

Strategic

Thematic Goals

Improved
Quality of Care

Transformation
- Prevention
and Wellbeing

Transformation
through
Integration

Improved
Access to
Services

Improved Value

Operational Plan 2016-17

This document forms part of the requirements set by the Department of Health mandated to NHS England and Monitor to produce a one year Operational Plan that underpins the delivery of the 5 year Strategic Plan that reflects both national and local drivers.

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1.0 Overview – Who Are We?

- 1.1 Humber NHS Foundation Trust is a healthcare provider of community, mental health and specialist healthcare services to approximately 600,000 resident populations across an area spanning 1000 square miles in East Riding of Yorkshire and Kingston upon Hull supported by a workforce of 3,100 staff across 80 sites, with an annual income of around £135m. From March 2016 our Community Service will expand to cover the Whitby footprint with a population of 55,000 at a value of £6.4M per annum.
- 1.2 Our main commissioners include NHS East Riding of Yorkshire Clinical Commissioning Group (CCG), NHS Hull Clinical Commissioning Group (CCG), NHS England, Hull City Council and East Riding of Yorkshire Council and more recently Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG).
- 1.3 The Trust continues to forge strong working relationships with the local health and social care partners through collaborations including the Hull 2020 Programme, Better Care Plans for the respective CCGs and the Health and Wellbeing Board Strategic plans associated with the respective councils. The recent publication by NHS England entitled “*Delivering the Forward View: NHS planning guidance 2016/17- 20/21*” sets out key health priorities and requirements for organisations to produce a joint 5 year Sustainability and Transformation Plan (STP), with the expectation that organisations will work together at pace on prevention and care redesign in order to become sustainable.
- 1.4 The Trust organised its portfolio of clinical operational services during June 2015 across four care groups namely Children & Learning Disability Services; Adult Mental Health Services; Community & Older People Services and Specialist Services. These teams are managed by a triumvirate leadership team consisting of a Care Group Director, Clinical Care Director and Associate Medical Director all reporting to the Chief Operating Officer.
- 1.5 The Care Groups are supported by corporate support services delivered through four directorates namely, Nursing, Quality & Patient Experience; Finance, Infrastructure & Informatics; Human Resources and Medical & Research. Our corporate support services are subject to an internal review during 2016 to look at reconfiguring systems and processes to maximise on capacity and improve efficiency in terms of business intelligence utilised across teams.
- 1.6 Changes were made to the Executive Management Team during quarter one of 2015-16 with two new roles being established namely Chief Operating Officer and Nursing, Quality & Patient Experience Director and the deletion of the Strategy & Performance Director role.
- 1.7 Following the new appointments the Executive Management Team and Trust Board took the opportunity to review the strategic planning framework and has refreshed its Vision, Values and Strategic Aims after consultation held with staff, members and governors at numerous engagement events held during the summer 2015. This brought about the following statements:
- **Humber’s Vision**
- We aim to be recognised as a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff.
 - We want to be a trusted provider of local health care and a great place to work. We want to be a valued partner with a problem solving approach.

➤ **Humber's Values**

- Putting the needs of others first
- Act with compassion and Care
- Continuously seeking improvement
- Aspire to excellence and to be the best
- Value each other and Teamwork

➤ **Humber's Aims**

- High quality, safe and effective services
- Care closer to home to avoid hospital admissions wherever possible
- Prioritise prevention, early intervention, recovery and rehabilitation
- Integrate health and social care, mental and physical health and well being
- Listen to and actively engage our patients and service users and their carers' and families in the development, delivery and evaluation of the services we provide
- Work with the communities we serve, our partners and our members to design the services that will best serve their needs
- Maintain a sustainable business to ensure that we can continue to care in the future

1.8 The Trust Board and Executive Management Team have held a number of workshops as part of the ongoing development of the Trust's strategic planning framework, underpinned by evidence based intelligence stemming from the Care Groups' Service Plans to help provide a steer in terms of what part of the business will need to protect, grow, invest or divest. Through the development of service plans the Trust is seeking to:

- protect the quality and safety of its existing [Adult Mental Health Service](#) within Hull and East Riding of Yorkshire through an extensive transformation programme;
- protect the quality and safety of its existing [Children & Learning Disability Service](#) within East Riding of Yorkshire and Hull and grow aspects of the service into neighbouring counties;
- expand [Community & Older People Services](#) provision into a wider geographical area whilst improving on productivity and redesigning services to retain pending community services tender to be released by East Riding of Yorkshire CCG in Spring 2016;
- redesign the [Forensic Service](#) to meet the transformation agenda in terms of the reduction of medium & low secure learning disability beds which will be relocated into community settings and to expand the collaborative care model for community alcohol and drugs services into a wider geographical area.

1.9 Assurances are continually being sought from external inspections and internal audit reviews which influence the contents of our operational plans. During 2015-16 the Trust commissioned a number of independent assessments including KPMG who reviewed the Cost Improvement Programme and supported the evolution of the Programme Management Office (PMO); AD-ESSE a specialist management consultancy were appointed to undertake a review of Community Mental Health teams to look at productivity efficiency gains and Meridian to help create systems on measuring safe establishments. The Ofsted inspection 2015-16 of East Riding of Yorkshire Council Children services also included the Trust. In April 2016 the Care Quality Commission (CQC) will undertake an assessment and there are no known scheduled Ofsted inspections with either local authority commissioners during 2016-17.

1.10 A number of procurement notices have been signalled for 2016-17 this will require extensive redesign work to ensure care pathways meet tender specifications in order to retain existing business and to determine whether applications are made as lead or sub-contractor status these include :

Service Provision	Commissioner	Values
❖ Community Services	❖ East Riding of Yorkshire CCG	❖ £30m
❖ Universal Children 0-19	❖ East Riding of Yorkshire Council	❖ TBC
❖ Forensic	❖ NHS England	❖ £12m
❖ Community Services	❖ Scarborough & Ryedale CCG	❖ £12m
❖ Healthy Child Programme 0-5 Year Olds	❖ North Yorkshire County Council	❖ TBC

1.11 The tender process during 2015-16 has seen growing competition within the local environment which has seen the Trust lose by a small margin the West Yorkshire Prison health contract with NHS England at HMP Wakefield which will cease in March 2016 at an income loss of £750K. Contracts awarded to the Trust include Whitby Community Services, East Riding of Yorkshire Council's Health Trainers and Drugs & Alcohol Services and successful sub-contractor awards for Hull Therapies and Vale of York Mental Health Services. Further retendering exercises held in 2015-16 that the Trust was unable to secure from existing business portfolio included:

Service Provision	Commissioner	Values
❖ Estates Mechanical & Eng.	❖ NHS PS	❖ £1.9m
❖ Soft FM – Cleaning & Dom.	❖ NHS PS	❖ £12m
❖ Estates Building Fab & Grit.	❖ NHS PS	❖ £1m

1.12 Following Yorkshire and Humber Commissioning Support unit (CS) being disbanded in October 2015, the main clinical commissioning groups have transferred key business function including contracting back into their operations. Contract negotiations meetings have been established to provide clear understanding and acknowledgement of current capacity and demand pressures placed on certain services together with adequate funding to ensure levels of ongoing safe and quality service provision can be upheld. Agreement has been reached in May 2015 with NHS Vale of York CCG to provide a signature to the Deed of Variation to finalise the main contracts.

