

Meeting of the Trust Board

To be held in Public

Thursday 22 December 2016 at 10.00am
The Board Room, Hull Royal Infirmary

AGENDA: Part 1 Opening Matters

- | | | |
|--|----------|------------------------|
| 1. Apologies | verbal | Chair |
| 2. Declaration of interests | verbal | Chair |
| 2.1 Changes to Directors' interests since the last meeting | | |
| 2.2 To consider any conflicts of interest arising from this agenda | | |
| 3. Minutes of the Meeting of the 24 November 2016 | attached | Chair |
| 4. Action Tracker | attached | Director of Governance |
| 5. Matters Arising | verbal | Chair |
| 6. Chair Opening Remarks | verbal | Chair |
| 7. Chief Executive Briefing | attached | CEO |

Performance

- | | | |
|--|----------|---------------------------------|
| 8. Operational Plan – 2017/18, 2018/19 | attached | Director of Strategy & Planning |
| 9. Financial Plan 2017/18 | attached | Chief Financial Officer |
| 10. Formal Receipt of the Sustainability Transformation Plan | attached | Director Of Strategy & Planning |
| 11. Any Other Business | verbal | Chair |
| 12. Questions from members of the public | verbal | Chair |
| 13. Date & Time of the next meeting:
Thursday 26th January 2017, 2.00pm, The Boardroom, HRI | | |

Attendance 2015/16

	29/10	26/11	28/1	25/2	31/3	28/4	26/5	28/7	29/9	27/10	Total
M Ramsden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
C Long	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	9/10
L Bond	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
A Snowden	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Gore	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	9/10
S Hall	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
M Wright	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	9/10
K Phillips	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
T Sheldon	✓	✓	✓	x	✓	✓	✓	✓	x	✓	8/10
V Walker	x	✓	✓	✓	✓	x	✓	✓	✓	✓	8/10
T Christmas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
E Ryabov	-	-	✓	✓	✓	✓	✓	✓	✓	✓	8/8
In Attendance											
J Myers	x	✓	✓	✓	✓	✓	✓	✓	✓	x	8/10
L Thomas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
S Nearney	✓	✓	✓	✓	x	✓	✓	x	✓	✓	8/10

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
HELD ON 24 NOVEMBER 2016
THE BOARDROOM, HRI

PRESENT	Mr M Ramsden	Chairman
	Mr C Long	Chief Executive Officer
	Mr M Wright	Chief Nurse
	Mr L Bond	Chief Financial Officer
	Mrs E Ryabov	Chief Operating Officer
	Mr K Phillips	Chief Medical Officer
	Mr A Snowden	Non-Executive Director
	Mrs T Christmas	Non-Executive Director
	Mr S Hall	Non-Executive Director
	Mr M Gore	Non-Executive Director
	Mrs V Walker	Non-Executive Director
	Prof T Sheldon	Non-Executive Director
IN ATTENDANCE	Mr M Smith	Director of IM&T (Item 7.1 only)
	Ms L Thomas	Director of Governance Director of
	Ms J Myers	Strategy & Planning
	Mr S Nearney	Director of Workforce & OD
	Ms C Ramsay	Director of Corporate Affairs (designate)
	Mrs R Thompson	Assistant Trust Secretary (Minutes)

1. APOLOGIES

There were no apologies received.

2. DECLARATION OF INTERESTS

2.1 – Changes to directors' interests since the last meeting

There were no new declarations made.

2.2 – To consider any conflicts of interest arising from this agenda

There were no declarations made.

3. MINUTES OF THE MEETING HELD ON 27 OCTOBER 2016

The following changes were made to the minutes:

Item 10 – Nursing & Midwifery report – a recruitment plan was being developed to recruit nurses from the Philippines.

Item 12 – Integrated Performance Report – Mrs Ryabov reported that the four key specialities affected by the overdue follow-ups were Ophthalmology, Dermatology, Neurology and Cardiology. The four specialities account for circa 50% of the total follow-up backlog.

Item 14 – Sustainability Transformation Plans – Mr Long advised there would be public consultation after the STP proposals (not plans) had been agreed internally.

Following these changes the minutes were approved as an accurate record.

4. ACTION TRACKER

The Board reviewed the action tracker. Mr Wright agreed to add the reasons why nurses leave the Trust into the next Nursing & Midwifery Staffing report.

5. MATTERS ARISING

There were no matters arising from the minutes.

6. CHAIR OPENING REMARKS

Mr Ramsden acknowledged on behalf of the Board that it would be Ms Thomas' last Board meeting. He thanked Ms Thomas for all the hard work she had put into the Trust over the years and wished her well in her retirement. Mr Ramsden welcomed Ms Ramsay to the Board as the new Director of Corporate Affairs and she would commence in post on 19th December 2016.

Mr Ramsden reported that the Trust would hope to have the final Care Quality Commission report before Christmas 2016.

Mr Ramsden spoke about IT security the importance of robust procedures following the cyber attack on a neighbouring Trust. He advised that Mr Smith (Director of IM&T) had been invited to the Board to assure them of the processes in place at this Trust.

7. CHIEF EXECUTIVE BRIEFING

Mr Long reported that a number of students had visited the Trust to celebrate National Pathology week. 42 students had attended and the day had been to raise awareness of pathology services.

7.1 – CYBER SECURITY

Mr Smith reported that the Trust had processes in place for dealing with cyber attacks. He advised that the Trust had a number of processes to protect it and minimise the risks. Staff education and incident management was key to ensure large scale disruption did not occur. Mr Smith advised that the Trust had signed up to an independent assessment by the NHS Care-Cert Team that would confirm the efficiency of the controls in place and make any necessary recommendations if required. Ms Thomas added that the Trust's internal auditors would be reviewing cyber security as part of the Information Governance Toolkit audit in quarter four and this would provide further assurance to the Board.

8. PATIENT STORY

Mr Wright gave two accounts of patients experience, one negative and one positive. The first account described a patient with multiple injuries who was transferred from this Trust to another hospital for ongoing care. A complaint was raised by a family member that none of the patients notes had been transferred with the patient and this was hindering the continuation of care. After an investigation it was found that the patient's notes had been transferred. The family member reported that the care the patient received at Hull had been excellent.

The second account told of a patient who had suffered a heart attack and had been nursed back to health by an amazing team of staff. The patient named the staff individually and Mr Wright would pass this on to the team. The patient said that the staff had saved his life and wanted to pass on his gratitude.

Prof. Sheldon asked if it was the intention to review the procedures when moving patients between hospitals and Mr Wright reported that the procedures were robust but were reviewed regularly.

9. QUALITY REPORT

Mr Wright presented the report and highlighted the Never Event that was still under investigation and that 47 Serious Incidents had been reported since the start of the financial year which was a reduction compared to last year. Mr Wright advised that the safety thermometer information around catheters and urinary tract infections was above the national average and there had been 1 reported case of MRSA. There were two wards closed due to Norovirus and a case of whooping cough which had been treated

with antibiotics.

The patient experience section of the report stated that there was a reduction in the number of complaints received and also that the Health Group's response times were improving. Internal audit had given significant assurance in a recent audit on complaints management.

The Family and Friends tests remained positive with a dip in medical wards. Emergency C-Section rates were discussed and it was reported that Hull was higher than the national average due to a number of factors. .

A number of actions had been taken following a serious incident relating to sepsis and performance was improving. There were also improvements in sepsis screening rates.

Resolved:

The Board received the report and noted the contents.

10. NURSING & MIDWIFERY STAFFING REPORT

Mr Wright presented the report which reviewed the Nursing and Midwifery staffing levels of the Trust ensuring that it was safe. Mr Wright advised that he was working on a proposal to recruit more nurses from the Philippines and was working through contractual issues.

He advised that Health Education England had decided that there would be a second wave of funding for the nurse associate trainee roles and that Hull would be included in that funding.

Mr Wright drew the Boards attention to a new report which showed all wards and their staffing levels in real time so that he and other managerial staff could review safety via their smart phones. Mr Wright offered a demonstration to the Non Executive Directors of this new way of working.

Resolved:

The Board received the report and noted the contents.

11. INTEGRATED PERFORMANCE REPORT

Mrs Ryabov presented the report to the Board. She advised that the Trust had suffered a difficult month with regard to diagnostics as there was a higher than usual demand for MRI and CT scans. The impact was being felt due to the increase in non-elective work and increased GP referrals. This was also having an impact on elective and cancer pathways. There had been issues relating to cystoscopies and the washers required resulting in 400 procedures being cancelled this month. A solution had now been found.

RTT performance was below the improvement trajectory at 87.1%. This was mainly due to access to ICU and general beds. The current list size was 50,348.

There had been one 52 week waiter, a complex patient who had now been treated.

A&E was still a challenge and current performance was at 79.4% and the Trust's worse performance in year. Elective and non-elective work was up by 10% and it was increasingly difficult to absorb this level of work. 8 community beds had been funded and the 5 day ward had been extended to 7 days. It was challenging to staff this but safety was paramount and this had been achieved. There was work ongoing in the assessment areas reviewing flow, pull from wards and efficient discharges.

Cancer 2 week wait and screening had not achieved targets and was due to patient

choice and there had been 35 breaches of the 62 day standard which meant that performance was at 79.5%.

Prof. Sheldon asked if the Trust was using GPs to support the patients presenting at the Emergency Department and Mrs Ryabov advised that this process had started in October but that they were not available all of the time.

Mr Wright advised that analysis had been carried out in September regarding the postcodes of all patients attending the A&E department and 60% of them had been in the 6 post codes surrounding the Hull Royal Infirmary. Mr Long added it was very difficult to manage the spikes in emergency activity and this had a knock on effect throughout the hospital.

