



Operational Plan Document for 2014-16

The Rotherham NHS Foundation Trust

1.1 Operational Plan for y/e 31 March 2015 and 2016

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

Name	Lynn Cocksedge
Job Title	Head of Contracts and Business Development
e-mail address	lynn.cocksedge@rothgen.nhs.uk
Tel. no. for contact	01709 427176
Date	4 th April 2014

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Martin Havenhand
-----------------	------------------

Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Louise Barnett
---------------------------	----------------

Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	John Somers
----------------------------	-------------

Signature



1.2 Executive Summary

Context and Background Summary

In October 2012, the Trust was found in breach of its Terms of Authorisation (now Licence Conditions) by Monitor and in November 2012, commissioned Bolt Partners to formulate savings plans (FY13/14 and FY14/15) and identify potential strategic options to achieve long term financial sustainability. This work was financially driven.

In April 2013, Monitor imposed an additional licence condition to ensure that TRFT has in place an effectively functioning board and board committees and personnel to enable it to address the governance issues contributing to the breach of licence. In addition, also in April 2013, Monitor accepted from the Trust a series of Enforcement Undertakings requiring the Trust to take specific actions within timescales relating to financial planning and governance breaches and breaches relating to the Electronic Patient Records (EPR) system. Whilst subsequent amendments have been made to these Enforcement Undertakings in June and September 2013 at the time of writing this operational plan they remain in place.

The outcome of the strategic options work, culminated in the draft 5 year plan and strategic options (submission to Monitor 31.12.13). The Trust Board decided to pursue option 1, i.e. for the Trust to remain as a 'standalone' organisation whilst also exploring potential opportunities for collaboration with other acute providers in the Local Health Economy. The Trust concluded that with a focused programme of transformation and efficiency, the Trust is financially viable at this time, whilst acknowledging that there are significant risks associated with this option and increasing national pressures. The potential impact of future changes, such as 7 day working and clinical and regulatory requirements was not factored in to this assessment.

Whilst the Trust is considered to be clinically sustainable at this time, like other similarly sized trusts, there will be increasing future pressures on services in terms of demand, clinical quality, including patient expectations, professional and regulatory requirements which will need to be considered and addressed. Further work is needed to assess viability in more depth at specialty level in order to identify strategies to increase resilience in service delivery in the longer term. Clinically led, systematic speciality based reviews will commence in 2014, supported by information on service size, reference costs and clinical outcomes. This is essential to inform financial and clinical sustainability. Clinical sustainability will need to be kept under review, to ensure strategies are delivered where needed to secure long term resilience and continuity of high quality service provision, affordably, to meet the needs of the population.

The CIP challenge, whilst broadly comparable to that facing other similar sized Trusts, requires major organisational redesign to drive the efficiencies and culture change needed to achieve the CIP required in the plan which would require the Trust to achieve upper quartile performance year on year. In order to deliver the proposed plan the Trust will need to apply a level of rigour and execution which has not previously been demonstrated. To support this, a Transformation Programme supported by a Project Management Officer (PMO) has been established with clear accountabilities and leadership to deliver the savings required (further details of which are provided at a later point in this plan). Potential risks and any mitigation have been identified in the plan.

Leadership capability and capacity are key to the successful delivery of the plan. The substantive Chairman was appointed on 1.02.14, followed by the substantive Chief Executive from 1.4.14. Furthermore 3 new Non-Executive Directors were appointed in September 2013. Other key substantive appointments will include a new Director of Finance, a Chief Operating Officer and Director of Workforce and Transformation. An interim Director of Transformation/Deputy Chief Executive remains in post. In addition, the directorate restructure which is currently underway seeks to strengthen clinical

leadership and managerial focus in support of delivery.

An independent review of governance arrangements which reported in July 2013 concluded that there were a number of material concerns in relation to the effective operation of governance of the Trust including the effectiveness of the Board. A subsequent independent follow-up review which reported in March 2014 concluded that the Trust has focused on enhancing its performance and governance arrangements and confirmed that the board has made good progress in implementing the recommendations of the earlier report whilst acknowledging that further improvements are still necessary including board development and development of a board assurance framework.

In addition to provide further assurance to the Trust Board in the preparation of this plan, an independent assessment of underlying performance, forecasting, financial governance and cash management has been commissioned.

The strategic options work on which this plan is based was developed following engagement of key internal and external stakeholders, including:

- On-going involvement of main commissioner in plan development to ensure commissioner supported income levels and to reflect shared priorities including commissioner and Trust-led initiatives
- Regular Trust-wide engagement events including Governors, clinical and non-clinical staff and colleagues representing our main commissioner
- Discussions with Working Together partners/neighbouring Trusts on specific work streams and potential options
- On-going involvement of Medical Staff Committee and local staff side representatives
- Discussions/briefings of local MPs by the Trust
- External stakeholder briefings on work to develop strategic options, with the opportunity to contribute views, e.g. with Rotherham Metropolitan Borough Council and social services

The Trust will communicate and engage with internal and external stakeholders on the development of the 5 year plan over the coming months.

Vision, Mission & Values

Our Vision: *To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience*

Our Mission: *To improve the Health and Wellbeing of the population we serve ,building a healthier future together*

Our six values; **safe, compassion, together, right first time, responsible and respect** will underpin the way we work and define the culture we wish to build within the organisation. Our commitments are outlined below:

Value	Statement/Commitment
Safe	We earn trust by putting safety first. We believe ‘first do no harm’ and are committed to designing out potential harm by managing risk, reducing errors and learning from mistakes, both ours and others. Healthcare is not risk free but we make people feel secure and safe, knowing we always intend to do our best.
Compassion	We treat everybody as individuals, showing dignity and compassion. We will respond with humanity and kindness to each person’s distress, anxiety or need and will do our best to alleviate suffering. We do not wait to be asked; we will find the time because we care.
Together	We know that we achieve our best when we work together, with our colleagues and our patients in partnership. We believe that each member of our team makes a valuable contribution towards delivering excellent patient care. We value professionalism. We talk and listen and we rely on each other.
Right First Time	We know it is better to do things right first time than to put things right. When we waste resources, cause harm or duplicate effort, we waste opportunities, both ours and those of our patients, to do better and achieve more. We are accountable for the use of public money; we take this responsibility seriously and will use our resources wisely to improve the health and wellbeing of those we serve.
Responsible	We take pride in the quality of care we provide. We accept praise and criticism in equal measures and when we make a mistake we learn from it. We are proud to be part of our vibrant and diverse community. We are conscious of our impact on the environment, on the economy and on society as a whole.
Respect	We respect people’s aspirations and commitments in life and seek to understand their needs whilst maintaining privacy and dignity. We treat everybody with courtesy and respect and provide them with a healthy and nurturing environment where they feel supported.

Strategic Objectives & Key Priorities

The following set of objectives underpin this plan and are key to its delivery:

	Strategic Objectives
1	Develop high quality and safe services that effectively meet the changing healthcare needs of the population we serve
2	Achieve clinical and financial sustainability
3	Work with partners across the local health economy to ensure sustainability of wider healthcare provision
4	Ensure that we have the leadership capability and capacity to deliver our strategy and services
5	Ensure that our governance arrangements are fit for purpose and help shape the behaviours that will achieve our strategy
6	Meet our regulatory requirements
7	Develop and maintain an appropriately skilled and engaged workforce to meet service needs now and in the future
8	Develop a culture based on our values and behaviours

Based upon the Strategic Objectives outlined above Board has agreed a set of **Key Priorities** for 2014/15 and beyond and these will formulate our work programme over the forthcoming period. These are:

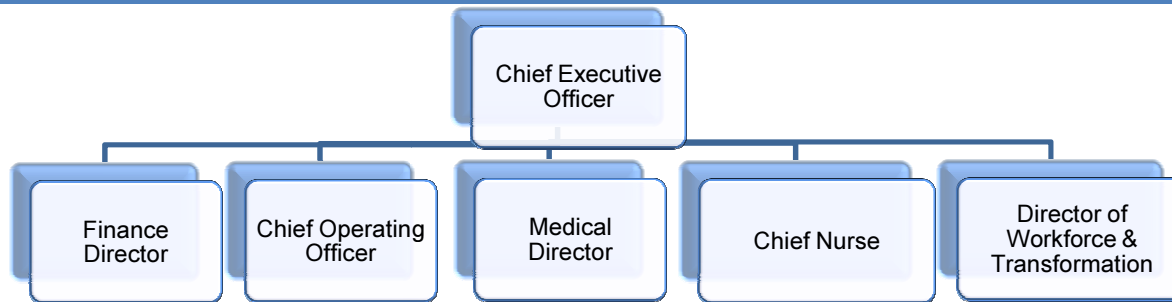
Theme	Key Priority	Actions	Accountability/ Assurance	Executive Lead	Milestones for Delivery
Strategy	Develop 5 Year Strategic Plan	<ul style="list-style-type: none"> • Liaise with key stakeholders to develop plan • Clearly describe the 5 year strategy linked to financial planning • Presentations to Finance Committee and Board • Formal approval at Board 	Board	Chief Executive	June 2014
Strategy	Transformation Programme Action Plan	<ul style="list-style-type: none"> • Accountability agreed & Transformation Executive in place • Accountability and performance framework established & agreed • PMO established • Confirm workstreams & agree targets and timescales • Produce & agree clinical engagement strategy 	Finance Investment Committee/Board	Interim Director of Transformation	PMO fully established with clear accountability & management structures in place
Strategy	Board Development Programme	<ul style="list-style-type: none"> • Board to consider indicative content of Board Development Programme • Explore external support where appropriate • Produce & agree annual Board Development Programme 	Finance Investment Committee/Board	Company Secretary	May 2014 with development sessions ongoing
Structure	Appointment of CEO & Executive Team	<ul style="list-style-type: none"> • Agree Executive Team Structure • Commence recruitment process 		Chair & Chief Executive	October 2014
Structure	Clinical Management Re-structuring	<ul style="list-style-type: none"> • Publish feedback and final structures following consultation • Commence recruitment process 	Workforce Committee/ Board	Medical Director with HR Support	July 2014
Structure	Board Committee Structure	<ul style="list-style-type: none"> • Review Terms of Reference for all Board Committees • Review scope and frequency of meetings • Review effectiveness of operational committees • Board Assurance Framework to be reviewed at each Board meeting 	Board	Chief Executive	June 2014 for initial review with continuous cycle of review and updating to Board

