WE ARE DELIGHTED TO BE SHARING OUR TRUST STRATEGY, WHICH SETS OUT OUR AMBITIONS FOR 2019 – 2024.

Patient care and safety sit at the heart of this strategy, with our aims for outstanding quality of care and clinical services.

The last 3 years have been a challenging time for the NHS nationally and for us as a Trust. We are very proud of the way our teams have responded to those challenges, developed our services and improved the care we provide to our patients and service users. Our most recent Care Quality Commission inspection in 2018, whilst still giving an overall rating of ‘requires improvement’, demonstrated real progress in all areas.

Discussion with our patients, service users, staff and partners, has made clear, that whilst much in the Trust Strategy, including the Vision: Great Staff, Great Care, Great Future, is still relevant and reflects their priorities, there is a strong desire for a more ambitious strategy that builds on the foundations laid to date. In particular, there is a wish to go further in our aims for the quality of our care, research and innovation, and in our role as a wider system leader, working with others to improve the health of the population.

The aim of this strategy is to clearly state our vision, mission and long term goals and then set out how we plan to achieve them. We have put our quality and clinical services strategies at the heart of our Trust Strategy, so that all of our most important commitments are contained within one document. Delivery of this strategy will be facilitated by key enabling strategies and the strategies of each of our health groups.

The Trust is an extraordinary place and we are fortunate to work alongside so many remarkable people. We look forward to working together with our staff, patients, service users and partners; to deliver on the promises this strategy holds.

PURPOSE OF THIS STRATEGY

This strategy sets out the Trust’s approach to the achievement of its vision, including how it will lead and support the development of the vision and strategy for our wider health and social care system. It does so by defining some long term goals, setting the scope and level of ambition for each goal over the next 5 years and providing guidance on the approach or ‘strategy’ we plan to take in achieving those goals.

We have engaged extensively with staff from across the Trust and with our patients, service users and with partners in the Humber, Coast and Vale Health and Care Partnership. It reflects a collective view of how we should approach making our vision a reality.

The intended audience for this strategy is our patients and service users, their families and carers, our staff and our partners, all of who have important roles to play.

Teams will draw on this strategy to shape their priorities and ways of working and in doing so will ensure alignment with our common purpose.

GREAT STAFF

- We will have one of the most engaged and satisfied staff in the NHS
- We will be the employer of choice locally and regionally
- We will have fewer vacancies and lower turnover
- Our leadership team will be more diverse
- We will provide leadership to the health and social care system and support the emerging Integrated Care System
- We will have a strong culture of team led continuous improvement

GREAT CARE

- We aim to achieve an ‘Outstanding’ overall rating by the CQC
- We will increase harm free care
- More of our patients will recommend us to friends and family; we will become one of the highest rated Trusts
- Working with partners, we will transform the care for frail, older patients and those with long term conditions
- We will radically improve our outpatient service, using technology to enable better access
- We will further develop our specialist cancer, cardiac and major trauma services

GREAT FUTURE

- We will forge lasting and impactful partnerships with our neighbouring hospitals that sustain acute services
- We will develop our new international partnerships to mutually benefit our research and training programmes
- Our research programme will deliver ambitious goals and secure good national rankings in key areas
- We will become a ‘digital first’ organisation
- We will agree an ambitious estates plan that delivers our clinical strategy and replaces or renews our oldest clinical facilities
- We will secure the long term financial health in the Trust and working with partners, across the system
Hull is a geographically compact city of circa 260,000 people. It was identified as the 3rd most deprived local authority in England in 2017. The health of people in Hull is generally worse than the England average, with life expectancy for both men and women being lower than the England average. 28% (14,300) of children in Hull live in low income families and the health and wellbeing of children is worse than the England average.

The East Riding of Yorkshire is a predominantly rural area, populated by circa 340,000 people. The geography of the East Riding makes it difficult for some people to access services. The health of people living in the county and their life expectancy is better than the England average. 11.6% (6,095) of children live in low income families and the health and wellbeing of children is better than the England average.

The age profiles for the two Local Authorities are very different. Hull has a higher proportion of residents aged 20-39 years, while the East Riding has a twice the number of people aged 50 years and over compared to Hull.

The Trust’s secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 in the Hull and East Riding of Yorkshire area.

The Trust provides specialist services to a catchment population of between 1.05 million and 1.8 million extending from York and Scarborough in North Yorkshire to Grimsby and Scunthorpe in northern Lincolnshire.

The Crude Birth Rates for the East Riding and Hull are 8.5 and 13.6 respectively, with the General Fertility Rates being 56.3 and 65.7.

People living longer, many with multiple and complex needs and with higher expectations of their health and social care services. Within the next 20 years, the number of people aged 80 years and over in Hull and the East Riding is expected to increase from 33,000 to 55,300. Births are predicted to decline slightly.

The populations of North Lincolnshire (171,000) and North East Lincolnshire (160,000) have lower life expectations than the England average, with the health of people in North East Lincolnshire being generally worse than the England average. Like Hull, North East Lincolnshire is one of the 20% most deprived authorities in England. The percentage of children living in low income families in North and North East Lincolnshire is 18% and 26% respectively. As with Hull and the East Riding, the number of people aged 80 years and over is expected to increase over the next 20 years, from 18,200 in 2018 to 30,700 by 2038.

The health and wellbeing of a population is impacted by common factors such as obesity and smoking. The Public Health Outcomes Framework shows that the percentage of adults who are overweight or obese in the four local authority areas is significantly higher than the rate for England (61.3%), i.e.:

- **KINGSTON UPON HULL**: 65.8%
- **EAST RIDING OF YORKSHIRE**: 68.4%
- **NORTH LINCOLNSHIRE**: 66.9%
- **NORTH EAST LINCOLNSHIRE**: 64.7%

Nationally excess weight in adults is predicted to reach 70% by 2034. This rate of overweight and obesity affects the physical and mental state and impacts on the life expectancy of those affected due to an increase in the prevalence of long term conditions.