Mr Bond presented the month 7 financial information and reported that the Trust was £900k away from the planned position. The Health Group CRES plans were still not being met and there was on-going discussion with commissioners about Emergency Department attendances which was affecting the income plan. He advised that all the Trust's reserves had been released. The Trust currently had a risk rating of 3 under the NHS Improvement Single Operating Framework.

Mr Gore expressed his concern and asked if there was a plan in place to ensure that the Trust remained solvent and Mr Bond assured him that there was a facility in place to allow a short term working capital loan if necessary.

Resolved:

The Board received the report and noted its contents.

12. FINANCIAL AND OPERATING PLAN 2017/19

Mr Bond presented the financial plan highlighting the Trust's underlying current deficit of £22m and the control totals from NHS Improvement which require the Trust to make a surplus in 2017/18. Changes to the financial systems between Specialist Commissioning and Clinical Commissioning Groups and the introduction of HRG 4.0+ were proving problematic. Agreement over 2016/17 outturn and levels of growth for next year were equally challenging, principally around levels of emergency activity. Proposed QIPP and CQUIN programmes were in varying stages of development. The Trust assessed its CRES requirement at £22m in year 1 and £15m in year 2. However this figure is predicated on a level of income which is currently £28m higher than Commissioner offers. Mr Bond asked the Board whether it accepted the control total.

Mr Ramsden asked when the final deadline for this decision was and Mr Bond advised that it would be locked down by the end of December 2016. Mrs Christmas stated that she was not happy to agree the control total when there was not sufficient information regarding the Commissioner contracts for 2017/18, nor a sufficiently developed CRES plan. Mr Gore agreed as did Mr Hall. Mr Ramsden wanted the Board position to be that no final decision would be made until more information was received on both counts.

Resolved:

The Board agreed to:

- Reject the control total with caveats around the risks as described by Mr Bond **LB**
- Continue to discuss next year's contracts with the commissioners with a view to reducing the gap **LB**
- Bring a further proposal back to the Board in December 2016 for a final decision **LB**

13. WINTER PLAN

Ms Myers presented the plan which had been received at the Performance & Finance Committee earlier in the week for scrutiny. She advised of the number of medical beds required and how this had been derived. Areas of concern were still the average number of patients in the Emergency Department at any time and the growth in activity against the plan.

An experienced team was in place, wards were supported and extra resource was being recruited to manage enhanced patient flow. Christmas and New Year cover had been optimised with capacity added to ensure recovery from surges in the Department.

Discussion was ongoing with Hull & East Riding Commissioners to review bed capacity in the community and home care packages were appropriate. Ms Myers stated that the hospital's partners needed to take further measures to ensure safe step down beds were available.

Mr Hall advised that the Performance & Finance Committee had scrutinised the plan in some detail and had conditionally approved it with further review in December 2016. The system plan and bed homecare provisions were given limited assurance by the committee.

Mrs Walker asked that the sentence "patients to be seen in the right place, at the right time and by the right person" be added into the plan.

Resolved:

The Board approved the plan and noted the limited assurance given by the Performance & Finance Committee relating to the system wide plan. Further review would take place in December 2016 by the Performance & Finance Committee and any issues would be escalated to the Board.

SH

14. AGENCY SPEND

Mr Nearney presented the Board self-certification and range of measures implemented by NHS Improvement to control agency spend. The Trust's control total was £9m and the Trust had spent £12m on agency staff. Mr Nearney advised that this was a particular challenge for medical staffing. He advised that the report had been scrutinised at the Performance & Finance Committee and changes were made to the document as a result of discussion.

Resolved:

The Board received the report and approved the self-certification document. The Chairman and Chief Executive signed the document on behalf of the Board.

15. IMPLEMENTATION OF TRUST STRATEGY

Ms Myers presented the report and advised that the Board had approved the Strategy in April 2016. Contained in the report was the approach proposed to implement the strategy. The Board was asked to approve the proposed approach.

Resolved:

The Board received the report and approved the approach to the implementation of the strategy.

16. TRANSFORMING HEY'S CULTURE – PROGRESS REPORT FFT QUARTERLY STAFF SURVEY

Mr Nearney presented the report and advised that 1,600 staff had completed the survey and that this was the highest engagement of staff so far and put the Trust into the top

10% in the country. He reported that medical engagement was still an issue and a new programme had been agreed with clinical managers to discuss what needed to be done.

Mr Snowden asked if a survey could be run following corporate staff moves from Hull Royal Infirmary to Castle Hill Hospital and the new integrated ways of working, to monitor staff experience before and after. Mr Nearney agreed that this could be undertaken.

Resolved:

The Board received the report and noted the engagement progress to date.

A survey to be carried out regarding staff experience before and after relocation to Castle Hill Hospital.

SN

17. CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2015/16

Mr Bond presented the report and accounts and advised that the Trust had received £1.1m of charitable donations in 2015/16 and that the Charitable Funds Committee reviewed these and considered where the money would be invested. The Accounts had been ratified by the Charitable Funds Committee and Mr Bond requested that the Board approve them.

Resolved:

The Board received the report and approved the annual accounts 2015/16.

18. UNADOPTED MINUTES FROM BOARD STANDING COMMITTEES:

18.1 – PERFORMANCE & FINANCE – 24.10.16, 21.11.16

The Performance & Finance minutes were presented to the Board.

18.2 – CHARITABLE FUNDS – 17.11.16

Mr Snowden reported that the launch of the new WISHH Charity had been a success.

18.3 – QUALITY – 20.10.16

The Quality Committee minutes were presented to the Board. Mr Hall asked about the WHO checklist and how the Trust was ensuring that 100% compliance was reached. Mr Phillips advised that this matter was being reviewed in detail at the monthly performance meetings with all Health Groups.

19. ANY OTHER BUSINESS

There was no other business discussed.

20. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions received from members of the public.

21. DATE AND TIME OF THE NEXT MEETING:

Thursday 22 December 2016, 9am – 11am

The Boardroom, HRI

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD ACTION TRACKING LIST (December 2016)**

Actions arising from Board meetings

Action NO	PAPER	ACTION	LEAD	TARGET DATE	NEW DATE	STATUS/ COMMENT
November 2016						
01.11	Staff survey	Staff survey to be carried out following the relocation to CHH (HR Staff)	SN	TBC		
October 2016						
01.10	Action Tracker	Guardian for Safe Working report to be presented	HC	Mar 2017		
04.10	Fundamental Standards	Quarterly Fundamental Standards report to be received at the Board	MW	Jan 2017		
July 2016						
01.07	Workforce race equality standard 2016 return	A 6 monthly progress report to be received	SN	Jan 2017		Not yet due
Actions Completed and to be removed from the Tracker						
Nov 2016	Financial Plan	Further proposal to be presented to the Board in December 2016	LB	22.12.16		On Agenda
	Winter Plan	P&F to review at December 2016 meeting	SH	22.12.16		On P&F Agenda

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

CHIEF EXECUTIVE BRIEFING

DECEMBER 2016

Cancer Treatment

The Trust has been successful in its bid against the national fund to upgrade radiotherapy equipment across England. The Trust has been notified that it will receive £1.6m to replace one of its linear accelerators.

Norovirus reaches highest levels for five years

Public Health England figures that show levels of the norovirus vomiting bug are at a five-year high this winter. Cases are 9% higher than the average for the same period over the last five years. The figure is 55% higher than for the same period last year. It is important for the Trust to continue its work with partners so that collectively prevention measures can be put in place to reduce unnecessary admissions to hospital and ensure that patients can go home as soon as they are medically fit. Delayed discharges increase the chance that someone who could go home may contract norovirus and become sicker than they were on admission.

Launch of 'Help our A&E'

The Hull Daily Mail has launched its #HelpourA&E campaign, designed to educate the public on appropriate use of local health services and to reduce pressure on our ED this winter. Over the coming weeks, the newspaper will run a series of articles including behind-the-scenes features, interviews, and stories of local people whose lives have been saved in genuine emergencies. Reporter Allison Coggan spent a full day with staff in ED last week in order to see first-hand the pressure they work under.

The Trust supports the campaign and is grateful to the paper for its assistance.

New hospital helipad gets the go-ahead

Approval has been given for a new helipad to be built at the rear of Hull Royal Infirmary. Members of Hull City Council's Planning Committee gave the green light for proposals to demolish three existing buildings on the hospital site and replace them with the new landing pad. A number of providers currently fly in to Hull Royal Infirmary, including Yorkshire Air Ambulance and Embrace, the children's air ambulance based in Barnsley, South Yorkshire.

Apprenticeship levy

From April 2017, all businesses with a wage bill over £3m will pay an annual levy of 0.5% of their total wage bill. The levy will be used to establish a national fund from which employers can draw pay for apprenticeship training. The new levy will apply to new higher and degree apprenticeships as well as intermediate and advanced level apprenticeship schemes. Under new rules, apprenticeships can now be applied to any job role, from management and finance to clinical roles. Further information will be presented to the Trust Board in due course on how the Trust aims to maximise the opportunities that this may present.

Trust says thanks to staff with NHS 12 Days of Christmas

HEY! Let's Sing; the Trust staff choir has re-written and performed the famous 'Twelve Days of Christmas' song. Their new NHS version is designed to pay tribute to just some of the scores of staff groups who make up the Trust's 8,000-strong workforce. This was part of the Remarkable People Extraordinary Place campaign.

Within 24-hours the video had been viewed almost 20,000 on Facebook and 3,500 times on Twitter – the most viewed video the Trust has ever published on social media.