1.13 The Five Year Forward View (5YFV) sets out a clear direction for the NHS, showing why change is needed and what it will look like. As the Trust continues with its Neighbourhood Care Service Transformation work in line with the CCG's Community Services Strategy, there is an opportunity to integrate community services with primary care (GP) provision and become a leading provider of integrated healthcare, in partnership where possible with the emerging GP Federations. The Trust has explored opportunities to diversify into Primary Care, both to widen its portfolio and create opportunities to work more synergistically within the health community. The acquisition of the Market Weighton Practice in April 2016 enables the integrated model to be demonstrated. Many of our community services are delivered alongside primary care colleagues, and could do so more effectively with practices committed to working within the Trust remit. There is an appetite to develop a Multispecialty Community Provider (MCP) model within area.

2.0 Activity Approach

- 2.1 During January 2016 NHS England held workshops to showcase their Intensive Support Team (IST) models for Demand & Capacity modelling for acute trusts, noting the principles and models could be adopted for Community providers. This has provided a pragmatic approach to supporting activity planning for 2016/17 and further implementation in terms of a delivery programme to embed demand and capacity skill sets into our operational and support services collaboratively with commissioners.
- 2.2 Working with both main commissioners to agree all activity assumptions and an indicative activity plan for 2016-17 will be included in the Data Quality Improvement Plan (DQIP). The Trust forms part of the local resilience work and agreed additional community beds be made available during winter 2015-16 and ongoing reviews for winter 2016-17 are being undertaken.
- 2.3 As part of the evolving performance management framework the Trust has established clinician led working groups within each of the respective Care Groups to review activity plans and review establishments for sustainable productivity levels. The governance arrangements involve Trust Board holding numerous workshops throughout the year to review strategic objectives aligned to key performance measures to provide assurance that activity and demand are sustainable against the agreed contracted terms.
- 2.4 Below presents the four operational care groups initial forecasts in terms of demand, capacity and service modelling during 2016-17:-

Children & Learning Disability	
Demand	<ul style="list-style-type: none"> • CAMHS activity monthly basis increasing in Hull & ERY – 12% growth per annum • Learning Disability activity increased as a result of 6 new beds opening in November 2015. The beds will be phased in over a period of time. • There has been a sustainable high number of Eating Disorder cases in the ERY • Referrals processes for the CAMHS services in both Hull and ERY have been handled through a single point of contact which has seen a high level of demand- this will be reviewed through 2016. • The need to reduce and maintain a maximum 18 week waiting time for CAMHS will continue to prove challenging in line with increased demand and complexity. • Autism Spectrum Disorder for children, young people and adults continues to be in constant demand- work underway to look at pathway and capacity. • School Nursing has seen an increase in demand relating to sexual and mental health issues
Capacity	<ul style="list-style-type: none"> • Investment in Hull will allow for further increase in resources to tackle a waiting list and provide diagnosis and potential treatment options throughout 2016. • Introduction of Crisis team in Hull and ERY for CAMHS services will reduce the need for Tier 4 inpatient admissions and children admitted to an acute hospital bed. • Safer Staffing analysis on workforce establishments for LD inpatient beds at Townend Court • Productivity and benchmarking work in CAMHS ongoing with programme of work underway including workforce and pathway refresh as a result of the significant investment of over £1M in services during 15/16. • Assessment of staff and services transferred from Hull City Council as part of a Section 75 into Learning Disability services and the wider mental health provision in the Trust.

Service Modelling	<ul style="list-style-type: none"> • Roll out additional capacity for Children ASD working with Hull CCG. • Service transformation to deliver Learning Disability within the community – DBT service – Granville Court managed on behalf of ERY Council. • Assess the effectiveness of CBT tools to help support throughput of low level mood/anxiety patients which accounts for the majority of users into the CAMHS service. • The Crisis Care Concordat will be subject to a review and link to current services. • Eating Disorders main focus will be on managing this in ERY and Hull and managed through 'Futures in Mind' agenda. • Childhood obesity strategy managed through the 0-19 universal services provision via schools and health visiting services.
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Adult Mental Health	
Demand	<ul style="list-style-type: none"> • A reduction in population of 0.26% aged 15-64 years – review to understand changes in prevalence of Mental Health problems. • Overall activity for Adult Mental Health is expected to increase by 13.4% by March 2017 assumptions given transfer of social care workforce and changes to ways of working. • Inpatient beds at 105 & occupancy level is expected to exceed the national recommended level of 85% • National Standard targets for IAPT & EIP commences in April 2016. • 24/7 access to Acute Hospital Liaison, providing easier access for patient in an acute hospital setting • Waiting Lists still remain a challenge in some teams across the Care Group • Contacts are expected to increase following the transfer of the social care staff from Hull City Council to the Trust assumption of an additional 900 contacts per month from July-16.
Capacity	<ul style="list-style-type: none"> • Safer Staffing analysis on workforce establishments for inpatient units to be reviewed. • National guidance tool on resource requirements to be applied once available from NHSE, local capacity & demand tools to be considered • Section 75 with Hull City Council, transfer of 33.5 WTE staff into community mental health service provision, which will impact on the recorded activity for the Care Group from Q2 16-17, expecting an additional 900 contacts per month during 16/17 • Increase in funding / staffing for the Perinatal service which now covers East Riding as well as Hull • Increase in 24/7 cover within the Hospital Liaison Service • Inpatients Beds, shortage of Band 5 mental health nurses & shortfall in consultant psychiatrists which is impacting on service delivery within Inpatient setting.
Service Modelling	<ul style="list-style-type: none"> • Service transformation across the care group this covers all service provision, community & inpatients. • All care pathways are under review which is likely to make an impact on activity during 16/17 • Parity of esteem provides a steer on mental health and physical health treatments being closer aligned. Timely access to mental health services and then for treatment highlight gaps in parity and the introduction of the access and waiting times standards for 2015-16 • 75% of people referred to talking therapy services (East Riding IAPT) to commence therapy/treatment within 6 weeks, 95% within 18 weeks of referral • 50% of people experience a first episode of psychosis should be receiving treatment with 2 weeks of referral • Technology – Patient/clinical Record System / e-rostering / telehealth – to be reviewed in line with the transformation programme • Productivity modelling to established within the Care Group through demand & capacity review.