Smoking is a leading cause of preventable death in the UK. Three out of the four Humber local authorities have higher than the England (14.9%) rate for smoking in adults, i.e.:

- **KINGSTON UPON HULL**: 23.1%
- **EAST RIDING OF YORKSHIRE**: 10.8%
- **NORTH LINCOLNSHIRE**: 20.8%
- **NORTH EAST LINCOLNSHIRE**: 20.0%

It is estimated that 22% of all admissions to hospital for respiratory diseases, and 47% of admissions for cancers that can be caused by smoking, were attributable to smoking. The number of pregnant women smoking at the time of delivery was significantly worse than the England average in all four local authorities.
LOCAL HEALTH AND SOCIAL CARE SYSTEM AND PARTNERS

Hull and the East Riding are served by separate Clinical Commissioning Groups (CCGs). This Trust provides virtually all of Hull CCG’s secondary services and around 60% of East Riding of Yorkshire’s. Community services in Hull and East Riding are predominantly provided by City Health Care Partnership (CHCP); mental health services are provided by Humber Teaching NHS Foundation Trust. Social care is provided by the two local authorities: Hull and East Riding of Yorkshire Councils.

The General Practice Forward View (NHSE, 2016) set out a plan to stabilise and transform general practice, outlining a number of high impact changes aimed at freeing up GP time to care. Within Hull and the East Riding of Yorkshire, a number of GP practices have seen the opportunity of merging with other practices to enable investment in additional services for patients and service users. Others are coming together under a federated model to enable the development of primary care at scale. These groups of practices are likely to evolve into the Primary Care Networks heralded by the NHS Long Term Plan.

Local health, local authority and other public and voluntary sector partners are working together on ‘Place’ plans, which seek to improve the health and wellbeing of local populations, often by addressing the wider determinants of health such as education, housing and employment and by sharing resources and expertise. As a Trust we are part of the ‘Hull and ‘East Riding’ Place programmes.

REGIONAL STRATEGIC CONTEXT

The Trust sits within the Humber, Coast and Vale Health and Care Partnership (HCAV HCP). The Partnership is made up of 6 CCGs (Vale of York, Scarborough and Ryedale, Hull, East Riding of Yorkshire, Northern Lincolnshire and North East Lincolnshire) and includes all of the health providers and local authorities within that geography. There are three acute Trusts within the Partnership: Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG), York Teaching Hospitals NHS Foundation Trust and this Trust.

Systems are required to develop a 5 year plan by July 2019 and as part of this, Hull and East Riding commissioners and providers, will set out their plan to achieve financial and sustain balance, whilst delivering improvements to the population’s physical and mental health and wellbeing and meeting their care needs in primary, community and secondary care.

During 2018, the two NHS regulators, NHS England and NHS Improvement, combined their functions at supra-regional level, and appointed joint leadership teams. The HCAV HCP falls within the North East patch, which includes Northumbria, Tyne and Wear, Teesside and Yorkshire and the Humber.

NATIONAL STRATEGIC CONTEXT

In January 2019, the NHS set out its Long Term Plan, which sets out the national goals and strategic direction for the NHS in England for the next 10 years. This is supported by the 5 year funding settlement, announced in June 2018, of an additional £20.5 billion in real terms, over 5 years, for the NHS in England. New funding settlements for capital, public health, education and training and adult social care are promised for autumn 2019.

A key focus of the plan is significant investment into enhanced primary and community services, built around primary care networks, aimed at reducing the reliance on acute services to care for frail older people and those with long-term conditions. Development and delivery of this service model will be supported by the creation of Integrated Care Systems (ICSs) across England by April 2021. Locally this will be on the Humber, Coast and Vale footprint.

The plan sets out a range of interventions aimed at preventing poor health and reducing health inequalities; most notably committing to halve the rate of childhood obesity. Specific new expectations in relation to hospital care include:

• All inpatients and service users to have an agreed clinical plan and expected date of discharge within 14 hours of admission
• Stillbirths and maternal and neonatal deaths to halve by 2025
• Most women to receive continuity of carer during their pregnancy by 2021.
• Three quarters of all cancers to be diagnosed in stage 1 or 2 by 2028
• Suspected cancer patients and service users to have either a definitive diagnosis or cancer ruled out within 28 days of referral
• Face to face outpatients appointments to be reduced by a third.

In relation to elective waiting times, the plan anticipates that health systems will have sufficient resources to improve waiting times and list sizes to more acceptable levels within 5 years. The interim report of the Clinical Review of NHS Access Standards, published in March 2018, suggests a number of changes to the elective waiting times standards, but the need to reduce long waits will remain.

The plan includes a range of measures to improve the availability of a suitably skilled workforce and also sets out an ambitious digital agenda. It sets out some revisions to the financial regime, together with the expectation that the provider sector will return to balance in 2021, with all providers achieving balance within 5 years.

Finally, the plan sets out a limited suite of legislative changes, to facilitate more integration between organisations, ease the path for mergers and reduce the requirements to have competition in relation to the award of NHS contracts.
To lead the provision of outstanding care and contribute to improved population health, by being a great employer and partner, living our values and spending money wisely.

**OUR VISION AND LONG TERM GOALS**

**GREAT STAFF**
- Honest caring & accountable culture
- Valued skilled & sufficient workforce
- High quality care
- Great clinical services
- Partnership & integrated services
- Research & innovation
- Financial sustainability

**GREAT CARE**

**GREAT FUTURE**

**OUR MISSION:**

We are polite and courteous, welcoming & friendly. We smile and make time to listen to our patients and staff. We consider the impact our actions have on patients and colleagues. We take pride in our appearance and our hospitals and we try to remain positive.

