by a large catchment area.

2. Financial sustainability is achieved by driving continuous improvements in everything we do to ensure we remain at the front of the productivity curve. This will be delivered through a rigorous focus on costs, right sizing the hospital to meet expected demand and adopting innovative models of care which improve quality but also reduce waste.
3. Resilience is achieved through a robust plan of continuous investment. These planned investments in estates, IT, workforce and infrastructure will ensure we have sufficient operational capacity to meet the future demands on our services.

The Board can confirm that the underlying assumptions within the Trust's five year strategic plan are still accurate and implementation is on track. The Board on consideration of the available information has recommitted to the strategy.

Part 2 - Our operational plan to deliver the strategy and ensure resilience

The Trust's operational plan is designed to ensure that the Trust remains resilient and delivers its overarching strategic objectives. It comprises of three parts: Quality, Operational and Financial.

1 Quality

The Trust has a comprehensive quality plan which seeks to ensure compliance with national guidelines and regulations whilst prioritising local areas of quality which are important to local patients, staff and the Trust.

a Ensuring compliance with national guidelines and regulations

Monitor and quality governance

The Board has undertaken a self-assessment of its Annual Quality Governance Assessment against the Monitor Framework in February 2015. The Board has self-assessed itself as a score of 1.0. This is in line with the two external assessments that have been undertaken against this framework by external auditors KPMG – the last of which was undertaken in May 2014. In addition, YC Associates has also undertaken an external assessment of the Board and its sub committees, attending these meetings and examining associated minutes and documentation. No concerns have been raised from these reviews.

Royal college guidelines

The opening of our new specialist hospital in June 2015 will ensure that the Trust meets key royal college staffing guidelines across key medical and surgical specialities. The new hospital system will enhance junior doctor training and has ensured continued development of our general workforce (in line with our five year plan) into alternative clinical roles where appropriate. The new model of care also ensures that nursing guidelines of staff to patient ratios are met. Assessment of these ratios using accredited nursing acuity tools in advance and post opening of the new hospital will identify whether any ratios need to be modified. It is envisaged that any change will be able to be managed within existing resources.

CQC and other inspections

The Trust does not have any quality concerns that have been identified by the CQC or other third parties. The Trust has not had a formal CQC ratings inspection and has not been identified to date to have one in Q1 of 2015/16.

In 2014/15 there have been no planned or unplanned reviews by the CQC and the safety and quality outcomes as outlined by the CQC, have all been fully met. The release of the last Intelligent Monitoring Profile (April 2015) by the CQC placed the Trust in Band 6 with one elevated risk. The Trust has a mortality framework that is delivering significant areas of work related to examining preventable deaths and understanding our mortality data (previously presented to Monitor regional managers and the local area team) and provides the Board of Directors with assurance against this metric.

The Trust is aware of the proposed changes to CQC inspections and CQC outcomes, but aims to continue with its current systems and processes to ensure compliance with CQC standards – for example, by using the Trust's ward assurance / inspection programme which is aligned to the CQC outcomes, as well as using the NHS Institute's '15 Steps' programme and Business Unit evidence-based certification of compliance with outcomes. Each of the new outcomes has been mapped back to the five core CQC standards. Furthermore these programmes are now incorporating the recently published updated key line of enquiries (KLOEs) released by the CQC in January 2015 for acute trusts. The Trust's 'Excellence in Safety' quarterly report to the Board also reflects the five key questions assessed by the CQC moving forward.

b Prioritising local areas of quality which are important to local patients, staff and the Trust

Engaging our local stakeholders

The Trust has consulted internal and external stakeholders on its proposed quality priorities for 2015/16. There is agreement from all that the majority of these quality metrics will remain as identified in the 2014/15 operational plan and the five year strategic plan. This is to ensure that a focus is maintained on further improving and embedding the changes in quality that have been achieved during 2014/15. The new elements have been agreed following significant engagement with clinical staff, governors, stakeholders and members of the public to ensure that the safety and quality priorities adopted by the Trust are measures that are meaningful in terms of improving outcomes and of importance to the public that the Trust serves.