Hospital staff take the plunge

Trust staff underwent a helicopter escape simulation in a bid to raise vital funds for the Yorkshire Air Ambulance. From Emergency Care Nurses through to the Chief Finance Officer, the charity event saw 30 members of staff take on the underwater simulator, affectionately known as the “Dunker”. Serving the whole of Yorkshire and sometimes further afield, 365 days a year, the highly trained team of specialist doctors and paramedics from Yorkshire Air Ambulance regularly carry out pre-hospital emergency medicine on board their helicopter.

Special memory boxes set to ease grief of an early pregnancy loss

Families in East Yorkshire who lose a baby at an early stage of pregnancy are set to receive special ‘Forget-Me-Not’ memory boxes to bring comfort and help them grieve. Hayley Ellenton, a Staff Nurse at Hull Women and Children’s Hospital, Hull Royal Infirmary, recognised the need to create something more bespoke for parents who lose a child either due to miscarriage, ectopic or molar pregnancy. Hayley has since set up the Forget-Me-Not Fund to raise money to purchase and fill the boxes, which will be given to women who have suffered the early loss of a baby on Cedar Ward at the Women and Children’s Hospital and via the Early Pregnancy Assessment Unit (EPAU).

New overnight facilities for dementia carers

In an attempt to improve the experience of patients with dementia and their carers, the Trust is piloting new overnight facilities specifically for carers on medical elderly wards 8 and 80 at Hull Royal Infirmary. The move follows local research carried out amongst carers of people with dementia which showed overwhelming support for extended or overnight facilities. It also supports John’s Campaign, a growing national movement based on the experience of Dr John Gerrard who died in hospital with Alzheimer’s in 2014 and whose family believes his decline was due in part to limited contact with loved ones. John’s campaign calls for the families and carers of people with dementia to have the same rights as the parents of sick children, and be allowed to remain with them in hospital for as many hours as they are needed, and as they are able to give.

Yorkshire and Humber Leadership Recognition Awards

Congratulations to Joanne O’Conner, Sister on Acorn Ward/Paediatric Outpatients, who won the award for ‘Inspirational Leader’ this week at the Yorkshire and Humber Leadership Recognition Awards. The awards followed an earlier regional leadership summit, where members of the Trust presented work on improving organisational culture and the HEY! Let’s Sing choir performed.

Chris Long
Chief Executive Officer
December 2016

TRUST BOARD REPORT	
Meeting date:	22 December 2016
Title:	Trust Operational Plan 2017-19
Presented by:	Jacqueline Myers, Director of Strategy and Planning
Author:	Jackie Railton, Head of Strategic Planning
Purpose:	The purpose of this paper is to present for Board approval the Trust's Operational Plan 2017-2019.
Recommendation(s):	The Trust Board is asked to review the Draft Operational Plan 2017-19 and: <ul style="list-style-type: none">i. Provide feedback on its contentsii. Approve the Operational Plan.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST OPERATIONAL PLAN 2017-19

1. PURPOSE OF PAPER

The purpose of this paper is to present for Board approval the Trust's Operational Plan 2017-2019.

2. INTRODUCTION

The NHS Operational Planning and Contracting Guidance 2017-2019 was published in September 2016 and outlines a planning process which has been built around the shared tasks of implementing the Five Year Forward View to drive improvements in health and care, restoring and maintaining financial balance, and delivering core access and quality standards.

The Planning Guidance identifies nine 'must do' priorities for the NHS in relation to:

- Delivery of local Sustainability and Transformation Plan milestones
- Finance (including demand reduction measures and increased provider efficiency)
- Primary Care
- Urgent and Emergency Care (including delivery of A&E standards, the four priority standards for seven-day hospital services)
- Referral to Treatment Times and Elective Care (including more than 92% patients waiting no more than 18 weeks from referral to treatment, streamlining elective care pathways and implementing the national maternity services review, *Better Births*).
- Cancer (including delivery of the 62 day cancer standard, improving one-year survival rates)
- Mental Health (including access to mental health liaison services in acute hospitals)
- People with Learning Disabilities (including improving access to health services)
- Improving quality in organisations.

NHS organisations are required, by 23 December 2016, to produce two-year operational plans which support delivery of local Sustainability and Transformation Plans (STP). The guidance acknowledges that, it is only through a system-wide set of changes, that the NHS can be sure of being able to deliver the right care, in the right place, with optimal value.

In addition to the operational planning process, the national guidance also outlines a two-year contracting cycle. Commissioners and providers are required to agree contracts, reflecting two-year activity, workforce and performance assumptions that are affordable within each local STP footprint. All 2017-19 contracts must be signed off by 23 December 2016.

3. TRUST OPERATIONAL PLAN 2017-19

The Trust's Operational Plan takes into account the strategic context set out in the national planning guidance, the priorities outlined above, and the emerging Humber Coast and Vale Sustainability and Transformation Plan. It is also informed by the operational plans developed at Divisional and Health Group level.

The internal planning process commenced in July 2016 and assumptions in relation to activity, finance and workforce are based on 2016/17 forecast out-turn, known factors in relation to growth, pathway redesign and future commissioning intentions. A series of confirm and challenge meetings were held during November between the Executive

Directors and Health Group Triumvirates to ensure alignment of plans at STP, Trust and Health Group level.

Negotiations with commissioners are ongoing in relation to levels of activity for 2017/18 and 2018/19 and therefore the Operational Plan will be subject to change based on the final contract agreement.

The operational plan submission will include the following:

- Narrative summary
- Financial plan
- Activity plan
- Workforce plan
- Assurance statements
- Return detailing the triangulation checks between finance, activity and workforce plans.

NHS Improvement will conduct a high level review of the operational plan following the December submission date. Delivery of the operational plan during 2017/18 will be through the routine oversight and assurance processes.

3.1 NARRATIVE SUMMARY

The content of the narrative summary is set out in Annex F of the technical guidance: '*NHS Improvement Guidance for Operational and Activity Plans*'. Whilst no template for the narrative is provided, the document is expected to include details on the Trust's approach to:

- activity planning
- quality planning
- quality improvement
- quality impact assessment
- the triangulation of quality, workforce and financial indicators
- workforce planning
- financial planning, and
- linking to the local Sustainability and Transformation Plan.

3.2 ACTIVITY

The Trust is in negotiations with Commissioners to agree baseline activity and planned levels of growth required for non-elective activity and for elective activity to achieve the referral to treatment waiting times standards, non-recurrent requirements for sustainability and potential QIPP schemes that will impact on elective activity.

The Trust is correlating the demand data with its capacity availability to ensure that there is a match between the two. The current Trust plan is based on an overall increase on forecast outturn of 1% to account for the growth trend, with a small number of specialties exceeding that due to service specific issues, plus volumes of non-recurrent activity to clear backlogs as required. Activity volumes have then been decreased to account for the impact of the commissioners' QIPP plans. The Trust's assessment is that it has the capacity to deliver the small overall level of growth in the plan and is drawing up investment plans for those areas that may experience higher levels of growth (for example Ophthalmology). The Trust expects the activity to be at a level to deliver agreed performance trajectories, but this will be reviewed and refined over the next few weeks as part the contract negotiations.

3.3 FINANCE

The Trust is facing a very challenging year in 2016/17 in terms of its operational and financial performance and is currently forecasting a year end deficit of £2.16m. This position can only be achieved through the use of non-recurrent resources and income for the activity position from commissioners. The Trust's current underlying financial position is estimated at £24.6m deficit. This underlying deficit has had a significant impact on the plans for 2017/18 and 2018/19 in terms of both the revenue and capital positions.

The Trust has been set indicative control totals of £5.6m surplus in 2017/18 and £10.4m for 2018/19 which includes £11.9m of Sustainability and Transformation Funding. The achievement of these financial positions at this stage would be extremely challenging as the Trust addresses operational issues in meeting performance targets and in maintaining quality standards. In particular, demand for non-elective activity continues to result in significant operational pressures and difficult negotiations with commissioners regarding the activity requirements.

To achieve the control totals the Trust would be required to deliver a £25.5m CRES programme in 2017/18 and £13.6m in 2018/19. This target is built up as follows:

	2017/18	2018/19
Underlying Run Rates	£24.9m	£11.9m
Move to Surplus control total	£5.6m	£4.8m
2% Tariff Efficiency Target	£8.8m	£8.8m
0.5% CQUIN reserve	£1.6m	
Other Cost Pressures	£0.6m	
Total Cost Pressure	<u>£41.5m</u>	<u>£25.5m</u>
Less: Support Funding	(£11.9m)	(£11.9m)
Less: HRG4+ Gain	(£4.1m)	
Net Efficiency Savings required	<u>£25.5m</u>	<u>£13.6m</u>

The Trust does not believe it can deliver this level of savings. The savings required in 2017/18 would be 4.7% which, based on the past few years' performance, would be unachievable.

The Trust's view is that the maximum that can be delivered in either year is £15m (2.8%). This would move the position as follows:

	2017/18	2018/19
Control Total Surplus	£5.6m	£10.4m
Reduced CRES delivery	(£10.5m)	(£9.1m)
Less Support Funding	(£11.9m)	(£11.9m)
Forecast Position	(£16.8m)	(£10.6m)

The value of the Trust's capital programme for 2016/17 was £23.2m. This included £7.066m of expenditure supported by capital loan financing from the Department of Health for urgent schemes and a further £2.7m of Public Dividend Capital (PDC). For 2017/18 and 2018/19 the capital programme will be funded mainly through depreciation with some additional schemes funded from charitable donations and a plan to bid for a further linear accelerator in each year from the £130m Radiotherapy Modernisation Fund. The Trust currently has a draft capital programme based on the financial plan of a £16.8m deficit in 2017/18 and a £10.6m deficit in 2018/19. This severely restricts the scale of the capital programme due to the requirement to meet capital loan repayments as a first priority from capital resources. The value of the programme is £11m in 2017/18 and £10.5m in 2018/19.