We do not treat anyone unfairly. We do not let our mood affect the way we treat people. We don’t talk negatively about colleagues or other teams. Offensive language, shouting, bullying and spreading rumours are unacceptable.

We tell the truth compassionately. We involve patients in decisions about their care and we are honest when things go wrong. We always report errors, and raise concerns we have about care. Our decisions and actions are based on facts, not stories and opinions.

We do not withhold information from colleagues or patients. We never discourage staff from reporting concerns. We are not careless with confidential information. We do not present myths as facts.

We are all responsible for our decisions and actions and the impact these have on care. All staff are responsible for maintaining high standards of practice and we take every opportunity to continuously learn. Everyone is encouraged to speak up and contribute their ideas to improve the care we provide.

We do not unfairly blame people. We positively embrace change and we don’t discourage people from having opinions. Controlling behaviours and silo working should not be exhibited in our trust.

**OUR VALUES**

**CARE**

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**HONESTY**

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**ACCOUNTABILITY**

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Our staff members are our most precious resource. If we achieve our aspirations in relation to our people, we will be able to deliver all of our ambitious goals. The Trust’s People Strategy sets out a range of commitments under our “Great Staff” long term goals, which together will create a positive culture aligned to our values and ensure we have the right staff to meet our patients’ and service users’ needs.

**TRUST PROFILE**

- We employ 9,132 people (7,403 whole time equivalents)
- 12% of our people have declared themselves to be from a black or ethnic minority (BME)
- 2% of people have declared themselves as having a disability
- The gender breakdown of our employees is 76% female and 24% male
- 2% of our employees have declared their sexual orientation as LGBT
- 42% of employees do not disclose any religious belief or affiliation; 35% have declared they are Christian
HONEST, CARING AND ACCOUNTABLE CULTURE

One of our key priorities is the creation of a positive working culture, because we know that investing in our staff’s development, and supporting and caring for them, will enable them to deliver great care; with commitment, compassion and courage.

In our 2017/18 cultural survey, staff described our current working culture with 6 positive values and only 4 limiting ones, which was a significant improvement on the previous survey in 2015. We will ensure that our future plans address the remaining concerns of our staff, in relation to levels of hierarchy, bureaucracy and short-termism in our Trust, and continue to foster the positive culture our staff desire. We understand, however, that creation of a positive culture is a long road along which we have taken just the first few steps.

Over the last 3 years the Trust has focused on improving staff engagement through a strategic programme of activity, based on effective communication, recruiting talented people, health and wellbeing, training and development, reward and recognition.

We have also developed an approach to quality and service improvement and established a programme with the twin aims of delivering improvement programmes and developing the improvement capability and capacity of the Trust. This programme is based on empowering staff to lead improvement in their services from the front line and equipping them with the skills to do it. The staff engagement score for the organisation has steadily improved over recent years and is now above the national average.

The Trust’s People Strategy sets out the framework for driving further improvement in our culture through 4 themed programmes:

• LEADERSHIP CAPABILITY AND CAPACITY
• EMPOWERING STAFF TO LEAD IMPROVEMENT
• EQUALITY, DIVERSITY AND INCLUSION
• EMPLOYEE ENGAGEMENT, COMMUNICATION AND RECOGNITION.

OVER THE NEXT 5 YEARS WE WILL:

• Move our staff satisfaction survey results into the top 20% of Trusts
• Improve the overall engagement score on the staff satisfaction survey to the top 20% of Trusts
• Increase the percentage of staff reporting that they feel able to make improvements to the top 20% of Trusts
• Increase the number of black and ethnic minority staff in leadership roles

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• Provision of tailored leadership development for all staff in leadership positions or aspiring to attain one, with a focus on supporting and inspiring a culture of continuous improvement
• Development of the medical leadership roles, skills and knowledge to equip medics to lead clinical and operational teams
• Development of the Trust Board team and culture, through a challenging programme of learning and improvement
• Using coaching, mentoring and reverse mentoring to support our BME staff, to obtain leadership roles
• Delivery of a communication campaign to support staff to feel able to declare any disability or protected characteristic
• Increased recognition and knowledge amongst staff of our Hull Improvement Approach
• Further development of the Improvement Programme, including skills training for all staff and development of a community of expert practice
• Delivery of schemes to encourage front line innovation and improvement
• Improving our internal communication to be more interactive and audital to ensure penetration right through the organisation.

VALUED, SKILLED AND SUFFICIENT WORKFORCE

We will become the employer of choice locally and in the NHS regionally, with staff choosing to start and continue their careers with us. We will also increasingly attract staff to our posts from across the UK and wider world.

Recruiting and retaining the staff we need is a challenge, however through innovative and proactive strategies we will meet this challenge.

We will engage with schools, colleges and the University to encourage local people to take up NHS careers. We will create new roles and new ways of working between staff groups to help bridge the gaps in those specialties or teams where it remains difficult to recruit. We will provide strong leadership to the workforce development efforts for our region.

We will create a community of support for staff so they feel valued, supported in their health and wellbeing and able to care compassionately for colleagues, patients, service users and their friends and family.

We also recognise the need for a workforce strategy that will meet this challenge.

We will engage with schools, colleges and the University to encourage local people to take up NHS careers. We will create new roles and new ways of working between staff groups to help bridge the gaps in those specialties or teams where it remains difficult to recruit. We will provide strong leadership to the workforce development efforts for our region.

We will create a community of support for staff so they feel valued, supported in their health and wellbeing and able to care compassionately for colleagues, patients, service users and their friends and family.

We also recognise the need for a workforce strategy for clinical academic staff and will address this matter in our People Strategy, as a key enabler to the achievement of our research long term goal.

