

York Teaching Hospital 
NHS Foundation Trust

Forward Plan Strategy Document for 2012-13

York Teaching Hospital NHS foundation trust

Forward Plan for y/e 31 March 2013 (and 2014, 2015)

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

Name

Anna Pridmore

Job Title

Foundation Trust Secretary

e-mail address

Anna.pridmore@york.nhs.uk

Tel. no. for
contact

01904 721418

Date

30th May 2012

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name

Alan Rose

(Chair)

Signature



Approved on behalf of the Board of Directors by:

Name

Patrick Crowley

(Chief Executive)

Signature



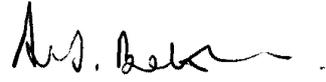
Approved on behalf of the Board of Directors by:

Name

(Finance Director)

Andrew Bertram

Signature

A handwritten signature in black ink, appearing to read "Andrew Bertram", with a small flourish at the end.

Section 1: Forward Plan

A.The Trust's vision is summarised as:

The vision of the Trust following the completion of the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY) is to be a healthcare organisation that is recognised locally and nationally as delivering outstanding clinical services that meet the needs of its varied population and supports services that matter to patients. The vision is underpinned by three key goals:

- To be an effective and sustainable provider of general acute, community and appropriate tertiary services;
- To remove uncertainty in relation to healthcare services particularly for the population of the East Coast of Yorkshire
- To extend genuine public involvement opportunities from being part of an FT, giving the population of the East Coast the opportunity to be heard more formally through membership.

As part of the acquisition preparation the Trust produced an Integrated Business Plan (IBP) which provides more detail about the vision, high level aims and the how the Trust wishes to be viewed by its patients and service users, staff, commissioners and other key stakeholders.

B.The Trust's strategic position is summarised as:

Significant for the future of the organisation is the need to understand and address the general and locally-specific health needs of the community it serves. The IBP sets out the strategic plans for the next five years for the enlarged organisation derived from the acquisition of SNEY. The IBP identifies consideration of the needs of all stakeholders, the plans put in place to meet these needs and the financial and organisational governance arrangements that will ensure delivery is possible.

Clinical and Quality Strategy

The Trust's Clinical and Quality strategy over the next three years is:

The Trust has an existing Quality & Safety strategy with high level aims of reducing mortality and harm to patients. This has been reviewed to focus on specific drivers and support roll out across an enlarged organisation.

The Trust has developed a Quality Governance Plan (QGP) as part of the work around the acquisition of SNEY. Supporting the Plan is a full implementation plan that when completed will ensure the enlarged organisation can demonstrate full compliance with the Quality Governance Framework.

The Integration plan provides clarity of expectation around the delivery of Quality and Safety through standard systems across the organisation and the Quality Report identifies specific priorities the Trust will be addressing during the year.

Reducing Mortality Drivers

Primary Drivers

Moving to a 24/7/365 day service

Reviewing systems for measurement

Reducing harm and deterioration

Excellence in end of life care

Secondary Drivers

- Reduce time to initial assessment
- Excellence in handover
- Structured ward rounds
- Streaming out of hours team

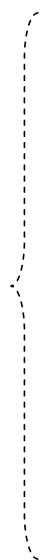
- Excellence in coding
- Mortality reviews of all deaths

- Increased training in critical illness recognition and management
- Robust escalation processes
- Improvement in PAR scoring

- Excellence in DNA CPR decision making
- Reduction in admissions from nursing homes "to die"
- Implementation of end of life work programme

High Level Aim

SHMI less than 100
HSMR less than 95
by January 2013



Clinical and Quality priorities and milestones

Clinical and Quality priorities and milestones over the next three years are:

Given the acquisition and subsequent integration of York Teaching Hospital NHS Foundation Trust and SNEY the existing Quality and Safety Strategy will be reviewed to form two separate and distinct strategies during the first 3 months of the acquisition.