3.4 WORKFORCE

The Trust is forecasting a 4% reduction in its staffing establishment for 2017/18 and 2018/19. Further work is to be undertaken with the Health Groups and Directorates to validate and identify the exact posts to be removed.

Staff Group	Establishment WTE		
	2016/17	2017/18	2018/19
Nursing	3130	3090	3130
Of which are Registered Nursing	2140	2100	2140
Of which are Registered Midwife	175	175	175
Of which are Non Registered Nursing	815	815	815
Medical Staff Group	1067	1010	1017
Allied Health Professionals & Technical	918	875	885
Healthcare Scientists	500	440	450
Admin, Estates & Senior Managers	1525	1419	1419
Healthcare Assistants and Support Staff	510	510	443
Total	7650	7344	7344

However, for staff in post, the Trust will see an increase from 7,124 wte in 2016/17 to 7,269 wte in 2017/18 and 2018/19. This reflects the investment that the Trust is making in its 'Remarkable People' campaign to recruit to vacant posts, particularly in the hard-to-recruit-to staff groups. Successful recruitment will enable the Trust to reduce its agency and bank spend and the high volume of vacancies.

3.5 KEY RISKS

The Trust has undertaken an assessment of the risks to delivery of its operating plan and identified where possible mitigating actions:

Risk	Score	Mitigating Action	New Score
Failure to agree a contract value that provides for adequate activity levels to meet performance standards	15	Agree the outturn position Finalise QIPP schemes Agree an internal activity plan for electives and operate PbR for any variation	12
Failure of the proposed local QIPP schemes to reduce activity as intended	12	Work closely with commissioners on implementation plans and monitor closely Continue to work together to develop further schemes to manage elective and non-elective demand	8
Inability to identify and deliver sufficient efficiency savings	20	Ongoing work with Health Groups and Corporate teams to identify schemes	12
Insufficient capital availability to deliver safe levels of investment in estate and IT infrastructure and equipment replacement	12	Agreement of safest balance of spend within tight budget and exploration of alternative sources of investment	8
Insufficient cash liquidity	15	Access working capital loans	8
Failure to appoint to essential posts and breaching of the Trust's agency	12	Recruitment campaigns utilising successful Trust brand	8

Risk	Score	Mitigating Action	New Score
spend cap		Development of alternative staffing models Tight control of authorisation	
Failure to deliver the Emergency Care Standard	16	Agreement of a trajectory for 17/18 Implementation of the Urgent and Emergency Care Improvement Programme Further work with partners on system resilience	12
Failure to deliver the cancer or elective RTT standards	12	Agreement of trajectories for 17/18 Agreement of an activity plan which supports delivery	8
Late or only partial impact of the STP leading to pressure on Trust services	16	Provision of system leadership and support to developing schemes	12

4. RECOMMENDATIONS

The Trust Board is asked to review the Draft Operational Plan 2017-19 and:

- i. Provide feedback on its contents
- ii. Approve the Operational Plan.

Lee Bond
Chief Financial Officer

Jacqueline Myers
Director of Strategy and Planning

19 December 2016

Operational Plan 2017/18—2018/19



Great Staff - Great Care - Great Future

**Remarkable people.
Extraordinary place.**

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

OPERATIONAL PLAN 2017-19

1. INTRODUCTION

Hull and East Yorkshire Hospitals NHS Trust (HEY Trust) is situated in the geographical area of Kingston upon Hull and the East Riding of Yorkshire. The Trust employs 7,065 WTE staff, has an annual turnover of £555m and operates from two main sites - Hull Royal Infirmary and Castle Hill Hospital – whilst delivering a number of outpatient services from locations across the local health economy area.

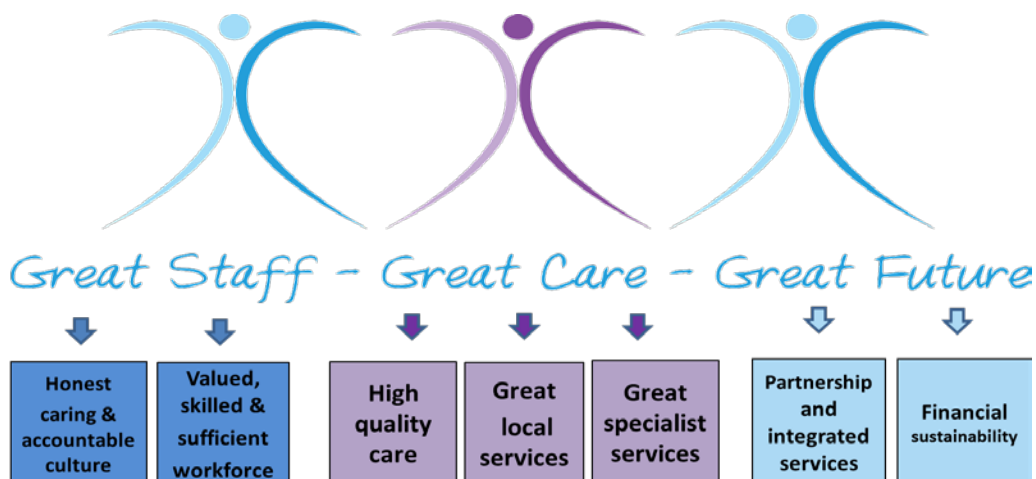
The Trust's secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 in the Hull and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

The Trust provides specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services.

2. VISION, VALUES AND GOALS

Our vision is *'Great Staff, Great Care, Great Future'*, as we believe that by developing an innovative, skilled and caring workforce, we can deliver great care to our patients and a great future for our employees, our Trust and our community.

We have developed a set of organisational values - *'Care, Honesty, Accountability'* - in conjunction with our staff and these form the basis of a Staff Charter which sets out the behaviours which staff expect from each other and what staff can expect from the Trust in return. The values are reflected in our organisational goals for 2016-2021.



3. LOCAL HEALTH AND CARE SYSTEM

The local health system served by the Trust centres on the City of Kingston Upon Hull, its suburbs and the surrounding East Riding of Yorkshire, a rural area containing a number of market towns.

3.1 Humber Coast and Vale Sustainability and Transformation Plan (STP)

The Humber Coast and Vale vision for 2021 is for a system that supports everyone to manage their own care better, reduces dependence on hospitals, and uses resources more efficiently.

Four priority areas of improvement are at the heart of the Sustainability and Transformation Plan:

- **Place-based care** - including increased investment in primary care provision and the development of local teams to co-ordinate and deliver as much care as possible in the community. Urgent and emergency care services will be transformed to ensure that people are able to access the level of service that is appropriate to their need.
- **Creating the best hospital care** – with improvements to the quality of hospital services, the development of specialised services, shared support services and a consistent level of maternity care.
- **Supporting people with mental health problems** – with an emphasis on treatment in the community and the avoidance of unnecessary hospital stays.
- **Strategic commissioning** – implementing a model that has a real focus on prevention, wellbeing, self-care and delivering outcomes that matter for patients.

The Trust's role in delivering this plan will be to work openly and collaboratively with partners to support the development of new models of care and the closer integration of health and social care services.

In relation to place-based care, Clinical Commissioning Group (CCG) footprint delivery boards are being established and the Trust will ensure it provides strong leadership, engagement and support to the Hull and East Riding Board to facilitate close integration and partnership working between primary, community and secondary health and social care services.

Work has also begun on the development of shared IM&T, Workforce and Estates plans.

3.2 Commissioning Intentions of Hull and East Riding CCGs

The commissioning intentions of both Hull and East Riding of Yorkshire CCGs have been developed in response to the challenges arising from an ageing population, an increase in the number of people living with multiple long-term conditions and the need to address local health inequalities. They also incorporate the priorities for improvement within the Humber Coast and Vale STP. Over the next two years the Trust will work with the CCGs and other local health and social care providers to:

- Deliver the new community services models of care which will allow people to manage their healthcare in or as close to home as possible;
- Deliver the CCGs' urgent care models which seek to prevent and reduce hospital attendances and admissions;
- Improve arrangements for hospital discharge so that people spend as little time in hospital as possible;
- Reduce length of stay in acute beds using 'Time to Think' beds and the 'Discharge to Assess' process;
- Improve access to secondary care services, with particular reference to waiting times;
- Develop further the provision of cancer and maternity services.

4. ACTIVITY PLANNING AND SERVICE DEVELOPMENTS

4.1 Capacity and Demand

The Trust has developed its workload forecasts and service delivery plans for 2017-19 using recognised systems, including the Intensive Support Team's capacity and demand model at a service level. The Trust's plans for the current financial year anticipated additional capacity being deployed in a number of service areas. In some of these areas the deployment of the additional capacity has been delayed, primarily due to problems in recruiting new members of staff. This has affected the achievement of elective workload targets. As a consequence waiting list backlogs in some specialties are still significantly above IST recommended levels. Workload forecasts and service delivery plans for 2017-19 will therefore take account of the need to reduce these backlogs and achieve waiting time targets on a sustainable basis.

4.2 Activity Plan

The Trust is in negotiations with Commissioners to agree baseline activity and planned levels of growth required to achieve the referral to treatment waiting times standards, non-recurrent requirements for sustainability and potential QIPP schemes that will impact on elective activity.

The Trust is correlating the demand data with its capacity availability to ensure that there is a match between the two. The current Trust plan is based on an overall increase on forecast outturn of 1% to account for the growth trend, with a small number of specialties exceeding that due to service specific issues, plus volumes of non-recurrent activity to clear backlogs as required. Activity volumes have then been decreased to account for the impact of the commissioners' QIPP plans. The Trust's assessment is that it has the capacity to deliver the small overall level of growth in the plan and is drawing up investment plans for those areas that may experience higher levels of growth (for example Ophthalmology). The Trust expects the activity to be at a level to deliver agreed performance trajectories, but this will be reviewed and refined over the next few weeks as part the contract negotiations.

