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Operational Plan for y/e 31 March 2017

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

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1. Introduction

This document forms the Operational Plan for the Newcastle upon Tyne Hospitals NHS Foundation Trust for the period 2016/17.

2015/16 was another busy year for the Trust, our 10th successful year as an NHS Foundation Trust. Our focus continues to be the delivery of “Healthcare at its very best, with a personal touch” for local people in Newcastle, Greater Tyneside and the wider North East and Cumbria, as well as those from further afield who are referred to our specialist services. This is supported by our Business Strategy, the priorities of which are:

STRAND 1: Targeted growth – improving patient access to services in key specialities;

STRAND 2: Building capacity and improving efficiency – through investment and transformation;

STRAND 3: Comprehensive Community Outreach - Care Closer to Home and Service Integration Agenda

STRAND 4: Promoting Research and Innovation – improving clinical outcomes, maintaining high levels of clinical trial recruitment, building academic partnerships and attracting opportunities to the North East.

Having considered the various risks to financial, operational and clinical resilience and sustainability, the Trust Board recommitted to the Trust Vision and Strategy at an Awayday session held on 15th December 2015.

Vision Statement

“To be the health service for Greater Newcastle and a leading national healthcare provider”.

This longstanding vision is underpinned by four key strategies namely:

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Appendix 1 contains the detailed Trust strategic goals and underpinning objectives.

Many of these objectives are in line with the themes identified within the Five Year Forward View around prevention, integration, co-ordinated care and innovation.

Acknowledging the challenges facing the health and social care sector, the Trust Board considers the Trust to be well placed strategically and operationally to respond to the requirements detailed in the NHS Planning guidance published in December 2015 around Sustainability and Transformation.

This Plan is written within the context of The Government’s NHS Mandate to NHS England; the nine ‘must dos’; the proposed Planning Footprints; and taking into consideration the potential impact of emerging vanguards and models of care. As 2016/17 progresses we continue to work through the detailed impact of these.

2. Approach to activity planning

As stated above, the Trust acknowledges the challenges facing the NHS and social care system. Our approach to demand and capacity planning is based on robust activity modelling taking into account past trends, underlying activity growth, forecast outturn and transformation / service redesign. This includes:

- Public health information on demographics and disease prevalence;
- Historic activity and income;
- Performance data;
- Comprehensive market analysis;
- National and local guidance;
- Benchmarking data;
- Internal Business Planning Process;
- Local intelligence from clinical teams across the organisation.

In terms of activity, the Trust had in excess of 1.96 million patient contacts in 2015/16 including:

- 143,035 elective spells (including day cases)
- 61,752 non-elective spells (including emergency)
- 1,061,825 outpatient attendances
- 6,844 deliveries
• 189,599 A&E attendances (including WIC and Newcastle Eye Centre)
• 491,965 community service contacts

Demand for Services

Demand for services continues to grow and is driven by a number of factors including demographic and disease prevalence / incidence alongside patient expectations as well as strategic changes in other Trusts.

The Trust’s Operational Plan is based on a detailed internal assessment of activity required to deliver current demand in line with performance targets (primarily RTT and cancer targets) and with additional growth associated with unavoidable pressures.

The underlying issue for the Trust in relation to demand is the overall growth in emergency patients presenting to its hospitals. Analysis for April to March 2015/16 shows a 5% growth in overall A&E attendances with many of these patients presenting with complex medical conditions.

Growth in non-elective activity as reflected above has been exacerbated by the opening of the new Cramlington Specialist Emergency Care Hospital on 16th June 2015. Data shows that since June 2015, the RVI ED (Type 1) attendances have increased by around 5.6% (equating to an average of 19 additional attendances per day) when compared to the same period last year. March 2016 alone showed a 9% increase with an average of 28 more attendances per day when compared to March last year.

It is apparent that other Trusts in the area are also experiencing high levels of demand for emergency services with Newcastle Hospitals receiving an increasing number of requests from neighbouring Trusts to divert patients to the Great North Trauma and Emergency Centre at the RVI.

The impact and risk of increased demand on emergency services to elective care and associated performance targets is a concern.

Graph 1 – Emergency Department Attendances April 2011 to March 2016

This increase in demand creates a knock-on effect on emergency admissions. In addition, the increasing clinical complexity of patients presenting to the Trust is reflected in the ED to emergency admission conversion rate increasing from 21.6% during 2012/13 to 25.7% during 2015/16.

Acknowledging the national priority to reduce non-elective admissions the Trust continues to work with local commissioners of services to implement changes in emergency pathways in an attempt to reduce levels of activity in this area.
As stated in the Trust Operational Plan submitted to Monitor in May 2015, the Trust continues to embrace the integrated care agenda and delivering care closer to home. Disappointingly, despite positive outcomes in their own right, the impact of schemes identified by the Section 75 Agreement for the Better Care Fund have not delivered reductions in non-elective admissions to hospital at the scale or pace required. Work in this area is ongoing with the Trust playing a key role in discussions around new models of care in several patches including the City of Newcastle to support the integration of health and social care.