Developing innovative models of care

The Trust has responded to the Five Year Forward View by submitting two separate bids with its local health economy partners. For Northumberland CCG, the Trust has submitted a PACS bid and is the lead organisation for the bid. The submission outlines the steps that will be undertaken in 2015/16 and thereafter to lead the PACS into a model of an accountable care organisation. The opening of NSECH and the development of the base site models is the first step in the delivery of this PACS. North Tyneside CCG has also submitted an MSCP bid in conjunction with North Tyneside Federation and the Trust – although this has not been successful.

The Trust continues to plan for the opening of the Northumbria Specialist Emergency Care Hospital in June 2015 which will fundamentally change the way emergency care is delivered for the population of North Tyneside and Northumberland. The opening of the new hospital and the establishment of the base sites as local health hubs is a key component of the PACS bid which is now determined as a 'Vanguard'. Delivery of the new hospital will also ensure compliance with Sir Bruce Keogh's ten standards for seven day working for emergency care.

Key Quality Risks

Quality Risks inherent in the plan

The external financial environment has the potential to result in a quality impact on services delivered by the Trust. However, the Trust has a robust process in place to manage all cost reduction programmes within Business Units that ensures a quality impact assessment is undertaken with full clinical challenge (across Business Units and at Board level) in advance of the scheme being undertaken, during implementation and six months post-delivery of the scheme (for significant value schemes). These processes will help to mitigate any adverse impact on quality.

The Trust has delivered on its quality and governance standards in 2014/15, although nationally the number of Trusts achieving this has decreased each quarter. Despite the challenges faced nationally, the Trust remains focused on delivering its plan.

Both KPMG and YC associates have provided external assurance to the Board on our systems and process and have reported no material concerns.

2 Operational Requirements / risks

The Trust has identified its operational requirements over the next year and has based this on robust activity and capacity modelling as well as operational requirements needed to enact the plan. Much of this work has been associated with modelling for the transformational change that will take place in June 2015 with the opening of the New Specialist Emergency care Hospital and the change in function of its associated 'base' hospital sites. Plans have been tested against winter activity for 2014/15 and demonstrate the ability for system resilience planning into the future.

Similarly, demand management work has been undertaken as a consequence of 2014/15 winter pressures, assessed over the previous three years to account for any winter seasonal variations. This has been shared and stress tested with local health economy partners. The winter of 2014/15 has demonstrated that the local health economy lacked a robust system wide approach to the potential pressures and did not sufficiently plan for the increase in activity and case-mix. This, coupled with focussing only on the previous year's activity data and the inability for local Trusts to recruit additional staff for any increase in bed capacity, resulted in the local health system feeling significantly pressured in December 2014 and January 2015.

Local health partners have agreed the plans for winter 2015/16 and, based on capacity and demand analysis, the Trust is also aware of requirements that it will need to provide for managing demand over bank holidays. It should be noted that although local health partners have agreed with the operational plan, they have not as yet confirmed funding to provide the required operational resilience throughout the year – inclusive of both Easter and May bank holidays.

2.1 Winter Plan

For operational resilience post June 2015, the Trust can demonstrate that where it faces a significant increase in demand, it can flex its capacity within its financial constraints (given its financial resilience) without any material impact. This, coupled with the increase in capacity requiring no additional staff recruitment, provides a robust plan for the future and mitigates against some of the risks and lessons learnt from winter 2014/15. The Trust also has a robust plan for winter resilience moving into 2015/16 which also mitigates risk during the transition period of opening the new hospital. The biggest obstacle to opening additional capacity over the winter period (2014/15) had been staffing flexibly the increase in bed requirement. The new model of working between NSECH and the base sites provides this flexibility without incurring any additional staffing costs to the overall plan and without there being any significant impact on elective capacity.

Inputs required

The Trust is aware of the reduction in medical training numbers and has therefore invested significant funds, over the past three years, to train alternative professional groups. The Trust is aware of its labour turnover rate and recruits additional nursing staff accordingly without leading to undue pressures on ward budgets.

Operational Risks

The new models of working planned for 2015/16, in particular the opening of the new hospital, will bring with it some element of risk. However careful planning and taking appropriate action when required will mitigate against this.