Community & Older People	
Demand	<ul style="list-style-type: none"> • Overall activity for Community & Older People is expected to increase based on service delivery to Whitby from 1st March 2016. • From 1st April Humber to become sub-contractor to CHCP for Therapies based in Hull • Older people the projected levels of growth remains at 4% due to increasing numbers of people being diagnosed with dementia. • Community Hospital beds at 54 and occupancy levels will increase with the Choice and Escalation Policy being implemented. • Older People's Mental Health beds at 23, average occupancy with safe staffing levels is 82% • Some pathway redesign work is underway with primary care to manage increased demand but no significant change to service activity anticipated.
Capacity	<ul style="list-style-type: none"> • As part of the Safer Staffing analyses work on workforce establishments for inpatient services being undertaken. • Productivity review completed and currently rolling out finding per service team, baseline for June-16 • NHS Benchmarking findings will assist with innovation and transformation requirements. • National guidance tool on resource requirements to be applied
Service Modelling	<ul style="list-style-type: none"> • Service transformation for Whitby community as new provider accounting the redevelopment of the new hospital from Dec 2016. • Visioning sessions to commence in February 2016 for Community Services in ERY CCG • Diagnosis rate of 67% for people aged 65 and over on the Dementia Register and delivery of the Dementia 2020 Strategy • End of Life preferred place of care to increase satisfaction of patient experience • Preliminary work to look at demand and capacity models has commenced. • Refurbishment of Maister Lodge
Specialist Services	
Demand	<ul style="list-style-type: none"> • Bed occupancy levels @ Qtr 3 for Forensic Medium Secure at 92.31% and Low Secure at 90.18% against 90% threshold. Challenges for occupancy level at Ullswater due to low referrals. • Waiting list for Darley and Swale units. Low demand for South West Lodge impacted by the opening of Darley unit. • Transformation Agenda to impact on bed base requirements for Learning Disability medium & low secure beds. • Total bed required for secure LD across Yorkshire & Humber = 126 based on assumption around the population size and outcomes of CTRs locally) incurring a reduction of beds by 13. • The ratio of low secure to medium secure beds should be 43% - 57% respectively • National Offender Management Service (NOMS) intentions signalled to move the Personality Disorder pathway back into Prison environment thereby reduction in beds. • Sub contract arrangements with CHCP to provide Psychiatry Services into HMPs Hull & Humber equating to 4 session per week, 43 weeks per years. • Community Drug & Alcohol Services for East Riding Council has be awarded to the Trust in partnership with ADS and Nacro from 1 April 2016 to 31 March 2019 with option to 2 year extension.
Capacity	<ul style="list-style-type: none"> • HMP Wakefield prison tender ends on 31 March 2016 with staff to TUPE to new provider. • Safer Staffing analysis undertaken to support on workforce establishments for inpatient units. • National guidance tool on resource requirements to be applied • A total of 79 inpatient beds across 7 units with 6 dedicated nursing establishments, however 2 beds are not part of the block contract and are not in use. • Benchmarking data suggests average length of stay is significantly longer than the national average as noted for service users in our Green Trees unit • Short/medium term capacity on Ullswater is restricted due to current inpatient issue which is preventing further admissions.

- Service redesign for forensic service to meet the transformation agenda in terms of the reduction of medium and low secure learning disability beds and deliver within community setting.
- Visioning events to look at the Forensic Services care pathways given commissioners have signalled intentions for re-procurement nationally in 2017-18.
- Visioning sessions with local health economy regarding Transformation Agenda relating to Learning Disability beds within community settings. Ambitions to decommission 50% of beds with estimated requirement across Yorkshire and Humber at 126 beds a reduction of 13 beds.
- Review Five Year Forward View Mental Health Taskforce suggestion that up to 80% of people in low secure services are placed inappropriately.
- Mobilisation of Drug & Alcohol Service through four integrated care streams consisting of Access, Clinical Provision, Criminal Justice Service & Community Rehabilitation Programme.
- Review of patient population on PICU to establish if any patients would meet the criteria for low secure services.

3.0 Quality Approach

3.1 Quality Improvement

3.1.1 During 2015/16 under the leadership of the Director of Nursing, Quality & Patient Experience a new quality team and governance structure was established with the specific aim of embedding and driving quality improvements across the newly established care groups. The approach reflects the key quality priorities for the organisation across the domains of Patient Safety, Clinical Effectiveness and Patient & Carer Experience. The appointment to three senior posts during 2015/16 to lead on these domains has enabled the development of three associated strategies to shape delivery for 2016-19. The strategies capture both the national and local context and system feedback and through consultation with clinicians, managers, patient's and the public have culminated in an approach to quality improvement based on best available evidence with the aim of delivering quality improvement evidenced through measurable improvement in patient and staff outcomes.

3.1.2 The Quality and Patient Safety Committee (QPaS), Co-Chaired by the Director of Nursing and the Medical Director, is pivotal to providing leadership for quality, a role which is discharged by directing the quality improvement plan for the Trust, supporting quality initiatives and holding the Care Groups to account for the quality of service provision. QPaS has established a number of subgroups to drive quality improvements across the care groups with the aim of promoting clinical engagement in quality improvement and decision making.

3.1.3 The appointment of Clinical Care Directors and Associate Medical Directors for each Clinical Care Group ensures the strategic vision for quality improvement is embedded throughout the organisation. Each Care Group has a number of Clinical Networks which oversee the implementation and monitoring of the quality improvement plan in the specific area of expertise. The Clinical Care Forum oversees the work of the Clinical Networks and reports to the QPaS. The Board receives a monthly report on the quality of service provision via the Director of Nursing report.