Turning to elective care, the Trust continues to see growth with an ongoing increase in demand for elective services as shown in graph 2 below.

**Graph 2 – GP and GDP referrals 2010/11 to 2016/17**

The Trust continues to look to deliver care in out of hospital settings – in 2015/16 we delivered over 93,000 outpatient consultations in outreach locations across the North East and Cumbria (8.8% of all outpatient attendances); up from 45,500 (4.7%) in 2010/11 – see graph 3 below. Within this number domiciliary visits accounted for almost 9,000 attendances in 2015/16; an increase of 1,484% on 2010/11.

**Graph 3 – Proportion of All Outpatient Activity delivered in Outreach Locations**

The Trust Plan includes a number of specific developments that have been evaluated as a priority against Trust objectives to address performance issues (resilience) and deliver the Trust strategy (sustainability).
In addition to targeted investment within Clinical Directorates, the Trust has also continued several Trust-wide projects, aimed at improving capacity and efficiency, to accommodate increased elective and non-elective demands as part of our Transformation programme. These projects include reviews of:

- Admissions, Discharges and Flow;
- Capacity and Demand;
- Outpatients;
- ‘Telehealth’.

**Enhanced Services / Integration**

As stated in the Operational Plan submitted to Monitor in May 2015, the Trust sees integration as a key component of its strategy and an opportunity to accelerate system transformation and further develop integrated pathways of care for patients in line with the Five Year Forward View. Whilst the priority remains the delivery of high quality services to patients, this has to be balanced with the operational and financial needs of the organisation. The Trust acknowledges that the emerging STP footprints and areas for transformation to ensure sustainability. The impact of this will be considered further as 2016/17 progresses.

The Trust acknowledges the role it plays in the delivery of services across the wider local health economy and the opportunities it has to support integrated models of care. This is likely to include closer working with primary care to ensure patients are seen by the right person, in the right place, at the right time.

As stated in the Operational Plan submitted to Monitor in May 2015, the Trust has developed good working relationships with the two GP Federations in Newcastle. This is considered key to the Trust’s strategy of developing the delivery of high quality community and hospital based services.

As the range of health care services and facilities continues to evolve the Trust plans to support the safe and efficient transfer of appropriate care from hospital to community facilities, GPs and GP Federations will be crucial to enabling the transfer and delivery of these services.

The Trust will continue to work with GPs and community staff through a range of mechanisms to take forward service integration and new workforce models.

Newcastle Hospitals is the first acute Trust to be awarded the Clinical Pharmacists in GP roles in Primary Care – a further example of our commitment to new models of care and out of hospital developments.

**Service Reviews**

The Trust has participated in a number of service reviews/procurement exercises with specialised commissioners. This work will continue as necessary and appropriate throughout the life of the Plan.

**Operational Performance**

The Trust prides itself in consistently striving for excellence in healthcare and monitors performance closely to ensure high levels are achieved and maintained across the organisation.

Whilst 2015/16 presented a very challenging operating and financial environment, the Trust continued to meet the majority of core access and quality standards. This is despite it being a very busy year, particularly over the winter period, and the Trust experiencing an 8% growth in emergency demand (inc. ambulatory care) - April to March 2015/16 compared to same period last year. However, whilst the Trust continually achieves high performance in comparison to local and national peers, there are significant challenges in meeting the nationally mandated performance requirements, predominantly
due to an unprecedented level of demand, capacity pressures (including national shortages of suitably trained staff) and commissioner affordability issues. As a result of this, a risk of compliance has been declared for 3 key operational targets in 2016/17 as follows:

- A&E Clinical Quality 4hrs;
- Referral to Treatment Incomplete;
- Cancer 62 days (urgent GP referral);

**A&E Target**

As stated above, attendances to ED have increased significantly which has had a negative impact on achievement of the A&E 4 hour target. This has been compounded by very high acuity and reported bed occupancy rates of over 95% in Medicine. Furthermore, Newcastle Hospitals is one of only a few Trusts in the region who consistently hand over all ambulance conveyances at the time of arrival and this is evidenced by Graph A3 in Appendix 2. This practice ensures ambulances are available to flow around the region although it adds pressure to this Trust’s ability to meet the 95% target. It is worth noting that Newcastle Hospitals has consistently performed better than the England average and this is testament to the sustained commitment and effort of our staff.

Appendix 2 shows the A&E activity in 2015/16 compared to 2014/15.

**18 Weeks Referral to Treatment**

Whilst the Trust has consistently met the Referral to Treatment Incomplete standard at a Trust level over the last year, there are a number of specialties who are subject to robust RTT Action Plans. This target remains a significant challenge due to increased demand, further compounded by emergency pressures, the recent Junior Doctors strike and workforce challenges, including the national shortage of suitably trained staff in shortage specialties.

The Trust is actively working with commissioners on a number of clinical pathways with a view to streamlining the clinical pathways and ensuring appropriate levels of referrals, as well as outsourcing activity to Independent Sector providers where necessary to ensure timely access to services for patients.