Structure	Assurance Framework	<ul style="list-style-type: none"> Board agreement to format and content of BAF Populated BAF approved by Audit Committee & Board Regular review and up-dating of BAF BAF reviewed at every Board meeting 	Audit Committee /Board	Company Secretary	May 2014 for review & up-date of BAF with ongoing review
Structure	Risk Management	<ul style="list-style-type: none"> Quality Assurance Committee to review draft Risk Management Strategy Workshops re risk maps for clinical/corporate/Board All areas to have functioning risk registers using risk maps 	Quality Assurance Committee/ Board	Chief Nurse	June 2014 for updates with ongoing review
People	Staff Communication & Engagement	<ul style="list-style-type: none"> Development of content Implementation of agreed strategy and plan 	Workforce Committee	Chief Executive	Strategy agreed end April 2014 with quarterly ongoing review
People	People Performance Management	<ul style="list-style-type: none"> Develop revised Appraisal & Personal Development Plan (non-medical) Briefing of Appraisers and Appraisees New system go-live Continuous cycle of review & revise Scope potential to align medical appraisal 	Workforce Committee/Board	Chief Executive/HR	June 2014 for implementation with ongoing review
People	Performance Management Framework	<ul style="list-style-type: none"> Establish & agree clear goals and objectives Set measurements to monitor performance against agreed standards Agree consequences relating to performance (good and bad) Agree effective escalation 	Board	Director of Informatics	July 2014 with continuous review and revision
People	Stakeholder Engagement Plan	<ul style="list-style-type: none"> Strengthen communications team to deliver objectives Review current arrangements Develop & implement plans 		Chair & Chief Executive	June 2014 with ongoing review and refinement
People	Governor Engagement	<ul style="list-style-type: none"> Review current Governor Development programme & seek Governor feedback Refine, develop & agree Governor Development Programme Implement Governor Development Programme 		Chair & Company Secretary	June 2014 for review with development programme ongoing

Reflecting upon the Strategic Objectives and Key Priorities set out in the tables above, in summary this means that the Trust's Operational Objectives over the next 2 year will be:

	Operational Objectives
1	To provide quality and safe health services
2	To address the underlying financial deficit
3	To successfully implement a £22m Cost Improvement Programme
4	To produce and implement Clinical Strategies which: <ul style="list-style-type: none"> • Identify those services that sustain a stand-alone Trust • Identify those services for increased collaboration • Identify those services to be provided by other providers
5	Deliver a Board Development programme
6	Establish the Executive Team
7	Implement Clinical Re-structuring
8	Embed and sustain new Board and Committee structures
9	Introduce and embed the Board Assurance Framework & Risk Management Strategy
10	Develop a staff communication & engagement process
11	Introduce the Trust Performance Management Corporate Report & monitor performance throughout the plan period
12	Undertake performance Appraisal for all staff by Q1
13	Develop Stakeholder Engagement Plans
15	Agree a Forward Work Plan with Governors

The Executive Management team will be responsible for delivery against all aspects of the plans with each executive allocated a specific area of responsibility. The executive team will be structured as follows:



Organisational Risks

The key risks to delivering our plans and any mitigation are outlined below:

Risk Type	Nature of Risk	Potential Mitigation
Quality of Care	Failure to deliver high quality patient care, leading to poor patient outcome, reputational damage, increased regulator involvement, financial penalties and reduced staff satisfaction. Impact of national requirements, royal college guidelines and other initiatives e.g. 7 days working	Continue to strengthen quality governance arrangements at corporate and divisional levels. Implement revised risk management arrangements and sound accountability and performance framework for new directorates. Implement transformational pathway changes.
Commissioning and competition	Income reduction arising from reduced contract activity driven by patient choice or loss of services through competition, and/or increased contractual penalties/non-achievement of CQUIN schemes. Lack of support from commissioners to progress service redesign and community integration. Inability to provide services in collaboration with other providers due to legislative restriction.	Maintain open and transparent relationship with commissioners, engagement strategy in plan delivery. Delivery of high quality patient care to ensure brand reputation. Reduction in cost base to ensure value for money.
Operational Delivery	Failure to achieve local and national quality and operational targets, leading to poor patient experience and outcomes, increased financial penalties and reduced staff satisfaction. Lack of continuity and focus due to directorate restructure and transition arrangements affecting key personnel.	Introduce a sound accountability and performance framework for new directorates. Sustain performance against A&E action plan and further enhancement through Emergency Care Intensive Support Team visit.

Cost Improvement Programme	Failure to deliver planned CIP, creating liquidity pressure and reputational damage. Non-delivery of schemes due to lack of clinical feasibility, unforeseen operational and implementation challenges. Poor governance of programme delivery.	Implementation of PMO approach with capability and capacity to support plan delivery. Oversight by Transformation Steering Executive, Finance and Investment Committee and Trust Board. QIA process and oversight by Quality Assurance Committee and identification of additional CIPs to mitigate. 1% contingency. Cash management strategies to improve liquidity and use of FTFF loans as appropriate.
Workforce	Failure to secure and/or develop a workforce with appropriate capacity and capability to deliver the activity plans and alternative ways of working required in revised clinical pathways. Industrial actions arising from local and/or national changes.	Revision of organisational 'people' strategy in light of revised Trust strategy. Continued focus on national and international recruitment campaigns. Workforce design and planning to support the transformation programme. Stakeholder engagement including staff side and staff governors.

A full financial summary is provided within the relevant section of this plan.

Key Achievements during 2013/14

Despite the challenges faced by the organisation throughout 2013/14 we feel it is important to reflect on some of our key achievements to demonstrate sustained focus on delivering strategic, quality and contractual objectives. We are proud to report achievements in the following areas:

18 week waits – we have delivered against the 18 week wait targets overall as a Trust and at individual specialty level for year ending 2013/14.

A&E 95% seen within 4 hours – despite problems experienced earlier in the year we have successfully seen 95% of all patients seen within 4 hours in what has been an exceptionally busy year for patients accessing our emergency services.

Commissioning for Quality & Innovation (CQUIN) – this includes national and locally agreed schemes all aimed at driving up quality and embracing innovative ways of working. We are pleased to report 95% compliance.

Friends and Family Test – the Trust has led the way in South Yorkshire when it comes to gathering feedback from patients. Results from October-December 2013 highlighted that the Trust collected the highest number of responses when compared to other NHS Trust in the area.

Cancer Support – a national survey highlighted that cancer patients at the Trust receive some of the best support and care in England. Rotherham came fourth in a league table measuring patient experience across England, according to analysis by Macmillan Cancer Support based on research commissioned by NHS England.

Maternity Ward Transformation – after successfully receiving NHS fund for Improving Birth in Environments, the Trust transformed its Maternity Ward to

provide improved and more personalised Post Natal accommodation for new mothers and their babies. In addition we have been awarded £191,110 capital funding from the Department of Health's Improving Maternity Care Settings Fund which will be used to make enhancements for privacy and dignity, in particular for post-natal care to support breastfeeding.

Nursing Technology Funding – we benefited from £193,300 of funding as one of 75 trusts across the country receive a proportion of £30 million to buy technology for Nurses, Midwives and care staff. This funding will be used to implement tablet technology across community nursing in Rotherham to support development of modern practices. The use of technology helps us to be even more efficient and means that staff can spend more dedicated time with patients.

Audiology and Ear Care Services – our expert team based at Rotherham Community Health Centre introduced a unique on-stop service for patients 55 or over with hearing loss to have their ears and hearing assessed and their new hearing aids fitted in just one single appointment. Patients with gradual, bilateral hearing loss can self refer and are seen within six weeks. This is one of the first services in the country to provide privately funded hearing aids for higher specification solutions.

NHS Change Day – staff and volunteers at the Trust stepped up to support NHS Change Day by pledging small changes to make big differences. The campaign gave us the opportunity to encourage positive changes and remind everyone that small changes can be done individually which is a great way to improve patient experience and care.

Food for Life Bronze Standard Award - in partnership with our catering contractor ISS Healthcare, we achieved the Soil Association's Food for Life Bronze Standard Award for catering services, the first time a catering contractor within the NHS has achieved this important accreditation.

The Solar Europa Environmental Business Award – this was received by the Trust in recognition that we actively demonstrate environmental best practice. Waste disposal costs have been cut by 44% leading to a 90% reduction in the Trust's carbon footprint.

It is clear to see from the list above that irrespective of the difficulties we have faced over recent months, our staff remain dedicated and have continued to work exceptionally hard across all areas of the organisation to deliver high quality services and have been deservedly awarded and recognised in some breakthrough areas.