Therefore whilst the focus will be on the four primary drivers as set out in the existing strategy we will establish further priorities during year 1 in order to set a clear path for future years. This will include ensuring that whilst we drive our programmes of work to reduce overall harm and mortality we will recognise the local needs of individual geography.

The Trust Board will receive regular reports on progress through the Medical Director report (focus on safety) and the Chief Nurse (focus on quality).

Key actions in year 1 will include:

- Establishment of governance structures and groups to ensure implementation and associated assurances
- Implementation of the Quality Governance Plan for the new enlarged organisation
- Development of separate quality and safety strategies
- Establishment of Patient Experience Group – Executive Group to complement support and further strengthen and develop our priorities working together with our governors.

Financial Strategy

The Trust's financial strategy and goals over the next three years:

The Trust's financial strategy over the next three years is heavily influenced by the proposed acquisition of SNEY with effect from 1st July 2012. The Trust will receive financial support from the North of England SHA for 5 years during which time the prime financial objective will be to manage the risks and successfully integrate SNEY into the enlarged York Trust so that the organisation is financially viable in its own right by the time the support terminates. To achieve this, an extensive efficiency improvement programme has been developed, which includes taking advantage of the potential synergies offered by bringing the two organisations together. The Trust has also secured additional capital resource to enable it to address key environmental and other risks on the SNEY site. The main assumptions underlying the strategy, key actions to support its delivery, and the risks to delivery are dealt with in detail in the IBP developed to support the acquisition of SNEY (Section 6 of the IBP refers). The Trust normally operates with cash levels lower than 10% of annualised operating expenses but plans to increase levels of cash over the three year period

Leadership and Organisational Development

The Trust's approach to ensuring effective leadership and adequate management processes and structures over the next three years is:

The Trust has invested time and planning in looking at what the Board may require to ensure that they remain 'fit for governance'. The key documents which have informed this are the Trust's Organisational Development (OD) strategy and the Board of Directors paper 'good governance for boards'.

The Board has recognised that following acquisition the requirements of the Board members to remain focused upon delivering the Strategy outlined in the IBP will be a key measure of its success. All Board members will undertake the NHS Leadership Framework (LF) 360' assessment to inform personal development plans; these were commenced in March 2012. Additionally within the NHS Institute contract for support there is access to personal development coaching for all Board members from Institute approved coaches, this will ensure we access in a timely manner personal 1:1 development for individual Board members. All Directors holding specific specialist responsibility ie audit chair, Senior Information Risk Owner (SIRO) have access to appropriate professional update and continue to link with network colleagues to ensure current understanding of issues challenging NHS Boards.

We have a planned approach to training all Board members to ensure they are compliant with statutory and mandatory elements of training, a log of all training is maintained. In addition we have arranged for specific specialist inputs as required ie corporate manslaughter from recognized experts.

Specifically planned following the acquisition of Scarborough is a development programme which will enable all executives to be assessed using the NHS top leaders diagnostic suite which will focus on strategic leadership capability and style, each Director will receive a full afternoon of feedback and be supported to develop a specific personal plan to address any areas of challenge. Following this an interview process will be administered to enable the Directors to articulate to a panel of Non-executive Directors the vision for their service and how their personal leadership will ensure delivery.

We have a series of planned Board timeouts to evaluate progress against the 5 Year Strategy to ensure that we address any shortfalls in planning, understanding or capability.

Specific non executive development will entail bi-monthly workshops related to the governance responsibilities of the new organization. Supplemented specialist sessions will be identified on a need basis through the regular review sessions held with the Chief Executive, Chair and Director of Applied Learning and Research.

The management processes that are being put in place for the enlarged organisation have been described in detail in the IBP and Quality Governance Plan.