The Trust is looking at contract mechanisms to determine how the different points of delivery will be managed over the next 2 years as part of the STP. This may involve a mixture of cost per case, block, block with triggers and marginal rate pricing.

4.3 Service Developments and Transformational Change

The Trust recognises that changes are needed to the way in which clinical services are configured, delivered and resourced. Across all departments operational arrangements are being systematically reviewed and revised in order to maximise productivity and contribute to the achievement of cash releasing efficiency savings. Each Health Group has drawn up an integrated programme of service developments that will deliver significant safety, quality and financial benefits, aligned to the delivery of the Humber Coast and Vale STP. These service developments include:

➤ Major Trauma Centre

- Development of specialist rehabilitation services.
- Realisation of the benefits of the major investment in staffing and facilities in 2016/17

➤ Surgical Services

- Continuing development of Endoscopy Services across the Trust to ensure sufficient capacity and facilities to retain JAG accreditation and provide Bowel Scope Screening for the extended population.
- Relocation of Oral and Maxilla Facial Surgery to the elective centre at CHH
- Development and upgrading of the Central Decontamination Unit.
- Planning for and upgrading of the Theatre Suite at Hull Royal Infirmary.
- Continued review and improvements to the productivity of Trust theatres.

➤ Medical Services

- Maximising the benefits of the Integrated Primary Care Stream within the reconfigured Emergency Department.
- Development of Ambulatory care pathways in conjunction with CCGs, community and primary health care providers, including COPD, heart failure, diabetes.
- Development of Integrated care model for the frail elderly
- Further development of the hyper acute stroke service to ensure compliance with best practice standards.

➤ Family and Women's Services

- Development of the alongside Midwifery-Led Unit and expansion of the Home Birth Service.
- Development of plans for the relocation and centralisation of paediatric services within the Women's and Children's Hospital

- Provision of appropriate psychological support for children, including CAMHS support.
- Implementation of Phase 1 of the Ophthalmology Service Delivery Plan including expansion of the existing department and development of models of care for key aspects of the Ophthalmology Service (i.e. Glaucoma, Diabetic Retinopathy and Medical Retina services).
- Development of a model for delivery of a combined primary and secondary care Dermatology Service.

➤ **Clinical Support Services**

- Ongoing review of service models to ensure delivery of the clinical standards for 7 day urgent and emergency care services.
- Relocation of Infectious Diseases ward to provide increased capacity and ensure compliance with national guidance.
- Expansion of specialist Palliative Care service.
- Effective procurement and commissioning of replacement Radiology and Radiotherapy equipment.
- Review and development of Medicines Management processes.
- Development and commissioning of new Radiology Information System.

The Trust has an established Improvement Programme, with Director level leadership and dedicated project management resource, to drive service changes forward at scale and pace. The Improvement Programme is currently focussing on theatre efficiency, outpatient services and improving hospital discharge.

4.4 Winter Plan

As in previous years, the Trust will seek to continually strengthen both its internal arrangements for the management of Winter Pressures and to work with local providers and commissioners across health and social care to ensure a robust and comprehensive system response. Provision for a range of enhanced resources in winter, including increased acute medical bed capacity, is built into our operational plans.

We have refreshed our escalation and response arrangements and brought them in line with the national Operational Pressures Escalation Levels (OPEL) Framework. For Winter 2016/17 we have implemented 'Perfect Week' style director-led patient flow and escalation arrangements 7 days per week and this will be a feature of future Winter Plans. A lesson learnt event will be undertaken each Spring and the plan will be further strengthened. In addition, our Urgent and Emergency Care Improvement Programme continues to roll out a range of measures which aim to improve the care of patients on acute pathways.

4.5 Urgent Care Developments in the Local Health Economy

The Trust is working with local commissioners, health and social care providers to achieve greater integration and redesign of urgent care in the local health economy. Initiatives include:

- Development of an Integrated Care Centre in Hull which will deliver specialist care, better management of long term conditions and services for frail, elderly patients.
- Supporting Hull and East Riding CCGs in their plans to reconfigure and enhance urgent care services in line with the new national standards.
- Supporting City Health Care Partnership CIC in the delivery of community health services in Hull and, from April 2017, in the East Riding.
- Continuing to develop an integrated Emergency Department minor illness/injuries service provided through a multi-disciplinary team, including acute, primary and community care specialists.

5. QUALITY

The provision of high quality care is the top priority for the Trust. Over the next five years we will deliver ambitious and significant improvements in the quality of our care in the areas of concern highlighted by our patients, staff and partners.

5.1 The Trust's Approach to Quality Improvement

The Chief Medical Officer and the Chief Nurse have Executive Lead responsibility for Quality Improvement within the Trust.

The Trust's Strategy has a stated aim of achieving a CQC rating of 'Good' or better. It sets out the organisation's long term goals and is supported by an implementation plan, the Trust's People Strategy and three further underpinning strategies which will be finalised in 2017/18 – the Quality Strategy, Estates Strategy and IM&T Strategy. Delivery of the whole of this agenda will support collectively the achievement of improved CQC ratings.

5.2 Quality Improvement Methodology and Governance Arrangements

The Trust uses a number of approaches to create a culture of continuous improvement. This includes the 'Plan, Do, Study, Act' (PDSA) Cycle, simulation exercises when there has been a serious adverse event and table top exercises so that staff can collectively share learning and reflect on practice. Support on designated projects is also provided by the NHS Improvement Academy.

We are also drawing on the support and expertise of the Yorkshire and Humber Academic Health Science Network (AHSN) who are working with our teams on a number of projects, including falls prevention and the development of a systematic, evidence-based mortality review programme.

During 2016/17 our Improvement Team all became accredited AHSN 'Gold' Improvement trainers. During 2017/18 work will be undertaken to synthesize all of the improvement approaches at play in the Trust into a single Trust method, to be utilised by all professional groups. This will promote a multi-disciplinary approach and create a common practice, using common techniques, tools and project management documentation. A single quality and service improvement training package will be developed and delivered, including to middle grade doctors.

Trust Improvement Programmes are supported by the Trust Programme Management Office and are governed by the Portfolio Board, chaired by the Chief Executive. This Board approves the programme plans and ensures they are delivered by maintaining oversight of the milestones.

5.3 Quality Improvement Capacity and Capability

In order to enhance the organisation's quality improvement capacity and capability, the Trust has:

- A dedicated Improvement Team who can support the delivery of improvement projects, utilising quality improvement and project management expertise;
- appointed a Deputy Chief Medical Officer (Quality) to work directly with the clinical teams;
- reviewed the nursing structure and established four Quality Matron posts, one for each Health Group;
- Created a Deputy Director post for Quality Assurance and Governance. The clinical governance structure, including the role of the Quality Safety Managers, will be reviewed to ensure that their work is aligned to the Trust's quality priorities.
- Appointed to a new post of Clinical Outcomes Manager with the remit to develop a structured case note review process for implementation across the organisation.

The Trust will assess the impact of the additional investment in quality improvement through the Trust's Integrated Performance Report and associated Board reports which include data in the quality KPIs (safety thermometer results, hospital acquired infection rates, etc.), waiting time and access thresholds, serious incidents, nurse staffing levels, Friends and Family survey results.

5.4 Quality Priorities 2016/17

The Trust has consulted widely on its quality and safety improvement priorities for 2016/17. These are:

- Medication Safety
- Avoidable Hospital Acquired Pressure Ulcers
- Avoidable Patient Falls
- Avoidable Hospital Acquired Infections
- Missed and Delayed Diagnosis
- Care for Older People
- Handover Arrangements
- Patient Experience.
- Deteriorating Patient – Adult
- Nutrition and Hydration
- Venous Thromboembolism (VTE)
- Sepsis
- Avoidable Mortality
- Care for People with Mental Health Needs
- Learning Lessons

The Trust's Quality Accounts 2015/16 set out in detail the actions that the Trust will take to achieve its quality priorities, the measures for success and the arrangements for monitoring and reporting on progress.

5.5 Quality Improvement Plan

The Trust received a comprehensive inspection by the Care Quality Commission (CQC) in February 2014. A follow up inspection was undertaken in May 2015 in response to concerns that had been identified in 2014 and subsequently. The 2015 inspection report was published in October 2015, with the Trust receiving an overall rating of 'Requires improvement'. A Quality Improvement Plan was developed which defined the improvement goals that the Trust is working towards. This was updated for 2016/17. A copy of the draft Quality Improvement Plan 2016/17 is attached as an appendix.

The quality improvement goals are aligned with national and local requirements under the 'Sign up to Safety' Campaign, the priorities within the Trust's Quality Accounts and the Care Quality Commission's 5 key domains of quality and safety. The improvement goals include the following:

- Management of children and young people who have been admitted to the Children's Emergency Department and the Paediatric Unit who are at risk of self-harm and suicidal intent.
- Provision of safe, high quality, effective care for every person with dementia delivered as an integrated pathway across acute, primary and community care settings in line with Royal College of Nursing SPACE principles for Dementia care.
- Development of mental health patient pathways in conjunction with partner organisations and agencies to ensure the needs of patients attending the Emergency Department with mental health needs are met.
- Improvements to the quality of mortality reviews – The Trust is an early adopter of the new case note review system for mortality. A Clinical Outcome Manager has been appointed to work with a senior clinician within the Trust to progress the new system during 2017/18.
- Learning lessons from Serious Incidents and Never Events – The Trust reviewed the Serious Incident process in 2016/17 and further adaptations are being made. Information from serious incidents, claims, complaints and mortality reviews are collated in the monthly CIRCLE meeting (Clinical Incident Review Creating a Learning Environment). The Trust has developed a learning lessons quality improvement programme that will co-ordinate learning within the Trust. In 2017/18 the emphasis will be on embedding the learning, continuing to promote the open learning culture and educating staff on improvement methodologies.
- Infection Prevention and Control – The Trust is focussing on improved monitoring and auditing arrangements, the review and updating of policies and checklists, standard operating procedures, increased awareness, improved communication and training on key initiatives, and a review of governance arrangements.
- Falls Prevention – The Trust will build on improvements made in 2016/17 to further improve compliance with assessment documentation, increase awareness, education

and lessons learnt and increase the roll out of tested interventions. There will also be an increased focus on low harm falls.