1.3 Operational Plan

Short Term Challenge

The financial challenges across the Local Health Economy are huge with pressure on all commissioners of Health Services to deliver significant savings whilst sustaining delivery of high quality, safe and effective patient care. The agreed challenges for the Rotherham Health Economy are set out below:

Challenge	Risk	Mitigating Actions
Unscheduled Care – in particular ageing population and increase in frail elderly demand for care	<ul style="list-style-type: none"> • Increased attendances at A&E • Increased admissions • Increased length of stay • Lack of alternative care options • Review of Social Care interventions and review of pathways is delayed leading to extended length of stay • Impact on elective care pathway and achievement of 18 week wait targets • The Emergency Care Intensive Support Team (ECIST) review in January 2014 identified the need for more collaborative working across partner organisations • Effective demand management in primary care 	<ul style="list-style-type: none"> • Review of service delivery models • Review of alternative levels of care • Joint partnership working across all sectors to review alternative care options and capacity requirements • Need to develop discharge to assess processes as opposed to patient in hospital awaiting assessment • Workforce requirements
Managing Long Term Conditions in non-acute settings	<ul style="list-style-type: none"> • Pathway reviews and required service changes are delayed • Pace of change in clinical practice leads to patients continuing to be managed in a hospital environment • Inefficient use of resources • Unable to deliver efficiencies linked to reducing acute activity levels 	<ul style="list-style-type: none"> • Joint review of service delivery models • PMO project for transforming community services • Exploration and piloting of tele-health solutions • Workforce and skill mix review • Managing patient expectation
Clinical Referrals Management – delivering outpatient efficiencies	<ul style="list-style-type: none"> • Demand management schemes fail to deliver the required efficiencies in targeted specialties • Pathways of care are not implemented in a timely manner to deliver reductions in new to follow-up ratios • Clinical engagement – specialty specific reviews required to determine future clinical strategies to deliver efficiencies 	<ul style="list-style-type: none"> • Clinical Referrals Management Committee is a joint Commissioner/Provider forum which manages pathway re-design • Efficiency targets are agreed based upon realistic timeframes for delivery • Performance against contractual targets are monitored closely to determine deviances from plan to facilitate a review and development of a remedial action plan • PMO work stream to undertake outpatient review
Service Transformation	<ul style="list-style-type: none"> • Delays are experienced in delivering transformation programmes • Delays in delivery lead to delays in delivering financial efficiencies • Capacity to deliver the work required to succeed with the transformation programmes 	<ul style="list-style-type: none"> • Programme Management Office approach in operation • Each scheme led by a responsible Executive Officer • Each scheme allocated a dedicated project lead to maintain focus and drive • Each scheme allocated a finance lead to ensure financial savings are realised

Delivering 7 Day Working	<ul style="list-style-type: none"> • Workforce capability and capacity requirements • Recruitment to additional clinical posts required across several professions in some which there are known shortages • Recurrent financial consequences of delivery model • Capacity in alternative levels of care to facilitate early intervention, admission avoidance, safe early discharge etc. 	<ul style="list-style-type: none"> • Commissioner/Provider joint working groups established to review 7 day working requirements • Project Management Officer work stream to ensure sustained focus • Delivery milestones to be agreed • Commissioners performance management regime to monitor delivery of agreed milestones
Commissioning Intentions	<ul style="list-style-type: none"> • Reducing, decommissioning or tendering of services • Potential knock-on effect of reductions/retractions of services on the overall aims of sustaining levels of demand, particularly relevant for A&E attendances and emergency admissions • Increased region wide service delivery models • Sustaining delivery of performance targets within financial constraints 	<ul style="list-style-type: none"> • Participation in Health and Wellbeing Board to understand strategic direction of travel • Ongoing dialogue with all commissioners to understand commissioning intentions and horizon scanning for future years • Ensure pathways re-design and revised service specifications/KPIs reflect changes in funding streams • Ensure cost retraction at individual service levels are realised where models of care are decommissioned or changed • Quality Impact Assessments undertaken for all service changes • Board scrutiny of performance against all key performance targets • Enhanced scrutiny of individual service performance with clearly defined actions for managing deviances from plan • Ongoing participation in the Working Together programme currently reviewing service provision across the region • Clear and established processes for reviewing business opportunities linked into organisational strategic objectives for agreeing to pursue or reject an opportunity
Better Care Fund	<ul style="list-style-type: none"> • Retraction of services • Reduction of services • Tender processes implemented • Increased activity levels in hospital/community settings • Cost shifting between commissioners may arise as a consequence of ceasing specific service provision resulting in a financial risk for providers 	<ul style="list-style-type: none"> • Engagement and active participation in the Health and Wellbeing Board • Forecasting the potential consequences • Identifying any preliminary work internally to manage potential changes to services
Any Qualified Provider	<ul style="list-style-type: none"> • Increasing number of services put out to AQP • Zero activity contracts giving no guarantee of income 	<ul style="list-style-type: none"> • Continuous horizon scanning to understand commissioner positions • Full and detailed risk analysis of any future AQP contracts to determine strategic fit and financial implications
Co-operation and Competition	<ul style="list-style-type: none"> • Decisions are made to tender a range of services – particularly relevant to Community delivered services 	<ul style="list-style-type: none"> • Systems and processes embedded for identifying and reviewing all appropriate tender activities

		<ul style="list-style-type: none"> Review of opportunity and recommendations made to Executive Team for final decision to pursue/reject
Collaboration and Integration	<ul style="list-style-type: none"> Risks and opportunities may arise from the Working Together Programme TRFT loses work which delivers financial benefits to other provider organisations TRFT secures additional work as a consequence of the reviews underway 	<ul style="list-style-type: none"> TRFT participates in and contributes to the Working Together programme 7 day working is a cross cutting theme to deliver PMO work streams
Service Specification Development	<ul style="list-style-type: none"> Unable to meet requirements of service specifications for some specialised services currently delivered as revised specifications are published Loss of income A move towards prescriptive specifications has a potential to stifle service development at a local level Service specification compliance used as a lever to centralise more services 	<ul style="list-style-type: none"> Engagement and active participation in specialised commissioning meetings/forums to understand the future intentions Review any services which can be offered at a local level and work with NHSE to agree and implement Opportunity to assist local Teaching Hospitals through local delivery models (i.e. hub and spoke)
Clinical Service Sustainability	<ul style="list-style-type: none"> Current range of services no longer delivered locally Patient expectation TRFT suffers a net loss of services greater than other providers in the locality Resources required to analyse potential impacts Workforce implications 	<ul style="list-style-type: none"> Active participation and engagement in the Working Together programme Internal analysis to identify those services which may be affected Forecasting the potential consequences Identifying any preliminary work internally to manage potential changes to services
Recruitment of Registered Nurses	<ul style="list-style-type: none"> Due to national and local shortages in a competitive labour market inability to attract or retain Registered Nurses Subsequent Quality and safety risk 	<ul style="list-style-type: none"> Active national and potential international recruitment programme Working with Health Education England (HEE) to develop return to practice initiatives Continued delivery of high quality placement experiences for nurses in training to ensure continued success in recruitment of newly qualified nurses
Development of motivated, engaged workforce	<ul style="list-style-type: none"> Continued low levels of reported engagement of staff via staff survey Associated patient quality and safety risk High levels of staff sickness and associated staffing issues and costs 	<ul style="list-style-type: none"> Revision of 'People' strategy in light of revised Trust Strategy Board priority on staff Communications and engagement strategy Board priority on staff performance management and development systems Further development and implementation of staff health and wellbeing strategy and plan

The plans set out above will be challenging to deliver within the timescales afforded to us and some are reliant on partnership and wider engagement. The resources and effort required should not be underestimated, nor should the complexity of the task(s) in hand, particularly where pathways span across the health sector. At every point of review we will consider the consequences on patient safety and quality and at no point will this be compromised.

The financial squeeze on NHS services as a whole, irrespective of the Commissioner, demands a whole systems approach be adopted to review, reconfigure, re-design and re-align existing service delivery models. This can only be achieved through much closer partnership working across all agencies within the Local and wider Health Economy. We are actively engaging with our partners at all levels (i.e. Executive, Clinical, Operational) with the ultimate aim of facilitating a streamlined approach to reviewing and agreeing revised pathways of care which are right for the patients we all care for. This is and will remain our top priority.

Quality Plans

Quality Strategy

Our strategy aims to set out where we are trying to get to in the long-term. It guides how we organise our resources either financial, people, estates or equipment, information and technology to ensure that we benefit patients.

Our overarching aim is to:

1. Provide safe care by reducing the risk of harm
2. Own and enhance the patient experience, end to end
3. Deliver effective care systematically and consistently

Working with our key partners to ensure we have productive working relationships will be critical as will be harnessing innovation and diversification. Our clinical systems and business processes all need to be efficient and effective. In order to sustain change we need to engage staff fully in the improvement agenda.

Our absolute key quality priority is to provide the highest quality of care across all areas of provision with the ultimate aim of delivering an excellent patient/carer/family experience that our staff can be proud of.