**Cancer Waits**

As the number of people diagnosed and living with cancer each year continues to grow rapidly, the Trust is committed to delivering the initiatives and ambitions as set out in the Cancer Strategy ‘Achieving World-Class Cancer Outcomes - A strategy for England 2015-2020’. Whilst the Trust activity plan for 2016/17 reflects the 6 strategic priorities and the supporting 96 recommendations, one of the key priorities in 2016/17 is a move towards earlier detection and diagnosis of cancer. This is further supported by the introduction of the ‘NICE Guideline on Suspected Cancer: Recognition and Referral’ which anticipates an increase in the number of diagnostics tests and referrals for suspected cancer.

Whilst the Trust achieved the majority of the cancer waiting time targets in 2015/16, disappointingly it failed to meet the Cancer 62 day (urgent) standard in Quarter 2 for the first time ever. Analysis of the data showed that late tertiary referrals played a significant part in this. If patients had been referred to the Trust earlier in the pathway, the challenges associated with achievement of the target would have been reduced considerably.
3. Approach to Quality Planning

Approach to quality improvement

Delivering safe, effective, high quality patient care is the first strategic goal of the Trust and we are committed to providing services which:

• Maintain patient safety at all times and in all respects;
• Are clinically effective and lead to the best possible health outcomes for patients;
• Provide a positive patient experience.

The Trust has a robust Quality Governance Structure in place to ensure that the highest standards of care are delivered in the safest possible way. It comprises a comprehensive network of committees and groups, each with responsibility for monitoring quality improvement projects and audits relevant to their own area of expertise. Progress is monitored closely by the Board. Appendix 3 contains a copy of the Quality Governance Structure which is overseen by Mr Andrew Welch, Medical Director and Executive Lead for Quality.

To complement this process in 2015 the Trust launched a new Quality Strategy which set out our ambition for further improving quality over three years and highlights the Trust’s key quality objectives. Appendix 4 contains further information. The Strategy describes how, by harnessing the learning and expertise of our staff who have engaged in the national Q Initiative*, we plan to enhance and up-skill our workforce in the use of robust quality improvement methodologies. We believe this will enable us to further enhance the successes we can already demonstrate in this area. The Trust will review its strengths in Quality Improvement science, particularly the delivery of training to frontline staff. There are many examples of excellent practice in place, for example the Transformation Team and the Foundation Programme. We will co-ordinate our existing strengths and identify priorities for training and development of resources.

* The Q is an Initiative, led by the Health Foundation and supported and co-funded by NHS England, connecting people skilled in improvement across the UK. Q will make it easier for people leading improvement to share ideas, enhance their skills and make changes that bring improvements to health and care.

Quality Priorities for 2016/17

By identifying a key set of quality priorities each year the organisation is able to ensure that efforts are focused on the most important issues that have the biggest potential gain for patients.

For 2016/17, by triangulating data from patient safety incidents, complaints and claims, the Trust has again been able to identify distinct areas of practice that require improvement; some of these remain long term projects whilst some others are recently identified risks/areas requiring extra focus. The topics identified will form the Trust’s quality priorities for 2016/17. They will be included in the Trust’s Quality Account and are summarised below:
PATIENT SAFETY

Priority 1 – Health Care Acquired Infection (HCAI)
Priority 2 – Sign up to Safety
Priority 3 – Harm Free Care
Priority 4 – Safeguarding
Priority 5 – End of Life Care

CLINICAL EFFECTIVENESS

Priority 6 – Mortality
Priority 7 - National Clinical Audit Programme
Priority 8 - NICE Quality Standards (QSTs)

PATIENT EXPERIENCE

Priority 9 – Patient Experience

It would not be possible to achieve our ambition in relation to the above priorities without ensuring that the Trust promotes a culture of openness, honesty and transparency; both in relation to communication with patients (by enhancing staffs understanding of Duty of Candour) but also ensuring that staff are encouraged to report incidents and feel supported when they do. The Trust is committed to listening to feedback from patients, their families and carers and staff to continuously improve the services we provide.

Top Three Risks to Quality

The Trust recognises that effective risk management is essential to the overall performance of the organisation. Taking a systematic approach to risk is fundamental to the delivery of the Trust’s organisational objectives in relation to performance, governance and controls assurance.

The Trust’s current top three risks to quality (as detailed on the Trusts Corporate Risk Register) have been identified as:

1. Healthcare acquired infection risk
2. National and local shortage of Band 5 registered nurses
3. Urgent care capacity/caseload/ acuity pressures ever increasing

The Trust continues to monitor operational and quality performance and other risks to ensure plans are put in place to mitigate the impact.

The Trust has submitted its self-assessment of avoidable deaths in accordance with the request made by Sir Bruce Keogh, Medical Director NHS England and Mike Durkin, Director of Patient Safety NHS England.

‘Sign up to safety’ priorities for 2016/17

The Trust has a Safety Improvement Plan describing how we will take action to reduce harm and save lives over 3 years from 2014 to 2017. This plan details our commitment within the National ‘Sign Up To Safety Campaign’ aiming to save 6000 lives and reduce avoidable harm by 50%.