- Sepsis – The Trust continues to implement the sepsis pathway, with focussed work within the Emergency Department and Acute Assessment Unit. A business case is being developed for additional sepsis nursing resource to ensure optimal care of patients with sepsis becomes embedded across all wards within the Trust. Sepsis training will be combined with antimicrobial stewardship teaching. The Trust has always had a very strong Antimicrobial Stewardship Policy which is reflected in our low antibiotic usage figures and low numbers of multi-resistant organisms.
- Pressure Ulcers – Work is underway to raise awareness of hospital acquired pressure ulcers and to ensure that appropriate risk assessments are undertaken and the skin care bundle implemented. One area of focus will be to ensure that every practising nurse has had a bedside competency assessment for recognition, assessment and treatment of pressure damage. The Trust has engaged in the national campaign ‘Stop the Pressure’ and will be contributing to a national NHS England wound care management programme in 2017/18.
- Patient Experience – Our priorities for the next two years include the roll out of patient experience ward-level dashboards, work to engage with hard-to-reach groups, build on the success of the recent volunteer recruitment drive, improve the number of complaints closed within 40 days and utilise theme and trend analysis, together with intelligence from other sources, to inform service developments.

A further comprehensive inspection was undertaken in June 2016, the draft report for which has only recently been received and is currently being considered by the Trust in terms of factual accuracy.

In addition to the actions outlined within the Quality Improvement Plan, the Trust is taking steps to address a number of other local and national quality initiatives:

- National Clinical Audits – During 2015/16, the Trust participated in 45 clinical audits and 3 national confidential enquiries. The data submission rates and outcomes of the audits are reported in the Quality Accounts.
- Compliance with the four priority Clinical Standards for Seven Day Hospital Services – The Trust has undertaken a stocktake of progress against compliance with the four priority standards and is working to achieve full compliance by March 2018.

Standard	Compliance	Actions to address
Standard 2 Time to First Consultant Review	Partial compliance	Review of medical staffing resource in key areas. Improved identification and flagging of patients within the electronic patient administration system.
Standard 5 Diagnostic Services	Partial compliance (critical and urgent care times met, only partially compliant for non-urgent patients)	Recruitment to vacant posts and review of staffing rotas to enable extension of diagnostic services.
Standard 6 Consultant-directed interventions	Fully compliant	
Standard 8 Ongoing review	Partial compliance	Review of medical staffing resource in key areas, including recruitment to vacant posts and review of job plans.

- Safe Staffing – The Trust continues to meet the requirements of the National Quality Board, including the reporting to the Board on:
 - Planned versus actual fill rates
 - Average nurse/carer to patient ratios
 - High level quality indicators on each ward
 - Number of occasions when staffing levels deemed to be inadequate (red alerts)

- Any areas of concern and the actions that are being taken to address these. The Trust undertakes twice-daily safety briefings, seven days a week. These are led by either a Nurse Director or Site Matron and review the nursing and midwifery staffing levels in all inpatient areas across the Trust including patient acuity and workload assessments.
- The Trust uses accredited tools to help determine the appropriate staffing level for each area. These include the Safer Nursing Care Tool (Shelford Tool) for adults', children's and critical care areas; Birth-Rate Plus for maternity, NICE for the Emergency Department and the College of Emergency Medicine's Guidance for Acute Assessment Units.
- Care Hours Per Patient Day (CHPPD) – The Trust is developing the use and reporting of the new CHPPD metric. This is now part of the functionality of the Trust's e-rostering software which is being rolled out during 2016/17 and will be fully embedded in all ward areas during 2017/18.
- Better Births Review – The Trust has agreed an action plan with commissioners and is working towards compliance with the recommendations of Better Births by 2020. Actions include enhancing continuity of care, better postnatal and perinatal mental health care, strengthening multi-professional working and ensuring systems are in place to enable effective working across organisational boundaries.
- End of Life Care – The Trust is implementing a series of measures to improve the provision of care and support for patients and their relatives. This includes:
 - The introduction of 'Sage and Thyme' Communication Skills training across the organisation. This is designed to train all grades of staff on how to listen and respond to patients or carers who are distressed or concerned.
 - Chief Nurse membership of the End of Life Steering Group.
 - Closer working between the Palliative Care Team and wider healthcare teams to improve patient care and achieve enhanced supportive care for advanced cancer patients.
- National CQUINs – Through achievement of the Trust's quality priorities, Quality Improvement Plan, service developments, People Strategy and the initiatives outlined above, the Trust will seek to achieve compliance with the national CQUINs for 2017/18 and 2018/19, i.e.:
 - NHS Staff Health and Wellbeing
 - Proactive and Safe Discharge
 - Reducing the impact of serious infections
 - Improving services to people with mental health needs who present to the Emergency Department
 - Advice and guidance
 - E-Referrals.

5.6 Quality Impact Assessment

The Trust has identified a series of cost improvement schemes during 2017/18 based on external benchmarking information, operational productivity opportunities identified in the Lord Carter Review (2015) and our own identification of efficiency opportunities.

The Trust's approach to Quality Impact Assessment (QIA) is based on guidance issued by the National Quality Board and CQC requirements. Our QIA policy and procedure was approved by the Executive Management Committee in July 2016 and includes the requirement for completion of a standard QIA template. The Trust's QIA process ensures that all cost improvement schemes are assessed in the context of patient safety, service effectiveness, patient experience and impact on workforce. All associated risks are identified. Each cost improvement scheme has identified milestones and checkpoints where the quality impact is reassessed during implementation, with post-implementation reviews to ensure that no unintended quality impacts have materialised. The senior officer responsible for each cost improvement scheme is accountable for ensuring that a QIA is undertaken.

Any scheme at a value of £100k or less requires approval by the respective Health Group Medical Director or Corporate Director, Nurse Director, Operations Director and Head of Finance. All schemes over £100k in value require final approval and authorisation by the Executive Directors: Chief Nurse, Chief Medical Officer, Chief Operating Officer and Chief Finance Officer (or Deputy).

The Executive Directors meet quarterly with Health Group senior teams to consider new or revised cost improvement schemes and their QIAs. The Trust Board receives quarterly QIA overview updates through the Quality Committee.

5.7 Triangulation of Quality Indicators

During 2016/17 the Trust has been working with neighbouring Trusts to improve the triangulation of intelligence to provide meaningful data and assurance or early warning of potential risk. The Trust has used three processes and will review its methodology as part of the development of the Trust's Quality Strategy. The processes are:

- Production of CQC core service reports which triangulate information from the 5 domains in order to provide an overview of key issues and potential risks. This covers workforce and quality and will be broadened as the CQC takes on its new responsibilities in relation to use of resources.
- Utilisation of the Health Foundation Framework for safety measurement and monitoring.
- Monitoring and sharing of intelligence at the monthly 'CIRCLE' Group (Clinical Incident Review Creating a Learning Environment) which is made up of senior staff from a wide variety of disciplines to review concerns and issues or potential issues identified through data analysis.

The Trust also utilises an integrated performance dashboard approach to performance management which enables it to easily triangulate performance, quality, workforce and financial information to identify any areas of concern at an early stage.

Both the Quality Committee and the Performance and Finance Committee review the Integrated Performance Report (IPR) prior to its submission to the Trust Board. In addition to the IPR, the Trust Board also receives a Quality Report which provides them with further analysis on such topics as:

- Patient safety matters, including an update on Never Events
- Healthcare Associated Infections
- Patient experience matters
- Other quality updates, such as progress against the Quality Improvement Plan.

Through its programme of internal audits, the Trust seeks to ensure that key aspects of the quality agenda are operating at a local level within the organisation. One recent review focussed on infection prevention and control within the Emergency Department and the Theatre suites at Castle Hill Hospital and Hull Royal Infirmary, whilst another audit looked at whether management arrangements on two wards were operating effectively and whether roles and responsibilities were clearly defined. The outcomes of these audits are reported to the Audit Committee.

The Trust meets regularly with its main commissioners to review quality and clinical performance and agree priorities for improvement.

6. WORKFORCE

The following table shows the forecast establishment for 2017/18 and 2018/19 based on a 4% reduction in our establishment. Further work is to be undertaken with the Health Groups and Directorates to validate and identify the exact posts to be removed.

Staff Group	Establishment WTE		
	2016/17	2017/18	2018/19
Nursing	3130	3090	3130
Of which are Registered Nursing	2140	2100	2140
Of which are Registered Midwife	175	175	175
Of which are Non Registered Nursing	815	815	815
Medical Staff Group	1067	1010	1017
Allied Health Professionals & Technical	918	875	885
Healthcare Scientists	500	440	450
Admin, Estates & Senior Managers	1525	1419	1419
Healthcare Assistants and Support Staff	510	510	443
Total	7650	7344	7344

The following table is the forecast for staff in post for 2017/18 and 2018/19 and reflects the investment that the Trust is making in its 'Remarkable People' campaign to recruit to vacant posts, particularly in the hard-to-recruit-to staff groups. Successful recruitment will enable the Trust to reduce its agency and bank spend and the high volume of vacancies.

