



York Teaching Hospital
NHS Foundation Trust

Operational Plan

2017 - 2019

V0.04



Activity Planning

Internal activity planning for 2017-19 has been completed, which includes activity throughout the winter periods. The Trust takes a bottom-up approach to capacity and demand modelling and activity planning for 2017-19 has been informed from the demand and capacity approach agreed for 2016-17. In particular, the use of the 18 week modelling tool that was presented to commissioners in 2015-16 and agreed as a joint management tool. There remain a number of high level assumptions that need to be worked through with our commissioners; in particular the modelling required to assess the impact of commissioner clinical referral thresholds in 2017-19.

The Trust is working with two financially challenged commissioners, who are both keen to reduce demand through varied QIP schemes. An agreement will be reached with commissioners throughout November and December 2016 to take account of the Trust bottom-up approach, the proposed commissioner changes and demographic growth. The Trusts is working with an STP footprint that has assumed 2.4% growth as a starting point; initial bottom up capacity and demand planning at the Trust indicates that this level of growth will be insufficient in some specialties.

The Trust believes that we have the level of capacity required to deliver what commissioners will require in 2017-18, but there is insufficient to deliver activity to reduce current backlogs, particularly on 18 week pathways. Plans remain to use the independent sector to help the Trust reduce admitted 18 week backlogs in the following specialities: ophthalmology, Ear Nose and Throat, Maxillo Facial, Gynaecology and General Surgery.

There are no explicit arrangements for managing unplanned changes in demand. Regular monitoring and reporting occurs through monthly Contract Management Boards, however this focusses on activity that has already been delivered by the Trust.

Weekly 'system calls' are put in place to manage pressures on non-elective services. This increases to daily system calls as and when required dependant on the assessed system pressures. Winter resilience planning includes additional winter wards on the York and Scarborough hospital sites and the 2016-17 Winter Plan was signed off at the Board of Directors meeting in October. In addition, the Trust is aiming to expand its community based capacity through extended Community Response Teams in both the York and Scarborough localities, which provides virtual bed capacity.

The Acute Medical Model that is being rolled out at Scarborough will also build additional assessment capacity within the non-elective adult pathways.

Ability to meet national targets

Performance improvement is a high priority for the Trust. The achievement of national targets remains challenging during 2017-19. The Trust has in place an operational recovery plan across the Emergency Care Standard, Cancer Waiting Times and Access targets, refreshed for 2017-18, to deliver performance improvements and ambition to return to national standards. The Trust is working with commissioning colleagues where system pressures impact on Trust performance.

The Trust has a comprehensive performance management framework in place, with weekly tracking and escalation meetings for RTT, Cancer and ECS, monthly Diagnostic performance meeting, and monthly directorate performance management meetings. These are reported through the Corporate Directors weekly and to Finance and Performance Committee and Trust Board monthly.

Quality Planning

Section 1: Approach to Quality Improvement

Quality Improvement Executive Lead: Beverley Geary, Chief Nurse

The organisation was inspected in March 2015, and subsequently received a rating of Requires Improvement for its Acute Services and Good for its Out of Hospital Services.

The organisation was required to respond to the Improvement Notices that were issued, and developed an action plan that indicated how this was to be undertaken, including accountable officers and appropriate timeframe. The action plan was accepted by the CQC with progress being discussed at subsequent engagement meetings.

Internally, the Action Plan has been regularly reviewed by the Finance and Performance, Quality and Safety, Workforce and Organisational Development, Estates and Environment Committees and the Board of Directors. The plan has recently been signed off as completed with the exception of the work that continues on the Emergency Care Pathway and the review of clinical guidelines. Internal Audit have reviewed the Action Plan and supporting evidence and given an opinion of Significant Assurance.

The triangulation of key performance data is paramount to an organisation developing a cohesive understanding of its risks. In reality this means that the identification of risk is a multi-faceted process, involving the physical inspection of services and localities, reviewing of key performance indicators (complaints, Datix web reports, claims, nursing care indicators etc), and establishing improvement plans where necessary. This work is undertaken by a small team of Governance Facilitators who work directly with the Risk and Legal and Patient Safety Teams as well as clinical and non-clinical directorates to review and improve performance. This will include the development of governance dashboards for each service area and these will be regularly reviewed at Directorate and Performance Management Meetings.

The Trust drives quality and safety through the organisation by ensuring that it is linked to all objectives and activities. The Board of Directors is responsible for ensuring that the organisation complies with all national, legal and regulatory requirements. This includes compliance with the CQC regulations and outcomes.

Assurance is maintained by a number of groups reporting through to the Board of Directors. The Quality and Safety Committee is a formal Board Committee chaired by a Non-Executive Director with delegated authority from the Board to seek assurance around quality and safety. This committee examines serious incidents, mortality, hospital acquired infections, clinical effectiveness and patient experience as part of its core business. Performance data is monitored and reviewed to identify risks and early warning of potential areas of concern.

Patient safety leads the Board agenda and is supported through the Trust by other dedicated groups which focus on patient safety, risk, quality and performance.

The Medical Director has lead responsibility at Board level for clinical audit and effectiveness within the organisation. Operationally he is supported by the Assistant Director of Healthcare Governance and the Clinical Effectiveness Team. The Trust requires all clinical directorates to participate in local and national clinical audit, and for this to be reported in the Trust's Quality Report. The Medical Director reports on clinical audit and effectiveness issues directly to the Board of Directors.

The Trust assesses compliance against NHSI (Monitor) Quality Governance Framework and to ensure gaps or risks are identified, monitored and reduced. The Trust also collates and shares a Quality Report annually which reviews performance and priorities over the preceding year enabling new priorities and adjustments to be made for the year ahead.

Following the acquisition of Scarborough & North East Yorkshire Healthcare NHS Trust (SNEY), and subsequent on-going work to integrate the two Trusts. This work will ensure that the Trust continues to evolve a sound system of assurance that captures data, performance and intelligence, which can be used by the committee structure and ultimately the Board, to make informed decisions on the future delivery of safe, quality services.

A monthly Patient Safety, Quality, Workforce, Finance and Performance Report has evolved following integration which details metrics covering each of the areas. This report is used by the executives who attend the Quality and Safety Committee to triangulate information and measure performance and quality by understanding which areas are improving or to pinpoint areas for further work. The Quality and Safety Committee is led by Non-executive Directors who can then challenge poor performance or statistics as well as highlight improvements.

The Trust has responded to a number of key reports published with discussions being held at various levels in the Trust. Action is being taken to strengthen commitment to an existing programme of work which demonstrates on-going assessment of performance, identification of gaps and continuous improvement. Quality and patient safety receive prominence on the Board of Directors agenda together with the examination of numerous strands of data to allow open and transparent discussion and detection of any rising issues. This is supported by the use of patient experience and promotion of learning from serious incidents, complaints and incidents.

In order to support the high number of large scale transformational initiatives, the Trust established a Corporate Improvement Team, which will continue to be developed to enhance service development across the Trust. A need for dedicated service improvement support was identified following the acquisition of SNEY and works by sustaining and maintaining skills used by staff within services to drive change.

The Organisational Development & Improvement Learning (ODIL) Team continues to support the achievement of plans by the provision of a comprehensive suite of internal Organisational Development programs including leadership, enhanced communication, coaching & quality improvement learning. The team also offer Organisational Development consultancy, designed to support, empower and enable individuals & teams that are in transition, change or difficulty.

The clinical skills team continues to ensure a program of clinical skills development is provided using innovative approaches, including simulation & human factors to support the patient safety agenda & organisational learning.

Projects supported by the Corporate Improvement Team have been integrated with the efficiency and Carter work. Each project involving the improvement team has a suite of documents and measures attached and is reported through various groups depending on the project's basis. Overall, this work is reported to the Finance and Performance Committee to ensure oversight of developments and improvements so that they can be highlighted to the Board.

Section 2: Summary of the quality improvement plan (including compliance with national quality priorities)

- **national clinical audits** - The organisation seeks to participate in the majority of National Clinical Audits and reports its participation in these via the Quality Account. The Clinical Standards Group has organisational oversight of any actions that are a result of recommendation in published National Audits
- **the four priority standards for seven-day hospital services** - we are using the bi-annual seven day services self-assessment audit to help us identify where improvements are necessary in terms of consultant review, consultant directed diagnostics and consultant directed interventions.
- **safe staffing** – actual versus planned staffing levels are uploaded monthly to the national database via Unify and reported monthly to the Board. Matrons have been given the responsibility for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of hours and weekends, effective and safe plans are implemented.
- **care hours per patient day** – staffing levels for CHPPD are reported monthly via Unify as well as to the Board as above, however, further guidance is now awaited from the centre.
- **mental health standards(Early Intervention in Psychosis and Improving Access to Psychological Therapies)** – N/A
- **actions from the Better Births review** – an action plan was formulated from the review, which also incorporated the findings from an external review carried out at Scarborough and an internal review at York.
- **improving the quality of mortality review and Serious Incident investigation and subsequent learning and action** - as an early implementer site for in-depth case note review, we will be revising our

approach to mortality review. This will include expanding the numbers of clinicians trained in in-depth case note review, revision of our mortality proforma to support initial screening and agreement of a governance approach. Serious incident investigator training will continue to be provided to ensure that investigations and analysis continue to facilitate learning and actions

- **anti-microbial resistance** - Working towards achieving all parts of the revised national sepsis and antimicrobial CQUIN to ensure effective therapy of our sickest patients, whilst controlling inappropriate use of valuable broad spectrum antibiotics.

Developing educational initiatives to improve awareness of the problems associated with antibiotic use in all professional groups. Improving diversity in antibiotic use by modifications to our Antibiotic Treatment guidelines and utilising the key benefits of EPMA to target antibiotic reviews by infection experts in order to reduce levels of antibiotic use. Working with colleagues across the health community to develop a patch wide approach to Antimicrobial Stewardship drawing on expertise in primary and secondary care.

- **infection prevention and control** - Continue to develop evidence based educational initiatives that aim through behaviour and culture change to achieve sustained reduction in Healthcare Associated Infection (HCAI) and delivery of local/national targets. Through the development and implementation of evidence based policies and guidelines, improve the knowledge and competency of staff that ensures reduction in harm from HCAI and improves patient safety. With relevant teams and experts ensure the safety and cleanliness of the environment using up to date procedures and innovations where possible. Improve clinical practice and patient experience through effective use of audit and surveillance outcomes ensuring processes and mechanisms for data capture are both effective and efficient. With Operations and Commissioning leads ensure winter, resilience and emergency plans that reduce adverse impact on patients, staff and the Organisation
- **falls** - we will continue to focus on reduction of patient falls with harm by learning from the national audits and local incident investigations. Progress will be monitored by our Falls Reduction Steering Group.
- **sepsis** - early identification of the deteriorating patient and prompt screening and management of patients with sepsis will remain a priority under the direction of the Medical Director. In 2017/18 we aim to include educate and introduce a pathway for screening by our community staff.
- **pressure ulcers** - reduction of harm from pressure ulcers will remain a priority particularly with our community nursing teams working in partnership with some local commissioners.
- **end of life care** - we will continue to promote excellence in end of life care and decision making relating to ceiling of care and DNACPR.
- **patient experience** – the Trust’s Patient Experience Strategy was launched in September 2016. The strategy focuses on the five core principles of: listening; reporting and responding; acting; and a culture of respect and responsibility. A detailed implementation plan supports

the strategy and a Patient Experience Report goes to the Quality and Safety Committee and Board quarterly.

- **national CQUINs** – the Trust ensures the Trust’s quality priorities are linked to the national CQUIN indicators. The indicators relevant to the Trust for 2017-18 are:
 - NHS staff health and wellbeing (all providers)
 - Proactive and safe discharge (acute and community providers)
 - Reducing the impact of serious infections (acute providers)
 - Improving services for people with mental health needs who present to A&E (acute and mental health providers)
 - advice and guidance services (acute providers)
 - e-referrals (acute providers, 2017/18 only)
 - preventing ill health from risky behaviours (acute providers 2018/19 only).
- **confirmation that the provider’s quality priorities are consistent with STPs** – the Chief Nurse and Quality Improvement Lead is also the Chief Nurse Lead for the STP patch ensuring consistency with STP quality priorities.

Section 3: Summary of Quality Impact Assessment (QIA) Process

The Trust has a well-established and embedded QIA process for service development and efficiency plans which includes 7-day services and CIPs using the following process:-

- all Cost Improvement Programmes (CIP) schemes are self-assessed by the Directorate teams, including the directorate manager, finance manager and senior clinical input, against the Trust’s risk assessment framework (5 x 5 risk matrix)
- schemes can be part of bigger business cases, which include key metrics and go through the business planning process Business cases include data which can be measured to estimate impact of the case. Post-implementation reviews are carried out on all business cases and a summary is reported to the Finance & Performance Committee and ultimately Board.
- corporate schemes are discussed at directorate meetings and any including supplies or equipment are discussed by the Medical, Surgical Supplies and Equipment Committee
- schedules of schemes are populated by the directorates and are reviewed regularly with the Deputy Head of Resource Management (approximately 8 times per year)
- the schemes are independently reviewed by a senior clinician (associate medical director) and a senior nurse (corporate nursing team) and safety meetings are held weekly with the Chief Nurse and Medical Director which would provide an alert to any deterioration
- there is then an escalation process for any schemes that have been highlighted as high or extreme risk to the Executive team including the Medical Director and Chief Nurse

- the Medical Director and Chief Nurse have a weekly quality and safety meeting to monitor issues as they arise so any adverse indicators would be picked up and escalated.
- high risk reports are forwarded to the Carter Steering Group for detailed discussion of risk which includes reputational risk
- the summary information is also provided to the Finance and Performance Committee and ultimately the Board of Directors as part of the monthly efficiency report
- this process is an on-going process so new schemes are assessed as they are added
- the Trust also has a comprehensive patient safety, quality, workforce, finance and performance report which provides details of all relevant quality & safety indicators the efficiency work is aligned to the Lord Cater Reforms and the safety and quality of schemes are continually checked through the QIA process which is so vigorous and schemes go through such comprehensive checks that plans considered to drive any deteriorations are weeded out before implementation

The cost improvement programme was reviewed by Grant Thornton as part of the January 2016 Well Led Review and they stated 'The Trust over the years reported a sound track record in terms of setting and achieving cost improvement programme (CIP) savings.

In addition to this KPMG stated in their report, following an audit of the CIP process:

'We have not seen the model proposed by YTH for CIP quality impact assessment implemented at other Trusts. However, our view is that it offers a unique advantage over traditional paper-based reviews carried out by a Trust medical and nursing director: discussion at directorate-level by clinicians is likely to produce a different level of challenge and front-line realism into assessments. We therefore encourage its adoption, with the recommendation that the process is reviewed by the Finance & Performance committee prior to FY 14/15'

Section 4: Summary of Triangulation of quality with workforce and finance

The Board of Directors are provided with data and key performance indicators. The Trust's performance information pack has been reviewed by Grant Thornton LLP as part of an extensive Well-led Review. The pack was rated "green" and Grant Thornton LLP commented on the high standard of information and data quality assurance processes.

Triangulation is received from an integrated performance report covering all aspects of performance including; finance, workforce, access, quality and safety. This information is presented monthly; but also includes data feeds refreshing many indicators daily or even in real time.

Triangulation is supported through the Board of Directors and through a Board sub-group meeting structure examining specifically finance and performance and quality and safety issues. Key indicators used include a finance report detailing a key analysis of income and expenditure variances, a detailed analysis of cash, agency spend and other finance metrics. This is set alongside quality and safety reports from the Chief Nurse and Medical Director drawing key performance metrics and issues from the Trust's comprehensive performance report to the Board's attention. Key metrics include workforce turnover, vacancy rates, recruitment progress, patient safety indicators from the safety thermometer (such as infection control, falls and pressure sores), mortality indicators and compliance reports relating to key aspects of medical and nursing practice (such as thrombolysis assessment, antimicrobial prescribing and dementia screening).

The triangulation of information provides opportunities to challenge practice ensuring the improvement of the quality of care and also to enhance productivity.

Quality & Safety and Finance & Performance Sub-committees - These Board committees meet before the Board and consider the indicators specific to each committee. The detail discussed and assurance obtained by each committee is then presented to the full Board meeting held 8 days later. This information is then discussed and triangulated by the Board. Grant Thornton LLP commented "We saw many examples of performance information being used to hold management to account, at Board and committee meetings....".

Workforce & Organisational Development Committee - This committee meets every two months to consider key workforce indicators, such as staff turnover, recruitment statistics, vacancy rates, appraisal performance, sickness rates and many other workforce metrics. The committee routinely reports through to the Board on their findings and also on assurance they have obtained.

Data Quality Group - This is a sub-group of the Audit Committee and considers the quality of the information being presented to the Board. The group specifically reviews the internal audit work programme and seeks assurance that all aspects of data quality are being appropriately investigated. As part of its work programme the group receives presentations from key management individuals into all aspects of data and data quality and has the opportunity to directly question and seek assurance from Trust "experts".

Workforce Planning

In developing the Trust's workforce plan we have collaborated with a range of stakeholders to ensure our workforce of the future meets anticipated service demand whilst remaining financially sustainable.

Patients want to be able to see the right person with the right skills at the right time. Our Local Workforce Action Board (LWAB) has planned two initiatives to help us to make sure we have the skills we need to deliver our strategy across Humber, Coast and Vale STP. One work-stream involves utilising the apprenticeship levy to develop and increase the number support staff based in hospitals and across the community in social care. The other work-stream focusses on advanced practice at scale. Our local initiatives will be supported by the GP five year forward view which aims to increase the growth rate in GPs through new incentives for training, recruitment, retention and return to practice. We are also working with the University of Lincoln to design a number of programmes to address the training required to equip our staff to be able to deliver the new integrated ways of working as effectively as possible. The Trust has also led on submission of a bid to become an 'Excellence Centre' (National Skills Academy) for clinical apprenticeships bands 1-4 for our STP footprint.

The Trust continues to use the Calderdale Framework as a tool to underpin and support workforce transformation. Recent and current projects have focused on areas such as Haematology/oncology, Acute Stroke Unit, Continence team, Emergency Departments (York and Scarborough), Endoscopy, Laboratory Medicine, Child Health, Neonatal Care, Maternity Services, Surgical Day Unit, Outpatients (all sites), Head and Neck and Rheumatology. Across all workforce development projects the focus is on identifying potential for working differently in ways which will enhance efficiency, effectiveness and quality of the services offered, therefore improving the patient's experience.

The Trust currently employs seventeen qualified Advance Practitioners and is continuing to invest in Advance Practitioner training (another eleven are due to commence training in 2017) to support service delivery across emergency medicine, acute medicine and community. The model of working currently being piloted in Community will lend itself to wider adoption within Community and primary care in the future.

In addition there has been a particular focus on developing our workforce along the East Coast this year. A bespoke HNC in health & social care for support staff working in Malton has been developed & delivered in partnership with Coventry University. Further partnership work with Scarborough 6th Form & Coventry University is ongoing to develop a career pathway for health & social care students using an apprenticeship model. In partnership with York University the Trust has also been successful in a bid to pilot a program for 20 nursing associates as a 'Fast Follower' site in the national pilot.

The Practice Education Team continues to work in partnership with HEI staff to monitor and maintain quality assurance standards for student practice experiences. An Annual Student Conference and the embedment of Student Surgeries have started this year. The team are currently working with local education partners to establish innovative placements that will add to the students' experience & support potential employee recruitment within the Trust.

The Trust continues to support the achievement of Operational Plans by the provision of a comprehensive suite of internal Organisational Development programs including leadership, enhanced communication, coaching & quality improvement learning. The team also offer Organisational Development consultancy, designed to support, empower and enable individuals & teams that are in transition, change or difficulty.

The Trust intends to apply to be on the Register of Apprenticeship Training Providers (RoATP) initially as an 'employer-provider'. There is also the potential in the future for the Organisation to apply for main training provider status, which will enable the Trust to deliver apprenticeships to other organisations.

In addition we are meeting with Higher Education Institutions and local colleges to start to develop in partnership new curriculum for programmes and career pathways to support our local apprenticeship agenda.

The Trust continues to collaborate with partners across the STP to deliver efficiencies in line with Carter recommendations. These include but are not limited to improved management of sickness absence; introduction of new principles for medical job planning (with consideration being given to make this electronic) and improving the effectiveness of electronic rostering for nursing staff.

Reductions in agency expenditure is planned to achieve the most significant element of the pay bill savings the Trust is required to make. As well as improved management of the substantive workforce as described above, actions have been taken to ensure that where temporary staffing is still required this is as cost effective as possible. These actions include: growing the numbers on the internal bank and incentivising bank through initiatives such as the introduction of weekly pay.

A seven day services working group was formed in autumn 2015 to lead on the implementation of the national 7 day services "Keogh" standards across the Trust. A gap analysis has been undertaken against the four key standards highlighting the challenge ahead specifically for the Scarborough site. Progress is being made, albeit incrementally in some areas to improve the position and move the Trust closer to full compliance by 2018 at the latest. We will continue to give priority to engaging with staff, setting high standards, learning from the staff experience and strengthening partnership working.

Ensuring active staff involvement in the management and direction of services at all levels is achieved through, valuing staff, listening and responding to their views and monitoring quality workforce indicators.

Equally, staff need to see that their input is valued and that the Trust is responsive to their views in the decisions it takes, building on that positive relationship. To continue to engender a culture of transparency the Trust has invested in a full time Freedom to Speak Up / Safer Working Guardian.

The forecasts supplied for appraisal compliance are modest, but realistic; given the current position and the time we expect it will take to increase compliance. Plans are in place to improve compliance and achieve the rates forecast, but any higher rate would be ambitious.

Financial Planning

Financial Forecasts and Modelling

Forecast Outturn 2016/17

The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS.

For the end of the 2016/17 financial year, the Trust is forecasting an income and expenditure surplus of £3.6m, meaning that it has been unable to deliver its £10.1m control total, but is still expecting to achieve a Use of Resources rating of 1. The Trust is also forecasting a cash balance of £8.2m, and that it will achieve its CIP plan for the year of £26.4m.

The Trust's financial position was primarily influenced by four key dynamics:

- The Trust has still faced difficulties in recruiting sufficient medical and nursing staff into substantive posts, resulting in a continued and significant use of locum and agency staff. However through the use of more stringent locum and agency approval procedures coupled with adhering wherever possible to nationally prescribed locum/agency pay rates overall spend has reduced from £25.3m in 2015/16 to a forecast £20.6m in 2016/17, although this was still ahead of the £17.2m target given to the Trust by NHSI.
- The Trust has continued to see significant increases beyond planned expectations in ED attendances and acute admissions, coupled with capacity constraints elsewhere in the health/social care systems preventing the timely discharge of patients. Although the Trust has introduced improvements in how it manages patient flow through the introduction of Ambulatory care Units, Surgical and Medical Assessment Units, and primary care led front door models including the use of navigators at both its ED departments, underlying demand have still led to a reduction in elective capacity, losing the Trust income at 100% of tariff to be replaced by additional non-elective patients, reimbursed at 70% of tariff.
- The Trust has entered into an Arbitration process with its main commissioners, the result of which was an income reduction of £1.2m;
- The Trust failed to fully earn the national staff flu immunisation CQUIN (£0.3m income loss).

These four dynamics are forecast to depress the Trust's financial performance during the final quarter of 2016/17 resulting in it not being eligible for any STF payment in Q4; a £3.4m reduction in income.

The Trust's financial plan for 2017/18 seeks to recognise these issues and accommodate the cost of solutions within the overall plan. These plans are now described in a way so as to align with the Income and Expenditure Bridge with the FPR template.

Underlying Baseline

This adjustment takes into consideration prior year non-recurrent items as well as adjusting for the full year effect of prior year initiatives to give an adjusted underlying financial performance position.

	2017/18	2018/19
	£m	£m
Forecast prior year surplus/ (deficit) after tax from continuing operations	3.6	3.1
Less: all I&E impairments/(reversals)	0.3	0.3
Less: capital donations and grants net I&E impact	-0.4	-0.2
Adjusted financial performance surplus/ (deficit)	3.5	3.2
Net impact on patient care services	-4.9	1.7
Net impact on non-patient care services	-2.9	-3.3
Net impact on employee expenses	-3.5	-6.2
Net impact on non-employee expenses	1.7	-2.1
DoH Transitional support for acquisition of SNEY	-10.0	-0.0
Prior year Sustainability & Transformation Fund	-10.2	-11.8
PDC dividend	6.6	7.2
Net Finance expenses	0.3	0.4
Other various net adjustments	0.2	0.0
Adjusted underlying financial performance surplus/ (deficit)	-19.2	-10.9

Price/ Tariff changes

In line with national guidance the Trust has modelled for both 2017/18 and 2018/19 an overall 2.0% inflationary impact on costs and a net 0.1% tariff increase (excluding CNST) on relevant clinical income. At a local level, for non-NHS clinical income and income from non-clinical services the Trust has assumed an average price increase of 1.0% in both years. Overall the assessed impact of these assumptions is to place a net pressure of £7.0m in 17/18 and £6.3m in 18/19 on the Trust's forecast I&E position. The key elements underlying these assumptions are detailed below.

Tariff Changes

The proposed change to the national tariff, together with changes to local prices have been assessed to provide a net benefit of £3.5m in 2017/18, and £3.9m in 2018/19 to the Trust, and is comprised:

	2017/18	2018/19
	£m	£m
<u>Patient Care Activities</u>		
2.1% Gross Inflationary Uplift	9.0	8.9
Marginal rate in Emergency Admissions	-0.8	-1.2
Efficiency in Tariff	-8.5	-8.4
Emergency Readmissions	-0.6	0.0
CNST Uplift	1.9	2.4
HRG4+ Impact	-2.3	0.0
Changes in Drugs and Devices Pass Through Income	3.6	2.1
<u>Non-Patient Care Activities</u>		
1.0% Gross Inflationary Uplift	1.2	0.1
	3.5	3.9

Cost Inflation

The 2.0% assumed for cost inflationary issues in amounts to £10.4m in 2017/18, and £10.2m in 2018/19, and are designed to cover:

- Provision for cost of living pay increases and general price increases not covered below
- Assessed cost increase due to incremental progression and clinical excellence awards
- Net impact from the introduction of the Apprenticeship Levy
- CQC subscription increase

In addition to the inflation issues covered by the 2% assumed above; notification has also been received from the NHS Litigation Authority of a 40% increase in the Trust's contribution in 17/18, equating to an additional cost of £2.6m. This has been provided for along with a more modest assumption of contribution increase in 18/19 of £1.1m.

Volume

The Trust adopts a bottom up approach to activity and capacity planning. Individual directorates developing their own local activity and capacity plans predicated on assessed growth assumptions, known service developments/changes, and requirements to meet required access targets. These activity plans are valued based on the national tariff and agreed local pricing structures, to provide an aggregate income and activity plan for the Trust.

Additional income from demand and volume changes has been assessed at £16.9m in 17/18, and £9.5m in 18/19, whereas the cost of delivery is assessed at £8.7m in 17/18 and £6.1m in 18/19.

In addition, S&RCCG have served notice on its community contract with the Trust, resulting in an income reduction of £10.5m offset by compensating cost reductions of £9.5m in 18/19.

The Trust has also sought to ensure that its plan correlates with the Humber, Coast and Vale (HCV) STP and local commissioners' plans by recognising the projected impact of QIPP initiatives on its activity and income. These are expected to reduce activity and income to the Trust by £24.1m and £8.8m with compensating cost reductions of £13.9m and £5.3m in 17/18 and 18/19 respectively.

Non-recurrent Commissioner Resources and Sustainability & Transformation Fund

The Trust has signed up the control totals for both years, and is therefore eligible to earn the Sustainability & Transformation fund of £11.8m in each year of the plan.

Investments

The Trust has made provision for the following investments:

- Investment in an in-house nurse bank £0.5m in 17/18.
- Provision of temporary accommodation in 17/18 for the Trust's Vascular Imaging Unit, whilst a planned capital scheme is underway to enhance and expand the current unit, at a cost of £1.5m.
- Miscellaneous smaller qualitative investments in 18/19.

Other Issues

The table below summarises the main 'Other' issues, although there are two issues that are worthy of further highlight.

- The Trust has sought to ensure that its plan correlates with the Humber, Coast and Vale (HCV) STP and local commissioners' plans by recognising the projected impact of various QIPP initiatives on its activity and income. These are expected to reduce activity and income to the Trust by £34.2m over the next two years. The STPs planning model assumes that the Trust is able to compensate by reducing its cost base by 60% leaving £13.7m 'stranded' fixed costs, which are to be netted off from commissioner gross QIPP savings. The Trust has assumed that it will be in receipt of £13.7m income from commissioners.
- The Trust has been in receipt of transition support from the Department of Health linked to the acquisition of the former Scarborough and North East Yorkshire NHS Trust (SNEY), with the £10m received in 2016/17 being the final year of support. In recognition that PbR does not reasonable support the cost of running Scarborough hospital due to its size and relative remoteness, the Trust is to receive the £2.6m 'sparsity' payment received by the Scarborough & Ryedale CCG, and this sum has been included in the plans.

	2017/18	2018/19
	£m	£m
STP income support to meet 'stranded' fixed costs	10.2	3.5
Sparsity funding from S&R CCG	2.6	2.6
PDC dividend	-7.2	-7.9
Net finance interest receivable/ loan expenses	-0.4	-0.6
Trust contingency provision reduced/(increased)	2.0	-3.5
Drugs & devices pass through expenditure	-3.6	-2.1
Decrease in 0.5% CQUIN in 17/18	-1.9	-0.0
Net impact of Apprenticeship Levy	-1.1	-0.0
Loss of SpR income	-1.4	-0.0
Other various net operating income/ expenses	-0.2	-0.0
	-1.0	-8.0

Efficiency

Efficiency requirements of £22.5m (5.1%) in 17/18, and £20.1m (5.5%) in 18/19 have been built into the plan, of which £0.3m in 17/18 and £1.6m in 18/19 are to be met by the full year impact of prior year schemes. This leaves £22.2m in 17/18 and £18.5m in 18/19 to be met from new in year schemes.

Further detail is provided in the 'Efficiency Savings 2017/18 and 2018/19' section below.

Summary Financial Forecasts 2017/18 and 2018/19

Income & Expenditure Summary

The summary I&E position for 2017/18 and 2018/19 are shown in the table below.

	2017/18	2018/19
	£m	£m
Operating Income	468.933	477.768
Sustainability & Transformation Fund	11.832	11.832
Sparsity Income	2.600	2.600
Operating Expenses	329.000	-455.382
EBITDA	23.036	27.619
Depreciation and Amortisation	-12.000	-12.000
Impairments	-0.300	-0.300
Operating Surplus/ (Deficit)	10.736	15.319
Finance Income	0.130	0.130
Finance Expenses	-0.528	-0.699
PDC Dividends payable	-7.216	-7.850
Surplus/ (Deficit) for the Year	3.122	6.900
Adjusted Surplus/(Deficit) for the year	3.194	6.996
Control Total	3.161	6.958
Performance Against Control Total	0.033	0.038

Balance Sheet

The summary balance sheet for 2017/18 and 2018/19 are shown in the table below.

	2017/18	2018/19
	£m	£m
<u>Non Current Assets</u>	266.799	287.859
<u>Current Assets</u>		
Cash and cash equivalents	7.509	11.445
Other current assets	34.076	34.076
	41.585	45.521
<u>Current Liabilities</u>		
Other borrowings	-2.450	-2.449
Other current liabilities	-38.358	-39.493
	-40.808	-41.942
Total Assets Less Current Liabilities	267.576	291.438
<u>Non-Current Liabilities</u>		
Other borrowings	-24.653	-39.614
Other non-current liabilities	-1.100	-1.100
	-25.753	-40.714
Total Assets Employed	241.823	250.724
Taxpayers' and Others' Equity	241.823	250.724

Cash Flow

The Trust's cash balance is forecast to reduce during 2017/18 moving from an opening balance of £8.2m to a closing balance of £7.5m; and increase during 2018/19 to a closing balance of £11.4m, reflecting the forecast I&E operating deficit over both years. The Trust's main commissioners have agreed to pay base contract levels over the first 10 months of each year, as has been agreed during 2016/17, meaning that the Trust is relatively cash rich over the earlier months of the year.

Single Oversight Framework Finance Metrics (SOFFM)

The provisional SOFFM for 2017/18 and 2018/19 are a score of 2 and 1 in each year respectively, with the scores for the component elements presented in the table below.

			2017/18	2018/19
Capital Service metric				
Revenue Available for Capital Service	£m		23.165	27.749
Capital Service	£m		9.699	10.999
Capital Service metric	0.0x		2.4	2.5
Rating	Score		2	1
Liquidity metric				
Working Capital for FSRR	£m		-8.063	-5.261
Operating Expenses within EBITDA, Total	£m		-460.330	-455.382
Liquidity metric	Days		-6.4	-4.2
Rating	Score		2	2
I&E Margin metric				
Adjusted Financial Performance Surplus	£m		3.194	6.996
Total Operating Income	£m		483.365	483.001
I&E Margin metric	%		0.7	1.4
Rating	Score		2	1
Performance against the Control Total metric				
Plan I&E Margin	%		-1.8	-1.0
I&E Margin based on Control Total	%		-1.8	-1.0
Performance against the Control Total metr	%		0.0	0.0
Rating	Score		1	1
Agency Control metric				
Agency Staff, Total	£m		17.200	17.200
Agency Ceiling	£m		17.200	17.200
Agency Control metric	%		0.000	0.000
Rating	Score		1	1
Overall Risk Rating			2	1

Risks and Sensitivity Analysis

The Trust has identified a number of key risks in the delivery of its operational plan, and has undertaken a sensitivity analysis in order to test the overall robustness of the financial plan in the event a 'downside' scenario develops.

The key risks included in the sensitivity analysis are:

- Failure to reach an agreement with Commissioners over income cover for 'stranded' fixed costs of £10.2m and £3.5m in 2017/18 and 2018/19 respectively as per STP principles, linked to the planned QIPP reductions in activity and income for the Trust with a 50% likelihood of this materialising.

- Failure to meet in full the 2017/18 and 2018/19 planned cost improvement targets - a shortfall of £5m is assumed in each year, with a 25% likelihood of this materialising.
- Agency costs increase by £2m over the planned (£17.2m) level in each year, with a 25% likelihood of this materialising.

The impact of the three assumptions above on the Trust's financial performance has been assessed and the outcome is shown below. The plan with sensitivities applied includes the loss of the £11.8m sustainability and transformation fund in each year on the basis that the Trust will materially fail to meet its control totals.

	2017/18	2018/19
<u>Plan before sensitivities</u>		
- Adjusted financial performance surplus/ (deficit) (£m)	3.194	6.996
- Cash and cash equivalents at period end before borrowing	7,508	11.444
- Plan risk rating	2	1
<u>Plan with sensitivities applied</u>		
- Adjusted financial performance surplus/ (deficit) (£m)	-15,488	-13,436
- Cash and cash equivalents at period end before borrowing	-11,174	-27,670
- Plan risk rating	3	3

Should the 'downside' scenario materialise the Trust has identified and will use a combination of strategies to mitigate the impact. These are:

- Stop and/or defer planned investments.
- Increase the level of CIPs required in 2017/18 and 2018/19.
- Increase activity and income through seeking new business from new markets.
- Service Rationalisation.

Efficiency Savings 2017/18 to 2018/19

One of the greatest challenges facing the organisation is the delivery of a £61m efficiency programme over the four financial years to March 2021, this includes £22m potential opportunity identified by the Lord Carter team for 2017/18 and 2018/19.

The Trust has an extremely challenging stretch CIP target for the next two years: £22.8m in 2017/18, and £21.6m in 2018/19. This is not without a significant level of risk; however we can demonstrate an excellent record of delivering efficiencies having exceeded the target for the last eight years which is due to a number of organisational strengths including significant engagement and innovations. All savings targets are devolved to Directorates and the Clinical Director structure ensures a high level of engagement in the process.

A further strengthening of the organisation's approach to a clinically and financially viable organisation was the introduction in 2016/17 of the Turnaround Avoidance Programme (TAP), led by a dedicated Programme Director. TAP is the organisations approach to delivering a sustainable financial future by bringing structure, process and discipline to the way we manage our priorities. These remain the Trust's underlying principles.

The efficiency programme is an evolving process with schemes being updated on a regular basis. At the time of submission high risk and unidentified plans equate to 50% of the £22.8m CIP target for 2017/18 based on NHSI categorisation. However, we know from past experience that this risk profile improves rapidly as we enter each new financial year.

Lord Carter's Provider Productivity Work Programme

In the development of our efficiency programme for 2017/18 our goal has been to continue to incorporate the potential opportunities identified by the Lord Carter work into our core work programme. This will ensure full engagement by the organisation and individual directorate teams. Our work has involved identification of opportunities both by theme and by directorate team. It is noted that the Lord Carter opportunity is spread over 3 years, 2017/18 being year 2. In 2016/17 we have identified delivery of £12.5m against Lord Carter.

Our initial work has identified the following areas of opportunity, which are incorporated in our current firm identified plans of £18.2m, although it should be noted there is much more work and refinement still to be completed in this area.

Themes 18/19	Yr1 – 17/18	Yr2 –
Workforce	£ 3.9m	£1.5m
Procurement	£ 0.8m	£0.5m
Pharmacy	£ 2.0m	£2.2m
Estates & Facilities	£ 4.7m	£0.0m
Total	£11.5m	£4.2m

Agency rules

Towards the end of 2015, the Trust introduced a number of incentives for bank workers. These include (a) an increase in pay rates of 5% above incremental progression for all bank work, (b) the ability for bank only workers to progress to the top of the pay scale (rather than being capped at the third point as was previously the case) so that remuneration is reflective of experience, (c) an additional enhancement to pay of 15% for substantive staff who undertake bank work during the winter period, and (d) weekly pay is also now being offered to both nursing and medical staff undertaking bank work. For the 2016/17 winter period, it has been agreed to offer the additional enhancement to pay of 15% for substantive staff again.

Additionally bank only workers will also be offered an incentive of an additional enhancement to pay of 10%, payable as a lump sum upon completion of 25 standard shifts.

The incentives described above have had a positive impact on bank fill rates. Prior to the introduction of the incentives (between April and October 2015), average bank fill rates were 36.43%. Since the introduction of the incentives, the average bank fill rate has increased to 49.56% and in some months has been in excess of 50%. These percentage increases as a proportion of demand however, do not reflect a far more significant increase in the actual number of bank shifts filled as there has also been a significant increase in demand for temporary staffing due to staffing establishment increases and increases in bed numbers.

The average number of bank shifts filled each month between April and October 2015 was the equivalent of 109 full time staff. In the period November 2015 – September 2016, this has increased to 175 FTE – an increase of more than 60%.

There has also been a corresponding reduction in agency fill rates from an average of 42% in each month between April and October 2015 to an average of 26.84% each month between November 2015 and September 2016.

Average spend on agency nursing in each month of the financial year 2015/16 was £817,218. In the first six months of the current financial year, average spend on agency nursing has been £527,916.

The Trust also continues to work with neighbouring Trusts to ensure a unified response to the introduction of the agency regulations. To ensure patient safety is never compromised the Trust is reviewing each individual case of need.

These actions are part of our strategy to bring the Trust within the £17.2m agency cap.

Procurement

Procurement (and choice) is controlled through online catalogues. The catalogues are controlled by a series of logins, hierarchies and approvals. This means that no individual person can order and approve the same request with many requiring senior leadership approval before their goods are ordered.

Reporting and analysis are routinely run for the top 100 items by value and by demand. These lists are worked through as an on-going project (Project 100) looking at ensuring the top 100 items we procure are fit for purpose and offer value for money. This project is managed through the Medical and Surgical Supplies & Equipment (MSSE) Committee who provide oversight, scrutiny and support. We operate a 'No Purchase Order, No Payment' policy.

This work is further supplemented by regional collaboration via the Yorkshire & Humber Supplies Managers Network and through the participation of the Trust's Head of Procurement on both the NHS Northern Customer Board, and NOECPC Customer Board, this will extend to collaboration across the STP footprint.

As a NEP Trust, our data is already shared with NHSI (for the PPIB Purchasing Price Index Benchmark), and through NHSSC back to the BSA, influencing the NHS's Core Range. The Trust have signed up in support the core range where it is safe to do so.

The Trust is working towards implementing its Procurement Transformation Plans in line with the Carter procurement recommendations with focus on delivering the key metrics. Monthly monitoring of progress has been implemented to ensure these targets are met.

Capital Planning

The Trust's proposed capital investments are consistent with the known clinical strategies via the alignment of these investments with the Trust's new Estate Strategy. The Head of Capital Projects completed the Trust's new Estate Strategy and submitted it to the Trust's Board of Directors in June 2016. The strategy is clearly aligned with the Trust's strategic objectives, the clinical strategies of individual directorates and divisions as well as external drivers such as the STP programme and Lord Carter's efficiency and productivity review and the recommendations arising from it. The Estate Strategy is also firmly aligned with the Trust's internal process for reviewing and revising its clinical strategies and thereby it will enable the Head of Capital Projects to demonstrate that the capital project investment plans over the next 5 years remain consistent with, and support the delivery of, the Trust's clinical and non-clinical strategies.

The published Estate Strategy contains site development control plans for the Trust's portfolio of properties and this is providing greater assurance that when investment proposals are being assessed the projects are consistent with the Trust's estate and clinical strategies. For example, one of the Trust's strategic objectives is to separate elective and emergency / non-elective care delivery. The Capital Projects Department is currently finalising the Outline Business Case for a project to create an elective surgical centre of excellence at the Trust's hospital site in Bridlington. This project will also support another of the Trust's strategic objectives: namely, increasing the organisation's market share for elective services.

Another scheme that the Capital Projects Department is developing is the project to reconfigure emergency care facilities at Scarborough Hospital, which will support the achievement of the Trust's strategic objective to develop and reform emergency care with less emphasis on admission and greater focus on rapid diagnostics, assessment and ambulatory care. The Capital Projects Department is also working on a cardio-vascular project to support the increase in the Trust's capacity for this important diagnostic and treatment service, which will support the Trust's strategic objective of developing and growing our specialist services. Similarly, the Capital Projects Department has developed a scheme to construct a new Endoscopy block in order to provide facilities that achieve the latest Endoscopy JAG standards and which anticipate the future growth and direction of this clinical service.

The Trust's estate is analysed in detail in the Estate Strategy document in terms of its safety, suitability, quality, condition, utilisation and energy performance. This data will be used to ensure that the capital investment programme is aimed at improving the performance of the Trust's estate against these indicators. For example, the Capital Projects Department is planning to deliver projects to replace hospital fire alarm systems in York and Scarborough hospitals, which will play a crucial role in the maintenance of safe services at these sites. Similarly, the Capital Projects Department is planning to replace ageing lifts at Scarborough Hospital to ensure that patients, visitors and staff can continue to move safely around the site and thereby readily access clinical services.

The Estates Department is also planning a range of capital investment projects to address risk-assessed backlog maintenance items, which will improve safety, the efficiency and robustness of the Trust's engineering infrastructure and thereby the resilience of the Trust's clinical services.

The Head of Capital Projects is continuing to implement a robust and structured project initiation procedure to increase the level of grip and control over the initiation of new capital schemes. The process involves a more robust and structured project initiation request form and the information returned is used to assess and score each request against a range of criteria including strategic support/consistency, financial benefits, patient benefits, staff benefits, statutory compliance / risk mitigation or elimination. This scoring assessment process produces a prioritised schedule of projects for approval to be developed into feasibility studies and thereafter into full projects.

For example, the Capital Projects Department is currently developing feasibility studies for a number of projects that were prioritised from the last round of project initiation request submissions, including projects to replace vital engineering equipment in the Sterile Services and Renal units at York Hospital as well as improvements to the Labour Ward at this site. Estate backlog maintenance schemes are similarly being assessed and prioritised against the outputs of the risk-based 6-facet survey work and on-going estates and facilities compliance work to ensure that the backlog maintenance element of the capital programme is fully aimed at improving the safety, condition and compliance of the Trust's facilities.

Two of the Trust's proposed strategic capital projects, the Endoscopy and the Cardio-Vascular developments at York Hospital, have approved outline business cases, which have Board of Directors approval. These are very important schemes for the Trust in terms of being able to provide adequate accommodation for these key clinical services in accommodation that is good quality, functionally suitable and which facilitates new clinical models of care, improved efficiency and productivity.

Both of these cases were approved by the ITFF for funding in August 2016 but it was not until March 2017 when the Trust received confirmation that this capital finance will be released in April 2017. This has caused a serious delay to both projects and the improvements to clinical services that they are proposing to deliver.

A consistent theme of the Trust's capital investment planning is the need to utilise capital finance to deliver projects that will provide efficiency and productivity opportunities. With this in mind, the Capital Projects Department is developing a project to deliver efficiencies from the catering service at Scarborough Hospital by providing facilities that will enable it to receive food prepared in the York Hospital production kitchen. We are also examining opportunities to use this facility to supply catering services to other organisations within our STP footprint. Similarly, we are developing projects to enable the rationalisation of Laboratory Medicine facilities in Scarborough Hospital and the relocation of these services – as far as practicable – to York

Hospital, which will generate efficiencies and productivity opportunities by enabling the Trust to provide services externally. Both of these projects could enable major capital investment to be avoided at external organisations within our STP footprint.

A further consistent theme of the Trust's capital investment planning is the utilisation of the strategic capital finance granted to the Trust upon its acquisition of the Scarborough and North East Yorkshire Healthcare NHS Trust to deliver projects that will specifically deliver backlog maintenance and estate improvement projects at Scarborough and Bridlington Hospitals. For example, the projects to replace service-critical lifts at Scarborough Hospital and the hospital's fire alarm system, which have already been mentioned above, will be funded with this strategic capital finance. Similarly, the Capital Projects Department is preparing projects to return an under-utilised operating theatre to use as a cardiac catheterisation laboratory and replace key support staff accommodation that is beyond its serviceable lifespan using this strategic capital funding. There is also project work being undertaken to address body storage and Bereavement Services facilities at Scarborough Hospital, which is being financed using the same funding source.

The Head of Capital Projects also has responsibility for the Trust's property management function. Through this function, we are focussing on improving space utilisation across the Trust's estate, consolidating the Trust's premises where possible, disposing of surplus properties where possible, maximising the utilisation of the estate for clinical functions and reducing the cost of the space the Trust currently occupies for example by vacating leasehold properties where possible.

We are actively developing projects to dispose of genuinely surplus property assets but also examining projects to purchase property assets that may facilitate the consolidation of services out of leased-in premises, thereby creating efficiencies. We have recently completed the purchase of a property in Easingwold and are now developing projects to enable the Trust not only to expand its community renal services from this base but also to co-locate primary care functions there, which could allow the withdrawal from leased in premises and the reduction of the local primary care estate.

The Trust has a Space Management Group that oversees the allocation and use of space across the estate and it is working with the Finance Directorate to facilitate the inclusion of space occupation costs within the service line reporting process that is being applied to the Trust's services. Divisions and directorates will increasingly be incentivised to increase their space utilisation and to reduce their footprint wherever possible. With this in mind, the Head of Capital Projects has contributed a new section to the Trust's business case template that is aimed at focussing attention on the need to maximise the use of existing space ahead of creating new space and on seeking opportunities to reduce the footprint of services wherever it is feasible.

Link to the emerging 'Sustainability and Transformation Plan' (STP)

The Trust is a key player and participant in the Humber, Coast and Vale Sustainability and Transformation Plan (STP).

The overall footprint covers the areas of Hull, East Riding, North Lincolnshire, North East Lincolnshire, Vale of York and Scarborough and Ryedale, providing health and social care to approximately 1.4 million people.

The footprint covers

- six Clinical Commissioning Groups
- two Acute Trusts and one combined acute/community Trust(ourselves)
- three Mental Health trusts
- six Local Authorities
- two Ambulance Trusts

In addition to a number of other health and care organisations including community providers and community and voluntary sector organisations.

The Trust is actively involved in the development of the Plan and is represented on the STP Strategic Partnership Board (providing overall oversight and direction) and the Executive and Workstream Groups (including locality based "place of care" fora for York and Scarborough)

The Trust supports the vision for the Humber, Coast and Vale Sustainability & Transformation Plan (STP) which is to be seen as a health and care system that has the will and the ability to help patients start well, live well and age well.

To achieve the vision the aim is to move the health and care system from one which relies on care delivered in hospitals and institutions to one which helps people and communities proactively care for themselves.

The vision will be realised by

- Working more closely together to ensure collective resources are used in the most appropriate way to improve things for communities served.
- Collaborative working on the wider determinants of health, including housing, education and employment to address quality and financial challenges.
- The sharing of scarce resource at scale to provide a better service to patients and experience for the staff who work within those services. The majority of things done, however will seek to deliver the best care shaped around local need.

The triple aim is to achieve desired outcomes, maintain quality services and close the financial gap (which will also be enacted through the Trust's Operational Plan).

The key critical transformational programmes articulated in the STP (with some examples of their impact on the Trust's Operational Plan) are as follows:-

1. Helping People Stay Well (a focus on prevention)

- Offering high quality smoking cessation services
- Identifying cardiovascular and diabetes early on
- Implementing programmes related to obesity, alcohol misuse and falls prevention.

The Trust will be continuing to work collaboratively with primary care colleagues in developing preventative care management pathways in these service areas.

2. Place based Care (care close to home)

- Provision of new integrated multidisciplinary locality teams (including GP's, community services, social care) delivering as much care as possible in the community and preventing unnecessary hospital admission. **In collaboration with partners, the Trust will seek to develop the provision of multiagency and multidisciplinary teams as part of a "Community hub approach" across the York, Selby, Malton and Scarborough localities in 2017/18 and 2018/2019). The approach brings different professions (GPs, Consultants, District Nurses and Local Authority Staff), together to work in an integrated way supported by generic workers who have competencies across a range of traditional disciplines.**
- Remodelled urgent and emergency care services to ensure flexible round the clock access, reducing the need for hospital attendance/admission. **Key Trust priorities in this area over the next two financial years include the development of the GP/triage and assessment/"Care Navigator" system at York Hospital, the implementation of the Acute Medical Assessment model at Scarborough hospital (as part of the NHSE national acute medical model of care programme scheme), the development of the frailty pathway with hospital, community and primary care colleagues and the appointment of acute physicians and advanced care practitioners.**

3. Creating the best hospital care

- Improving the quality of hospital services through working together to design the best ways of doing things, clinically and operationally. Organisational and clinical networking, shared care arrangements and replication of best practice will be explored Five elective service areas have been identified that are subject capacity/recruitment pressures(Dermatology, Orthopedics, Ophthalmology, Orthodontics and Maxillofacial

- Surgery)
- The Lead Clinicians and Managers from the three Trusts providing this service in the patch will review current practice and pathways and explore options for further collaborative working. **This work will build on existing networks in Orthodontics/ Ophthalmology across York and Hull and will also link in with Trust service review work in Dermatology(to address capacity/recruitment issues) and Orthopaedics (linking in with the development of dedicated elective surgical capacity at Bridlington Hospital)**
 - Participation in Regional review/service redesign of specialised paediatrics/orthopaedics and neonatal intensive care. **The Trust will be represented in this work activity.**
 - Strengthening of existing/development of new partnerships/networks in relation to Vascular Surgery, Cancer Critical Care, Cancer and Cardiology. **The Trust will be working collaboratively with NHSE and partner Trust colleagues in as part of a networked approach across the patch maximising local access to specialist services in areas such as Cardiac device and Critical Care service provision).**
 - Review and where possible standardisation of support service resource across the three Acute Trusts in the areas of Pathology, Pharmacy, Procurement and Imaging. **The Trust will be leading patch wide review work for Laboratory Services and Estates, collaborating in Procurement, Imaging and Pharmacy review activity to identify and implement potential economy of scale efficiencies.**

Membership and Elections

Governor Elections

The Council of Governors at the Trust currently has 26 governor seats in the constitution:

Public Governors	Sixteen elected seats
Staff Governors	Five elected seats
Stakeholder Governors:	Five appointed:
Local Authorities	• One seat
Local Universities	• One seat
Voluntary groups	• One seat
Healthcare Organisations	• Two seats

Elections were carried out in August 2016 using the Electoral Reform Society. The following appointments were made:

- 1 public governor were reappointed for York
- 4 new public governors were appointed (York, Selby, Ryedale & East Riding, Hambleton)

- 1 new staff governor for York was appointed
- 3 new stakeholder governors are in the process of being appointed

The next elections will be held during the summer of 2017. The following seats will be included in the elections:

- York constituency – 2 seats
- Bridlington constituency - 1 seat
- Ryedale and East Yorkshire constituency – 1 seat
- Scarborough constituency – 1 seat
- Staff - 3 seats

The elections process will begin at the end of June 2017 and the election results will be announced at the end of September 2017.

Governor Recruitment, Training and Development

The following are examples of governor development and governor/membership engagement

- Prospective governor one to one sessions
- Governor induction
- Training for PLACE Assessments
- Annual General Meeting
- Representing Membership at 2 Recruitment Marketplaces
- Council of Governor meetings
- Board of Director meetings
- External Development Day
- Board to Council of Governors Meetings
- Sustainability & Transformational Plan Session
- Membership Seminars

Membership Strategy

The Trust has a membership strategy, which sets out the Trust's commitment to building a representative membership to support public accountability and will set out a series of objectives to maintain, grow and engage its membership. Any campaigns to grow membership will be targeted at any under-represented demographic and geographic areas. Membership seminars have also been introduced and well attended.