The priority areas are:

- Identification and Rescue of the Deteriorating Adult and Child

We aim to reduce avoidable harm and death associated with missed opportunities to detect and instigate initial management of the deteriorating patient.
• **Medication Safety in Adults and Children**
  We aim to reduce avoidable harm and death from medication errors.

• **Surgical Safety in Adults and Children**
  We aim:
  - to have no surgical never events.
  - to reduce harm associated with surgery in the diabetic patient.
  - to reduce spinal surgery infection rates to <1%.
  - to provide early detection and management of post-operative complications following spinal surgery

• **Management of Sepsis in Adults and Children**
  We aim to improve early detection and initial management of the severely septic/septic shocked patient.

• **Reducing Intra-Partum Related Harms**
  We aim to achieve a reduction in the incidence of avoidable neonatal injury sustained during childbirth and therefore a reduction in the cost of claims.

Progress against these priority areas is monitored on a quarterly basis by the Clinical Governance and Quality Committee.

The Trust have taken full account of the Academy of Medical Royal Colleges guidance on the need for a responsible consultant and named nurse. Our services have been developed to ensure that each patient has both a responsible consultant and named nurse throughout their care.

**Seven Day Services**

Newcastle Hospitals currently delivers clinical services 24 hours a day, 7 days a week 365 days a year. This includes the routine provision of a range of elective and diagnostic services via extended days / evening sessions and weekends. 'Everyone Counts : Planning for Patients', committed the NHS to the introduction of 7 day routine services by 2016/17 to reduce variation in clinical care experienced in many NHS organisations out of hours and at weekends.

In line with the 2015/16 contract requirement, early consideration was given to prioritisation of the standards to allow implementation of five of these within available resource by the end of 2015/16. However, the Academy of Medical Royal Colleges has identified four standards as having the most impact on reducing weekend mortality and these have become our immediate focus:

- Standard 2: Time to Consultant Review
- Standard 5: Access to Diagnostics
- Standard 6: Access to Consultant-directed Interventions
- Standard 8: On-going Review

We completed the NHS Improving Quality Seven Day Service Self-Assessment Tool for the four priority standards The outcome of this process showed broad compliance with the standards. The Trust has been identified as one of the national early implementer sites for the 7 Day Service programme and has developed a high level action plan to facilitate delivery of the 4 key standards by March 2017 and the 10 clinical standards by 2020. The focus of this plan is to ensure that patients
receive the same high quality care when they are admitted as an emergency or requiring urgent care, regardless of the day or time of their admission.

The implementation of the four priority clinical standards in the Trust will be divided into 4 phases over the next 12 months co-ordinated by a Steering Group with representatives from relevant clinical areas and specialties.

The initial focus will be on establishing further baseline data on the level of compliance across the Trust with the 4 key standards above and standard 4 regarding multidisciplinary handover. Pilot sites will be identified where there is thought to be the greatest clinical benefit to be gained from the implementation of these standards beginning with consultant initial review and ongoing review followed by access to diagnostic tests, consultant directed interventions and multidisciplinary handover.

Through its involvement in the North East Urgent and Emergency Care Vanguard, the Trust will engage in discussions around NHS England’s Urgent and Emergency Care Review which includes the delivery of NHS 111, General Practice Out of Hours services and urgent care clinical hubs.

The Trust currently provides Walk in Centre services in a number of locations in Newcastle including the Royal Victoria Infirmary Minor Injuries Unit; Molineux Street, Byker; Westgate Diagnostic Centre at the Centre for Ageing and Vitality (CAV); Lemington Resource Centre; and Ponteland Road Medical Centre via Freeman Clinics. Freeman Clinics also provide Walk in Services at Battle Hill in North Tyneside. Many of these locations also incorporate Diagnostic centres and outreach facilities.

Other considerations for the Trust include the outcome of the recent Walk In review by Newcastle System Resilience Group (SRG), the consultation and impending procurement by North Tyneside CCG of an urgent care centre and the provision of GP services in A&E.

Quality impact assessment process

Cost improvement opportunities have traditionally been developed at Clinical Directorate and Corporate Department level with emphasis on local delivery of these commitments to meet the overall Trust Cost Improvement Target. Over the last two years the Trust has changed the emphasis in CIP to increase the contribution made by savings accrued from Service Transformation Projects within an overall programme of Trust-wide Transformation. Over the next 5 years it is anticipated that the importance of Service Transformation will increase whilst the reliance on more traditional means of achieving CIP will diminish.

Triangulation of indicators

The leadership, management and governance of the Trust ensures the delivery of sustainable high quality person-centred care, supporting learning and innovation, and promoting an open and fair culture.

The Trust prides itself on consistently striving for excellence in healthcare and monitors performance closely to ensure high levels are achieved and maintained across the organisation.

Operational and quality performance and other risks are monitored on a regular basis at Clinical Directorate, Executive and Trust Board level.

Operational Managers receive regular activity, finance, workforce and other performance data such as daily Patient Tracking Lists, Cancellation data, TCI activity, number of boarders and the like. This supports them to respond to day to day operational demands to flex capacity (including workforce) as required as well as planning for the future.
Referrals, Outpatient and Admitted Patient Care activity is routinely monitored on a weekly basis at both Directorate and Executive level to allow early identification of changes in demand and workload. Monthly theatre and ward utilisation reporting is routinely produced for operational managers at Directorate and ward level. The Trust Executive also receives this information to constantly understand the pressure areas. The roll-out of a Trust-wide e-record programme, including theatre scheduling has facilitated a greater detail of analysis and more efficient reporting processes.

In addition to this, all Clinical Directorates, and nominated supporting Directorates, are subject to regular risk-based assessment via a rolling programme of Performance Reviews. The Reviews incorporate multi-faceted performance data including finance and CIP, activity and income, core operational standards and internal KPIs, human resources and productivity and efficiency. They ensure that Directorates and Departments are progressing in line with their strategic aims and objectives including their contribution to delivery of the Trust’s strategy, as well as addressing areas of under-performance and acknowledging areas of strong performance.

The Trust’s Performance Management Framework has clear mechanisms for tracking and escalating performance of Directorates. The Framework is used by the Trust Board, senior management, and indeed the whole organisation in order to drive continuous improvement.

The Trust Board also receives comprehensive performance information including The Quality Report including Quarterly Hospital Mortality; HCAIs; Nurse and Midwifery staffing; Clinical Assurance Toolkit; Finance and the Business Delivery Performance Report incorporating key metrics for access targets, activity and workforce.

Decisions taken by Trust Board around investments are driven by quality, safety and performance data, linked to the overall vision and strategy of the Trust. Business cases submitted must include the impact on activity, income and workforce as well as other indicators.

4. **Approach to Workforce Planning**

**Strategic Planning**

On an annual basis, the Trust undertakes an exercise with each Clinical Directorate to ‘horizon scan’ over the next five years to inform decision making, and in line with the requirements to update Health Education England (HEE) North to enable national planning and education commissioning.

Directorate management teams, including clinical leaders, are provided with a range of data containing multiple workforce analytics for the current workforce, including for example, age profile, staff turnover and reasons for leaving, participation ratio and maternity leave risk indicators (% of workforce female/aged 20 – 39). They are also provided with a summary of historical workforce changes. In addition, external information is provided to outline the workforce supply within the region, such as the availability of CCT holders over the forthcoming five years, or the predicted availability of qualified nurses or healthcare scientists.

Using the workforce information provided, alongside other intelligence from a range of sources including public health information on demographics and disease prevalence, historic activity and income data, local and national intelligence, market analysis, benchmarking data and commissioning intentions, the Clinical Directorates then forecast their future workforce requirements.

This consultation process also provides the opportunity to receive qualitative data on where there may be future workforce risks, for example, the quality of trainee supply for both medical and non-medical staff and identified skills gaps which enable the development of a Trust Training Needs
Analysis (TNA). The TNA informs the Annual Training Plan to ensure that the workforce is able to meet the needs of service needs effectively, safely and efficiently.

Annually, the Executive Team and Trust Board receives a detailed workforce demand report containing the strategic direction of the workforce, risks and mitigations along with a numerical forecast. When endorsed, it is submitted to the appropriate external bodies.

Recruitment Control Processes

In addition to the measure highlighted above, governance of workforce planning is assured through the application of a robust centralised Recruitment Control Group process, which includes clinical representation; proposed additions or changes to establishment are subject to a business planning process, and specific workforce groups are also established by exception – for example, the Nurse Staffing Review team. Medical workforce planning and recruitment for both Consultant and Junior Doctors in Training, is subject to governance via the Medical Directors' Group. The Trust business planning process includes the requirement to consider the quality impact of any proposed workforce CIP.

Other planning support systems include the regular supply of workforce analytics via the ESR Business Intelligence tool, regular succession planning meetings with a particular focus on ensuring supply of the Consultant workforce, retirement plans or intentions are established via the appraisal process.

Clinical Strategy

The Clinical Strategy is explicit in its alignment with the Trust Workforce and Nursing and Midwifery Services Strategy. It acknowledges that successful delivery of that strategy is contingent upon the clinical and non-clinical workforce, and its ability to support the delivery of high quality patient care. Strong partnership and collaborative working continues to evolve with local HEIs, Academic Health Science Networks and the Local Research Network to support the ongoing development of staff across systems to meet current and future healthcare workforce demands.

The Trust is an active member of the Local Education and Training Board (LETB), and ensures representation on all LETB subgroups. In particular, there has been recent proactive engagement to assure the supply of future Life Scientists, and we have secured investment from HEE North to fund a regional training post in Genetics. This example illustrates how our active contribution is consistent with both the Trust’s own and the regional Life Science training needs.

HEE North has also recently embarked upon a strategic review of Continuous Workforce Development (CWD). To support this process, the Trust has undertaken an internal consultation with key stakeholders, to ensure multi professional needs are met to enable the workforce skills shift necessary to deliver the Five Year Forward View (FYFV). Our engagement with HEE North ensures the Trust is aware of developing workforce supply and demand issues so that a proactive response is delivered and to plan for anticipated reductions in funding.

Workforce Development

We are fully cognisant of the challenges we face relating to the supply and demand of key workforce groups, in particular nursing. These are acknowledged as presenting potential clinical risk, and a number of initiatives to mitigate risk have been implemented. These include a clear recruitment and retention strategy with defined metrics.

The Trust believes it has a strong employment package, including a range of staff benefits, to attract positively and retain staff to the Trust. The NHS Annual Staff Survey and Friends and Family results
show that staff remain committed to, and proud of the organisation, and a willingness to act as advocates recommending the Trust as a place to work.

The Trust also has both an Education and Workforce Development, and Leadership Development Strategy and continues to explore a range of options to ‘grow our own’ workforce to benefit both staff and the provision of high quality healthcare.

**Transformation Work**

The impact on workforce from four local transformation work streams will be evaluated in the forthcoming year. These schemes are clinically reviewed to ensure clinical safety and quality is enhanced, and the objectives are linked to delivery of the Clinical and Business strategy. The primary objectives are to improve efficiency by reducing variation and service duplication, reducing overhead and direct costs through improving workforce productivity, improving patient flow and experience, engaging with and empowering front line staff to drive change and share good practice.

We will also explore how the introduction of new models of care will enable the workforce to support the reduction in hospital admissions and provide service users with care outside the acute environment.

These schemes are aligned to the transformation agenda outlined in FYFV.

New arrangements relating to agency staff expenditure have already been implemented.

The Trust Board receives a Workforce Report on a quarterly basis. This provides an update on performance against key workforce metrics, and an opportunity for challenge and review. Strategic workforce risks are noted on the Corporate Risk Register.

**Day to day workforce planning**

The most influential determinant of good quality patient care is arguably nurse staffing.

The Trust has a strong framework and culture of professional Nursing and Midwifery leadership, included within this is the responsibility for safe and effective staffing levels. A set of staffing guidelines is available to ensure the right people, with the right skills, are in the right place at the right time. This guidance includes escalation guidance, assessment documents and review processes as well as the principles that underpin establishment reviews and agreed staffing levels.

Monitoring of actual and planned staffing levels takes place on a shift by shift basis with information entered into the Nursing Day count web page. These are reported externally each month on NHS Choices. Monitoring of ‘Red Flag’ events takes place at Ward level and are reviewed and monitored monthly and reported to the Trust Board. Monthly assessments of patient acuity/dependency is recorded across adult in-patient areas using the Safer Nursing Care Tool, and Childrens areas monitor acuity levels using the same tool. Critical Care acuity is coordinated by the Critical Care Audit Lead Nurse for every area in the Trust. A monthly internal dashboard is produced which is validated and used for a quarterly National report. This monitoring includes staffing, recruitment & retention as well as key governance measures.

The Trust has a robust escalation process in the event of unexpected staff shortages and a well established internal staff bank. Senior nurse support is available 24/7.
5. Approach to Financial Planning

Despite challenges in the local health economy the Trust continues to demonstrate a strong financial base with a Financial Sustainability Risk Rating of ‘3’ throughout 2016/17 based on predicted results.

The financial stability of the Trust places it in a good position as we look to the future. The Trust is cognisant however of the impact of the continued economic downturn in the funding of public services and the requirements of commissioners to manage down demand.

The key financial risks to achieving the Trust strategy and Plan are summarised as:

- The affordability, spending power and support of commissioners to invest in acute, community and specialist services given financial challenges across the local health economy.

- The continued reduction in Local Authority budgets and suggested intention by Newcastle City Council of reducing contracted spend on Public Health. The Trust is expecting a number of services to be decommissioned in 2016/17, some of which will be re-procured by the Local Authority.

- The potential shift in responsibility from social care to health in a number of key areas at a time when health budgets and capacity are also under increasing pressure.

- The national and local commissioning agenda to shift care out of hospitals and the direct impact this will have on acute activity. The Trust continues to embrace the integrated care agenda and delivering care closer to home and seeks ways to diversify into these areas of healthcare.

- The need to deliver a cost improvement programme above the national recommended rate of 2%

- The unknown impact of the junior doctor’s contract and the increase in the number of gaps in the HENE appointed junior doctor posts and the consequent impact on service. Plus the implications of the apprenticeship levy moving into 2017/18 and its impact on the UK labour market.

Lord Carter’s provider productivity work programme

Representatives of the Trust met with Lord Carter of Coles in December 2015. The adjusted treatment cost data provided as part of the initial engagement process was reviewed and data queries/amendments fed back to the Department’s Productivity and Efficiency Team.