Our People Strategy tackles our long-term goal to develop a valued, skilled and sufficient workforce under 3 key themes:

• RECRUITMENT AND RETENTION
• HEALTH AND WELLBEING
• LEARNING AND DEVELOPMENT.

OVER THE NEXT 5 YEARS WE WILL:

• Increase the percentage of staff recommending us as a place to work to 80%
• Increase our positions filled to 95%
• Increase our retention rate to 92%
• Improve the health and wellbeing of our staff

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• An enhanced recruitment approach, building on our brand ‘Remarkable People, Extraordinary Place’
• Working with the University of Hull, the Deanery and Health Education England in the development of increased local training opportunities
• Development and deployment of new roles, including physician associates, advanced clinical practitioners and nursing associates
• Continued use of ward support staff, hygienists, discharge planners and administrators
• Working with the University of Hull, develop and deliver a plan to support the development of clinical academic careers
• With our partners, continue our successful apprenticeship programme and support for the Health and Social Care Academy to proactively recruit local people.
• Offer an enhanced package of health and wellbeing support to our staff, including 24/7 121 ‘first aid’ pastoral support

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• RECRUITMENT AND RETENTION
• HEALTH AND WELLBEING
• LEARNING AND DEVELOPMENT.
The provision of high quality care for our patients and service users is our top priority and indeed our very purpose. Over the next 5 years we will deliver ambitious and significant improvements in the quality of our care, in the areas our patients, service users, staff and partners have highlighted as of concern. We will also build on our areas of strength to become even better; increasing the reliability and consistency of the care we give and ensuring our staff members are supported to be kind and compassionate.

The Trust will take particular care to ensure vulnerable people, of all ages, are able to access our services, are supported to remain safe, have a good experience of care and achieve the best possible outcomes.

In 2018, the Trust attained a ‘Good’ rating from the Care Quality Commission (CQC) in the ‘Well Led’ domain and received a ‘Good’ rating for the majority of its services, although the overall rating remained ‘Requires Improvement’. This was the culmination of steady improvement over the last 4 years.

OVER THE NEXT 5 YEARS THE TRUST AIMS TO ACHIEVE AN ‘OUTSTANDING’ OVERALL RATING FROM THE CQC, WITH SOME SERVICES ATTAINING AN ‘OUTSTANDING’ RATING WITHIN 3 YEARS.

HIGH QUALITY CARE - OUR QUALITY STRATEGY

SAFE CARE

The Trust has a well embedded approach to monitoring and improving the fundamental standards of nursing and midwifery care in its inpatient and outpatient areas.

Safe staffing levels are a key determinant of our ability to deliver harm free care to our patients and service users. The Trust has one of the most sophisticated systems for matching nurse and midwifery staffing levels to patient need in the country and has been much commended for its development.

The Trust has ambitious plans to invest in technology aimed directly at improving the safety of patient care. In the next 5 years we will increasingly move over to digital rather than paper-based systems to support care, for example by rolling out fully e-prescribing and e-observations systems.

Over the last 3 years the Trust has undertaken a range of actions to embed the use of the World Health Organisation’s (WHO) safer surgery checklist into all of its surgical and interventional procedure services. We will continue with our efforts to develop our safety culture.

We understand that being open about our mistakes and learning from them is crucial to maintaining safe care for patients and service users.

Whilst the Trust has made really good progress in reducing the incidence of some hospital acquired infections, we must remain vigilant as new threats are emerging.

The Trust has robust systems for identifying and acting upon safeguarding concerns. Working with our health and social care partners, we will further develop these arrangements.

As a Trust we have already made progress towards the provision of 7 day services for acute patients and service users. We will continue to focus our 7 day services efforts on acute services.

In the last 5 years the Trust has made improvements to its mortality as measured by the Hospital Standard Mortality Ratio, however, we recognise the limitations of this measure. Building on the structured and systematic process we have developed to learn from deaths in our hospitals, we will focus on identifying actions we can take to reduce avoidable harm and death.

Our clinical service strategy includes commitments to reduce the length of time patients spend in hospital. This is because we know that patients and service users have better outcomes if we minimise the time they spend in a hospital bed, whilst ensuring they get all of the support they need at point of discharge. Long stays in hospital are associated with reduced muscle mass, loss of urinary function and as a result less ability to live independently.

We also include a commitment to reduce face to face outpatient appointments. This is because we know we can offer a more responsive and flexible service, reducing the need for patients to travel and appointments are of limited value, for example because they just involve passing on normal results.

OVER THE NEXT 5 YEARS WE WILL:

• Increase the rate of harm free care year on year
• Increase the average length of time between serious incidents, including never events
• Achieve the four priority clinical standards in relation to 7 Day Services

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• Improve and sustain performance in the ‘fundamentals of care’ audits and rollout of the system to all clinical areas
• Use of ‘census audits’ to identify and improve practice in relation to key topics
• Sustained delivery of safe staffing levels taking into account national guidance
• Creation of ‘digital nurse’ roles to support the optimal deployment of technology
• Reduced medication errors, supported by the implementation of an e-prescribing system
• Improved detection and management of deteriorating patients and service users, supported by the implementation of e-observations
• Implementation of a ‘Stop the Line’ policy and culture within the Trust
• Provision of a clean and well maintained environment, evidenced by Patient Led Assessments of the Care Environment Inspections
• To develop plans to replace our oldest patient areas with environments that meet the latest standards in relation to infection control
• Improved detection and referral of victims of domestic abuse
• Achievement of the national priority 7 day working standards
• Development and delivery of an improvement plan based on the themes identified from the learning from deaths process.
PATIENT EXPERIENCE AND ENGAGEMENT

We are proud to be recognised by many of our patients and service users for providing great care; we receive many compliments on the commitment and compassion of our staff. The Trust has been rated ‘Good’ by the CQC for Caring in our 2018 inspection report.