Other Strategic and Operational plans

The Trust's other strategic and operational plans over the next three years:

The main priorities of the organisation centre around the significant and assertive management of internal efficiencies and productivity, the consolidation of clinical and operational services and performance and a progressive approach towards the support and engagement of key partners. This is with a view to exploiting both York's growing reputation as a high quality provider and teaching institution and the geographical advantage York enjoys in a North Yorkshire context, and is key to establishing a robust medium and longer term plan going forward that the Board considers essential in light of the environment it will be working in over the next three years.

a) Acquisition of SNEY - Of primary importance in this period is the developing partnership and potential acquisition of SNEY. On completion this will provide an immediate and significant growth in the Trust's service portfolio and income, enabling it to broaden its population base, and providing the opportunity to strengthen the depth and scope of many of its services as well as sustaining local services in Scarborough in the future. Details are set out in the Integrated Business Plan

b) Quality Improvement Productivity Prevention Programme/Community Services Integration- In addition, by adopting a progressive attitude to the Trust's main commissioner's needs, particularly in the delivery of its QIPP programme and leading the transformation and integration of community services in the York and Scarborough localities, the Trust will seek to further improve relationships locally that will reinforce York as the key provider of choice in the area. This approach will, over time, add to the financial and resource baseline that will provide opportunities to extract further economies of scale from its operations, particularly with regard to improved clinical pathways and back office and overhead functions.

c) Clinical Alliances/Partnerships - The Trust will continue to reinforce its clinical alliance with Harrogate and District NHS Foundation Trust and establish these arrangements more fully as "core business". The Trust will also seek to build on its partnership agreement with the tertiary centre in Hull whilst maintaining, where appropriate, current working patterns with other centres, in particular with Leeds and with emerging Clinical Commissioning Groups and Local Authority colleagues.

The Trust will continue to engage actively, both nationally and internationally, to seek evidence and learning of best practice in this area, setting itself high aspirations. We continue to place a huge emphasis on the patient experience and with governors will further develop our approach to placing patients at the heart of all we do.

d) Workforce - The Board recognises the necessity to continue to improve the capacity, capability and effectiveness of its operations and in particular further develop and nurture its workforce in support of this programme. It will build on its very good track record on efficiency and cost reductions to ensure that its services are managed to the highest quality within the resources available, ensuring that its QIPP programme and the contribution this will make to the Trust and wider community remain a priority.

The Board recognises that the Trust provides 'services for people, delivered by people' and will therefore place the health, wellbeing and development of staff at the heart of its activities to ensure it continues to earn the commitment and ownership of its workforce it currently enjoys.

e) Infrastructure/Surrounding Environment - The Trust will work with its local authority and other strategic partners including, GP commissioners, voluntary services, on its infrastructure and the surrounding environment. Following the completion of its new multi-storey car park in 2011, it will continue to work to unlock the potential of its site and begin in earnest its long term development to provide facilities to modern standards that are integrated more effectively with its surroundings. This programme will require high commitment over a significant period of time but the Board is keen to ensure its legacy is welcomed by those providing health services in the future.

f) Teaching/Research - Finally, the Trust will seek to further its reputation as an organisation following its change of name to 'York Teaching Hospital NHS Foundation Trust'. This will properly reflect its standing particularly with regard to its role in the Hull and York Medical School with a view to nurturing, recruiting and retaining the best clinical staff. Its offering in support of the active development of its research, development and applied learning will contribute to this.

Regard to the views of Trust Governors

The Trust has had regard to the views of Trust Governors by:

Over the last year the Trust has been engaged in the possible acquisition of SNEY. The Governors can confirm that the Trust has encouraged comment and challenge from all the Governors at both public and private meetings, special information sessions and open events. The relationship between the Non-executive Directors and the Governors has been strengthened by the regular reports and assurance give by Non-executive Directors and senior managers.

To fulfil their responsibility the Governors formed a small working group that considered the business plan and reported on it to the whole Council of Governors. The Council of Governors ensured that the Board of Directors considered their views at the Board meeting in May. The Governors will maintain their work group and meet during the year to provide some consideration to the Board of Directors on the future direction of the Trust.

Risks to Quality

The Board of Directors reviews and monitors risks to quality and patient safety through the following assurance mechanisms:

- Executive Medical Director's monthly Board report
- Executive Chief Nurse's monthly Board report – this includes updates on Quality report priorities
- The Board agenda is designed to consider all business in the light of quality and safety
- Quality review of the Corporate Risk Register and Assurance framework
- Monthly performance dashboard
- Quarterly DIPC report
- Monthly update on Integration
- Patient experience letter and reports are presented on a monthly basis

Plans are being developed and implemented to address weaknesses highlighted through the annual inpatient surveys for both York and SNEY. Development of the Quality Governance Plan also outlines the improvements and developments that will take place to ensure the Trust is fully compliant with the Quality Governance Framework.

An implementation plan has been agreed that ensures the Trust meets agreed standards in hyper-acute services.

Peer review is a tool used by the Trust across a number of services such as Cancer. Supporting peer review, are the internal compliance mechanisms that allow the Board to receive assurance of ongoing maintenance of standards and improvements made during the year identified through the peer review process.

CIP Focus - Top 5 CIP Schemes

Ref	Scheme	Scheme description including how Forward Plan will reduce costs	Underpinning IT / information or management systems	Total savings £m	Phasing over three year period (%)			WTE Reduction	Has the Forward Plan been subject to a quality impact assessment (Y/N)	Who is responsible for signing off on the quality impact assessment	Key measure of quality for plan	Scheme Lead
					Yr. 1	Yr. 2	Yr. 3					
1	Workforce schemes	The schemes include reduced posts and skill mix reviews etc.	Oracle Financials, Service line reporting and CPD	£25.3	36	28	36	506	Yes – all plans are subject to quality, safety and patient flow assessment	Directorate teams including the Clinical and Management leads. Reported by exception to the Chief Nurse and Medical Director	Directorates are measured against the following quality indicators as part of their Performance Management meetings – Nursing Care indicators, Patients at risk, Infection control and Mortality rates.	Various – all schemes are linked to individual Directorate teams
2	Improved efficiency – Operational & Structural change	Improved use of - Clinical services & Joint Commission er initiatives	Oracle Financials, Service line reporting and CPD	£17.0	40	34	26	270	Yes – all plans are subject to quality, safety and patient flow assessment	Directorate teams including the Clinical and Management leads. Reported by exception to the Chief Nurse and Medical Director	Directorates are measured against the following quality indicators as part of their Performance Management meetings – Nursing Care indicators, Patients at risk, Infection control and Mortality rates.	Various – all schemes are linked to individual Directorate teams

3	Improved efficiency - Drugs	Rationalisation and review of drug usage	Oracle Financials, Service line reporting and CPD	£3.4	29	40	31	Nil	Yes – all plans are subject to quality, safety and patient flow assessment	Directorate teams including the Clinical and Management leads. Reported by exception to the Chief Nurse and Medical Director	Directorates are measured against the following quality indicators as part of their Performance Management meetings – Nursing Care indicators, Patients at risk, Infection control and Mortality rates.	Various – all schemes are linked to individual Directorate teams
4	Improved efficiency - MSSE	Rationalisation and review of MSSE usage	Oracle Financials, Service line reporting and CPD	£1.4	39	33	28	Nil	Yes – all plans are subject to quality, safety and patient flow assessment	Directorate teams including the Clinical and Management leads. Reported by exception to the Chief Nurse and Medical Director	Directorates are measured against the following quality indicators as part of their Performance Management meetings – Nursing Care indicators, Patients at risk, Infection control and Mortality rates.	
5	Improved efficiency – other/misc.	Review of non clinical contracts & services	Oracle Financials, Service line reporting and CPD	£8.2	37	31	32	Nil	Yes – all plans are subject to quality, safety and patient flow assessment	Directorate teams including the Clinical and Management leads. Reported by exception to the Chief Nurse and Medical Director	Directorates are measured against the following quality indicators as part of their Performance Management meetings – Nursing Care indicators, Patients at risk, Infection control and Mortality	