More recently a small cross-Trust group has been established to consider the final Carter publication alongside the documentation previously provided to identify relevant workstreams going forward. These are to be initially focussed around:

- Data validation and understanding
- Triangulation of specialties identified by Carter as having savings potential alongside internal PLICs information and commissioner’s Right Care information
- Identifying actions and leads for the 15 recommendations

Further information is awaited but the Trust will comply with savings requirements wherever possible as part of their overall CIP requirement.
Furthermore, following the successful completion of the Getting It Right First Time (GIRFT) quality improvement pilot in Orthopaedics, the Department of Health has commissioned a programme that will cover an additional ten clinical areas over the next three years to support the NHS in delivering productivity and efficiency improvements. This programme is a key strand of activity linked to the Lord Carter efficiency programme.

The Trust will ensure that the Trust productivity work programme references the NHS England RightCare Programme and the Commissioning for Value top priorities/transformation opportunities identified for the local commissioners.

Agency rules

The Trust is proactively engaged in reviewing its use of agency and temporary staff utilisation, and monitors and controls costs centrally. Further, the Trust has worked alongside peers to share data with the objective of reducing cost and has been proactive in seeking a cohesive and coordinated approach, working in partnership with other Trusts both regionally and in the Shelford Group, to obtain agreement in principle to adopting a firm line with agencies through a collective approach to enable compliance with price caps and to only override those caps on exceptional safety grounds.

6. Links to the emerging ‘Sustainability and Transformation Plan’ (STP)

It is recognised that the purpose of this Operational Plan is twofold i.e. to ensure deliverability of core access, quality and financial standards whilst also forming the first year of a 5 year plan aimed at sustainability and transformation. Whilst the 5 year plan(s) locally remain at an early stage of development the Trust acknowledges the need to work with partners to deliver the 5 Year Forward View and the triple aim of better health, transformed quality of care delivery and sustainable finances via the closure of the:

1) Health and Wellbeing gap (inc. prevention, patient activation, choice and control, community engagement)
2) Care and Quality Gap (inc. new models of care, improving against clinical priorities and rollout of digital healthcare)
3) Finance and Efficiency Gap (inc. financial balance across local health system and improved efficiency of NHS services)

The Trust is actively engaged in discussions in relation to STP footprints and has inputted into recent STP Checkpoint meetings looking at specific Key Lines of Enquiry. As one of the largest teaching hospitals in England providing an extensive service portfolio covering acute, specialist and community services locally to a large and diverse population across North East and Cumbria as well as quaternary, tertiary and secondary services nationally and internationally, the Trust recognises that the proposed changes are likely to have a significant impact on the Trust’s delivery of services in the future.

The following diagram produced by NHS England describes the main footprint under consideration by the Trust:
The Trust has a longstanding ambition and vision to be the healthcare provider for Greater Newcastle, and a leading national healthcare provider, as first articulated in the manifesto, Better Together (2010). The move to STP planning via larger geographic footprints provides a potential platform on which the Trust can deliver this. Key considerations will include capacity (especially workforce) and resources.

As stated in the Operational Plan submitted to Monitor in April 2014, the North East is regarded as having a strong history of joint working across health, social care and academia. The basis for successful joint working is dependent, and to a degree, reliant upon, a shared understanding and commitment to working with key players in the health and social care economy.

Clinical engagement and ownership is crucial to the success of partnership working.

With reference to the above the table below is an early analysis of the Trust involvement in the various STPs and the associated footprints:

<table>
<thead>
<tr>
<th>Services</th>
<th>Footprint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly specialised services</td>
<td>England</td>
</tr>
<tr>
<td>Specialised services</td>
<td>North East and Cumbria</td>
</tr>
<tr>
<td>Urgent Care (inc. U&amp;E Vanguard)</td>
<td>North East and Cumbria</td>
</tr>
<tr>
<td>Cancer services</td>
<td>North East and Cumbria</td>
</tr>
<tr>
<td>Devolution (NECA)</td>
<td>North East Combined Authority (NECA)</td>
</tr>
<tr>
<td>Acute services (non-Newcastle)</td>
<td>Northumberland, Tyne and Wear</td>
</tr>
<tr>
<td>Acute, community and primary care</td>
<td>Newcastle Gateshead</td>
</tr>
<tr>
<td>Acute, community, out of hospital, Primary Care</td>
<td>Newcastle</td>
</tr>
<tr>
<td>Trust Operational Plan (2016/17)</td>
<td>Foundation Trust</td>
</tr>
</tbody>
</table>

7. **Membership and elections**

**Elections**

Around one-third of the Public governorships fall due for re-election each year, plus any vacancies which have arisen in the course of the year. For 2015, eight Governorships were up for election (including one Staff seat). The sole nominee was returned unopposed in the Staff constituency (a serving Governor). In all of the Public constituencies a ballot was held and three new Governors were elected in Newcastle; one former and one serving Governor in Northumberland, Tyne and Wear; and two serving Governors in the third constituency were re-elected.
Nine Governorships are up for election in 2016 (including three Staff seats) with the election process commencing in early April 2016.

**Governor Recruitment, Training and Development**

For 2016, it is intended to repeat the pre-election workshops for potential candidates, in order to help them decide whether the role is one which they wish to pursue.