Our patients, service users and our partners have, however, identified some areas for improvement. Many formal complaints and Patient Advice and Liaison Service (PALS) concerns relate to difficulties with our outpatient services. Our Patient Council has highlighted that having access to accurate, legible and easy to read patient information is a key determinant of patient experience.

We also know that the environment within which care is delivered has a huge impact on patient experience. We were delighted in 2018 to secure significant capital funding to renew the urgent and emergency care infrastructure, which as part of the enabling works will include a new main entrance at the HRI and increased lift capacity in the tower block.

The Trust is a recognised leader in dementia care and has made a range of improvements to its care of patients with dementia, including the innovative ‘Butterfly Scheme’, which highlights that a patient is living with dementia, a ‘Nostalgia Café’ on one of our elderly medicine wards and the creation of the Reminiscence Garden at Castle Hill Hospital.

Improving the experience of children with a long-term condition who are transitioning to adult services is also a priority for the Trust.

In the last few years the Trust has significantly increased its patient engagement and involvement. The Patient Council has been refreshed. Its chair is a member of our Executive Management Committee and patient representatives are involved in key Trust operational meetings.

We benefit from the support of many enthusiastic and dedicated volunteers, who enhance the experience of our patients and service users. Building on the massive volunteer recruitment undertaken for ‘Hull 2017 - City of Culture’ and by improving our volunteering opportunities, we have expanded the reach and impact of our volunteer programme, creating a young volunteers arm and an award winning ‘Young Health Champions’ initiative.

We intend that our patients and service users will benefit from cutting edge techniques and have access to advances in diagnosis and treatment as the evidence base develops.

We also recognise the critical importance of access to timely, high quality diagnostics.

Many of our patients and service users suffer from multiple conditions and we will ensure we support them to effectively manage those conditions when they are in our care, for example patients and service users with diabetes.

We recognise that we are in a position to make a larger contribution to health prevention, as we have over a million patient contacts each year.

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• Increase patient and service user satisfaction with outpatient services year on year, as evidenced by fewer complaints
• Increase the percentage of patients and service users who would recommend the Trust to friends and family to the top 20% of Trusts
• Improve the experience of children transitioning to adult services
• Provide patients and service users with the ability to electronically access their own care record

OVER THE NEXT 5 YEARS WE WILL:

• Completion of the Clinical Administration and Outpatients Improvement Programme
• Introduction of new standards for patient information and a system to maintain them
• Implementation of an electronic care record patient access system
• Development of a business case and capital bid for the delivery of environmental improvements associated with our clinical strategy
• Delivery of our dementia strategy to achieve excellence in the care of patients and service users living with this condition
• Complete the implementation of a new system of support for children transitioning to adult services
• Further increases in our volunteer workforce

GREAT OUTCOMES

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We recognise that we are in a position to make a larger contribution to health prevention, as we have over a million patient contacts each year.

OVER THE NEXT 5 YEARS WE WILL:

• Expand our patients and service users access to minimally invasive and robotic surgery and to the next generation genomic treatments
• Achieve and sustain the 28 day and 6 week diagnostic target
• Achieve year on year increases in daycase rates and reductions in the average length of stay for inpatients
• Deliver 10,000 health prevention interventions, aimed at reducing smoking, obesity and alcohol abuse

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• To expand our robotic and minimally invasive surgery programme
• To develop and implement plans to make the latest cancer treatments available
• Procure and staff additional CT and MRI scanners
• Increase our endoscopy capacity and renew our scoping equipment
• To work with our surgical teams to increase daycase rates
• To reconfigure and renew our daycase and outpatient facilities
• Develop and deliver a plan to ensure effective management of diabetes within our inpatient population
• To ensure all of our inpatient wards implement daily ward rounds and effectively utilise criteria based discharge
• Ensure no patient stays in hospital only to access a diagnostic test by providing fast-track outpatient access for discharge patients
• With our public health and other provider partners, deployment of an ‘Every contact counts’ plan utilising our staff to provide advice and signposting to prevention services
GREAT CLINICAL SERVICES - OUR CLINICAL SERVICES STRATEGY

The Trust is the only local provider of secondary emergency and elective healthcare services for a population of 600,000. These people rely on us to provide timely, accessible, appropriate care and look after them and their families at times of great vulnerability and stress.

We are also one of only three specialist services providers in Yorkshire, providing services for a population that ranges from 1.1 to 1.8 million. As such, we are able to make highly specialist clinical services, such as radiotherapy and neurosurgery, available to a population that would otherwise have to travel an additional 60 miles or more.

Our clinical services strategy gives equal priority and focus to local and specialist services, thereby maintaining a portfolio of services that meets the needs of the population we serve.

We face some tough challenges in the coming years as our population ages and the demands for health care grow. We know that to meet these challenges effectively we need to work ever more closely with our partners across the health and social care system, planning and delivering services together, breaking down the barriers that have grown up between services.

We recognise the need to support an increased focus on prevention and self-care; to play our part in helping people to live well and facilitating those with long term conditions to take a greater role in managing them and receive more of their care closer to home. We also know that our patients would greatly benefit from closer collaboration and integration of the care of their mental and physical health.