Quality Goals

We aim to support the delivery of the NHS Outcome Framework by working with our community partners; social care, primary care practitioners and commissioners to deliver improvement programmes focusing on:

1. Preventing premature deaths
2. Long term conditions
3. Acute Care
4. Experience of Care
5. Safety

We have consulted with our stakeholders to define the areas for inclusion in our 2014/15 Quality Accounts. These continue to build on national and local priority areas. Our Strategic Quality Priorities have been agreed as follows:

Domain	Focus Area	Goal	Risk to Delivery	Mitigating Action
Safe	Mortality	<ul style="list-style-type: none"> Deliver a 4 point reduction in HSMR 	<ul style="list-style-type: none"> Unexpected outbreaks of disease specific conditions leading to higher than average mortality No perceived risks to delivery in terms of current processes and procedures 	<ul style="list-style-type: none"> Continued reporting to key committees and close monitoring at individual specialty level with increased scrutiny where appropriate Clinical accountability to address specific issues and ensure accuracy of recording Review of clinical coding to provide assurance re accuracy of recording Audits commissioned where significant deviances from benchmarks are identified with outcomes reported to key committees and action plan agreed
Safe	Harm Free Care	<ul style="list-style-type: none"> Achieve a minimum of 96% of Harm Free Care across the Trust (if using the NHS Safety Thermometer we will need to report with and without community pressure ulcer prevalence) <ul style="list-style-type: none"> Achieve zero avoidable grade 3 and 4 pressure ulcers Achieve a zero avoidable falls with harm 	<ul style="list-style-type: none"> Inability to separate reporting of pressure ulcer incidence from prevalence. The economic climate and the inability of the Health and WellBeing Board, in partnership with the Rotherham Local Safeguarding Adult Board to reduce the incidence of 'self-neglect' in the short-term 	<ul style="list-style-type: none"> Performance to be monitored via Quality Assurance Committee Continued daily/weekly/monthly reporting (as required) to key committees/Board and external stakeholders Close monitoring at individual specialty level with increased scrutiny where appropriate Recovery plans to address any deviation from plan/trajectory
Reliable	Waiting Times	<ul style="list-style-type: none"> Achieve all national waiting time targets in: <ul style="list-style-type: none"> Cancer A&E 18 week pathways 6 week diagnostic waits 	<p><u>Cancer:</u></p> <ul style="list-style-type: none"> Delays in transfers along agreed pathways of care Patients choosing to wait longer than 2 weeks <p><u>A&E</u></p> <ul style="list-style-type: none"> Actions taken to date and additional schemes agreed for 2014/15 and beyond do not deliver the planned outcomes. Additionally, where agreed demand management schemes are ineffective or demand on A&E services unexpectedly increases, this will adversely impact upon our ability to deliver the target 	<ul style="list-style-type: none"> Continued daily/weekly/monthly reporting (as required) to key committees/Board and external stakeholders Close monitoring at individual specialty level with increased scrutiny where appropriate Recovery plans to address any deviation from plan/trajectory Contractual agreements reached for re-investment of financial penalties

			<u>18 Week & 6 Week Diagnostic Pathways</u> <ul style="list-style-type: none"> • Unanticipated increases in demand • Loss of capacity due to non-elective pressures 	
Caring	Friends & Family Test	<ul style="list-style-type: none"> • Achieve a 3 point increase in the overall in-patient, maternity and A&E NPS <ul style="list-style-type: none"> • Achieve a 3 point increase in A&E NPS • Achieve a 3 point increase in IP NPS • Achieve a 40% response rate for A&E, inpatients and maternity combined 	<ul style="list-style-type: none"> • Patients do not engage in the NPS • Areas previously identified as issues by patients are not addressed which result in continued negative responses 	<ul style="list-style-type: none"> • Dedicated nurse lead to focus on increasing F&F scores • Continued communications with patients, visitors & staff re importance of F&F surveys • Monitor areas of concern and identify action plans to address specific themes • Communicate positive actions taken 'you said...we did'

We will also sustain focus on the following Contractual Quality Requirements both national and local (where not already listed above):

Domain	Focus Area	Goal	Risk to Delivery	Mitigating Action
Safe	Healthcare Associated Infections	<ul style="list-style-type: none"> • Zero MRSA • Achieve target for C.difficile 	<ul style="list-style-type: none"> • Targets are based on a 'best case' reference period • Seasonal and other disease conditions which are variable and outside the Trusts control and which previous experiences and external evidence have shown to impact on the incidence of C.difficile 	<ul style="list-style-type: none"> • Regular monitoring of length of stay, generically at Trust and Speciality level and specifically as a key risk factor in individual and cluster incident analysis • RCA on all hospital acquired HCAI cases • Continue to seek external support as deemed necessary to review infection control systems and processes <ul style="list-style-type: none"> • Clinical accountability for delivering against HCAI standards • It is everyone's responsibility to comply with HCAI reduction – part of Mandatory & Statutory Training

Safe	Ambulance Handovers	<ul style="list-style-type: none"> To delivery against the nationally mandated contractual requirements 	<ul style="list-style-type: none"> Agreed systems and processes for recording handover times are not consistently adhered to Physical and non-physical constraints to implementing positive changes to internal processes to ensure safe and timely handover 	<ul style="list-style-type: none"> Continue to work collaboratively with YAS and other stakeholders to understand and address performance issues where TRFT can contribute positively to improvement
Safe	Duty of Candour	<ul style="list-style-type: none"> To notify the relevant person of a suspected or actual reportable patient safety incident (as per the national guidance) 	<ul style="list-style-type: none"> No risk to compliance anticipated 	<ul style="list-style-type: none"> Robust systems and processes in place for managing incidents with continual review
Safe	Trolley Waits	<ul style="list-style-type: none"> Zero Trolley Waits over 12 hours in A&E 	<ul style="list-style-type: none"> No breaches against this target have been experienced for a prolonged period 	<ul style="list-style-type: none"> Continued reporting to key committees and close monitoring at individual specialty level with increased scrutiny where appropriate
Safe	VTE	<ul style="list-style-type: none"> All inpatients to undergo a VTE risk assessment in line with national guidance 	<ul style="list-style-type: none"> This target has been achieved consistently over a prolonged period of time 	<ul style="list-style-type: none"> Continued monthly reporting to key committees and close monitoring at individual specialty level with increased scrutiny where appropriate
Caring	Mixed Sex Accommodation	<ul style="list-style-type: none"> To maintain privacy and dignity for our patients 	<ul style="list-style-type: none"> Ratio of male:female patients requiring bedding on specified wards Existing building fabric constraints Ability to sustain single sex bays at times of significant bed pressures 	<ul style="list-style-type: none"> The Senior Nursing Management team will continue to sustain focus on delivery of delivering in line with the agreed requirements. This will be managed through continued reaffirmation of the requirements to all affected areas, unannounced walk-rounds, regular visits to affected areas and regular monitoring of the position
Reliable	Cancelled Operations	<ul style="list-style-type: none"> Operations cancelled by the hospital on the same day to be given a binding date within 28 days 	<ul style="list-style-type: none"> Increases in non-elective activity lead to a lack of bed capacity Urgent planned operations utilise existing capacity within the timeframe 	<ul style="list-style-type: none"> Continued monthly reporting to key committees and close monitoring at individual specialty level
Reliable	Urgent Cancelled Operations	<ul style="list-style-type: none"> No urgent operation to be cancelled for a second time 	<ul style="list-style-type: none"> Increases in non-elective activity lead to a lack of bed capacity Urgent planned operations utilise existing capacity within the timeframe 	<ul style="list-style-type: none"> Continued monthly reporting to key committees and close monitoring at individual specialty level

Safe/ Reliable/ Caring	CQUIN	<ul style="list-style-type: none"> To deliver against all national and locally agreed CQUIN milestones: <ul style="list-style-type: none"> Friends & Family Dementia Reducing Pressure Ulcer prevalence Reducing HSMR Enhancing Clinical Communications Delivering against nationally revised Safeguarding Standards Enhancing Nurse Leadership Implementing 7 day working Clinical Leadership & Engagement 	<ul style="list-style-type: none"> Agreed milestones against CQUIN indicators (both national and local) are not delivered Impact on financial ratings Impact on delivery of financial plan Impact on delivery of quality improvements 	<ul style="list-style-type: none"> Assignment of delegated responsibility for each individual indicator at Executive, Clinical, Managerial, Nursing, Operational, Contract and Information lead Multi-disciplinary approach to monitor compliance, risks to delivery and agree mitigating actions Monthly status reporting to key committees including Corporate Business Planning and Investment Committee, Trust Management Committee and Trust Board Streamlining processes to ensure CQUIN delivery is regarded day to day business
Safe	Local Outcomes Framework Indicators	<ul style="list-style-type: none"> Sustaining emergency admissions Reducing Ambulatory Care Sensitive Conditions not normally requiring admission to hospital Sustaining/reducing alcohol related admissions Reporting of medication errors 	<ul style="list-style-type: none"> Actions taken to date and additional schemes agreed for 2014/15 and beyond do not deliver the planned outcomes. Additionally, where agreed demand management schemes are ineffective or demand on A&E services unexpectedly increases, this will adversely impact upon our ability to deliver the target 	<ul style="list-style-type: none"> Management of transformation schemes via PMO Performance against plans reported to and performance managed via key committees (including Trust Board) Recovery plans developed and implemented for those areas demonstrating deviation from original plans

Quality Concerns

The most recent publication of the CQC Intelligent Monitoring Report has highlighted potential risk areas. The table below outlines these initial concerns and provides the actions being taken to address them:

Risk	Mitigating Actions
Potential under reporting of patient safety incidents resulting in deaths or severe harm	Rigorous reporting mechanisms are in place from ward to board to communicate performance in this area. A continuous cycle of communications and direct dialogue with our staff is in place to ensure all incidents are reported in order that a full review can be undertaken and lessons learned. We will continue to manage and monitor performance in this area to ensure Trust policies are being adhered to. The Risk Management Strategy is being revised and regular workshops will be held throughout the year to improve the use of the strategy. The Patient Safety Team will triangulate data in order to understand whether this risk is real or not. The NHSLA data demonstrates a positive incident reporting culture in the Trust.