3.1.4 Quality Priorities for 2016/17:

A. Strengthened Approach to Patient Safety

Built around the 'Sign up to Safety' campaign priority areas the Trust Strategy aims to reduce harm experienced by people receiving care across seven priority areas:

- Develop a patient safety culture across the Trust
- Increase understanding of violence and aggression within mental health services and reduce restrictive interventions in the Trust
- Reduce Severe Self harm events & support a Zero Suicide culture within the Trust
- Interrogate issues relating to ensuring safer staffing across the Trust to ensure our workforce is equipped with the knowledge and skills and organised in the right way to deliver optimum care.
- Reduce the number and severity of pressure ulcers acquired within our care
- Improve medicines management and knowledge within the Trust
- Reduce communication errors and associated patient harms through appropriate electronic technology for patient records

B. Clinical Effectiveness

The Trust strategy sets out the commitment to deliver on the following four central themes:

- Practice is based on the best available evidence
- Use the clinical audit programme to improve our services
- Use outcome measures to inform us, our patients, the public and commissioners on our performance
- Innovate to improve outcomes in a safe and sustainable way

Work programmes to deliver across these areas will be rolled out in Q1 2016/17

C. Patient & Carer Experience

The strategy to ensure that our patients and carers receive the best possible experience from the Trust is structured in terms of delivery against seven pledges that have been identified following consultation with staff, patients and carers. Each pledge sets out our commitment to patient and carer experience

Pledge 1: We will listen to our patients & carers and respond to their feedback

Pledge 2: We will provide a safe environment for our patients

Pledge 3: We will meet the physical and comfort needs of our patients

Pledge 4: We will support the carers of our patients

Pledge 5: We will recognise our patients individuality and involve them in decisions about their care

Pledge 6: We will communicate effectively with our patients throughout their journey

Pledge 7: We will aim to ensure our patients are cared for by skilled and caring staff

Pledge 2: We will provide a safe environment for our patients

3.1.5 Risk Areas and Mitigation:

The top three risks in relation to delivering the Trusts Quality Improvement Programme during 2016/17 are in relation to:

- A.** Improving the quality, timeliness and learning from Serious Incident Investigations and significant event analysis to ensure care is delivered in line with best available evidence and patient need.

In mitigation the Trust has an established weekly clinical risk meeting to provide leadership and professional expertise in relation to the trust approach to clinical risk management. Reporting to QPaS this group will be overseeing the revised approach to SI and SEA investigation and management to ensure staff are equipped with the required knowledge, skills and support to undertake a robust and appropriate investigation and to ensure lessons are learnt across the organisation.

- B.** Safer Staffing: Ensuring we have the right staff, with the right skills to deliver high quality care. During 2016/17 the Trust will be undertaking reviews of establishment figures to ensure clinical needs are accurately reflected in staffing and skill mix.

For 2016/17 the Trust will be developing a strengthened approach to safer staffing which includes taking account of the wider team involved in care provision and patient acuity metrics correlated with patient and staff outcome metrics to identify how safely staffed our in patients units are. This improved monitoring and escalation process will a more accurate picture of staffing numbers and quality of care and will provide early warning where safer staffing is not being achieved

C. Increasing recruitment and improving retention of staff

A workforce plan led by a newly established workforce group will oversee the development and implementation of a plan to maximise the approaches used by the Trust to recruit to vacant posts across all trust services. The plan will also include a range of approaches in terms of the Trust approach to mentorship, preceptorship, and succession planning and educational opportunities for professionals to maintain their revalidation requirements with the aim of improving the recruitment and retention of staff.

3.1.6 Association of Medical Royal Colleges' guidance

Each In-patient Unit has a Consultant Psychiatrist who is responsible for the overall management, coordination and continuity of the patient's care throughout their stay on the unit. They hold direct clinical responsibility for the Care including discharge arrangements. Where patients are detained under the Mental Health Act the Consultant also holds the Responsible Clinician role as defined in the Mental Health Act 1983. The photograph and name of the Consultant and Multidisciplinary Team is displayed on all the Units in order to inform the patients of their Responsible Consultant.

3.1.7 Care Quality Commission (CQC) Assessment

As part of the 2014/15 Internal Audit plan for Humber NHS Foundation Trust, a review of compliance with the CQC action plan has been completed. The overall objective of the review was to ensure that the arrangements in place for ensuring that the Trust complies with CQC requirements are adequate and effective.

The CQC visit to the Trust resulted in a published report in 2014/15 and an action plan with 50 individual actions that covered a number of service areas:

- Child and Adolescent Mental Health (CAMHS)
- Forensic
- Inpatient Mental Health
- Learning Disabilities
- Trust wide
- Pharmacy

The CQC Improvement Plan included 8 high priority "must" actions, with the rest being classified as "should" actions. At the commencement of the initial audit work in mid-August 2015, the Trust had reported that 40 of the actions were complete, which included 6 of the "must" actions.

The audit work focused on the 8 "must" actions, plus an additional sample of 7 of the "should" actions, with the aim of ensuring that the Trust had obtained sufficient evidence to support the reporting of any of these actions as complete. The audit work involved discussion with key staff involved with the monitoring and reporting of progress of the CQC actions, and review of the available documentation and supporting evidence that had been provided to the Compliance Officer by mid-September 2015.

Overall, it is concluded that **significant assurance** can be provided that there are adequate and effective arrangements in place to ensure that the Trust complies with the CQC requirements. The auditors found that there was a clear process in the Trust for the follow up of the progress of the CQC actions and that the Compliance Officer had made requests to the Responsible Managers for evidence and supporting documentation for each of the actions.

3.2 Seven Days Service

- 3.2.1 Mandated in December 2016 the Deputy Nursing Director has commenced a themed review of Serious Incidents, the findings of which will be scrutinised by the Mortality Steering group. This work supports the national requirements in terms of reducing excess deaths by increasing the level of consultant cover and diagnostic services available in our facilities during weekend.
- 3.2.2 In August 2015 Emergency Planning transferred to Operations Directorate which prompted a range of work focussing on resilient systems and processes in order to support the operational delivery of services over the 24/7 period, which together with the changing landscape and operational delivery requirements for the Trust. The new plan has introduced two on-call manager (Bronze Command) rotas
- Rota 1: Community and Older People's Mental Health Care Group which will also include Whitby
 - Rota 2: Combined rota for Adult Mental Health, Specialist Services and Children's & Learning Disability Care Groups
- 3.2.3 The rationale for the split is that the two rotas will be staffed by managers who are able to work within their own frame of reference, be better able to develop a clearer understanding of the issues, both through experience and access to cross-rota support, with the expectation that the requirements would be less frequent and of a reduced intensity.
- 3.2.4 The on-call managers (Bronze Command) will be supported by an on-call director (Gold Command) as detailed in the Revised On-Call Manager Arrangements. There will be no Silver Command on evenings or weekends unless the Trust is reporting significant issues against the Surge and Escalation Triggers and Actions. If the Trust was reporting Escalation Status 5 (Purple) or 6 (Black), or within the context of a Major Incident (partner generated), separate command structures would be operational which would over-ride the out of hours on-call arrangements.
- 3.2.5 A 24/7 CAMHS crisis service became available in January 2016 following a full business case being presented and approved by both Hull & East Riding of Yorkshire Clinical Commissioning Groups (CCG) in November 2015 due to the lack of available local Tier 4 beds which impacted on the CAMHS team to facilitate management of a child or young person to securing a safe and appropriate bed. This service is accessible via 111 or all normal emergency referral routes. It will provide access to rapid assessment and a period of home treatment if required in order to reduce the need for hospital admission. If a young person has no medical requirement to attend A&E then the assessment will be conducted in a community/home/school setting wherever possible. The objective of the Crisis team is to reduce the number of Tier 4 placements, facilitate repatriation and reduce the escalation of a situation whereby it may need a Tier 4 or medical bed.
- 3.2.6 East Riding of Yorkshire CCG is in the process of setting up a new meeting group in February 2016 to focus on the 'Future in Mind Strategy' with East Riding of Yorkshire Council as a key stakeholder. There is a Service Plan which also includes the communication of the referral process to GPs and other practitioners across the areas which is being rolled out between January and March 2016.

3.2.7 Community Services provide unscheduled care out of hours including community based Minor Injuries Units, Out of Hours GP's and 24 hour District Nursing. A significant review commenced in 2016 of the whole unscheduled care systems and management with the ambition of increasing operational resilience and efficiency, maximising the available resource and providing a service consistent with the national and local out of hours drivers. Scheduled to conclude in May 2016 with findings and recommendations to be presented to local commissioners. The service is also looking at the re-procurement of medical cover for community hospitals taking place in quarter 4 for implementation by quarter 1 of 2016-17.

3.2.8 A key component of the Adult Mental Health transformation programme 2016-17 is around improving crisis and urgent care and access 24/7 for mental health services. This will include Development of an acute care pathway to improve the interface between services; clarify roles and responsibilities as well as decision making processes; provide more robust support for people 24/7 and improve inter-agency working; develop improved models for crisis care including partnerships with the third sector; review of single point of access (SPA) including interface with CRHT and secondary mental health service and A&E liaison 24/7.

3.3 Quality Impact Assessment (QIA) Process

3.3.1 There are a number of relevant Lessons from the Robert Francis Inquiry into failings at Mid Staffordshire FT (February 2010) around the need for vigilance and rigour when assessing the impact of financial plans on service delivery. Firstly, that pursuit of financial balance with insufficient focus on the impact on quality can lead to significant failings in patient care. Secondly, whilst the ultimate responsibility to ensure safe, effective services sits with the trust board, the Trust has a Cost Improvement Plan (CIP) programme Board in place who's role is to ensure that a QIA is completed for all schemes which will include:

- Change to skill mix and/or headcount Service.
- Redesign Change to business process that will directly or indirectly impact quality (safety, patient experience and effectiveness of care).
- This includes back office and support services.
- All schemes that are worked up in outline and have an impact on workforce and/or clinical services undergo a quality impact assessment.

- 3.3.2 An impact assessment on quality and safety is always completed in the planning stage and schemes that are considered unrealistic or that pose a risk to quality will not be put forward for CIP Board sign off. The initial QIA is undertaken by the scheme owner and submitted to the Deputy Director of Governance & Patient Experience for review.
- 3.3.3 The focus of the QIA focuses on potential risks that cost saving or service improvement schemes can have on the quality of services. The Trust uses a standard Quality Impact Assessment tool and risks are assessed using the standard 5 x 5 matrix and logged in the scheme risk log. To do this effectively, the right information is needed in order to understand the potential risks to quality and plans must be put in place to ensure action is taken before quality deteriorates.
- 3.3.4 The cumulative impact of service and cost improvements is also assessed, for example one scheme in isolation may not present a risk to quality or safety but when mapped across other schemes may have a cumulative negative risk, this is mitigated by the CIP Board which comprises Care Group Directors, Executive Directors and Nursing and quality representation.
- 3.3.5 Following review and any changes required, this is then presented to the CIP programme board, for final sign off by the Director of Nursing and the Medical Director for their review and final sign off. The Trust also reviews and refines QIPs during delivery, at key milestones and post-implementation to ensure sustainability.

3.4 Triangulation of Indicators

- 3.4.1 During quarter 2 of 2015-16 the Strategy & Performance team undertook work to develop a more robust performance management framework to support the strategic planning arrangements. In September 2015 the Trust launched its 'Integrated Performance Tracker' configured to provide a greater 'line of sight' set against a number of monitoring criteria these include :
- i) **Monitor's Risk Assessment Framework** which identifies a number of national measures of Access and Outcomes objectives as part of its good governance of NHS Foundation Trusts. These measures have set thresholds and a weighting score which are reported to the regulator on a quarterly basis however the measures are presented monthly in a dashboard within the tracker.
 - ii) **Care Quality Commission's Intelligent Monitoring Framework** which comprises five domains that forms part of an assessment regime to test quality of service namely Responsiveness, Effectiveness, Caring, Safe and Well-Led. A number of national and local measures have been aligned to the domains to demonstrate how services are organised to meet people's needs, protect people from unavoidable harm, treat people with compassion, kindness, dignity and respect; ensure that care treatment and support provides good outcomes for people and that leadership and governance assures the delivery of high-quality person centre care. Together with a number of headline financial measures.

- iii) **Performance Indicator Return Forms** are presented by exception subject to a measure being rated as Amber or Red denoting under-performance for the reporting period. These documents present performance, trajectories, reasons for adverse performance and mitigating actions to help resolve the issues and where appropriate define risk ratings for escalation purposes to the Corporate Risk Register.
- 3.4.2 The tracker presents summaries from the Chief Operating Officer, HR Director, Finance, Director and Quality Director insofar that this supports the triangulation of information stemming from the respective services and provide business intelligence through a key document. The format has been adopted for other performance packs presented to the commissioners contracted performance measures and to the care groups service level operations.
- 3.4.3 There is further development to look at data management reporting systems and processes across the organisation with a view to establishing a central business intelligence hub that standardises data flow, builds on data analysis and benchmarking and the production and distribution arrangements of a suite of performance reports.
- 3.4.4 In January 2016 Board Members, Governors and the Executive Management Team held a workshop entitled 'Managing for Success' the objective was to provide an update on the regulator's requirements, review the current basket of performance measures held in the tracker and establish links to the strategic aims, provide oversight on timelines from activity collection, data retrieval and validations, reporting and assurance monitoring and to make comparison with peer trusts. This forms part of the ongoing scrutiny of performance management.

4.0 Workforce Approach

4.1 Workforce Planning

4.1.1 Having established the Care Group triumvirate management teams this has helped to reinforce the requirements to ensuring that clinical priorities, clinical engagement and clinical leadership are at the heart of decision making processes.

4.1.2 Each Care Group have been asked to develop Service Plans for 2016/17 and beyond, this has been a very important step in the development of the Care Group identities. The Care Groups have taken a multi-disciplinary and inclusive approach to the service planning workshop sessions in order to develop Care Group service plans that are clinically led and clinically sound; reflective of the local priorities and plans in the context of national priorities, local commissioning intentions and the financial landscape within the NHS.

4.1.3 Workforce planning has been a significant element of each workshop; clinical leaders and managers have been integral to the process of developing the Care Group plans, providing assurance that they are coherent and practical in terms of implementation.

4.1.4 The plans recognise the need to transform services in response to patient need, to deliver safe, effective and well-led services that meet the local and national commissioning intentions in the context of workforce issues – taking into account:

- the local and national workforce supply and demand issues
- the changing patient population, demand and acuity
- the current workforce profile
- the development of technology to support mobile working, the potential to change the way clinical services are delivered (i.e. Skype, Facetime), etc.
- the delivery of services through an early intervention and recovery focussed model.

4.1.5 Service plans will build on the productivity work such as Meridian to support caseload management, the timely and effective delivery of interventions and provide the management information to underpin the efficient use of resources across all staff groups. The Care Group workforce plan will be a key schedule to the Care Group Service Plan.

4.1.6 Each Care Group will develop workforce plans in line with their service plans which will be signed off through the performance board and the annual budget planning sessions. These plans will inform the Schedule 3 which is submitted to the Local Education and Training Board (LETB) with sign off from the Chief Executive, Chief Operating Officer, Medical Director and the Director of Human Resources. Senior members from the Trust attend the 'confirm and challenge' meetings with commissioners and the LETB to ensure that workforce plans for the Trust and other partners are robust and affordable.

4.1.7 The Trust has a Cost Improvement Programme Board that considers projects that are put forward that will either realise cost savings, efficiencies or improvements. A quality impact assessment is completed for each CIP put forward which is considered and signed off by the Director of Nursing, Quality and Patient Experience and the Medical Director.

4.1.8 The Trust is mindful of the national agency rules around capping and has put in place processes to identify breaches in the rules and to manage associated workforce risks. Breaches of the rules are discussed on a weekly basis at the Senior Operations meeting and decisions are taken based on associated risks. The Trust has a well-established in house bank service which assists in limiting the use of agency. There is also a bank and agency CIP scheme for the overall management of the workforce to reduce the use of agency. There is a planned reduction of 16 agency WTEs as follows:

Agency staffing, WTE

	2015/16	2016/17	Difference
Consultants, agency (reduction in Consultant, due to recruitment)	3.3	2.5	(0.8)
Qualified nursing, midwifery and health visiting staff, agency (agency only used if bank staff not available, hence reduction)	22.9	19.9	(3.0)
Qualified scientific, therapeutic and technical staff, agency (agency only used if bank staff not available, hence reduction)	33.1	27.1	(6.0)
Support to nursing staff, agency (agency only used if bank staff not available, hence reduction)	13.8	10.0	(3.8)
Managers and infrastructure support, agency (includes PMO agency, now substantive posts)	7.2	5.0	(2.2)
Any others, agency	1.0	0.0	(1.0)
Agency staffing, total WTE	81.3	64.5	(16.8)

4.1.9 We have successfully bid for additional services and transferred staff as follows:

- Whitby Community Services: we TUPE transferred 136.87 wte staff and a long term service development improvement plan has been agreed with the commissioner which will result in a restructuring of the existing services.
- Section 75 arrangement : The Trust has been working in partnership with Hull City Council under a section 75 partnership. In response to the Care Act we agreed to transfer the staff to the Trust. We TUPE transferred 54.53 wte staff from the Local Authority following due diligence which is detailed within the business transfer agreement.

4.1.10 We made a decision to increase substantive staff numbers in the Programme Management Office to support the Trust's overall CIP schemes which has resulted in a reduction in the use of agency staff. We also increased the number of staff in Childrens' CAMHS in relation to the transformation programme.

The costings for the above are as follows:

Substantive WTE	(£)
Forecast Total as per sheet	2,636.80
Budget Adjustments	
Children's CAMHS	94.04
Whitby Staff	114.50
Corporate	2.80
S75 Social Workers	63.51
	2,911.65
Budget Total	2,911.65

- 4.1.11 The implementation of the rostering system supplied by Allocate Software commenced as a project in April 2013. The system is now live in all 22 in-patient units, 5 Community Teams including Minor Injuries Unit and Out of Hours GP Service and 1 Prison Unit. Benefits of the system have been the ability to effectively monitor staff leave, sickness, hours worked against contracted hours amongst others. It is also used to provide organisational data including safe staffing levels and has proved invaluable in this area. The system enables each Trust to input its own level of headroom, this is then used to calculate the staffing required to fulfil each unit's demand template; the Trust uses 22% as its figure, however this can change/flex to meet service demands. The Trust does this by enabling unit managers to use additional shifts and request bank cover.
- 4.1.12 Work has been undertaken to optimise the usage of the system which has resulted in greater clarity regarding establishments. Staff benefit from the ability to track annual leave and requests and the development of standard rostering patterns has given consistency to the rostering process with staff knowing when to expect the publication of rosters.
- 4.1.13 Risk registers at local level identify workforce risks and actions plans are put in place to mitigate and reduce the risks. High level risks are placed on the corporate risk register and they are reviewed by the Executive Management Team and the Trust Board. The Director of Human Resources submits a report to the Operational Management Group and the Trust Board on a monthly basis which provides information and analysis on the key HR performance indicators. A safer staffing report is also provided to the Trust Board.
- 4.1.14 The Organisation Risk Management Group meets weekly to consider serious investigations and significant events and any workforce issues/themes are identified and addressed within associated action plans.
- 4.1.15 A set of workforce standards is being developed to ensure that staff know what is expected of them and to ensure that staff issues are dealt with in a consistent and fair manner. Staff appraisals identify areas for development which inform training plans. Medical revalidation processes are robust and plans are in place for nurse revalidation. There are workforce policies and procedures in place to deal with capability and conduct matters.

5.0 Financial Planning Approach (6 pages)

5.1 Financial Forecast and modelling

5.1.1 The operational financial plan for 2016-17 demonstrates ending the year with a continuity of services rating of 3.

5.1.2 The organisation has retained and secured a significant amount of business and as a result of this income is projected to grow to £135.5m, significant items to note include:

- Successful tender outcome for Whitby Community Services (£6.1m)
- Retention of Hull and York activity via partnership arrangements (£4m)
- Transfer of Hull City Council Adult Social Services (£2m)
- Impact of income inflator (*although this is offset by pay and price pressures*)

5.1.3 In 16/17 the new/retained business will have a minimal impact on the bottom line for the Trust, however the longer remodelling of service provision will provide a return in future years, which will support the Trusts longer term sustainability.

5.1.4 Further income opportunities exist for the organisation which include:-

- Further acquisition of GP practices, one of which is nearing completion and will be included in the final plan submission if complete, further potential acquisitions are in the pipeline although the lead in time can be lengthy.
- Commissioner developments, although these will be subject to procurement process's meaning the organisation will have to compete in a very active market place.

On this basis, limited assumptions have been made in the plan regarding income from new activity or business opportunities.

5.1.4 The organisations main income is split between Community and Mental Health Services, which is predominantly derived from the following sources namely:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS England
- Local Authorities (*East Riding Council - Section 75 Agreements*)

5.1.5 Whilst the Organisation continues to ensure the highest possible quality standards its approach to planning for CQUIN income is financially prudent and plans only assume income of 2.1% against a maximum of 2.5%, actual delivery in 2015-16 is forecast at 2.2%.

5.1.6 Ongoing conversations with commissioners regarding delivery of the 'must do's identified in 'Delivering the Forward View' will have financial implications on the Organisation plan, this includes waiting times, mental health access standards and transforming care for people with learning disabilities. At this stage no financial assumptions have been made in the draft operational financial plan regarding changes in income levels.

5.1.7 The organisation is currently preparing a business case for the provision of a Tier 4 CAMHS inpatient unit. Indicative build costs are estimated at £6.5m, this has been

included in the draft plan submission, although final approval still requires full board approval of preferred financial model. The business case is dependent on NHS England's procuring Humber to deliver Tier 4, the procurement for which has not yet gone live. This makes progressing approval of the business case vary challenging.

5.1.8 An environment of rising costs, expectation and demand is presenting a financially challenging environment for the Organisation, which is reported in the current 2015/16 financial performance where the Organisation are currently £0.3m behind plan, although the organisation are forecasting to maintain a continuity of service rating of 3,

5.1.9 A summary of the key financial headlines in the plan are detailed in the table below, noting the organisation is projecting to meet its control total for 2016/17, delivering underlying recurrent balance and providing for a £1.2m non recurrent contingency fund.

	2013-14 £m	2014-15 £m	2015-16 £m	2016-17 £m
Income	129.5	129.2	129.5	135.7
Operating Expenditure	121.8	124.8	124.9	131.1
EBITA	7.7	4.4	4.6	4.6
EBITA %	5.9%	3.4%	3.5%	3.4%
Net Surplus/(Deficit)	1.2	(0.3)	(1.3)	(1.2)

5.2 Efficiency Savings for 2016/17

5.2.1 In terms of productivity and efficiency the Cost Improvement Programme (CIP) plans have demonstrated achievement, however the delivery of recurrent plans at the required level is increasingly challenging for the organisation.

5.2.2 A shortfall on in year delivery has been reported and corrective action has been taken by the organisation to minimise the in year impact, this has included a number of the opportunities recently identified in recent correspondence to the organisation. Performance in recent years is summarised in the table below.

	2013-14 £m	2014-15 £m	2015-16 £m	2016-17 £m
Actual	4.506	3.260	4.260	
Target	6.312	5.431	6.500	5.500
% Delivery	71%	60%	65%	

5.2.3 All cost improvement proposals go through a robust internal assessment process (developed through the work with KPMG) providing a high level of transparency with our main commissioners, governors, members and the public whilst ensuring any cost reductions will not adversely affect quality or performance.

5.2.4 Part of the ongoing process to identify and Monitor CIP schemes requires weekly review by the organisations transformation board, with monitoring and tracking of progress of delivery undertaken by the organisations Programme Management Office.

5.2.4 The Trust have an identified CIP programme for 2016/17 of £5.5m, all schemes are continuing to progress through to full project Maturity. As at the last Transformation Board, the table below summaries the current RAG rating for identified schemes:

Care group	Green £000	Amber £000	Red £000	Total £000
Adult Mental Health		1,785		1,785
Children's & LD	414	102		516
Community Services & Older People	534	318	166	1,018
Specialist	136	464		600
Cross-Care group	526	90	500	1,116
Cross-org	267	130	38	435
Grand Total	1,877	2,889	704	5,470

5.2.5 In order to identify the level of CIP required each year assumptions have been made with respect to the income and cost inflation. These assumptions are shown in the table below:-

	2013-14 %	2014-15 %	2015-16 %	2016-17 %
Income	(1.3%)	(1.8%)	(1.6%)	1.1%
Pay Pressures	2.4%	2.4%	2.4%	3.3%
Drug Cost	5.0%	7.0%	6.4%	4.5%
Non Pay Inflation	2.1%	2.1%	1.6%	1.7%

5.3 Agency Rules

5.3.1 The organisation is fully compliant against utilisation of mandatory framework for agency staff. The organisation will continue to report price breaches as the Agency Cap reduces, in the main breaches are primarily due to patient safety, and work is planned to explore a patch wide approach to tackling price breaches with agencies, the benefits of which will contribute to delivery of the organisations 2016-17 CIP target.

The organisation currently perform well against its Nurse agency targets, with current performance of 1.9% against a target spend of no greater than 3%.

The recent introduction of an overall Agency Cap for the Trust represents a significant challenge (33% reduction from current expenditure levels).

5.4 Procurement

5.4.1 The organisation has a dedicated Procurement and Accounts Payable department responsible for the acquisition and payment of goods, services or works from external suppliers. The team ensures that this takes place on the most favourable commercial terms and that they are procured at the best possible cost to meet the needs of the Organisation in terms of quality, quantity, time, and location.

5.4.2 Work has been undertaken and continues to develop in relation to understanding and implementing outputs of the Lord Carter report "Review of operational productivity in NHS providers" which synergises with work currently ongoing in relation to agency approved

framework use and cap compliance. Benchmarking with others Organisations around standards of procurement and price comparison to include NHS Supply Chain “compare and save initiatives” is additionally regularly undertaken.

5.4.3 The team has also significantly improved its use of electronic purchasing systems and has now over 95% of lines ordered through an organisation approved catalogue as well as successfully achieving its cost improvement target for the past 3 years.

5.4.4 In the current financial climate NHS organisations are under increasing pressure to deliver financial savings whilst minimising the impact on frontline services. Our Procurement team endeavours to make a significant contribution to this overcoming this challenge by continually focusing on achieving best value for money, through our supply chain, working collaboratively with our internal stakeholders and suppliers.

5.5 Capital Planning

5.5.1 The organisations Capital Plan for 2016-17 supports the strategic direction of the Organisation. The most significant schemes planned for 2016-17 include but are not limited to:-

- Continued investment in Information technology equipment to facilitate the development of a flexible workforce and support the organisations cost improvement programme
- To develop a range of community focused access points
- Refurbishment of Maister Lodge and Victoria House
- Reinstatement of the Children’s Centre

5.5.2 There is a rolling programme of priority schemes to deal with backlog of maintenance and high priority quality schemes (such as temperature controlled drug storage). The Organisation buildings are currently undergoing a full revaluation exercise due to be completed by March 2016.

5.6 Major Risks

5.6.1 Major risks to the financial sustainability of the Organisation and to the delivery of the 2016-17 financial plan are summarised in the table below:

Risk	Details
Whitby	Year 1 of the contract makes a planned loss and whilst although planned this increases the 2016-17 CIP to deliver the Organisations control total.
ER Community and 0-19 Tenders	Increased competition within the local market put at risk the organisations ability to maintain/secure existing business.
Hull Clusters 1-4	The Organisation have an ongoing contract dispute in relation to Clusters 1-4, although a non-recurrent solution has been resolved for 2015-16, cost pressures will exist if a recurrent solution is not agreed with commissioners.
Early Intervention in Psychosis	Inability to secure appropriate investment from commissioners to meet EIP targets.
Agency	Failure to manage within Agency CAP (33% reduction required) which puts at risk STP funding.

5.7 Turnaround Checklist

5.7.1 The Trust have recently reviewed the recommended actions in Monitors 'Gaining grip and control' checklist, the checklist, which is acute focussed, is primarily concerned with establishing immediate control over a Trusts finances, focussing in the main on cash, treasury management, short-term stabilisation and opportunities for income generation and cost reductions.

5.7.2 Of the 153 recommendations on the checklist, the Trust is already undertaking those that are relevant in the main, there are a small number of recommendations the Trust will undertake to further strengthen its financial grip, the most significant being:

- Undertaking and utilisation of benchmarking information to identify opportunities for efficiencies
- Continued programme of budget reviews (Confirm and Challenge meetings) to identify opportunities where budget can be reduced, and to enable review of discretionary expenditure.
- Maximisation of income opportunities, , including recovery from third parties
- Establishment of underlying run rate for the organisation, linked to medium/longer term financial planning
- Review of recruitment process's to accelerate and reduce dependency on Bank and Agency.

5.8 Sensitivity Analysis

5.8.1 The Table below summarises the potential upside and downside for the Trust based don known risks.

	Deficit/ Surplus £m	
Plan	(1.2)	
Downside	(4.9)	<i>CIP Slippage, Loss of STP Funding, Contract Income</i>
Upside	(0.7)	<i>Improved Contract Income</i>

6.0 Sustainability and Transformation Plans

- 6.1 The six Clinical Commissioning Groups covering the North East Yorkshire and Northern Lincolnshire area have agreed to form a geographical footprint and a single STP. The CCGs are:
- NHS East Riding of Yorkshire CCG
 - NHS Hull CCG
 - NHS North East Lincolnshire CCG
 - NHS North Lincolnshire CCG
 - NHS Scarborough and Ryedale CCG
 - NHS Vale of York CCG.
- 6.2 The unit of planning has been agreed based upon commonality of commissioning challenges, patient flows and strategic direction. A number of existing planning footprints cover different combinations of the proposed footprint.
- 6.3 This area includes a number of NHS providers, including this organisation, where patient flows are largely contained within the footprint:
- Humber NHS Foundation Trust
 - Hull and East Yorkshire Hospitals NHS Trust
 - Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
 - York Teaching Hospital NHS Foundation Trust.
 - Leeds and York Partnership NHS Foundation Trust
 - Rotherham, Doncaster and South Yorkshire Foundation Trust
 - Tees, Esk and Wear Valley NHS Foundation Trust
 - Yorkshire Ambulance Service NHS Trust
 - East Midlands Ambulance Service NHS Trust
- 6.4 Within this footprint there are 3 sub-footprints that had commenced system planning at a more localised scale: York and Scarborough, Northern Lincolnshire, and Hull and East Riding. It is anticipated that some elements of the STP will be localised to these smaller footprints, whilst taking advantage of the opportunities to work collaboratively across the wider area.
- 6.5 Hull and East Riding have been working together as a group of seven partners over recent months (all CCGs, Local Authorities and acute, community and mental health providers) with a focus on:
- Building system relationships and leadership
 - Agreement of shared priorities
 - Creation of system governance and delivery capacity.
- 6.6 There is a firm commitment within this extant system partnership to a top priority of building an improved, integrated service for frail older people that has the following key features:
- Promotes self-care and independent living
 - Avoids admissions to hospital or care homes where possible
 - Builds primary care capacity and creates locality-based primary and community based models of care
 - Improves end of life care.

6.7 Key enablers for the delivery of this priority are:

- A shared Information and Technology (IM&T) Strategy and progress towards a shared care record.
- Joint workforce planning with a focus on training, recruitment and retention and the creation of new more generic roles.
- A shared Estates Strategy which optimises the use of our best quality buildings across the patch and maximises efficiency.

6.8 The organisations role in delivering this plan will be to work openly and collaboratively with partners to support the development and delivery of the new models of care.

6.9 In terms of the full STP footprint, there is not as yet an agreed approach to taking this work forward; however there are a number of areas where collaboration and support already takes place which can be built upon.

6.10 Whilst the partners in the STP geographical footprint have not yet formally come together for planning purposes, there has been recent dialogue between the Hull and East Riding partners and a lead representative of the North Lincolnshire partners to share learning.

6.11 As the local health and care system's STP develops, the organisation will continue to review and revise its operational plan.

7.0 Membership & Elections

- 7.1 Trust membership continues to grow and we continue to try to make it as representative as possible of the communities we serve. Our Staff are broadly representative of the Trust's public membership.
- 7.2 During 2015/16 recruitment opportunities were included as part of other events that took place throughout the year including World Mental Health Day, Hull Clinical Commissioning Group Annual Meeting and Health Fair, a Time to Talk event, Hull University Career Fair, Recovery College events, Lawns Membership and the Bridlington World Café event.
- 7.3 The Governor Communications and Membership Group is looking at ways of better engaging with members and the public.
- 7.4 Governor elections over the last few years have been held on an annual basis and were held in December 2015 when 11 Governor seats were available. Hull = 4 seats, East Riding = 5 seats, Wider Yorkshire and Humber = 1 seat and Staff = 2 seats. Hull and the Wider Yorkshire and Humber were uncontested elections with a seat in Hull still remaining vacant. For East Riding, and staff seats elections were held with all seats being filled. Elections will be held in 2016 between October and December.
- 7.5 Governors have the opportunity to participate in regular development sessions held on a bi-monthly basis. As part of these sessions, Governors have established a Governor Forum where Governors get to know each other and discuss issues of interest. The agendas for these sessions are chosen by Governors. Mandatory training has been provided for Governors and any training which Governors feel they need is provided. Some Governors have attended the GovernWell events. We have also introduced a Governor induction session for new Governors and have created a Governor handbook.
- 7.6 Our Membership Strategy identifies how we continue to:
- develop our membership to reflect the diversity of the services provided and ensure it is representative of the local population
 - develop relationships with other organisations and explore opportunities of joint working with other organisations
 - encourage members to increase awareness of mental health, learning disability and other health related issues to reduce associated with these conditions