In the last 2 years, in common with many hospitals, we have been unable to deliver some of the NHS Constitution standards for waiting times. Acknowledging the planned review of these standards, it remains our ambition to provide timely access to care for all of our patients. Over the next 5 years we will:

• Reduce admissions to hospital for patients in the last year of life
• Reduce admissions for patients with long term conditions
• Deliver year on year reductions in our average length of stay for inpatients
• Ensure our integrated teams have access to shared care records
• Meet the standard for time to theatre for patients with a fractured neck of femur
• Deliver the revised clinical access standards for urgent and emergency care

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

• Increase streaming of patients presenting with minor ailments and injuries into our co-located primary care service
• Closer working between our medical and surgical teams in response to patients and service users presenting acutely.
• Working with our partners, to complete the development of community based services for frail older people, integrated with specialist support from the hospital
• Working with partners, redesign and implement new pathways for a range of long term conditions, including COPD, heart failure, diabetes and Parkinson’s disease.
• To expand the orthopaedic trauma theatre capacity
• Working with partners, to redevelop and right-size the services for patient leaving hospital
• Working with partners, to implement a shared care record
• To roll out the ReSPECT tool, which facilitates advanced care planning
ELECTIVE (PLANNED) SERVICES

We provide an extensive portfolio of elective services, the majority of which are provided on the CHH site, with some at HRI and a small proportion in community settings.

We will continue to pursue our ambitious plans to develop the CHH site as an elective care centre of excellence, which will deliver major improvements in patient experience, productivity and efficiency. This will include a capital plan to develop state of the art outpatient and daycase facilities at CHH.

A fundamental redesign of outpatient models of care is long overdue. Over the last 2 years, the Trust has started this work, with the transition to electronic referrals and a massive expansion in provision of specialist advice and guidance to GPs as an alternative to referral. We also now have the ability to undertake virtual consultations.

Building on these foundations, we will transition our outpatient service offer to one which radically reduces face to face appointments, builds in appropriate diagnostics and remote surveillance and facilitates more patient control of long term condition management. We recognise that diagnostic testing is growing in importance in healthcare and we need to make a step change in our provision, against a backdrop of severe national shortages of key specialists.

Our maternity services are well thought of and have been recognised as ‘Good’ in their most recent CQC inspection. With the generosity of a local donor, we have been able to open a Midwifery Led Unit alongside our obstetric service. We will continue to improve our service in line with the expectations laid down in ‘Better Births’, the National Strategy for Maternity Services, including reducing infant and maternal deaths and providing more continuity of care for expectant mothers and their babies.

Paediatric services were also rated ‘Good’ by the CQC. We recognise that there are opportunities to further enhance these services by fully co-locating them in the Women’s and Children’s Hospital and by improving the sustainability of the more specialist services.

OVER THE NEXT 5 YEARS WE WILL:
• Agree the plan and funding to renew our daycase and outpatient facilities at CHH
• Reduce face to face outpatient appointments and delivery of a transformed outpatient model of care
• Expand and update our diagnostic capacity in the key modalities of MRI, CT, nuclear medicine and endoscopy
• Deliver the ‘Better Births’ ambitions including the reduction in maternal and infant deaths
• Centralise inpatient paediatrics and improve the neonatal unit environment
• Deliver the revised clinical access standards for cancer and elective patients

OUR STRATEGIES TO ACHIEVE THIS WILL BE:
• Development of a business case for the renewal and improvement of daycase and outpatient services
• Delivery of a wide ranging outpatient improvement programme
• Delivery of our 5 year diagnostic equipment investment strategy
• Investment in technology to share and report images across our HCAs providers
• Creation of clinical networks and new models of care and workforce for our smaller secondary care elective services including ENT, urology and specialist paediatrics
• Leadership and implementation locally of the agreed plans to deliver the ‘Better Births’ ambitions
• Agreement with commissioners of a plan to tackle the backlog of patients waiting for treatment

SPECIALIST SERVICES

During 2016/17, we agreed a long term strategy for specialised services in the Trust with the Yorkshire and Humber NHS England Specialised Commissioning Team. We cemented our future as one of three tertiary centres in the region, along with Leeds and Sheffield.

In our last Trust Strategy we set the intention to refine our specialist service portfolio, ensuring that we provide only those services that we can be confident will be sustainable in terms of workforce and able to meet the required service and quality standards. This strategy has served us well. We have created new partnerships; with Leeds for soft tissue sarcoma and with Sheffield for pancreatic surgery. We have built our credibility with the commissioners and been contracted for new services including stereotactic ablative radiotherapy, mechanical thrombectomy and trans-aortic valve insertion.

In the next 5 years we will continue to develop our specialist services along these lines, in particular building services around the 3 key areas of Cancer, Cardiac and Major Trauma and associated services.

In cancer services, we will work with our hospital partners to assure the future provision of high quality, sustainable haematology and oncology services. We will ensure our patients continue to access the latest evidence based non-surgical therapies and we will work with partners to diagnose cancers at an earlier stage. In these ways we will improve 1 and 5 year survival rates.

Building on the improvements made to our major trauma services in the last 3 years, we will continue to strengthen our pathways and provision; opening a new state of the art helipad on the HRI site and agreeing plans that ensure we have sufficient inpatient beds and specialist staffing.

We will develop our stroke services, in partnership with colleagues in NLAG and also in our community services, to ensure we have high quality services that have the capacity to offer the full range of services to our patients.

OVER THE NEXT 5 YEARS WE WILL:
• Secure sustainable high quality specialist paediatric medicine and surgery for our population
• Continue to improve our major trauma survival rates
• Improve timely access to acute and elective cardiac care
• Improve the stage of presentation and 1 and 5 year survival rates for cancer patients
• Establish a mechanical thrombectomy service

OUR STRATEGIES TO ACHIEVE THIS WILL BE:
• Working with partners, through a new operational delivery network for specialist paediatrics, to agree and implement a sustainable clinical service model for specialist paediatric medicine and surgery
• To open a new state of the art helipad on the HRI site
• To agree and implement our next stage strategy for major trauma, including improved care pathways for major haemorrhage and older trauma patients and review of the ward capacity requirements
• To establish a cancer strategic board and set out our plans for improving stage of presentation and 1 and 5 year survival rates
• To develop and implement a plan for the managed implementation of immunotherapy treatments for cancer
• As part of the Humber Acute Services Review, to agree and implement a new service model for cardiology
• As part of the Humber Acute Services Review, to agree and implement a new end to end pathway for stroke care in the Humber patch
• To implement the radiology data and workload sharing system
• To agree and implement the long term plan for the transformation and integration of pathology services in the Hull/York network
In our 2016-2021 Trust Strategy we made a powerful commitment to work in a collaborative and proactive way, at all levels, to foster positive relationships with our partners and more closely integrate our services with other providers in primary, community and mental health and social care.