Stroke – lower than required levels of scanning within 1 hour of presentation	Rigorous reporting mechanisms are in place from ward to board to communicate performance in this area. During 14/15 plans to implement 7/7 working through a workforce planning review across all service areas will incorporate the requirement to improve performance against this target. The Trust recognises the importance of achieving this quality standard in order to improve outcomes for those affected and will sustain momentum in delivering improvement in this area.
Increase in complaints	The Chief Nurse and senior nursing management team have focussed heavily during 13/14 on the reviewing and revising systems, processes and procedures for management of complaints. The data in the available reports signifies an increase in complaints. However, this relates to the full year 2012/13. We are pleased to report a significant decrease in the number of complaints received as a consequence of the work that has taken place. We will continue to monitor and scrutinise performance and act upon findings. However, we will also continue to publicise the mechanisms available for sharing feedback, positive or negative, to patients and service users.
Breach of Terms of Authorisation	The Trust currently remains in breach of its Terms of Authorisation as issued by Monitor for Finance and Governance. The Board is working to stabilise the organisation as a viable stand-alone entity following the outcome of the recent options review. In order to do this we have revised committee structures to improve Board governance arrangements. This will be enhanced over the forthcoming period with input from the now substantive appointments of the Chairman and Chief Executive. Work will continue in this area to demonstrate improved systems, processes and procedures.

In addition to the above, the Trust has been in receipt of a formal Contract Query relating to delivery of the A&E 4 hour wait target during 2013/14 as issued by the lead commissioner. Both parties have worked together to understand the issues and an action plan was developed, agreed and implemented to address the areas of concern. Dedicated focus and resources during the latter half of 2013/14 to improve the A&E position is now demonstrating the benefits with the year-end position currently delivering just slightly ahead of the 95% target. The contract query is expected to be formally closed at the end of March 2014. There are no other existing quality concerns raised by CQC or other parties.

Key Risks and Management

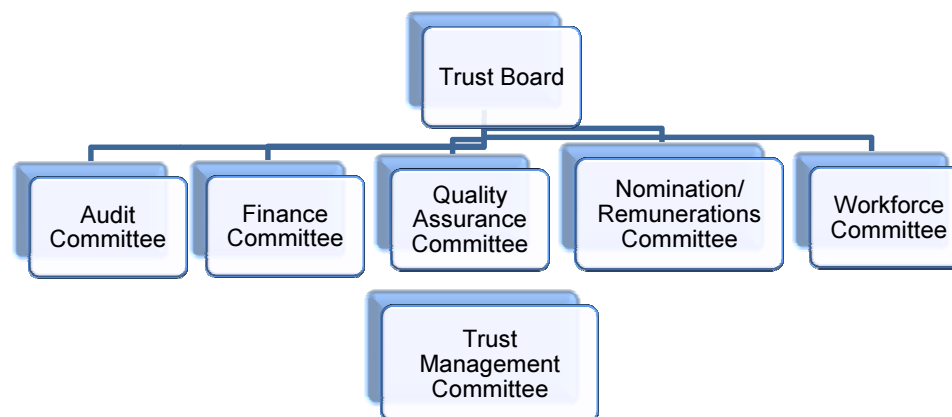
The Trust is clear, not only through mandatory obligations, but also through our passion and desire to achieve our goals, of the need to deliver the highest quality services which ultimately provide significant short and long term benefits to our patients. All savings are subject to a quality impact assessment which is reviewed and signed off by both the Chief Nurse and Medical Director. Despite our ambitions to deliver against all quality indicators we also remain realistic of the challenges that face us over the forthcoming period. We recognise the following areas as our key risk of delivery over the life of this 2 year operational plan: A&E 4 hours wait, achieving Clostridium Difficile targets, reducing pressure ulcer prevalence and sustaining/further reducing emergency admissions. The mitigating actions to address performance in each of these areas commencing in 2014/15 is provided in the table above.

In addition to this there are specific risks relating to workforce numbers (in particular nursing) and the Trusts capability to understand the rostering position at any one time. With regard to workforce numbers, there is a robust recruitment plan in place aimed at delivering the increased levels of staffing and this is and will continue to be a key priority for the Trust. Funding to deliver nursing levels to the required establishments has been secured recurrently as part of the planning exercise. However, it remains a risk in terms of recruiting to the required levels at a time when providers across the locality are also seeking to increase numbers.

With regard to rostering, the Trust currently manages this on a manual paper based system. E-rostering systems to provide real-time information regarding ward staffing levels will be explored with the aim of providing a more robust staffing position at any one time.

Accountability and Reporting Structures

The Governance Committee Structures.



Trust Board

The Trust Board is responsible for ensuring the quality and safety of the services that are provided. It achieves this in a number of ways including receiving regular performance reports relating to quality and safety matters, agreeing a quality Strategy and the Quality Account, reviewing serious incidents to ensure that the organisation has learnt and embedded the learning, and receiving regular reports at all Board meetings from the Chief Nurse and Medical Director. The Trust Board is responsible for ensuring effective systems are in place for identifying and managing risk which includes the implementation of a risk management strategy and review of key organisational risks through the Board Assurance Framework.

Appropriate structures are in place to enable effective management of risk, including processes which enable all staff to understand their role in managing risk and delivering high quality care.

As the Accountable Officer, the Chief Executive is also responsible through her Annual Governance Statement for confirming the effectiveness of the systems of internal control that the Trust has in place.

Quality Assurance Committee

As part of the review of governance arrangements undertaken in response to the imposition of an additional licence condition relating to the Trust's governance arrangements the Quality Assurance Committee (QAC) has been established as a Committee of the Board. Its remit is to provide the Trust with assurance on all matters relating to quality, safety, the effectiveness of all care, the patient and service user experience. It also has responsibility for ensuring that the Trust complies with the provisions of Monitor's Quality Governance Framework and advising the Board accordingly.

The QAC is responsible for ensuring the efficient working of its established sub-groups including:

- Clinical Effectiveness Group
- Patient Safety Group
- Patient Experience Group
- Drugs and Therapeutics Group
- Health and Safety Group
- Infection Prevention and Control Group
- Screening Group

Additionally the QAC monitors the risk register and works with the Audit Committee in its role for providing assurance on the totality of risk management processes.

The Audit Committee

The Audit Committee is responsible for providing the Board with assurance on the organisation's systems of internal control and that they are operating effectively. Part of this remit includes:

- Review and challenge of corporate governance and risk management arrangements including structures, policies, procedures
- Review of content, and the effectiveness of Board Assurance Framework
- Review of risk registers

Finance Committee

The Finance and Investment Committee is constituted as a Standing Committee of the Trust Board. Its constitution and terms of reference will be subject to amendment as determined by the Board of Directors from time to time and as considered appropriate.

The purpose of the Finance and Investment Committee is to provide support and assurance to the Trust Board that key financial issues are properly scrutinised and that robust measures exist to review financial performance and to give oversight to the development of appropriate financial strategy.

Workforce Committee

The Board Workforce committee develops, oversees and reviews progress in key workforce areas: People Strategy, Workforce Plan, Leadership and Management Development Strategy, Learning and Organisational Development Strategy, Health and Wellbeing Strategy, Staff Engagement Strategy, Reward and Recognition Strategy and the Equality and Diversity Strategy. Working closely with the Quality Assurance Committee if oversees nurse recruitment plans and progress, and the development of action plans from the staff survey.

The Workforce Committee is focussed on three of the key Board priorities: the clinical directorate restructure, the development of a staff communications and engagement strategy and the development of people performance management.

Trust Management Committee

At an operational level the Trust Management Committee oversees the implementation of the organisation's risk management strategy and processes, including regular review of the organisation's risk register.

Staff Communications and Engagement

The Trust is developing a multi stranded strategy and approach to communications and engagement, this is particularly driven by our staff survey results and our awareness of the potential positive impact on patient safety and quality of an engaged workforce. We are determined to capture the benefits of an engaged workforce on overall organisational performance and capability.

It is the responsibility of the Chief Nurse to ensure that the Trust's risk management processes are fully implemented within the services, risk registers are maintained, and will therefore, be able to ensure principal risks to the Trust's objectives are systematically identified, evaluated, eliminated or reduced and managed. In relation to the principal risks, the chief nurse will work with the company secretary to inform the Board Assurance Framework. In addition the Chief Nurse is executive lead on the Quality Assurance Committee that receives reports on unacceptable and serious risks to quality, and the effectiveness of the controls, referring unacceptable or serious risks to the Corporate Management Board. The Chief Nurse will encourage the proactive management of risks through the development, implementation and monitoring of risk education and training programmes and the effective functioning of Clinical Directorate Governance Groups.

The Chief Nurse is responsible for the management of risk within his/her own area of operational responsibility.

As lead Executive Director for clinical professionals in Nursing, Midwifery and Allied Health Professionals, the Chief Nurse will provide a clear focus for the management of clinical risk.

- Nursing and Allied Health Professionals clinical and professional leadership and development
- Professional leadership for nursing practice
- Midwifery supervision
- Ensuring continuing registration with the Care Quality Commission through compliance with the Essential Standards
- Nursing research and supervision
- Contribution to the commissioning of nursing pre and post registered
- Education
- Safeguarding Vulnerable Adults
- Safeguarding children and child protection

Workforce Implications

Managing workforce priorities is an essential element in delivering financial efficiencies but this has to be managed against a backdrop of sustaining and further enhancing the quality of services provided to deliver the best possible clinical outcomes and an excellent patient experience.