Upon election, all Governors receive comprehensive orientation and induction, facilitated by the Trust Chairman, Trust Secretary and a long-serving Governor. All Governors are encouraged to join one of three working groups (Business Development, Community Engagement and Membership and Quality of Patient Experience), to develop expertise, knowledge and awareness. Each Council of Governors meeting includes specific Education and Training items. In terms of engagement with Members and the public, three Membership Events are held each year, at which Governors can meet their constituents; there is a twice-yearly Members newsletter; and support is provided for Governors who seek to promote the Trust through other, established forums such as charities and the Rotary Club.

**Membership Strategy**

The Trust has a stable Membership base and the strategy is to maintain numbers at the present level. In order to offset losses from the Membership, successful campaigns include 'Join in June' and 'New in November' for staff Members, supplementing the opportunity to join which is offered to staff at every induction course. In order to further develop <25s membership, the Trust has linked up with Newcastle and Northumbria Universities, so that all freshers receive information on Membership. In addition, Governors have sought to link in with patient groups, so that those who most frequently use Trust services are made aware of Membership and of the role of Governors.

We hold Members Events 3-4 times a year, the last event being held on 31th March 2016. This event included presentations from our Consultants in the Early Arthritis Service and the Sarcoma Service teams. Extremely positive feedback was received from our Members at this event.
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Appendices
**NuTH Strategic Goal**

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

**Underpinning NuTH Objectives**

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

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

- Enhance and sustain the Trust’s Programme of Research and Development.
- Continue to develop Newcastle Academic Health Partners a joint NuTH and Newcastle University initiative, which forms the basis of Newcastle Academic Medical Science Centre
- Increase commercial trial participation and income.
- Undertake a joint programme of research activity, which will translate to tangible benefits in patient care in priority areas
- Active member of Academic Health Science Network (AHSN) and Northern Health Science Alliance (NHSA)

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

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

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

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

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

- Maintain a Monitor Continuity of Service Rating of 3
- To deliver all CIP targets / operational efficiencies at all levels
- Enhance the use of business intelligence to assist us in sustaining and developing business and income
- To maximise income through commercial activities to reinvest in NHS care.
- Maximise the strategic benefits of Service Line Reporting & Management and Patient Level Information & Costing Systems
- Aim to deliver a surplus, recognising this is becoming increasingly difficult in challenging financial times
Graph A1: Emergency Activity

Table A1: A&E Activity April 15 – March 16 vs April 14 – March 15

<table>
<thead>
<tr>
<th>A&amp;E Service</th>
<th>2014/15</th>
<th>2015/16</th>
<th>Percentage Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>RVI Emergency Department</td>
<td>114,488</td>
<td>120,842</td>
<td>5.5%</td>
</tr>
<tr>
<td>Molineux St. Walk-in-Centre</td>
<td>28,061</td>
<td>26,450</td>
<td>-5.7%</td>
</tr>
<tr>
<td>Westgate Road Walk in Centre</td>
<td>22,563</td>
<td>22,355</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Eye Casualty</td>
<td>19,800</td>
<td>19,952</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>184,912</td>
<td>189,599</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Graph A2: A&E Performance (All Types) June 2015 to February 2016
Graph A3: Handover Breaches per 1000 > 30 mins at North East Regional A&E – April 2015 to December 2015
The Trust Quality Strategy

The Trust Quality Strategy outlines the key aims and objectives for the next three years as summarised below:

Aims

We want to, quite simply, demonstrate Healthcare at its very best—with a personal touch.

- An environment which is safe for both patients and staff and supports their needs and well-being
- Continuous improvement of the patient experience and excellent clinical outcomes for patients
- A patient centred and patient led approach to care that includes treating patients courteously, keeping them informed and involving them in decisions about their care (“No decision about me without me”, Department of Health 2010)
- The delivery of services developed in response to feedback from patients, the public and other key stakeholders such as service commissioners, Health Scrutiny Committee and Healthwatch
- A reduction in avoidable harm and death, as well as a commitment to learn from mistakes and share the learning across the Trust
- Assurance that the Trust is well managed and compliant with regulatory requirements
- Strong leadership and accountability throughout the organisation, both clinical and non-clinical staff
- Consistently provide care which is evidence based, safe, effective and adheres to best practice
- Utilise data which is robust, well analysed and leads to improvement
- Defined quality assurance processes

We will achieve our aims through collaboration with all professions supported by expert non-clinical staff within strong governance mechanisms.

Objectives

The organisation’s objectives are simple. We are going to ensure that the care we provide is:

- Safe
- Effective
- A positive experience

The patient remains at the centre of everything we do and this strategy will support that. The strategy details how we will deliver on our objectives and what measures we will use to demonstrate improvement and achievement of the objectives.

Improving quality and achieving our aims will take a structured approach to improvement; this will consider a number of different factors. These include leadership, training, organisational culture and staff behaviours. The Education and Training Strategy provides greater details as to how the organisation is ensuring that staff are appropriately trained and the organisations expectations of them.