We did this because we want our patients and service users to receive care that has neither duplication nor gaps, is simple to navigate, is responsive to their individual needs, and supports them to avoid hospital admission.

In 2018, the HCAV Partnership took the important decision that it was ready to begin the process, outlined in national planning guidance, to become an integrated care system (ICS). Underpinning this, more locally, there will be a number of integrated care partnerships (ICPs). One of these will be the Hull and East Riding ICP. The Trust will play an active role, as a key system leader in the patch, in bringing the providers within Hull and East Riding together to agree the priorities and governance of our ICP.

We expect that the Hull and East Riding ICP will develop some infrastructure and expertise to understand our population’s health and shape services to improve it, with particular regard to prevention, self-care and enhancing primary and community care services to support frail older people and those with long term conditions, close to where they live.

Across the HCAV Partnership, the hospital sector is under significant financial and performance pressure and has some longstanding sustainability issues, in relation to its smaller district general hospitals. As the largest and only tertiary services provider in the patch, we will provide leadership to the development of sustainable hospital services for the future.

In particular, we will further develop our close working relationship with NLAG, to support the provision of high quality, sustainable healthcare for the population of the Humber Region. We anticipate that over the next 5 years many specialties will have an integrated service delivery model for the Humber region. In the face of serious workforce challenges and the need to offer increasingly complex treatments such as immunotherapies, this is likely to be the best way to secure delivery of high quality care for the whole population.

A critical partnership for the Trust is with the University of Hull. In recognition of the importance of this relationship, the Trust has adopted a new long term goal: research and innovation. We have recently established links with two excellent international organisations: The College of Physicians and Surgeons of Pakistan (CPSP) and the Sri Ramanchandra Medical Centre and Institute of Education and Research in Chennai, India (SRMC). Over the next 5 years we expect to build lasting and mutually beneficial partnerships that will incorporate workforce sharing, training and research initiatives.

**OVER THE NEXT 5 YEARS WE WILL:**

- Working with partners, support the progression of the HCAV HCP into an ICS
- Working with partners in Hull and East Riding establish an ICP that can show measurable improvement to the health of its population
- Working with partners across the Humber region, secure safe and sustainable acute hospital services for the population
- Support the work to create a sustainable clinical model for hospitals services in Scarborough
- Establish mature programmes of workforce development and research with our international partners

**OUR STRATEGIES TO ACHIEVE THIS WILL BE:**

- To fulfil leadership roles within the HCAV Partnership and influence and support its overall direction and development, utilising the full spectrum of leaders across our organisation, from front-line staff to board members
- To build relationships between our consultants and local GPs
- To lead the development of a provider collaborative across Hull and East Riding, as a precursor to the ICP
- To engage with public health teams on the development of population health management capability
- To support the development of specialty based clinical networks
- To lead the HCAV Hospital Partnership Board
- To jointly lead the Humber Acute Services Review
- To engage with the Scarborough Acute Review
- To agree and implement a joint specialist medical training programme with CPSP
- To agree and implement a programme of research with SRMC
The Trust recognises the impact of commercially funded research on the NHS. Without this research many new drugs, medical devices and other advances would not reach our patients and service users. We pride ourselves on our ability to consistently meet the expectations of our research partnerships with industry.

We will define and develop the scope and reach of our research programmes ensuring we deliver a research plan that ‘plays to our strengths’. Our initial areas of research focus shall be cardiovascular disease, diabetes, endocrinology, renal, oncology and haematology. To complement the above, the following ‘growth areas’ will be supported to reach their full potential: imaging, gastroenterology, rheumatology, surgery and critical care, unplanned care and palliative care.

We recognise our vision for research and innovation will not be fully achieved without inclusive and influential membership of established national networks such as: the NIHR Collaborations for Leadership in Applied Health Research and Care, Northern Health Science Alliance, Yorkshire & Humber Academic Health Science Alliance and the local NHS Innovation Hub. We will establish stronger engagement by the Trust in these networks.

OVER THE NEXT 5 YEARS WE WILL:

- Support the university in securing UKCRC accreditation status for the Hull Health Trials Unit
- Secure a ‘top 20’ national ranking for number of patients and service users recruited to studies in the NIHR Clinical Research Network (CRN) portfolio
- Achieve all Department of Health and NIHR research performance metrics
- Secure three new long-term commercial research partnerships
- Secure ‘top 5’ national status with our Academic Oncology Research Unit as measured by CRN national performance data

OUR STRATEGIES TO ACHIEVE THIS WILL BE:

- To provide access to Trust expertise as a contribution to the HHTU staffing infrastructure.
- To provide a clear pathway allowing efficient and easy access to the HHTU and research methods support
- To ensure high visibility of reports containing local and regional metrics data are available to health group clinical and operational managers.
- To establish joint areas of unique strength to be pursued for mutual benefit, for example: Virtual Reality, Simulation training and 3D printing
- To establish a pathway for all potential opportunities arising from membership of the research and innovation networks.
- To appoint 10 innovation champions
- Development of an industry engagement document showcasing our facilities, expertise and capabilities.
- To attain NIHR Research Fellowship for 50% of our identified research priority areas
- To ensure consistent and proactive engagement with the key research networks

FINANCIAL SUSTAINABILITY

The last 3 years have been a time of significant financial constraint; in the NHS as a whole, for our commissioners and also for the Trust. As at the end of 2018/19, the Trust is carrying a recurrent deficit of circa 5% of its operating budget. The NHS Long Term Plan sets out an approach to returning NHS providers to surplus over the next 5 years; we would expect to achieve a return to surplus early in the 5 year period and go on to sustain this.