Our first priority will be to ensure we have sufficient capacity to deliver the level of support required to drive organisational transformation. This will be delivered through close partnership working with clinical leads and business managers to ensure an effective balance between robust disinvestment activities which do not impact the quality of the service provided. Performance monitoring through the Project Management Office will ensure a cohesive, all-encompassing workforce plan is developed ensuring a consistent approach is implemented across the organisation therefore avoiding fragmentation allowing an overall workforce status to be defined at any one time.

We need to mitigate against the loss of talent, skills and knowledge in order to ensure that we continue to provide seamless high quality care and clinical safety during an extended period of transformational change. To this end, all CIP and Transformational schemes need to be considered collectively to sustain an appropriately skilled and re-configured workforce.

With specific regard to nursing recruitment revised establishments were agreed at the Board of Directors in September 2013 with an inherent £1.6m investment. Work is ongoing to focus on safe recruitment. Below details progress to date:

- Seven generic recruitment programmes since November 2013 across medical and surgical pathways, 5 for registered nurses and 2 for Health Care Support Workers. The combined effect of those campaigns is the successful recruitment and appointment to 45.73 Band 5 nurses and 15.9 wte Band 2 HCSW's to substantive roles and 4 HCSWs to flexible staffing
- The two most recent campaigns are at the shortlisting stage and have attracted 67 applications for registered nurse posts and 111 applications for the HCSs in less than 24 hours
- The HCSW recruitment plan is to recruit to a pool of specially trained support workers to assist in provision of one-to-one care across the adult inpatient areas
- Weekly vacancy reports are available for adult inpatient areas and provide real time information on vacancy factor and this will be extended trust wide (including community and maternity services). It is recommended that this approach is adopted for medical and allied health professional staffing

Delivering and sustaining a fully established nursing complement is a key risk in driving up quality. The outcome of the Francis review has mandated all Providers to review nurse to patient staffing levels and therefore the market is flooded and providers across the patch are all vying for the same pool of staff. An opportunity to adopt an integrated region wide recruitment campaign is being considered by Chief Nurses in the locality. Irrespective of the approach taken (singular or integrated organisational recruitment programme) we are considering all options to ensure TRFT is recognised as a best in class employer.

We will look to increase the use of technology as an enabler to delivering efficiencies and their potential to reduce resourcing requirements across the organisation where appropriate.

We will require dynamic recruitment and retention initiatives together with effective training programmes to sustain our position.

Response to Francis, Berwick and Keogh

The Chief Nurse has undertaken a full internal review following the outcomes of the National Inquiries as set out by Francis, Berwick and Keogh. All recommendations have been reviewed at TRFT and those relevant to the Trust allocated to an executive lead who is responsible for ensuring appropriate actions are taken. The Trust plan is too large to include here and so the table below provides just a small number of examples of progress and achievements since the report was published, and next steps to be taken.

National Inquiry	Area of Review	Actions to Date	Next Steps
Francis	Complaints Management	A full review has taken place of the Trust's processes for handling complaints which has resulted in shorter response times & processes to capture actions to be taken. Satisfaction survey introduced following closure of complaint. CEO sees all complaint files and personally signs a cover letter.	A training programme on new processes will commence for staff across the Trust who are responsible for responding to patient complaints, coinciding with the new policy launch and establishment of Clinical Directorate structures.
	Nursing	Recruitment process underway to achieve full nursing establishment. A Programme of Quality Assurance & Patient Safety 'walk about' visits established led by Chief Nurse Team	Sustain momentum on nursing recruitment
	Information	The Health Informatics directorate has developed a strategy that develops IT systems and processes that fulfil all France recommendations. These include clinical portal technology that will allow the viewing of real-time information from various systems in one place and Data Warehouse development for data quality reports/dashboards for key performance measures.	Continue to work on this with CCG to develop and enhance information provision
	Clarity of values and principles & safe staff numbers and skills	Values based recruitment process in development. Staff per shift numbers to be displayed at ward level	Programme of safety and quality 'walk abouts' to be extended to cover all areas of the Trust. Trust values now included in the new appraisal process. Training across whole Trust is underway, to be completed by June 2014.
	Putting the patient first	All Board meetings start with 2 patient stories, and that practice is being rolled out to all committees of the Board, and Team Brief. The Trust is implementing the SAFER Care Bundle which is very patient centric	Patient Experience, Involvement and Engagement Strategy in development which will strengthen the focus on listening to patients, and their involvement in initiatives to improve quality of care
Berwick	Leadership	A substantive Chairman and Chief Executive are now in place with new non-executive directors to ensure a broad skill set is in place to deliver the future strategies required to sustain the organisation. In addition we continue to foster clinical leadership alongside business and managerial expertise	To provide the Board with the required support to further develop their skills to work cohesively and effectively working with the senior clinical and operational teams
	Patient and Public Involvement	We will continue to ensure we engage our patients and public and that we act reasonably on any issues of concern	Continued focus on patient and public engagement on aspects of service change/delivery
	Training and Capacity Building	We continually review the capabilities of our staff to perform the duties for which they are employed through PDR and other developmental opportunities	We will continue our recruitment campaigns to deliver the necessary ward staffing ratios and provide the necessary educational and development opportunities to all our staff. We will regularly review our workforce requirements and consider succession planning requirements
	Measurement and Transparency	We have developed a performance matrix for ward-to-board reporting, including a range of performance indicators relating to quality (including HSMR) finance, staffing, contracts etc.	Continue to develop the scorecard and include additional metrics as deemed necessary to ensure the suite of indicators effectively communicate any issues

	Enforcement	We promote an incident reporting culture actively encouraging all our staff to report and raise any concerns. A robust reporting mechanism and governance structures are in place for management of all incident reporting from ward-to-board.	We will continue to address the issues raised and learn lessons from any reviews
Keogh	Patient Experience	The Trust has revised the complaints process and is listening to patient experience stories. The Board is leading by example, and role modelling the values and behaviours expected of all staff, which include respecting experience and acting on concerns. A ward dashboard has been devised which is available at the ward entrance. Alongside this Sister's are sharing action on feedback using the 'you said, we did' model.	Patient Experience, Involvement and Engagement Strategy in development which will strengthen the focus on listening to patients, and their involvement in initiatives to improve quality of care
	Safety	We promote an incident reporting culture actively encouraging all our staff to report and raise any concerns. A robust reporting mechanism and governance structures are in place for management of all incident reporting from ward-to-board.	We will continue to address the issues raised and learn lessons from any reviews
	Workforce	We continually review the capabilities of our staff to perform the duties for which they are employed through PDR and other developmental opportunities. We recognise that our workforce are our biggest commodity and that a happy workforce is a productive workforce	We will continue our recruitment campaigns to deliver the necessary ward staffing ratios and provide the necessary educational and development opportunities to all our staff. We will regularly review our workforce requirements and consider succession planning requirements.
	Clinical & Operational Effectiveness	We have developed a performance matrix for ward-to-board reporting. This includes a range of performance indicators relating to quality (including HSMR) finance, staffing, contracts etc.	Continue to develop the scorecard and include additional metrics as deemed necessary to ensure the suite of indicators effectively communicate any issues
	Governance and Leadership	Our governance and reporting mechanisms for providing assurances to Board are outlined in detail earlier in this report.	We will ensure any issues identified are clearly understood with appropriate actions agreed and implemented taken to address them

An action plan has been developed based on all recommendations applicable to the Trust, which is updated quarterly and monitored at the Trust's Quality Assurance Committee and at appropriate committees, such as Patient Safety & Patient Experience Committees.

Risks to Delivery of the Plan

Over the past 18 months the organisation has been led at executive level with a limited number of substantive appointments in place. Recent appointments to substantive Chairman and Chief Executive posts aim to bring some stability and continuity to the leadership team. The substantive Director of Finance will leave the organisation mid-April. The level of interim key executive positions is a key risk to facilitating the significant level of transformation across the entire organisation to deliver the cost savings necessary to sustain financial stability.

This will be addressed by the Chairman and Chief Executive as a priority to develop a team of substantive executive directors who possess the necessary skills, knowledge and expertise to lead and deliver the transformation programmes. A substantive Company Secretary will commence in post at the end of April 2014 with a clear remit of reviewing and embedding effective governance processes across the organisation.

Contingency within the Plan

We recognise that we have areas of risk/weakness that need to be governed and managed. In order to do this we have/will implemented the following:

Focus Area	Action
Leadership and Development	Establish the Executive team and deliver a Board development programme to ensure unitary board operation. We will complete and implement the directorate restructure. In addition we aim to undertake performance appraisals for all staff by the end of Q1. Objective setting will link to the Trust's strategic priorities to drive a cohesive approach to delivery.
Programme Management Office	To ensure focus is sustained on delivering CIP and transformation programmes we have in place a fully operational PMO with clear objectives and governance and defined reporting structures.
Organisational Restructure	The clinical/managerial re-structure at a senior level is being implemented with appointed Directors of Clinical Services and General Managers now in place. The next tier of re-structuring is underway to ensure the capacity and capability is in place to deliver the necessary change.
Transformation Programmes	The clinical/managerial re-structure at a senior level is being implemented with appointed Directors of Clinical Services and General Managers now in place. The next tier of re-structuring is underway to ensure the capacity and capability is in place to deliver the necessary change.
Working Together Programme	We are and will continue to be an active participant in the Working Together Programme to review delivery of clinical/corporate services across the region. Any proposed changes will consider the overall impact and clinical benefits to patients.