Each risk is matched with a detailed action plan with on-going work to ensure the potential impact is fully understood and mitigated accordingly. The Trust has established a weekly project group (with senior membership) tasked with overseeing ‘gold control’ for the opening of the new hospital. There are also plans in place to externally review the transition plan to provide further assurance as to its robustness.

External modelling on potential activity movements has been completed and financial plans adjusted accordingly. Similarly, the data flows have been mapped in a similar manner to when the Trust successfully implemented its new patient administration system.

Other operational risks focus on delivering the 62 day cancer screening target and C difficile measure – both of which remain challenging due to the small patient numbers associated with these targets. However the Trust and Board continue to focus on these areas to ensure delivery of the targets.

Financial Forecasts

Summary of risks and assumptions

The Trust recognises that in line with the NHS as a whole it faces significant challenges, including rising costs and increasing activity within a limited financial envelope. Nevertheless, the Trust is confident that it has a robust 5 year strategy to ensure that it remains financially and operationally resilient throughout. The draft operational plan for 2015/16 forms the basis of our 5 year strategy which forecasts the Trust maintaining at a least CoSRR 3 throughout all periods.

Appendix

Safety and quality goals

The table below outlines the safety and quality goals for 2015/16. These quality goals incorporate the national and local commissioning priorities. Local CQUINs are therefore incorporated into these measures (awaiting confirmation from commissioners) and all measures are linked closely with the Trust's quality strategy. Delivery of the metrics outlined in the table below is managed through Safety and Quality Committee (S&Q) - formal sub-committee of the Board and Finance, Investment and Performance (FIP) Committee (formal subcommittee of the Board) via monthly reporting. Any consistent deviation from the set trajectories results in clinical leads identifying relevant actions and the sub committees ensuring delivery of these plans.

Domain / Contribution to Strategy	Key Actions /Target for 15/16
Safe	**Further reduction on hospital acquired infections; MRSA; CDiff; SSIs.** • The Trust's target for Cdiff is 30 for 2015/16 – whilst this will be challenging, the Trust is confident that it will be able to achieve this target by the end of the year. • Reduction in MRSA numbers based on 2014/15 outturn (3 positive bacteriema cases in 2014/15). • Reduction in SSI numbers (based on 2014/15 outturn) such that they remain within national benchmarking (for those Trusts who actively monitor SSI rates including post discharge in orthopaedic patients) and HPA standards as a minimum. Delivery of the above metrics is managed through Safety and Quality committee (S&Q) - formal sub-committee of the board and Finance, Investment and Performance (FIP) committee via monthly reporting. Any consistent deviation from the set trajectories results in clinical leads identifying relevant actions and the sub committees ensuring delivery of these plans. **Improve management of medicines in hospitals / medicine optimisation** • A percentage of 10.3% of missed medication doses by March 2016– this measure will be closely linked to the sepsis bundle of compliance. • A percentage of 1.8% missed critical medicine doses by March 2016 • 85% of medicines to be reconciled on discharge by March 2016 It should be noted that a new model of working will be introduced in pharmacy as a consequence of the opening of the new hospital. The impact of these changes will need to be monitored as part of this overall safety and quality measure and hence the performance metrics for medicines optimisation have been continued for 2015/16 Providing written communication to GPs following an outpatient appointment within 7 days (for identified clinics) – with clearly marked medication changes for identified specialty clinics. Percentage requirement to meet this is outlined in the CQUIN schedule for 15/16.

Improve clinical compliance of the Sepsis 6 bundle of care for all patients across the Trust so as to improve outcomes for those patients suffering from sepsis. This is one of the key measures with regards to the Trust's work on reducing harm and mortality within its hospitals and is linked with the delivery of the national sepsis CQUIN.

- Deliver compliance with the sepsis 6 bundle to a level of 80% at the end of 2015/16

This metric is managed via a sepsis steering group with reports of compliance circulated Trust wide on a weekly basis. The group reports progress through to S&Q committee and FIP. There is also a yearly review of progress as part of the Trust Board development cycle.

Demonstrate a significant reduction in falls and hospital acquired pressure ulcers using safety thermometer data and ward specific data – harm free days / safety cross

- Deliver a significant reduction on 2014/15 quarter 1 baseline for falls and pressure ulcers using safety thermometer data.
- Focused work on selected wards to introduce the RCP falls bundle and identify validity of the approach

Completion and compliance with WHO checklist and debrief in all theatres and endoscopy. This is the second year of this metric in endoscopy and third year in theatres. Compliance will continue to be monitored via regular audits as per the methodology used in 2014/15. Furthermore, the introduction of a checklist for endoscopy follows a similar process to ensure full compliance with the process.

Introduction of e- prescribing. The system was procured at the end of 2014/15. The Trust view the introduction of this service as an essential component of safe medicine dispensing practice and the need was highlighted as a consequence of a methotrexate never event in the Trust during 2013/14. Funding for the development has been secured.

- Implementation of the new e prescribing system in selected areas during 2015/16
- Roll out of e-prescribing Trust wide complete by 2016/17

Introduction of seven day consultant working in designated clinical areas.

- The Trust will be fully compliant in the standards outlined in the Keogh report published in December 2013 when it opens its new Specialist Emergency Care Hospital in 2015.
- Ensure that all clinical services have a consultant on site working seven days a week at NSECH
- Demonstrate improvement in outcomes as a result of the new model (as per the outcomes framework) at the end of 2015/16

	Complete the building works for the new hospital and enter the commissioning period for the new NSECH building. Complete the transitional / plan for opening ensuring business critical moves are understood in detail to ensure that transfers of services remain safe. Base site redevelopment commenced to accommodate any immediate changes that will be required on opening of the new hospital and the medical model for the walk in A&E services on the base site is confirmed – including medical provision. Develop the business case and structural plans for the redevelopment of Berwick Community Hospital – part of Building a Caring Future programme Continue to understand our mortality through case note audit using the Hogan preventability score as per the NHS outcomes framework. Use findings to further drive quality improvement within the organisation
Caring	Further implementation of patient feedback real time monitoring with further wards being embedded into the Trust wide programme and the implementation of the ward assurance programme (as discussed in section Approach to Quality) in departments (eg theatre) and across all ward areas. Ward assurance visits to be undertaken out of hours in addition to continuation of in hours visits . Embed kindness and compassion as an 'always behaviour'. Pilot 'Think Safe' as part of regional patient safety collaborative initiative Ensure complaints, experience and social media comments are triangulated quarterly. Deliver national CQUIN measure for patient experience in 2015/16. Benchmark patient emergency care experience pre and post NSECH. Education for those patients dependent on alcohol who access our hospital in an elective capacity. Percentage requirement to meet this is outlined in the CQUIN schedule for 2015/16. Use of the emergency hospital care record for palliative patients to ensure that care is delivered in the right environment for the patient. Percentage requirement to meet this is outlined in the CQUIN schedule for 2015/16.
Quality	Ensure an electronic patient record system (community patient record system in the first instance) is rolled out fully and electronic communication between primary and secondary care is embedded for all services. This will lay the foundation for implementation of an electronic patient record in the Acute Trust. Procurement and Implementation of a ward information management system (WIMS) to help in the electronic coordination of beds on all the sites, as well as

	functioning as an electronic system for the collation of key clinical information. This is year 2 for this metric and will need to be implemented to provide bed coordination post the new hospital changes. Integrated care programme – developing the palliative care model to span across both acute and community provision including support into nursing homes. Developing the systems and processes for integrated working with nursing homes. Integration of acute and community services to support patient flow and discharge in the context of the new model of emergency care. Develop the future models of working for maternity and endoscopy within the Trust in line with national requirements for bowel cancer screening, seven- day working and CCG consultation on the future of midwifery led unit in North Tyneside. Identification and development of metrics for whole system integration to provide a stable base line for future benchmarking and driving the development of services. Using the PACS model as a vehicle to deliver change. Management of chronic obstructive pulmonary disorder (COPD) patients on discharge – implementation of the COPD discharge bundle. Percentage requirement to meet this is outlined in the CQUIN schedule for 15/16. Management of Acute Kidney Injury in line with clinical guidance linked to the national CQUIN for 2015/16.