The NHS Long Term Plan makes it clear that it is the financial health of the system will be the measure for success in the future. In Hull and East Riding we are already moving in this direction, having had an ‘aligned incentive’ contract in place between the Trust and the 2 local CCGs for 2 years. This contract shares objectives and risk across the partners. It facilitates service change to occur by agreement at cost rather than tariff.

Agreement on the approach to addressing the backlog of patients waiting to be treated, and therefore the delivery of timely access to care for all of our patients is a challenge we need to address as a system.

The Trust compares well to its peers, in relation to its reference costs (97 for 2017/18 when 100 is the mean and lower is better) and across the range of indicators in the ‘Model Hospital’ data, including weighted activity units. We have also engaged meaningfully with the national ‘Getting it Right First Time’ (GIRFT) Programme. The Trust has a wide ranging programme of work seeking to drive improvements to its performance against these metrics.

The Trust is already in the process of implementing a range of initiatives to maximise the effective deployment of staff and reduce vacancies over the next 5 years and these plans will in turn reduce spend on agency staff.
We will also continue to maximise the opportunities to reduce our supplies costs through active participation in local, regional and national initiatives, including roll out of the GS1 ‘scan for safety’ technology.

The outlook for income growth is modest, unless the Trust grows its share of the overall NHS activity. We expect to see some increase as new models of care for the more specialist secondary care medicine and surgery are agreed. The Trust’s role in delivery of the integrated models of care at place is yet to be determined.

Our estates strategy sets out clear plans to keep our patients and service users safe, with renewal of our infrastructure, reduction of our environmental impact and improved resilience. We plan to concentrate our services in fewer, more modern and better maintained and serviced buildings. In this way we will be able to use our limited capital resource to improve the patient environment and reduce the burden of backlog maintenance, particularly in the highest risk category, for example by renewing the HRI operating theatre plant.

Over the next 5 years, we will seek to secure the capital funding for our ambitious plans to renew the HRI site and complete the implementation of our clinical services strategy, including centralisation of children’s inpatients, the redevelopment of our elective daycase and outpatient facilities at CHI and the delivery of new service arrangements arising from the acute service reviews.

Our refreshed digital strategy sets out a vision to radically extend the use of digital technology to enhance the safety of clinical care and the experience of our patients, service users and staff. Key aims in the next 5 years include renewal of the network at HRI, full roll out of e-casenotes, e-prescribing and e-observation systems, Wi-Fi throughout our buildings and shared care records with local partners.

Over the last 3 years we have modernised our back office functions, improving the service offered to operational teams, reducing cost and improving electronic systems.

**OVER THE NEXT 5 YEARS WE WILL:**
- Working with partners, achieve financial balance across our health system
- Improve the quality of our estate, removing from use out of date infrastructure and increasing the productivity per square metre
- Agree capital plans for renewal of the HRI site and delivery of our clinical service strategy
- Become greener by reducing our energy consumption and waste
- Become a digital first organisation, removing paper and creating shared care records with partners

**OUR STRATEGIES TO ACHIEVE THIS WILL BE:**
- Agreement of the Hull and East Riding 5 year plan
- Continue to apply a programme approach to the delivery of improvements against the ‘Model Hospital’ and GIRFT metrics
- Rollout of GS1 asset tagging technology
- Close working with partners to agree the financial and income arrangements to support new models of care.
- Development of a business case and submission of a capital bid for delivery of our clinical strategy and site renewal plans
- Delivery of the Energy Business Case
- Collaboration with system partners to maximise use of overall estate
- Delivery of our Digital Strategy, including being an ‘Exemplar’ site for the Lorenzo system
- Collaboration with system partners

**DELIVERY OF THIS STRATEGY**

This strategy clearly defines our priority goals and our measures for success as well as our approach to achieving them. Henceforth it will set the agenda for our annual objectives and plans. Each year we will set out in detail in our Annual Operating Plan and Quality Account the distance we are aiming to travel towards achievement of our long term goals.

To support the delivery of this strategy, a number of more detailed enabling strategies have been developed:

- **THE PEOPLE STRATEGY**
- **THE RESEARCH AND INNOVATION STRATEGY**
- **THE ESTATES STRATEGY**
- **THE DIGITAL STRATEGY**

The Trust Strategy, which has been developed with involvement of staff, patients, service users and partners, is the framework within which individual services set their detailed long term and annual plans. These are focused in the same areas and on the same approaches as are articulated here, but include richer service specific detail and emphasis.

Overall delivery of the Trust Strategy will be overseen by the Trust Board, with a balanced scorecard used to highlight progress towards achievement of our long term goals. Each commitment in the strategy will have a lead executive director and a plan which sets out the baseline performance as at April 2019, the target performance and the milestones to be passed along the journey to full delivery of the commitment. Formal review of progress will take place twice each year.

**REFERENCES**
- Hamble, Coast and Vale Sustainability and Transformation Plan, October 2016
- The General Practice Forward View (NHSE, 2016)
- Hull City Council Joint Strategic Needs Assessment, 2017
- Operational Planning Guidance for NHS Trusts, NHS England and NHS Improvement, October 2018 and January 2019
- The NHS Long Term Plan, NHS England and NHS Improvement, January 2019
- Clinical review of access standards interim report, NHS England, March 2019