In conclusion the environment in which we provide services is changing rapidly and we need to ensure that we are responsive and flexible to the external challenges to ensure we continue to consistently deliver high quality care for all our patients. We will constantly explore opportunities to become more efficient and effective in how we work. Providing high quality care for all of our patients will be the driving force at the forefront of everything we do.

Operational Requirements and Capacity

In line with the previous direction of travel and linked to commissioning intentions TRFT assesses the activity and demand pressures as detailed in the table below.

Activity/Demand	Key Risks	Mitigating Action	Potential Resource Implications	Workforce Implications
Sustaining/reducing non-elective activity	<ul style="list-style-type: none"> • Reductions against plans experienced during 13/14 are not sustained during 14/15 • Winter in 2014/15 is much worse than that experienced in 2013/14 leading to increased and excessive demand for emergency services • Demand management schemes do not deliver the required reductions • Transformational schemes are delayed • Capacity in alternative levels of care 	<ul style="list-style-type: none"> • A range of schemes aimed at reducing emergency admissions are agreed within the contract and will continue to be operational during 2014/15. • Performance of all above schemes are monitored to ensure capacity is being effectively utilised and agreed pathways adhered to • Winter plans are developed with sufficient time to ensure all the required resources are in place • Emergency Care Intensive Support Team review 	<ul style="list-style-type: none"> • A range of schemes aimed at managing non-elective admissions are agreed and funded through the contract • Failure to sustain the position will have financial consequences • Ability to sustain/reduce activity may result in the opportunity to reduce bed capacity 	<ul style="list-style-type: none"> • Nursing levels on the wards are being reviewed in line with the outcome of the Francis report • Peaks in demand will continue to require staffing levels to be flexible • Capacity and capability to deliver service differently
Non-Elective Assessments (increase by 1%)	<ul style="list-style-type: none"> • Adherence to revised models of clinical care • Casemix of presenting conditions changes (i.e. becomes more complex requiring short stay admission) 	<ul style="list-style-type: none"> • Performance against planned levels monitored monthly at specialty level • Any areas of concern escalated • Where increases are experienced it is anticipated there will be an off-set in emergency admissions 	<ul style="list-style-type: none"> • Capacity in dedicated areas to deliver planned increases in demand 	<ul style="list-style-type: none"> • Capacity in clinical expertise to provide expert clinical decision making to effectively manage the pathway
Increase in Elective/Day Case	<ul style="list-style-type: none"> • Delivering 18 week wait targets • Sufficient capacity to meet individual specialty activity plans 	<ul style="list-style-type: none"> • Capacity & demand exercise across all specialties to meet contracted levels • Job plans aligned to deliver required capacity • Maximising opportunities to deliver day case activity where clinically appropriate • Implement systems to manage flexing of capacity (up or down) 	<ul style="list-style-type: none"> • Effective scheduling of main/day case theatre capacity to deliver the activity and meet 18 weeks 	<ul style="list-style-type: none"> • Clinical capacity meets the needs of the service

Increase in planned Outpatient First Attendances	<ul style="list-style-type: none"> Delivering 18 week wait targets Sufficient capacity to meet individual specialty activity plans Demand rises above planned levels 	<ul style="list-style-type: none"> Capacity & demand exercise across all specialties to meet contracted levels Job plans aligned to deliver required capacity Implement systems to allow flexing of capacity (up or down) 	<ul style="list-style-type: none"> Clinical and non-clinical capacity in the right place to deliver planned increase Sufficient physical resources available to meet the demands 	<ul style="list-style-type: none"> Clinical capacity meets the needs of the service
Decrease in Outpatient Follow-ups	<ul style="list-style-type: none"> Clinical engagement to deliver the required reductions Joint demand management schemes do not deliver planned reductions Capacity in alternative settings to deliver revised models of care Pace of change is too slow to deliver alternative solutions 	<ul style="list-style-type: none"> Capacity & demand exercise across all specialties to meet contracted levels Job plans aligned to deliver required capacity Implement systems to allow flexing of capacity (up or down) Delivery of transformation schemes to facilitate transfers of care 	<ul style="list-style-type: none"> Review of physical resources required subject to outcome of capacity & demand exercise 	<ul style="list-style-type: none"> Clinical capacity meets the needs of the service Capacity & capability of staff in alternative care settings (i.e. community) is in place

In partnership with stakeholders across the health community we will commence a review of care pathways to ensure services across the whole sector are used to optimum effect to provide those needing them with the required level of expertise and care at the time they need it. All work to review pathways of care and transformation schemes will be clinically driven to ensure safe and sound clinical practice is sustained and that any alternatives proposed are clinically sound. All changes will be risk and quality impact assessed at various stages throughout the process.

A multi-agency, multi-disciplinary approach will be fostered to deliver a holistic approach to all aspects of healthcare provision in order to fully understand the range of third sector services available to support our revised models of care which will be based on Best Practice.

To effectively drive these changes at pace will require excellent management and leadership skills to anticipate and plan for the changing workforce requirements. Along with the revised care pathway models comes the need to review staffing inputs. A potential outcome of this may require a reduction in medical staff for some areas and an increase in fully qualified Enhanced Nurse Practitioners and/or Enhanced Allied Healthcare Professionals to deliver specific elements of service.

The overarching principle behind all of the transformation and pathway re-design is to ensure the right services are delivered in the right place at the right time by the right people. Our ability to sustain/reduce non-elective admissions and/or care for people in alternative care settings in the community will facilitate an opportunity to reduce our inpatient bed base.

Productivity, Efficiency and CIPs

TRFT has a fully operational Project Management Office (PMO) in place with agreed reporting and governance structures. The focus of this work will be to support delivery of CIPs and Transformational projects across the Trust to maximise the financial benefits to the organisation. Each scheme has an accountable Executive Lead assigned and will have a dedicated Project Manager, Finance Manager and further support team including clinical input where appropriate. This accountability and support structure is specifically designed to ensure sustained focus against delivery of each scheme. There are 15 work streams currently prioritised and these are listed below:

Work Stream	Accountable Leader (Executive)	Target	Savings Identified to date	Incremental (I) or Transformational (T) Status
		2014/15 (£)	2015/16 (£)	
WS001 Clinical Engagement	Medical Director	0	0	I + T
WS002 Community / LOS	Transformation Director	1,500,000	1,000,000	T
WS003 H.R.	HR Director	700,000	500,000	I + T
WS004 Out Patients	Operations Director	500,000	750,000	I + T
WS005 Medical Efficiency		1,045,000	500,000	I + T
WS006 Nursing Efficiency	Chief Nurse	1,000,000	150,000	I + T
WS007 Corporate Costs	Transformation Director	1,500,000	0	I
WS008 Estates	Estates Director	700,000	200,000	I
WS009 Medicines Management	Director of Informatics	626,000	250,000	I + T
WS010 A.H.P.	Group Finance Manager	500,000	0	I + T
WS011 Theatre Productivity	Directorate Manager Surgery	511,000	200,000	I + T
WS012 Non Pay	Head of Procurement	976,000	0	I
WS013 Agency Bank	Finance Deputy Director	0	0	I
WS014 Contract Activities	Finance Director	1,459,385	0	I
WS015 & WS016 Red Pen/Establishment	Transformation Director	1,382,237	0	I
		12,399,622	3,550,000	

PMO Governance Arrangements

PMO governance arrangements have been formalised. The accountability of the programme can be summarised in the table below.



The key assurance vehicle for the delivery of the Programme is the Transformation Steering Executive (TSE), the purpose of which is to lead oversee and co-ordinate a Transformation Programme of change and service improvement to effect improvements in quality, productivity and economic efficiency across the Trust. Whilst accountable to the Trust Management Committee, it will also produce reports to the Trust Board and its committees as required re financial performance and assurance on the assessment of risk on patient safety/quality standards. The membership of TSE will include senior representation at executive, director and workstream accountable lead officers.

Clinical engagement through our clinical leaders and clinical teams is fundamental if we are to achieve true transformation of our clinical services. This includes identifying those pathways of care that could benefit from improvement and for clinical teams to redesign these pathways with a clear aim to make the journey efficient for the patient, providing positive outcomes of care, with a first class experience for the patient. There are many examples of pathway design across the NHS which can be used. In addition to this a multi-disciplinary approach must be embraced to ensure all aspects of the business delivery and support is considered throughout each project, with this in mind Finance, HR and IT lead officers are engaged in developing and supporting all aspects of service re-design.

All CIP and Transformational workstreams identified to date have been evaluated against a robust Quality Impact assessment undertaken by the Chief Nurse and the Acting Medical Director.

Finance

The Trust's financial strategy and goals

The Trust Board is committed to managing its financial resources prudently and effectively, to ensure continued provision of high quality services. Whilst recognising the pressure on NHS resources and the need to make efficiencies, the Trust will only make financial savings, which have been subject to a satisfactory quality impact assessment to ensure that we maintain/improve quality of care.

The financial position for the trust is set within the constraints of a poor outlook for the UK economy and its impact upon growth assumptions for the NHS over the next five years. In 2012, in view of its financial position, the sector regulator, Monitor placed the Trust in enforcement actions. Against this background the trust enters the 2014/15 financial year with an improving financial position. The trust reported a deficit of £6.5m in 2012/13 and is forecast to report a deficit of £3.3m in 2013/14, £1.5m above its planned deficit of £4.8m. However, the challenging position facing the NHS as a whole will require significant efficiencies to be identified and delivered in order to maintain service delivery.

