

Humber, Coast and Vale Health and Care Partnership



2019/20 Partnership Operating Plan



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Executive Summary

The Humber, Coast and Vale Health and Care Partnership Operating Plan provides a strategic overview of the Partnership's ambitions and commitments for 2019/20. It has been developed in accordance with the principle of subsidiarity and builds on the submissions of our Commissioner and Provider Operating Plans for Place, as well as the wider plans that we have developed through our collaborative programmes.

There is a strong desire across our Partnership to work together across organisations and sectors to improve the health and wellbeing of local people and the health and care services that are offered to them. We are striving to achieve continuous improvement in standards of health and wellbeing across the area, underpinned by developments in service quality and improved outcomes from the health and care services provided.

Partners are adopting a pragmatic and practical approach to discussions on integrated care, focusing initially on the functions that need to be delivered at each level rather than on the form or architecture of our emerging health and care system. As a Partnership we recognise that we have

challenges in several areas that we also need to address, so we remain focussed on:

- Improving (or as a minimum maintaining) performance - particularly against key constitutional targets (A&E, Cancer and Planned Care)
- Improving our financial position and working towards achievement of Control Totals
- Addressing some of our workforce challenges

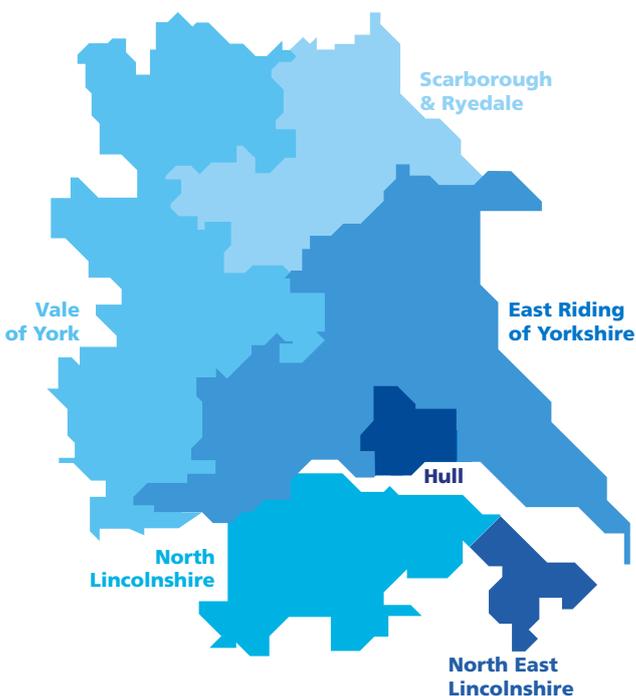
As a Partnership we are committed to delivering on our commitments. This plan sets out the actions that we will take to achieve our objectives in 2019/20.

Over the coming months we will be working together to develop a Long Term Plan for our Partnership. This 2019/20 Operating Plan will form year one of that Plan.

Introduction

Our Partnership

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations who believe they are stronger when working together. We are striving to achieve continuous improvement in standards of health and wellbeing across the area, underpinned by developments in service quality and improved outcomes from the health and care services provided.



Our Partnership was established in early 2016, when 28 organisations from the

NHS, local councils, other health and care providers and the voluntary and community sector came together to start thinking about the challenges facing the NHS and wider health and care sector over the coming years. In October 2016, we published an outline plan for the Partnership, which set out our key goals and aspirations for our population.

Since then, we have been working together within our six Places, as shown on the map, and across wider geographies, where it makes sense to do so, to look for ways to join up health and care services and to make them work better for our local people.

This document sets out the Partnership's ambitions and priorities. It provides an overview of the work that we will undertake during 2019/20 and the associated outcomes and benefits.

Over the coming months we will be working together to develop a Long-term Plan for our Partnership. This 2019/20 Operating Plan will form year one of the Long-term Plan.

Our context

Since its creation 70 years ago, the NHS has constantly adapted and it must continue to do so as our health and care needs change. There is broad agreement that, in order to improve health and care outcomes for our people, we all need to adapt and change the way we do things. This does not mean doing less for patients or reducing the quality of care. It means doing things differently; providing more preventative care and finding new ways to meet people's needs that are more effective and efficient.

Humber, Coast and Vale has a diverse population and along with that some major challenges. Similar to other areas we have an ageing population with 8.9% aged over 75. In addition 23% of our 1.4 million population live in some of the most deprived areas of England. Between our most and least deprived areas there is a very significant variation in life expectancy. Currently the variation for men is 20 years and for women is 17 years. These factors are combining to put an increasing strain on our health and care services.

The diversity and complexity of health and care organisations across Humber, Coast and Vale is in some respects a strength, but in others it can be a barrier to the provision of more efficient and effective care. In order to make the necessary changes to the way health and care services are delivered, it is imperative that we take a collaborative approach to delivering our shared goals.

Our ambitions

As a Partnership, we have an agreed ambition that we want to achieve for our populations. In everything we do, we are helping local people to: start well, live well and age well.

To achieve this we are working hard to create a health and care system that supports everyone's health and wellbeing and that is there to help when people need it. We want to become a health improving system rather than an ill-health treating system.

Our priorities

Our vision is extremely ambitious and we recognise that it will not be achieved overnight. We have identified six priority areas or key things we want to achieve in order to deliver the vision we have set out.



Supporting self-care and helping people to stay well



Integrating and improving 'out of hospital' care



Creating better hospital care



Improving services in clinical priority areas including cancer and mental health



Deploying resources effectively – workforce, IT, buildings and equipment



Making the most of every penny to deliver good quality local services within available funding

Our approach

There is a strong desire across our Partnership to work together across organisations and sectors to improve the health and wellbeing of local people and the health and care services that are offered to them. Partners are adopting a pragmatic and practical approach to discussions on integrated care, focusing initially on the functions that need to be delivered at each level rather than on the form or architecture of our emerging health and care system.

Our Partnership is embarking on its journey towards becoming an Integrated Care System that facilitates effective collaboration between partner organisations at all levels. The diagram below sets out the agreed levels within the system. Discussions will continue with a broad range of stakeholders over the coming months as we continue to develop our ambition to deliver better, more joined up care for local people.



Key deliverables for 2019/20

Our Partnership objectives

In line with the quintuple aims of improved population health, quality of care, cost control and efficiency, experience of providing care and equity and equality and other priorities highlighted in the NHS Long Term Plan, our Partnership's objectives for 2019/20 are:

- Continuing the development of integration of care and provider collaboration - involving primary, community and social care and closer

arrangements between out of hospital and secondary care

- Further development of our approach to commissioning - at scale and at local level
- Improving (or as a minimum maintaining) performance - particularly against key constitutional targets (A&E, Cancer and Planned Care)
- Achieving an improved financial position and working towards achievement of Control Totals
- Addressing some of our workforce challenges

Following our Partnership Focus meeting with NHS England and NHS Improvement in November 2018 it was recognised that we have made demonstrable progress over the last year and have moved our narrative from being ‘challenged’ to ‘making good progress’. Our Partnership is now seen as an aspirant Integrated Care System and our ambition in 2019/20 is to continue to develop and mature, with a view to achieving Integrated Care System status by April 2020.

To support the Integrated Care System, we recognise that we need to develop our capacity and capability in a number of key areas including population health

intelligence and management, quality improvement and clinical engagement. During 2019/20, we will develop and begin to implement our approaches in these areas.

Our collaborative delivery

During 2018/19 we have strengthened the approach to our clinical and resource collaborative programmes, as set out in the diagram below. The clinical and managerial leadership of some of these programmes has been enhanced and we have also reviewed programme priorities to achieve a better balance between operational and transformational delivery. We will continue to deliver our Partnership objectives for 2019/20 using this framework.



Place

The priorities for our Places have been established since the inception of the Partnership and are focussed on:

- Improving the health and wellbeing of local populations by:
 - addressing the wider determinants of health
 - promoting prevention initiatives
 - providing better support for people to manage their own health and health conditions
- Integrating health and care service provision (based on closer collaboration between GPs, community health service providers, mental health providers, acute hospitals and social care providers)
- Integrating health and social care commissioning (based on CCG collaborations and collaborations between Local Authorities and CCGs)

This work is intended to ensure that patients are treated in an appropriate setting, wherever possible closer to home, which will in turn flatten or significantly reduce the projected increases in demand for acute hospital services.

During 2019/20 we will focus on:

Integrated Care Partnerships

- Further development of our Integrated Care Partnerships between primary, community and social care and improvement of the interfaces between out of hospital and secondary care in Hull and East Riding, North Lincolnshire, North East Lincolnshire and York and Scarborough

Commissioning

- Continuing the development of commissioning functions at scale (with a particular focus on commissioning acute services) and at Place level in collaboration with Local Authorities

Community Care

- Delivery of the Same Day Emergency Care requirements and standards for urgent community support including:
 - ensuring successful implementation of the enhanced arrangements with NHS111 on Direct Booking
 - the development of the core and local Clinical Assessment Service (CAS)
- Continuing the development and implementation of integrated Frailty models and assessment pathways
- Redesigning and implementing integrated models of community care linked to Primary Care Networks

Personalised Care

- Across the partnership complete a self-assessment against the key standards for Personalised Care to ensure that people have choice and control over the way their care is planned and delivered
- Increase the uptake in personal health budgets

- Ensure GP Forward View funding is targeted at need and delivering transformational change
- Develop Primary Care strategies, including a Primary Care Workforce Strategy, in each of our Places that will inform and provide the building blocks for our Partnership Primary Care Strategy

Primary Care

- Build upon the work in our Places around Primary Care groupings and federations to ensure that Primary Care Networks are fully established across our Partnership by 30 June 2019
- Identify the areas for development in delivering Primary Care Networks through a maturity matrix assessment and subsequent co-production of a development plan
- Support the development of Primary Care Networks by:
 - investing as a minimum in accordance with the contract reform and the planning guidance
 - providing data and analytics on population health to support the identification of key priorities for the provision of out of hospital care with other providers
 - working closely with the appointed Clinical Directors to ensure they are fully engaged in system discussions

Clinical Programmes

Our Partnership clinical collaborative programmes align to the key areas identified in the NHS Long Term Plan. The following provides an overview and highlights the key priorities for delivery in 2019/20.

Cancer

Through our Partnership Cancer Alliance, we are working to improve outcomes for people with cancer in our area; to help more people survive cancer and support people in our region to live well with and beyond their cancer treatment.

To implement the changes needed to deliver the ambitions of the national cancer strategy our Cancer Alliance has recently clarified its vision and refreshed its objectives. This has led to redefining the strategic transformational programmes and operational responsibilities.

The vision for our Cancer Alliance is:

“Achieving world-class cancer outcomes for our communities”

with the agreed objectives for 2019/20 being:

- Increased lifestyle choices to minimise the risk of cancer;

- Introduction of standardised treatment pathways;
- Working towards equity of access to high quality services;
- Ensure that services are designed to reduce inequalities in health outcomes

During 2019/20, through the Cancer Alliance, we will focus on:

Lifestyle choices

- Raise awareness through continuing to train Cancer Champions and introduce ‘train the trainer’ to ensure sustainability
- Full roll-out of qfit for low risk symptomatic patients and screening patients
- Introduce Lung Health Checks
- Mobilise diagnostic capital investment

Standardised Treatment Pathways

- Improve 62 day performance in the prostate pathway by utilising IST improvement analysis and agreeing Partnership wide clinical guidance
- Develop a vision and begin to implement a new model of lung services
- Embed rapid diagnostic pathways for colorectal cancer
- Implementation of oesophago-gastric timed pathway in all Provider Trusts
- Focus on tumour site delivery groups
- Implement MDT standardisation

Equity of access to high quality services

- Introduce network model of Radiology reporting
- Commence digitalisation of pathology services
- Develop a vision for a future sustainable model of diagnostics and the use of Rapid Diagnostic Centres across the Cancer Alliance
- Further development of joint asset registers for diagnostic services across the Cancer Alliance
- Continue to invest in training reporting Radiographers and Advanced Practitioners in pathology
- Complete Outline Business Cases for Wave 4 capital funding for diagnostic equipment
- Collaboratively create a vision and model for a sustainable Oncology service, using the TCSL programme
- Refine our Cancer Workforce Strategy

Services designed to reduce inequalities in health outcomes

- Introduce Risk Stratification in selected tumour sites
- Embed consistent Recovery Package, including Health Needs Assessments (HNAs), personalised care and Cancer Care Reviews
- Ensure all Trusts are using and sharing digital HNAs and treatment summaries
- Agree a set of standards for the provision

of high quality and comprehensive health and well-being information and support for HCV Cancer Alliance

- Introduce and embed the quality of life metric across the Cancer Alliance as it becomes available

Across Humber, Coast and Vale we continue to perform well against a number of cancer targets. However, although there has been some improvement in our performance against the 62-day waiting time target, some very significant challenges remain for the Partnership to achieve the 85% performance standard. During 2018/19, through the development of a recovery plan, resources were redirected to focus on the 62-day waiting time target by all key stakeholders.

We will continue to view delivery of the 62-day waiting time target as one of a number of key priorities to improve for our Cancer Alliance and our Partnership during 2019/20.

Many of the 19/20 objectives listed above will directly impact on improved delivery of the 62-day standard, such as the implementation of standardised pathways and the introduction of a network model of Radiology reporting and commencement of digitalisation of Pathology services.

Mental Health Care

Our Partnership has a well-developed Mental Health collaborative programme which during 2018/19 has supported the delivery of:

- A safe space for young people living in Hull and East Riding
- A new Child and Adolescent Mental Health Inpatient Service
- Additional investment to expand services in A&E Departments
- Lead provider model for Perinatal Community Specialist Services across Humber, Coast and Vale
- Support to people in crisis
- Working to eliminate out of area acute mental health placements
- A new model of care for low and medium secure services
- Suicide Prevention Campaign across our Partnership

All the CCGs within our Partnership have committed to meeting the Mental Health Investment Standard in 2019/20, with additional resources being deployed in community mental health teams to support people with severe mental illness and enhanced crisis services for adults and for children and young people.

Across our partnership during 2019/20 we will:

- Continue work to eliminate out of area placements for patients – target is to completely eliminate by 2020/21
- Continue to develop and improve Crisis Care and Liaison Services
- Develop Community Mental Health Teams to support people with severe mental illness
- Continue to implement and monitor specialist perinatal mental health services
- Develop and improve a post diagnostic pathway for dementia
- Deliver improvements in suicide prevention interventions through implementation of the our Partnership suicide prevention strategy
- Increase community forensic teams provision through development of New Models of Care and Forensic Outreach Liaison Services
- Continue to develop whole pathway new models of care for children and young people
- Collaborate on the development and improvement of autism, attention deficit hyperactivity disorder (ADHD) and eating disorder services

Furthermore, through the Transforming Care Programme we will have an emphasis on transforming the treatment, care and support available to people of all ages with a learning disability and/or autism, alongside the reduction of inequalities faced by people with a learning disability.

During 2019/20 we will:

- Work with Local Authority, and NHS England partners through the Transforming Care Partnership, to continue our focus on improving health and care services so that more people can live in their community
- Expand the implementation STOMP-STAMP approaches to stop the overmedication
- Reduce the number of people with a learning disability, autism, or both, in inpatient care and continue to support individuals to be discharged from inpatient care to appropriate community based support
- Increase annual health check for people on the learning disability register
- Through a personalised care, empower individuals with complex needs to have greater choice and control over the care and support they receive

Emergency Care

During 2018/19 the Partnership's Urgent and Emergency Care Network has primarily focused on:

- Procurement of the NHS 111 service which is currently in mobilisation for an April 2019 implementation
- Delivery of our agreed integrated urgent care specification, where our Partnership has been successful in the implementation of 8 Urgent Treatment Centres (further 2 planned in 2019) and is currently undertaking an evaluation as to their effectiveness. This will form part of the National report

The Urgent and Emergency Care Network has recently strengthened its leadership arrangements with the appointment of a Clinical Lead, on a 2 days per week basis, who will work to raise the profile of the Network as well as being a key member of our Partnership Executive.

During 2019/20 we will:

- Continue to develop the Urgent and Emergency Care Network to ensure engagement of key stakeholders
- Ensure delivery of 24/7 integrated urgent care accessible via NHS 111 or online
- Ensure all hospitals with a major A&E will provide:

- Same Day Emergency Care at least 12 hours a day, 7 days a week
- Provide an acute frailty service for at least 70 hours a week, working towards achieving assessment within 30 minutes of arrival
- Aiming to record 100% of patient activity in A&E, Urgent Treatment Centres and Same Day Emergency Care via the Emergency Care Data Set by March 2020
- Test and begin implementing the new emergency and urgent care standards arising from the clinical standards review by October 2019
- Look to reduce further Delayed Transfer of Care across our Partnership working with our Local Authorities and community service providers
- Build on plans developed in 2018/19 to reduce Stranded and Super Stranded patients
- Focus on improving performance against the constitutional targets and other targets specifically through our three A&E/ Urgent Care Delivery Boards with the Network taking an overview
- Develop High Intensity Users plans across our Partnership with the support and information from RightCare
- Spread good practice from within and elsewhere

Planned (Elective) Care

The Partnership has taken steps to strengthen its Elective Care programme including the alignment of our three Planned Care Boards with our Elective Network Board.

During 2018/19 the Planned Care Boards, overseen by the Elective Network Board, have particularly focussed on performance against the 52 week waiting time target and development of plans to reduce waiting list stocks. In addition the Elective Network has focussed on specific specialities where there is significant opportunity to improve service arrangements and performance at scale, with the involvement of a larger number of CCGs and providers.

During 2019/20 we will:

- Maintain a focus on elective care performance and particularly
 - improve (or as a minimum maintain) performance against the waiting list stock size target (ie 31 March 2018 baseline)
 - commit to no person waiting over 52 weeks for planned surgery

- where a patient is waiting 26 weeks and wishes to transfer to an alternative provider, to facilitate this if the capacity is available. Impact assessments will also be undertaken across the Partnership at a specialty level basis to assess provider capacity and enable the management of clinical risk
- Continue to deliver our Elective Network priority projects including:
 - Medicines optimisation particularly linked to self-care and over the counter medicines, work with care homes, Transfer of Care and Medicines (TCAM), PINCER and Antimicrobial resistance / greater use of bio similars
 - Outpatients transformation including consultant to consultant referrals
 - Musculoskeletal (MSK) – with further implementation of the national back pain pathway linked to the 100 day challenge completed in 2018/19 and development of new roles around First Contact Practitioners
 - Three RightCare projects on Cardiology (including CVD prevention), Respiratory and Gastroenterology with a specific focus on Endoscopy
 - Clinical thresholds and the implementation of Evidence Based Intervention
 - Ophthalmology with a further focus on pathways and delivery models through an operational delivery network approach
 - Diabetes including ongoing delivery of the national Diabetes Prevention Programme

Primary Care

Our Partnership has agreed a principle that Primary Care development should be driven by local plans at Place level. This principle still stands, with individual CCGs having the responsibility to commission Primary Care Services based on the needs of their local population and other local factors. However, as individual CCGs start to define, develop or refresh their Primary Care Strategies there is a need to examine how, across our Partnership, we should share objectives, ideas, resources, enablers with a view to achieving strategic convergence where it is feasible, practical and desirable.

We believe that Primary Care is a scarce and precious resource so we need to make sure that it is being used wisely. It is the bedrock of the NHS and should be on an equal footing with Secondary Care. Our ambition is that Primary Care will lead its own evolution and play a central role in shaping the development of the wider health and care system.

As a result our Partnership has recently strengthened its arrangements by appointing a Clinical Lead for Primary Care and securing resources from our NHS England Primary

Care team to support our Primary Care development work.

In addition to the plans that have been identified in each of our Places around Primary Care, during 2019/20 we will:

- Develop a Humber, Coast and Vale Primary Care Strategy including a specific focus on Primary Care Workforce, underpinned by the strategies being developed in each of our Places
- Support Places to develop their Primary Care Networks
- Share best practice and adopt consistent working practice where appropriate and avoid duplication of effort
- Engage with the other professional service groups (pharmacists, Optometrists and Dentists) in recognition that primary care is wider than general practice to ensure they are part of the transformation of how primary care is delivered. We recognise the important role they play in prevention and health promotion and will explore opportunities with them

Maternity

Our Local Maternity System vision is:

“To be an area where pre-pregnancy, pregnancy and childbirth services truly reflect the needs of our childbearing population and which focus upon delivering personalised care by kind, knowledgeable, skilful staff that is jointly agreed and planned with women and families.”

To achieve our ambitious aim our priorities aligned to ‘Better Births’ are focussed on:

1. Improving choice and personalisation of maternity services
2. Developing continuity of carer in maternity services
3. Improving the safety and quality of maternity care
4. Seeking the views of our women and families to support development and improvement of services.

In 2018/19, the trusts have been piloting approaches in continuity of carer across the Partnership with particular success seen in East Riding as a result of the establishment of the Ivy Team at Hull University Teaching Hospital and this approach is now being rolled out to support other areas in the Partnership.

Our Partnership has also established a Maternity Voices Partnership (MVP) Board supported by five local MVPs which is enabling the views of women and their families to shape the future of local maternity services.

During 2019/20 we will:

- Continue a phased and targeted approach to the implementation of continuity of carer with a focus on delivering to the highest risk patients first
- Make progress against agreed trajectory for reduction in stillbirths, deaths and serious brain injury
- Continue to reduce smoking in pregnancy by working with Public Health Teams to improve pathways and processes are in place and ensure women and referred to smoking cessation services. We are particularly going to look at how we can improve this through a personalised care patient activation measures approach
- Complete a survey through MVP network to support the development choice and personalisation to determine and understand the range of services women, their families and babies need
- Continue implementation of the Saving Babies Lives Care Bundle

Acute Services Reviews

Our Partnership, is conducting two reviews of acute hospital services – one across the Humber area and the other focussing on Scarborough Hospital. Both reviews are looking at how to provide the best possible care for our local populations within the resources (physical, financial and workforce) available. This includes improving integration with community and primary care and delivering some aspects of care out of hospitals in GP surgeries or other community settings.

As a Partnership we recognise that we need to improve the operational and financial sustainability of our acute hospital services if we are to achieve required standards of safety, quality and performance on an ongoing basis. Each review is being undertaken in accordance with agreed principles of inclusivity and transparency and in each case we are adopting an approach that is clinically led and evidence based. Although the two reviews are significant undertakings, the Partnership is committed to completing the work in a timely fashion so that beneficial changes can be implemented at the earliest possible opportunity.

The first phase of the Scarborough Acute Services Review has now been completed. Through this work we have established a broad understanding of the case for change in relation to acute services in the Scarborough area. We have produced an extensive data pack and a public summary of the work undertaken to date to support broader engagement and involvement with local patients and the public as well as staff and other stakeholders. This information was published on 19 March 2019.

The next phase of the review is now being initiated and will include further work being undertaken in 2019/20 on:

- Developing potential clinical models for key service areas, including a programme of involvement, engagement and, where relevant, consultation
- Planning the development of out of hospital care and improved integration with acute services
- Financial modelling to support development of proposals

The first phase of the Humber Acute Services Review has focussed on undertaking a detailed service review in six clinical specialties: Cardiology, Critical Care, Neurology, Stroke, Complex Rehabilitation and Oncology. In addition, further work has been undertaken in relation to the three clinical specialties that were subject to early review work and where changes were made to services on safety grounds: Haematology, ENT and Urology.

We have recently reviewed and refreshed the programme. The next phase of the review is now being initiated and will include further work being undertaken in 2019/20 on:

- Finalising service development proposals in four service areas (Cardiology, Complex Rehabilitation, Neurology and Oncology), including undertaking a programme of involvement, engagement and, where relevant, consultation and commence implementation of agreed arrangements
- Developing potential clinical models for other key service areas, again including a programme of involvement, engagement and, where relevant, consultation
- Financial modelling linked to the potential clinical models

Activity and capacity

Activity

The Commissioners and Providers across our Partnership have worked together on their activity planning assumptions for 2019/20 and have been able to make the necessary adjustments to align their plans from varied starting positions.

There is a clear ambition across our Partnership to flatten or reduce projected growth in demand for acute hospital services. That said, it is recognised that there are several hotspot areas, including Ophthalmology, Urology, ENT, MRI and endoscopy where additional service capacity will need to be provided in 2019/20.

National projections of increased demand have been taken into account in the formulation of our plans. Appropriate downward adjustments have been made to reflect planned out of hospital service developments, demand management measures and other transformation activities where the detail is known. Further in year work to quantify the impact of service improvement and transformation developments on activity will continue. Hull and East Riding CCGs with Hull University Teaching Hospitals Trust have agreed assumptions under the auspices of an Aligned Incentive Contract; North and North East Lincolnshire CCGs with Northern Lincolnshire and Goole NHS Foundation

Trust have plans agreed through a standard Payment by Results contract with joint governance arrangements established to monitor; Vale of York and Scarborough CCGs with York Teaching NHS Foundation Trust also have plans agreed through a standard Payment by Results contract.

Across our Partnership the activity planning has considered seasonal variation and the demand and capacity planning reflects the need to:

- Improve our bed occupancy position
- To at least maintain our waiting list stock position
- Ensure that no patient waits more than 52 weeks for treatment
- Sustain and/or improve the cancer and diagnostic waiting list times

In respect of specialised services growth has been secured in cancer and major trauma services as well as in high cost drugs and mechanical thrombectomy. There has also been some funding to improve waiting time performance in Urology and Neurosurgery. The rollout of the bowel scope programme is also reflected in the public health element of the contract although this is reduced to reflect the introduction of FIT which commenced across the Partnership in 2018/19.

Capacity

Activity forecasts within the plans reflect current and forecast service capacity. Although this reduces the risk of planned activity levels not being delivered, there are significant gaps between the forecast activity levels and the levels of activity that would need to be undertaken to clear backlogs and significantly improve waiting times across our Partnership.

As previously stated, whilst actions continue to be taken to flatten or reduce projected growth in demand for acute hospital services, work is underway across all three acute Trusts to increase service capacity in hard pressed areas. Hull University Teaching Hospital Trust is planning to deliver improvements in diagnostic service provision and cancer waiting times through increased capacity in endoscopy and cystoscopy. Northern Lincolnshire and Goole NHS Foundation Trust is undertaking modelling work to calculate the beds required to deliver both non-elective activity and planned interventions. York is planning to deliver improvements through theatre productivity and the further development of outpatient productivity work.

In addition, across the Partnership we are focussing on Outpatients Transformation (as mentioned in the Elective section). The approach will vary slightly across out sub-systems to reflect different local challenges.

However the methods will be shared and where it makes sense to do so a collaborative approach across the Partnership will be taken. The key areas of focus are on the use of digital technology and pathway redesign across primary and secondary care.

Where capacity has been a constraint across our Partnership during 2018/19, additional activity has been undertaken through agreed outsourcing, where it has been possible to do so. This has facilitated management of clinical risk associated with long waiting times for certain treatments. One example is the outsourcing of Ophthalmology activity in North and North East Lincolnshire under an Any Qualified Provider contract. This methodology will continue to be considered in 2019/20 in North and North East Lincolnshire for Ophthalmology, Chronic Pain, ENT and General Surgery and in York for Radiology reporting and endoscopy.

As in previous years, across the Partnership our organisations will work together to strengthen plans and arrangements for winter and other seasonal variations to ensure a robust and effective response. This is supported by lessons learnt events run by our three A&E Delivery Boards and which feed into the Urgent and Emergency Care Network Board so that improvements can be considered on a Partnership wide basis, where appropriate.

Performance

Whilst improvement has been made in 2018/19 towards achieving the national performance standards, the achievement of Constitutional Targets relating to A&E, Cancer 62 days and Planned Care will remain challenging across our Partnership during 2019/2020.

There are significant common issues that remain which will limit the level of improvement in performance that can be achieved across our Partnership in 2019/20. The most significant of these is our current lack of capacity for diagnostic testing and reporting, both in terms of equipment and skilled workforce. As a Partnership we have been successful in securing additional funding through the Wave 4 Capital bidding process. Some of the additional funding that we have secured will be used to support investment in diagnostic equipment and service capacity. We are working with NHSE/I to accelerate, where possible, the release of some of the Wave 4 capital so that the additional diagnostic facilities can be brought into service at the earliest possible opportunity. Further detail on capital funding is outlined in the Finance section of this plan.

Planned performance trajectories for our three Provider Trusts can be found in their individual 19/20 operating plans.

During 2019/20 we will:

- Look to improve (or as a minimum maintain) performance against all constitutional standards
- Commit to zero 52 week waits for planned care across all Trusts, with Northern Lincolnshire and Goole NHS Foundation Trust aiming to achieve a 7% reduction in the size of their overall waiting list

Quality

Quality means different things to different people. At its simplest, quality is defined as care that is safe, effective and provides where possible a positive experience. The definition of quality sets out three key areas:

- Patient safety: high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having systems in place to protect patients;
- Clinical Effectiveness: high quality care, which is delivered according to best evidence as to what is clinically effective in improving an individual's health outcomes
- Patient Experience: high quality care, which aims to deliver positive patient experience ensuring patients are treated with compassion, dignity and respect

Maintaining and improving the quality of health services for the population of Humber, Coast and Vale remains a priority across the Partnership in 2019/20. This continues to be a challenge due to rising demand for services and the requirement to ensure value for money in the delivery of services.

To enable robust challenge on the quality of care we need to work collaboratively to secure long term quality improvement for the population. The CCGs and Provider Trusts have set out their approach to Quality in their plans which focus on:

- Assuring the quality of services through strengthened governance including quality governance boards and quality and safety groups, board assurance frameworks, undertaking quality impact assessments, monitoring quality for example through quality dashboards that focus on deteriorating patients, quality assurance provider visits and national early warning scores
- Learning from experiences ensuring that learning from complaints and incidents by hearing the voice of the patient their carer's and families is shared locally and across our Partnership to improve the quality of services
- Partnership working by working together within and across organisations to deliver improvements
- Focusing on specific areas for improvement making quality central to service change through the development of improvement plans for areas identified for specific focus
- Ensuring quality is integrated into all aspects of activity

During 2019/20 we will look to further develop our approach to quality assurance through the following key aims:

- Maintain and Maximise Patient Safety - we will look to demonstrate robust patient safety reporting and learning approaches to ensure that patient safety remains the key driver

- Deliver Efficient and Effective care and treatments - we will work with clinicians and service users to define quality outcome metrics, utilising quality benchmarks to drive the quality agenda across the wider health economy
- Deliver Patient-centred care and services - we will look to develop services that empower patients through commissioning and delivering services that are respectful of and responsive (where possible) to individual patient preferences, needs, and values whilst ensuring that patient priorities guide all clinical decisions. Patient feedback mechanisms will be built into all services including primary care services so that user information informs service development with the ultimate aim of improving the patient experience

Each organisation currently has its own approach/methodology to quality and service improvement. Our Partnership believes that this is an area for further development and is currently exploring the possibility of implementing a partnership wide approach to quality improvement. We recognise that this is a significant task and we are working with NHS Improvement to learn from others who have taken a system wide approach.

Our Partnership approach to quality and service improvement will depend on our starting point, the level of adoption

required and the resources available. Any implementation will require senior leadership buy-in and representation from all the organisations within our Partnership to ensure a collaborative endeavour

During 2019/20 we will look to commence the development of our approach to quality improvement using the following five phases:

- Phase 1 readiness and the case for change – determine board level understanding, organisational readiness to change, cultural maturity and level of commitment
- Phase 2 diagnostic – baseline assessment of current individual approaches and capacity in individual organisations, cultural assessment
- Phase 3 planning - development of strategic approach and alignment/ agreement with existing system priorities and OD/ workforce strategies
- Phase 4 development – training, capability building and awareness
- Phase 5 application and refinement – application/ testing/ refinement/ adoption

Workforce

As a Partnership we have achieved success in a number of initiatives to support improvements in workforce in 2018/19, examples include:

- 115 funded Advanced Clinical Practice trainee places for HCV, 65 have been recruited and of these 36 are in Primary Care
- Excellence Centre delivery plan developed focussing on support level staff in Health and Social Care and supporting the development of a Career Framework for HCV Apprenticeships project
- 44 Physician Associate places funded and recruited on a 2 year preceptorship programme across the NHS, including 15 placed in Primary Care
- Multi-professional education initiatives utilising the post graduate medical schools to support ACPs in training (Primary Care & Emergency Medicine) and newly qualified PAs (Foundation School)
- Medical school expansion

We recognise that we need to build on this success, however our Partnership has some challenges in the following areas:

- An ageing workforce
- Gaps in skills and workforce numbers
- Attraction rates
- Retention
- Supply not there
- Turnover costs
- Lose experience and skills

In addition, specific workforce shortages have been identified within of a number of areas/staff groups:

- Appropriately qualified care staff
 - Experienced social workers
 - Diagnostic staff (Radiography, Endoscopy and Sonography)
 - Medical staff (doctors) in ED, Acute Assessment and surgical specialities
 - Medical staff in primary care (GPs)
 - Paramedics
 - Registered nurses (across all settings including social care)
-

Our Partnership workforce plan highlights the following priority areas:

1. Developing the current workforce by concentrating on retention, development of skills and system leadership,
2. Increasing the future workforce supply by developing new roles linking with and increasing training places, developing apprenticeships and maximising recruitment
3. Developing the workplace by focussing on employment practice, wellbeing of the workforce and looking at new employment models
4. Building the infrastructure and investment by understanding what we need and ensuring appropriate use of the funding available

During 2019/20 we will:

- Complete a workforce planning exercise across our Partnership so that we can articulate the workforce gaps and identify the plans to address them
- Reduce over reliance on agency support and develop our approaches to bank
- Continue to invest in and implement new roles such as Physician Associates, Advanced Clinical Practitioners and Trainee Nursing Associates and where possible look to introduce rotational placements
- Develop and implement our approach to Leadership and Talent management support the North Regional Talent Management Board
- Invest in upskilling our staff in workforce continuous improvement tools (Calderdale Framework and WRaPT)

Finance

Our Partnership has developed a financial plan for 2019/20 which starts with the forecast 2018/19 financial position and is summarised in the Data Extraction and Aggregation Tool (DEAT) and a Contract Alignment Template. The following narrative summarises the key messages and will be updated as work continues to refine our plans.

System alignment

Across our Partnership, our draft contract alignment position shows a total gap between Commissioners and Providers of £8m.

This can be further broken down to:

- a gap between Commissioners and Providers in the Partnership of £7.5m that relates to a difference in the York and Scarborough
- a gap between the Commissioners and other Providers of £0.5m that relates to a difference between North East Lincolnshire CCG and East Midlands Ambulance Service

System summary

(including control total and efficiency)

Our Partnership is forecasting an outturn deficit for 2018/19 of circa £104m (excluding Commissioner and Provider Sustainability Funding (C/PSF)) as a result of a deficit of £32.4m across our CCGs and a deficit of £71.6m across our Provider Trusts. Our forecast outturn for PSF is £22.7m of the £35.2m available and North Lincolnshire CCG received a CSF of £1.4m. Therefore our net forecast outturn for 2018/19 is a deficit of £81m (including C/PSF).

The 2018/19 forecast outturn position can be further adjusted to reflect the underlying recurrent position as set out in the table below that means our Partnership starts 2019/20 with an underlying deficit position of £135m.

	CCGs	Providers	Total
2018/19 FOT inc. PSF	(31,541)	(49,413)	(80,954)
Adj. To Recurrent Underlying Position	756	(54,999)	(54,243)
Adj. As % Of 2018/19 FOT	(2.4)%	111.3%	67.0%
2018/19 Recurrent Underlying Position	(30,785)	(104,412)	(135,196)

Our Partnership has been set a deficit Control Total of £80.6m for 2019/10 and our financial plan sets out a further deficit to this Control Total of £23.5m, therefore a planned overall 2019/20 deficit position of £104.1m (excluding PSF, Financial Recovery Fund (FRF) and Marginal Rate Emergency Tariff (MRET)). The PSF, FRF and MRET allocation for 2019/20 is £58.6m to the Provider Trust position. Based on the plans for 2019/20 we will only achieve £31.4m as two of our Provider Trusts have not agreed their control totals. This leaves an overall deficit for 2019/20 of £72.7m as set out in the table below.

	CCGs	Providers	Total
2018/19 FOT inc. PSF	(31,541)	(49,413)	(80,954)
Adj. To Recurrent Underlying Position	756	(54,999)	(54,243)
Adj. As % Of 2018/19 FOT	(2.4)%	111.3%	67.0%
2018/19 Recurrent Underlying Position	(30,785)	(104,412)	(135,196)
Recurrent Adjustments to 2019/20 Plan	7,740	27,238	34,978
Non-Recurrent Adjustments to 2019/20 Plan	(5,121)	32,682	27,560
Total Adjustments To 2019/20 Plan	2,618	59,920	62,538
Adj. As % Of Recurrent Underlying	(8.5)%	(57.4)%	(46.3)%
2019/20 Plan, inc. PSF, FRF, MRET	(28,166)	(44,492)	(72,658)
% Movement From 2018/19 FOT	(10.7)%	(10.0)%	(10.2)%

To deliver the above, our 2019/20 financial plan includes a total efficiency saving of £108.1m across both Commissioners and Provider Trusts. The following table outlines the efficiency position for the Partnership by organisation category.

Organisation category	2019/20 Planned efficiency £000's	Efficiency as % of baseline
Commissioners	45,746	2.11%
Providers	62,365	3.68%
Total	108,111	2.80%

Plans for the delivery of these savings are still being developed and some cost reduction actions have not yet been identified or quantified. The higher efficiency gain in our Provider plans compared to previous years presents an additional financial risk that needs to be managed.

In addition to the organisational efficiencies outlined above, our Partnership has identified a number of key areas where we are collaborating to deliver efficiencies aligned to long-term transformation priorities. There include:

- Acute Service Reviews - across the Humber and Scarborough
- Estates Utilisation
- Pathology Collaboration
- Medicines Optimisation

In summary, we recognise that a significant amount of work needs to be completed in year to ensure delivery of our plans and achievement of our financial targets. During 2019/20 the focus will be on delivery of organisational efficiency programmes, collaborative implementation of cost reducing plans in the 3 sub-systems and finalisation of transformation plans that will deliver improved financial sustainability over the 5 year planning period. The sub-system cost reduction plans will be developed and start to be implemented within the first quarter of 2019/20.

Investment

All the Commissioners within the partnership have committed to delivering the Mental Health Investment Standard and providing additional funding in to Primary and Community Care as set out in the DEAT.

Capital

Across our Partnership, the Provider Trusts have significant challenges with the quality and age of their buildings and equipment leading to backlog maintenance issues across all hospital sites. For many years the depreciation and loan funding available to provider Trusts has been limited and heavily over-committed. This has contributed to the current problems with ageing equipment and high risk backlog maintenance values. In this context Hull University Teaching Hospital Trust and Northern Lincolnshire and Goole NHS Foundation Trust have made applications to NHS Improvement for emergency capital funding to support replacement of diagnostic equipment.

In December 2018, our Partnership was informed that it had secured £88.5million in the Wave 4 Capital allocation process. The focus of the capital investment will

be to improve diagnostic capabilities and fund a major upgrade of the Emergency Departments and related facilities on four of our hospital sites:

- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Hull Royal Infirmary
- Scarborough Hospital

Some of the Wave 4 funding will be used to improve diagnostic capability in MRI, CT and endoscopy, which is extremely welcome at a time when our diagnostic services are struggling to keep up with ever-increasing demand. The improvements to urgent and emergency care facilities will support the provision of integrated, multi-disciplinary services and will improve both efficiency and patient experience by putting diagnostic and urgent and emergency care services together at the front door of each hospital.

The new MRI and CT scanners at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, as well as additional scoping capabilities at Hull Royal Infirmary, will mean patients can undergo tests sooner and, therefore, start their treatment earlier. However, whilst there will be some slight improvement in performance

in 2019/20, we are unlikely to see any material impact as a result of this investment until the latter part of 2020 or the early part of 2021 based on the current prescribed timescales for business case development and approval. These timeframes are significantly beyond that which the Trusts had hoped for when they submitted the bids for funding. It is hoped that the approval processes can be accelerated and in some areas and that the early draw down of funds can take place to ensure that much needed diagnostic equipment can be introduced in the current financial year in some areas.

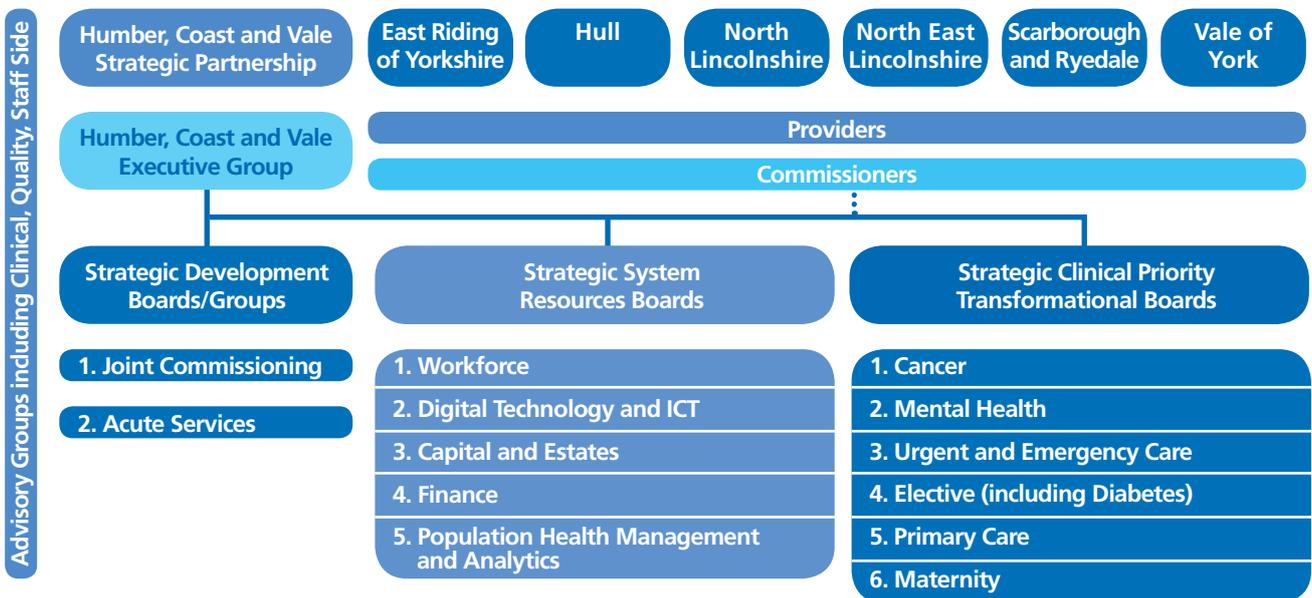
Notwithstanding this, the state of the existing hospital infrastructure across our Partnership poses a high risk to the sustainable provision of clinical services. Each Provider Trust has identified this as a critical risk in their Board Assurance Framework processes and each is considering how they will manage this risk in the short term. This issue is well understood nationally with a number of Trusts facing similar issues and we are hopeful that the current spending review will yield some positive news on the availability of additional capital funds by the end of the 2019. If additional investment, over and above that

which the Trusts currently have access to, is not made available, it is likely that clinical service failures may become a reality by the end of the financial year.

During 2019/20 we will work with NHS Improvement and HM Treasury to agree the early draw down of capital funding to support the planning process and will produce the Strategic Outline Business Case and subsequent Outline Business Cases for approval.

Approach to delivery

As mentioned earlier in the document, during 2018/19 we have strengthened the approach to our clinical and resource collaborative programmes and established the governance arrangements as set out in the diagram below. The clinical and managerial leadership of some of these programmes has been enhanced as well as representation on the Executive Group and other Boards. We will continue to deliver our Partnership objectives for 2019/20 using this framework.



The following table identifies our Partnership Leaders who will provide the leadership and managerial direction for the Partnership and Collaborative Programmes as well as holding each other to account for delivery through the Executive Group.

Our Partnership has chosen to support the delivery using a distributive model and the leaders are supported by resources in the main from in our system, using transformation funding to support additional resources and with some aligned resource from NHS England / Improvement.

Our Partnership Team		
Lead/Chair (interim)		Andrew Burnell
Deputy Chair		Emma Latimer
Clinical Lead		Peter Melton
Finance Lead		Lee Bond
Public Health Lead		Stephen Pintus
Director		Chris O'Neill
Head of Programme Delivery		Karina Ellis
Strategic Lead Communication and Engagement		Linsay Cunningham
Clinical Priority Areas		
Cancer	SRO	Jane Hawkard
	Clinical Lead	Stuart Baugh
	Programme Director	Lucy Turner
Mental Health	Executive sponsor/SRO	Michele Moran
	Clinical Lead	Steve Wright
	Programme Director	Alison Flack
Urgent & Emergency Care	Chair/Clinical Lead	Andrew Phillips
	SRO	Helen Kenyon
	Programme Director	Sue Rogerson
Elective (planned) Care	SRO	Alex Seale
	Clinical Lead	Several aligned to workstreams
	Programme Director	Caroline Briggs
Primary Care	SRO/Clinical Lead	Dan Roper
	Programme Director	Geoff Day
Maternity	SRO	Chris Long
	Clinical Lead	Kevin Philips
	Commissioning Delivery Lead	Sarah Smyth
Strategic Resourcing Boards		
Strategic Digital Board	Chair	Chris Long
Estates Board	Chair	Mike Proctor
Workforce Board	Chair	Rob Walsh
Places		
East Riding		Jane Hawkard / John Skidmore
Hull		Matt Jukes
North East Lincolnshire		Jane Lewington / Jane Miller
North Lincolnshire		Denise Hyde / Emma Latimer
Scarborough		Amanda Bloor
York		Mary Weastell / Phil Mettam

Key risks to delivery

The Partnership has undertaken an assessment of the risks to delivery of our 2019/20 operating plan and identified the following risks and mitigating actions.

Risk	Mitigation
Workforce pressures increase, adversely affecting service quality and efficiency	Early and effective implementation of the key initiatives set out in the Partnership's Workforce Plan, facilitated by the alignment of dedicated leadership and management resources
Service capacity cannot be maintained across the board, adversely affecting service quality and performance against key targets	Continued collaboration between partner organisations to deal with pressures as they emerge. Continued collaboration with external partners (AHSN, RightCare etc) to realise opportunities to increase service efficiency and capacity.
Additional service capacity cannot be mobilised in hotspot areas, adversely affecting service quality and performance against key targets	Continued collaboration between partner organisations to deal with pressures as they emerge. Wider collaboration with neighbouring Partnerships in West and South Yorkshire
Service developments and interventions do not flatten or reduce growth in demand for acute hospital services to the expected levels, increasing operational and financial pressures	Effective real-time evaluation of outcomes and remedial action planning, facilitated by the development of the Partnership's Business Intelligence and Population Health Intelligence capability
Problems associated with ageing buildings and equipment increase, adversely affecting service continuity and capacity and potentially resulting in service failure	Prioritised investment of provider own capital to address the highest risk backlog maintenance and equipment replacement issues. Submission of bids for emergency/ additional capital funding
Reprovision of ageing buildings is delayed due to lack of capital funding, adversely affecting service continuity and capacity and potentially resulting in service failure	Development of robust SOC's for highest priority reprovision schemes. Assessment of available financing options. Submission of bids for additional Treasury capital funding
Inability to identify and deliver sufficient efficiency savings to achieve Control Totals	Review and expansion of efficiency savings programmes to ensure compliance with best practice and inclusion of all opportunities set out in national and regional guidance
Insufficient leadership and management capacity to deliver both transformational change and operational objectives	Early implementation of programmes designed to develop leadership and management capability across the Partnership. Alignment of staffing resources to provide appropriate levels of support in priority areas

Humber, Coast and Vale Health and Care Partnership