Staff Group	Staff in Post WTE		
	2016/17	2017/18	2018/19
Nursing	2970	3040	3040
Of which are Registered Nursing	1982	2050	2050
Of which are Registered Midwife	173	175	175
Of which are Non Registered Nursing	815	815	815
Medical Staff Group	973	1000	1000
Allied Health Professionals & Technical	842	860	860
Healthcare Scientists	419	440	440
Admin, Estates & Senior Managers	1413	1419	1419
Healthcare Assistants and Support Staff	507	510	510
Total	7124	7269	7269

6.1 Workforce Planning

The workforce planning framework and methodology used by the Trust is the Calderdale Framework which provides a systematic, objective method of reviewing skill, role and service design and is used to examine past trends, understand current and future challenges, and forecast future workforce needs. The Framework incorporates a clinical risk assessment.

The Trust's workforce planning is also informed by the ongoing review of clinical services, local population demographic change, commissioner intentions, capacity and demand modelling, strategic partnerships, the intelligence received from the Yorkshire and Humber workforce planning network, national policy and education and training establishments.

Activity, finance and workforce plans are developed at a service, divisional and Health Group level and are formally signed off by their respective management teams. The plans are validated by the corporate finance, planning and workforce teams to ensure that they are robust, aligned to the Trust's clinical and organisational strategies and comply with operational planning guidance. They are subject to a 'Confirm and Challenge' process with Executive Directors and support service leads before being signed off by the Executive Management

Committee, Workforce Transformation Committee, Performance and Finance Committee and Trust Board. Performance monitoring is undertaken at each level of the organisation via the monthly performance management report.

6.2 People Strategy 2016-18

It is acknowledged that the shape of the organisation will change as we, with our partners, seek to deliver integrated, high quality care designed around patients' needs, in both the acute and community care settings. The Trust will require a workforce with the right knowledge and skills and which is able to adapt to new roles and ways of working, some of which may be across organisational boundaries.

The Trust's focus will be on creating the right organisational culture where we operate as one team, with a clear set of values and objectives and where we can clearly hold one another to account in a positive and supportive way. A number of workstreams have been identified as part of the People Strategy 2016-18:

- Recruitment and retention
- Education and development
- Health and wellbeing
- Modernising the way we work
- Leadership capacity and capability
- Equality and diversity
- Communications and employee engagement

Progress against each of these workstreams is monitored by the Workforce Transformation Committee on a monthly basis. Reports are provided to the Executive Management Committee and Performance and Finance Committee on a quarterly basis.

6.3 Workforce Development – Humber Coast and Vale STP

The STP has established a Local Workforce Action Board (LWAB) to address the shortage of clinical staff within the HCV footprint. The two initiatives identified are:

- Support staff at scale – Commencing in 2017, the STP will invest in bringing through additional support staff who will work in hospital and community settings to develop skills in primary, secondary and social care. The initiative includes the creation of multi-disciplinary roles for receptionists, pharmacists and mental health practitioners.
- Advanced Practice at scale – Investment in advanced practitioners in hospital and the community.

6.4 Workforce Transformation

The Trust has in place a programme for the modernisation of back office functions. The principle drivers are consistent with the Lord Carter of Coles' recommendations, but there is recognition that we need to make better use of technology, seek to standardise wherever possible, and improve our business processes in order to move to a paperless environment. A number of projects are underway:

- Deployment of the new Lorenzo Electronic Patient Record.
- Realisation of the benefits of a new financial accounts IT system and further expansion of on-line ordering of goods and services.
- Completion of the roll out of e-rostering and the implementation of the SafeCare module for the ongoing monitoring and management of nursing and midwifery staffing levels.
- Implementation of a new management structure and operating model for the Finance, Human Resources, Governance and Quality functions.
- Improvements to processes for the management of our temporary workforce.
- Working with partner organisations to reduce duplication of corporate functions.

6.5 Management of Agency Staff

As identified above, the Trust has implemented e-rostering across the majority of wards and utilises the information provided by the system to monitor staffing levels and inform the allocation of permanent or bank staff to vacant shifts. Where shifts cannot be filled from the Nurse Bank, the Trust will look to appoint Agency staff via the approved framework agencies. All agency spend is authorised at Director level.

The Trust has a number of medical staff vacancies. Where it has not been possible to fill these with permanent staff, the Trust has sought to appointment suitably qualified staff on fixed term contracts or to provide cover from the Bank or internal locums.

A number of initiatives are underway to provide support to clinical staff. These include the utilisation of non-registered staff to better support ward nursing teams and the development of an Advanced Clinical Practitioner role to supplement junior doctor staffing levels.

6.6 Impact of Workforce on Quality and Safety

The Trust has developed a series of workforce indicators which include sickness absence, turnover, appraisal, statutory/mandatory training, engagement and nursing/midwifery fill rates. Performance against these indicators are reported on a monthly basis to the Trust Board via the Integrated Performance Report which also provides the Board with updates on progress against KPIs for patient safety, clinical effectiveness, access and responsiveness and patient experience. The information on workforce within the Integrated performance Report is supplemented by the monthly Nursing and Midwifery staffing report from the Chief Nurse.

Workforce issues and the potential impact on quality and safety are also monitored at a monthly meeting of the Chief Nurse and Director of Workforce. Action plans are developed to address any issues or risks identified. Health Groups and clinical leads monitor workforce issues on an ongoing basis. In addition, they review and re-submit their workforce risk registers every six months. This data informs the workforce returns for Health Education England and NHS Improvement.

Where service developments or transformational change programmes are likely to impact on the workforce, Health Group management teams are required to complete quality impact assessments which must be approved by the Health Group Board.

7. FINANCIAL PLAN

7.1 Two Year Financial Plans

The Trust is facing a very challenging year in 2016/17 in terms of its operational and financial performance and is currently forecasting a year end deficit of £2.16m. This position can only be achieved through the use of non-recurrent resources and income for the activity position from commissioners. The Trust's current underlying financial position is estimated at £24.6m deficit. This underlying deficit has had a significant impact on the plans for 2017/18 and 2018/19, as set out below, in terms of both the revenue and capital positions.

The Trust has been set indicative control totals of £5.6m surplus in 2017/18 and £10.4m for 2018/19. This includes £11.9m of Sustainability and Transformation Funding. The achievement of these financial positions at this stage would be extremely challenging as the Trust addresses operational issues in meeting performance targets and in maintaining quality standards. In particular, demand for non-elective activity continues to result in significant operational pressures and difficult negotiations with commissioners regarding the activity requirements.

7.2 Control Totals

The Trust has been unable to develop a financial plan which delivers its allocated financial control totals for 2017/18 and 2018/19 and as such these plans anticipate no receipt of the allocated Sustainability and Transformation Funding (STF).

There are two main reasons for this inability to accept the control totals for 2017/18 and 2018/19:

- the income plan is unconfirmed and there are significant risks, given the remaining gap between the Trust plan and latest commissioner contract offers;
- the level of efficiency savings needing to be delivered.

In addition there are risks to the delivery of the performance standards upon which the payment of elements of the STF are predicated. The Trust's 2016/17 trajectories all lead to achievement of the national standards by the end of the financial year. We are, however, currently not delivering those trajectories. Due to a significant increase in emergency department attendances and acute admissions over plan, we successfully appealed and were awarded the STF funding relating to ED performance in Q2 and we have a further appeal and proposed revised trajectory under consideration. There is a risk of non-delivery of our RTT and Cancer trajectories for the remainder of the year, which may result in further appeals and the submission of revised trajectories. In these circumstances, the Trust would need also to submit performance trajectories for 2017/18.

The Trust is currently forecasting a deficit of £16.5m in 2017/18 and £10.3m in 2018/19.

7.3 Financial Sustainability

To achieve the control totals the Trust would be required to deliver a £25.5m CRES programme in 2017/18 and £13.6m in 2018/19. This target is built up as follows:

	2017/18	2018/19
Underlying Run Rates	£24.9m	£11.9m
Move to Surplus control total	£5.6m	£4.8m
2% Tariff Efficiency Target	£8.8m	£8.8m
0.5% CQUIN reserve	£1.6m	
Other Cost Pressures	£0.6m	
Total Cost Pressure	£41.5m	£25.5m
Less: Support Funding	(£11.9m)	(£11.9m)
Less: HRG4+ Gain	(£4.1m)	
Net Efficiency Savings required	£25.5m	£13.6m

The Trust does not believe it can deliver this level of savings. The savings required in 2017/18 would be 4.7% which, based on the past few years' performance, would be unachievable.

The Trust's view is that the maximum that can be delivered in either year is £15m (2.8%). This would move the position as follows:

	2017/18	2018/19
Control Total Surplus	£5.6m	£10.4m
Reduced CRES delivery	(£10.5m)	(£9.1m)
Less Support Funding	(£11.9m)	(£11.9m)
Forecast Position	(£16.8m)	(£10.6m)

7.4 Income

The Trust has been modelling its elective activity requirements using the recommended Intensive Support Team model to determine what would be required to deliver sustainable waiting list sizes for delivery of the RTT standard. Following receipt of the contract offer, we have revisited our elective activity plan, reducing the levels of growth and backlog clearance to improve affordability whilst maintaining confidence in our ability to achieve the 92% target at Trust level. The Trust has also built into its plans the Commissioner QIPP proposals to reduce demand through the use of clinical thresholds and management of pass through drugs and device costs. In broad terms the clinical income growth equates to 2.5% on the Trust's forecast 2016/17 outturn (including 0.8% for HRG4+ tariff gain). This has not been agreed with commissioners and remains a major risk to the financial plan.

The Trust has assumed that it will lose 0.5% of its local CCG CQUIN income (£1.6m) which will be retained by local commissioners.

The Trust has assessed the potential for sanctions under the contractual standards but has assumed that any sanctions that are made by commissioners will be reinvested in the Trust as part of overall contract management. Any sanctions actually imposed would deteriorate the forecast deficit position.

7.5 Expenditure

The Trust's expenditure assumptions include the following:

- Pay cost increase of 2.3%
- Non pay cost increases limited to 1% through continued improvement to procurement and supplies and contracts management
- CNST increase of 10% (£1.9m)
- Cost of capital increase (interest on new loans) £0.4m.
- CRES £15m including 2% within tariff, and additional savings to achieve the financial forecast position.

The Trust has not included any assumptions on the impairment of assets during 2017/18 or 2018/19. These will be reviewed during the year in discussion with the external auditors.

7.6 Cash Releasing Efficiency Savings

7.6.1 Planning and Identification of Efficiency Savings

The Trust is developing a programme of planned savings in response to the national requirements to deliver savings of 2% and to deliver the increased requirement above that to achieve the forecast deficit position. Benchmarking information is available to all Health Groups that enables them to understand their relative efficiency by analysing performance on key data indicators and comparing results to other providers. This helps to identify areas of excellence, as well as potential risk. The focus of this work is now on the output of the Lord Carter review.

The Trust ensures that savings schemes focus on the quality improvement of patient services, where possible, and that the assessment of the impact on quality is an integral component of the planning process from the outset. The process for this is set out in section 5.6 above.

7.6.2 Delivery, Monitoring and Reporting

The Trust has a performance management process which includes monthly meetings between the Health Group Triumvirates and Trust Executives. These ensure that delivery of objectives remains on track as far as possible and risks to the Trust's objectives are identified and managed effectively. These meetings also help to identify resource gaps within the Health Groups, working with them to source additional capacity to facilitate successful delivery of the various work streams as required. Health Groups who are failing to achieve in a key area of their plan are moved into a more intensive performance regime, with additional meetings with the relevant Director (in the case of CRES with the Chief Finance and Operating Officers).

To specifically support the development and delivery of financial sustainability, a Productivity and Efficiency Committee has been formed. This works with the Health Groups to draw on new ideas and evidence, to challenge each other to create new schemes and monitors delivery.

A Patient Safety and Quality Report is produced by the Business Intelligence Team for all Health Groups on a monthly basis. The report contains a comprehensive suite of indicators on clinical quality and patient safety matters within their service areas.

7.6.3 CRES Plans 2017/18 and 2018/19

The Trust has set overall efficiency targets of £15.0m and £15.0m for 2017/18 and 2018/19 respectively and is holding a £2.5m CRES risk contingency reserve. Key delivery areas are:

- Transforming clinical pathways to drive improved clinical quality, outcomes and patient experience, enabling effective rationalisation of the Trust estate and its supporting services;

- Pathway transformation, length of stay improvement, increasing ambulatory care services and re-alignment of services across sites and across the health community to improve bed usage;
- Maximise the efficiency and effectiveness of theatres, outpatient services and clinical support services;
- Reducing total workforce costs through workforce transformation, role design, improved productivity, minimising variable pay spend and reduced headcount;
- Reducing the cost of goods and services and delivering better value for money;
- Improving back office processes, thereby reducing the cost of these services;
- Use of technology as an enabler to increasing clinical productivity, enhancing clinical quality, improving operational effectiveness, reducing administrative overheads and supporting workforce transformation.
- Reduction in levels of agency usage to stay within cap levels.

Further work is being undertaken to develop the programme and fully assess the opportunities from the Carter Review in more detail. At this stage there is a significant level of unidentified CRES which contributes to the risk with regard to the deliverability of the control total.

7.7 Quality, Innovation, Productivity and Prevention Schemes (QIPP)

The Trust is working towards agreeing baseline QIPP schemes for 2017/18 and 2018/19 with its main commissioners and these have been included in our plan at a value of £12m.

The main elements of the local CCG QIPP plans are the introduction of referral restrictions for elective surgery for smokers and patients with a Body Mass Index (BMI) over 35. Collectively these schemes have a value of £6m. In order to address the remaining gap between their contract offers and the Trust's plans, the CCGs are understood to be evaluating the merits of lowering the BMI restriction to 30. The CCGs have also targeted savings in ED attendance and acute admission avoidance schemes. There is a risk that the impact of the referral restriction QIPPs will not have full impact in 2017/18 in those specialties which have a significant RTT backlog of patients already in the system.

The main QIPP schemes agreed with NHS England are targeted at reduced cost of high cost drugs through wider use of generics, drugs coming off patent and pharmacy outsourcing. In addition the national procurement for excluded devices is expected to generate savings for NHS England through wider collaborative arrangements. The value of the NHSE QIPP schemes is £4m.

NHS England has also advised that some of their QIPP schemes include a review of local prices and for the Trust the areas targeted are Neonatal Intensive Care, Adult Critical Care and HIV services. The Trust is participating in some benchmarking work and reviewing pathways in these areas to inform its assessment of these schemes.

7.8 National and local CQUIN Schemes

The Trust will receive a number of CQUIN schemes for the contract years 2017/18 and 2018/19 for both CCGs and NHSE specialised commissioners and the value is circa £11m overall. As the Trust has not accepted the control total the CQUIN is 2.0% from the CCGs, with 1.5% mandated for 6 national schemes (0.25% each) and 0.5% for engagement with the STP.

The Trust receives a CQUIN value of 2.8% from NHS England. The CQUIN payment will be based on actual contract expenditure. However, CQUIN is not payable on high-cost drugs, devices, some listed procedures identified in the National Tariff Payment System and all other expenditure contracted on "pass through" basis.

7.9 Capital Programme

The value of the Trust's capital programme for 2016/17 was £23.2m. This included £7.066m of expenditure supported by capital loan financing from the Department of Health for urgent schemes and a further £2.7m of Public Dividend Capital (PDC). For 2017/18 and 2018/19 the

capital programme will be funded mainly through depreciation with some additional schemes funded from charitable donations and a plan to bid for a further linear accelerator in each year from the £130m Radiotherapy Modernisation Fund. The Trust currently has a draft capital programme based on the financial plan of a £16.8m deficit in 2017/18 and a £10.6m deficit in 2018/19. This severely restricts the scale of the capital programme due to the requirement to meet capital loan repayments as a first priority from capital resources. The value of the programme is £11m in 2017/18 and £10.5m in 2018/19.

The draft capital programme has been developed to facilitate continued delivery of high quality clinical services. Provision has been made for essential investments in the repair and maintenance of existing buildings, the replacement of medical and scientific equipment and the refresh of the Trust's IT network and systems. Provision has also been made for some developmental investments in specific clinical service areas. In order to reduce the requirement for Trust capital funding, a number of developments, subject to affordable revenue cases, will be taken forward using alternative methods of funding. These are:

- The redevelopment of the main entrance at Hull Royal Infirmary in partnership with a commercial developer.
- Schemes to improve the energy efficiency in partnership with the Carbon Efficiency Fund.
- Replacement of a CT machine using lease funding, with only the associated enabling works being funded from the Trust capital programme.

The following key schemes have been included in the draft 2017/19 capital programme:

- Further upgrade work in the main operating theatre suite at Hull Royal Infirmary
- Construction of a new helipad in close proximity to the Emergency Department at Hull Royal Infirmary (supported by charitable funds)
- The continued refresh of the Trust's data and telephony network
- Progress of the development of an e-case notes system
- Implementation of Lorenzo e-prescribing
- Replacement of a further linear accelerator funded through the £130m radiotherapy modernisation fund.
- Purchase of additional equipment to support the expansion of the Bowel Scope Screening Programme.

The Trust will conclude the first two stages of the sale of land at Castle Hill Hospital for £3m in 2017/18 and a further £3m in 2018/19. The capital receipts from the sale will be used to repay part of the revenue support loan of £13.7m taken out in 2015/16. The final stage of the land sale valued at £2.95m will be in 2019/20.

8. RISKS TO DELIVERY

The Trust has undertaken an assessment of the risks to delivery of its operating plan and identified where possible mitigating actions:

Risk	Score	Mitigating Action	New Score
Failure to agree a contract value that provides for adequate activity levels to meet performance standards	15	Agree the outturn position Finalise QIPP schemes Agree an internal activity plan for electives and operate PbR for any variation	12
Failure of the proposed local QIPP schemes to reduce activity as intended	12	Work closely with commissioners on implementation plans and monitor closely Continue to work together to develop further schemes to manage elective and non-elective demand	8
Inability to identify and deliver sufficient efficiency savings	20	Ongoing work with Health Groups and Corporate teams to identify schemes	12

Risk	Score	Mitigating Action	New Score
Insufficient capital availability to deliver safe levels of investment in estate and IT infrastructure and equipment replacement	12	Agreement of safest balance of spend within tight budget and exploration of alternative sources of investment	8
Insufficient cash liquidity	15	Access working capital loans	8
Failure to appoint to essential posts and breaching of the Trust's agency spend cap	12	Recruitment campaigns utilising successful Trust brand Development of alternative staffing models Tight control of authorisation	8
Failure to deliver the Emergency Care Standard	16	Agreement of a trajectory for 17/18 Implementation of the Urgent and Emergency Care Improvement Programme Further work with partners on system resilience	12
Failure to deliver the cancer or elective RTT standards	12	Agreement of trajectories for 17/18 Agreement of an activity plan which supports delivery	8
Late or only partial impact of the STP leading to pressure on Trust services	16	Provision of system leadership and support to developing schemes	12