Year 1 of the plan (FY14-15) arrives at a surplus of £0.7m and year 2 (FY15-16) is a £2.2m surplus. The Trust's "underlying" recurrent deficit position is improved during the planning period with a recurrent "underlying" deficit of £5.9m in the FY13-14 outturn position, a £3.5m "underlying" deficit at the end of year 1 and a £2.1m "underlying" surplus at the end of year 2. This is predicated on taking £21.7m recurrent CIP out of the Trust's recurrent baseline in the 2 year planning period which is largely supported, in year 1, by identified CIP/transformation schemes. Benchmarking undertaken in 2011 and 2012, indicated a £4-9M outstanding CIP opportunity, which would take the Trust to upper quartile performance, therefore the plan assumes improvement to the upper quartile, consistent with the efficiency expectations facing the sector year on year, to allow further opportunity. Further independent benchmarking will be undertaken to assess opportunity and achievability. Years 3-5 will rely on the achievement of schemes aimed at whole system re-design and wider health economy collaboration.

Summary of Financial Projections

	£m	£m	£m
	FY13-14	FY14-15	FY15-16
Turnover	231.1	231.8	224.5
EBITDA	10.3	14.8	12
Cash	10.5	10.6	10.6
COSR	2	2	3

Summary of Contract Settlement

The Financial plan is driven from the Trust's activity plans which have been agreed with commissioners. Month 7 has been used as the basis for FY13-14 forecast outturn and QIPP / growth has been applied to derive specialty activity plans. The total contract envelope includes £10.4m non-recurrent funding which is aimed at supporting initiatives to improve the non-elective pathway and community integration which in turn will allow costs to be removed via transformation.

The key activity assumptions in the heads of agreement with our main commissioner are:

- a. Non-elective admissions will not change, (0% in each subsequent year to 2018/19)
- b. Non-elective assessments will increase by 1%, (1% in each subsequent year to 2018/19)
- c. Outpatient firsts will increase by 0.8% (2% in each subsequent year to 2018/19)
- d. Electives will increase by 1.2% (1.5% in each subsequent year to 2018/19)
- e. Follow ups will decrease by 2.7% (3.0% in 2015/16 and 0% in subsequent years to 2018/19)
- f. Direct Access Pathology will increase by 2.5% (2.5% in each subsequent year to 2018/19)

The headline numbers in the RCCG contract are set out below:

	£m	£m
	FY14-15	FY15-16
RCCG Contract	152.7	151.5
Includes:		
- CQUIN	3.5	3.5
- N/Rec	5.0	5.0
Community Support	5.0	0

Tariff Inflation / Cost pressures

The trust has analysed the 2.5% uplift to tariff (£4.2m), and will be applying this to fund pay related inflationary pressures and non-pay costs. After detailed analysis, we believe that the tariff inflation uplift of 2.5% will not be sufficient to cover the trust's inflation/cost pressures as detailed below:

£m
4.2 2.5% uplift
-2.9 pay / incremental drift
-0.8 non-pay
<u>-0.7 CNST</u>
-0.2 shortfall before cost pressure

Identification of Efficiencies /Cost Improvement Progress (CIP's)

The following table provides the position at the time of writing this plan. Work is ongoing to approve and quality assure CIPs to secure the level of savings required.

2014/15 Cost Improvement Plans	Quality Impact Assessed CIPs	CIPs to be Quality Impact Assessed	CIP Opportunity	Total
Estates and Facilities	397	0	303	700
Medicines Management	376	225	25	626
Out-Patients	55	175	270	500
1 - Modernising Pay				
2 - Structures	439	221		660
3 - Admin and Clerical				
Bed Utilisation	0	232	1,268	1,500
Community Services				
Corporate Costs	981	0	519	1,500
Theatre Efficiency	256	145	110	511
Medical Efficiencies	499	44	502	1,045
AHP's	156	50	294	500
Nursing Efficiency	597	11	393	1,000
Procurement/Non-Pay	404	0	567	971
Income	1,459	0		1,459
Budget Retraction	353	5		358
Vacancy Factor	1,029	0		1,029
Sub Total	7,002	1,107	4,251	12,360
Contingency			-1,460	-1,460
Total	7,002	1,107	2,791	10,900

CIP's are subject to a review and assurance process undertaken by the Transformation Steering Group and Finance and Investment Committee to ensure that they are:

- financially robust and deliverable
- that clinical quality is not compromised and remains at an adequate level
- that there is evidence of staff engagement

The table for FY14-15 shows that there are £12.4m gross schemes with £10.9m required to be achieved for the plan. At this stage £8.1m of the schemes are thought to be deliverable subject to a further QIA on £1.1m. The remaining £2.8m required to be delivered from the £4.3m schemes identified but which have not yet got detailed plans in place.

The table below shows the FY15-16 schemes, of which £6.8m represent a FYE of schemes assumed to be started in FY14-15. The target to be achieved in the plan is £10.8m which leaves a further £4.0m schemes to be developed during the planning period.

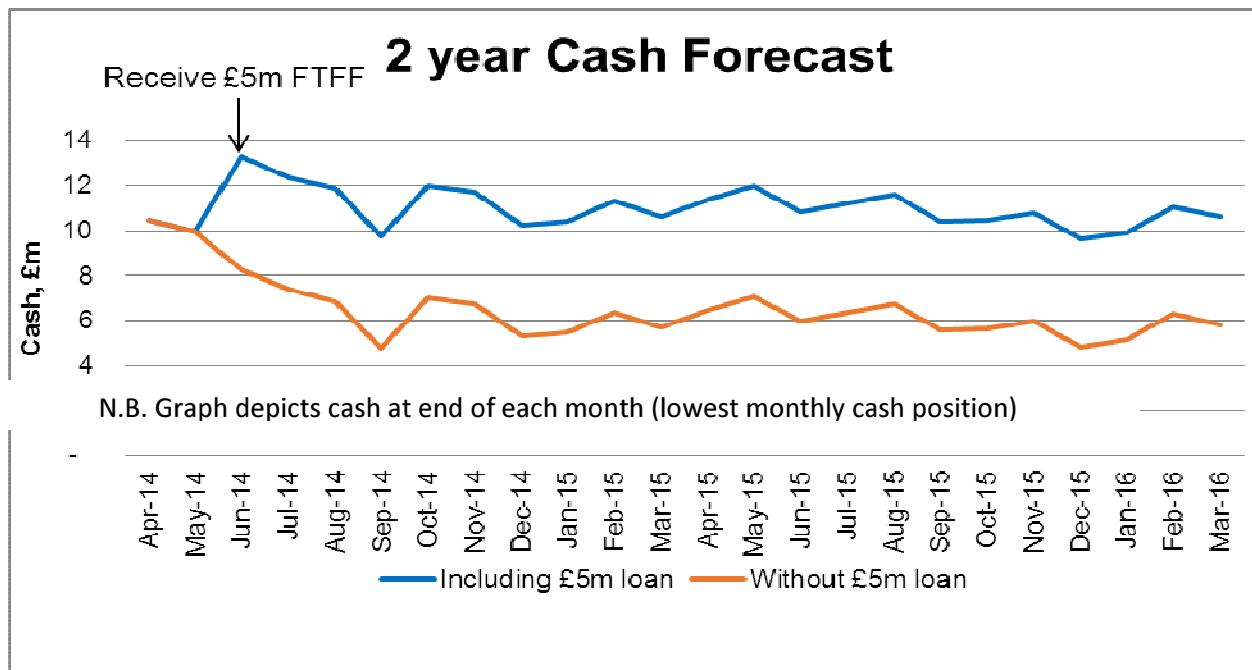
2015/16 Cost Improvement Plans	Full Year Effect of:			Anticipated 2015/16 CIP	Total
	Quality Impact Assessed CIPs	CIPs to be Quality Impact Assessed	CIP Opportunity		
Sub Total	556	491	5,712		6,758
Anticipated 2015/16 CIP				4,085	4,085
Total	556	491	5,712	4,085	10,844
% of Operating Expenditure				1.8%	

Capital Expenditure Plan

The 2 year capital expenditure plan has been updated to reflect the site development strategy and updated estates strategy which has been considered and agreed by the Board of Directors. Capital expenditure totals £7.3m in 2014/15 and £6.1m in 2015/16 and has resulted from a "confirm & challenge" session undertaken in January 14 in respect of prioritisation of capital projects.

Liquidity

The 2 year cash flow forecast supporting the Financial plan is supported by a £5m injection of cash in FY14-15 Q2 to support CAPEX and due to the fact that the I&E position does not support this level in year 1 due to backlog capital issues that have arisen during the Trust's difficult financial position



Risk Ratings

The 2 year operational plan produces the following continuity of risk rating scores by quarter.

	2014/15 Quarter 1	2014/15 Quarter 2	2014/15 Quarter 3	2014/15 Quarter 4	2015/16 Quarter 1	2015/16 Quarter 2	2015/16 Quarter 3	2015/16 Quarter 4
Liquidity	3	2	2	2	2	2	2	2
Capital Servicing Capacity	1	1	2	3	1	3	3	3
Continuity of Service Risk Rating	2	2	2	3	2	3	3	3

Conclusion

The trust's financial strategy lays the platform for an improving financial position for the trust, with an overall Continuity of Risk Rating of 2 in 2014/15 and 3 in 2015/16, and an I & E surplus before impairments of £0.7m in 2014/15 and £2.2m in 2015/16. Throughout the period the contingency reserve will be circa 1%. The strategy recognises the difficult financial climate which the NHS faces over the two years and between 2014/15 and 2015/16 uses a strong PMO to release £21.7m CIP.

Notes: