Yeovil District Hospital NHS
NHS Foundation Trust

Operational Plan for 2014/15 – 2015/16

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This document completed by (and Monitor queries to be directed to):

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- This operational two year plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan.
- The operational two year plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans.
- The operational two year plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans.
- All plans discussed and any numbers quoted in the operational two year plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name *(Chair)*	Peter Wyman

Signature 

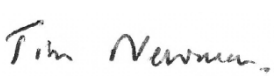
Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	Paul Mears

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	Tim Newman

Signature 

Executive Summary

Yeovil District Hospital NHS Foundation Trust (YDH) continues to build and implement the priorities which were set out in last year's annual plan and has made good progress in the past twelve months on delivery of its key strategic ambitions. This plan builds on that progress and sets out the further stages which will be delivered over the next two years as we develop an exemplar model of a small, rural district general hospital at the heart of an integrated care system.

The challenges facing YDH, in common with the rest of the NHS, are unprecedented and the Trust Board has spent significant time reviewing the opportunities and challenges presented by the current national and local environment in healthcare. The Board is fully aware of the challenges facing the organisation but believes that these present a significant opportunity to develop a new role for the hospital as part of an integrated care system, to innovate to deliver improved services in partnership with other organisations both within and outside the NHS and to continue to deliver the highest quality of care to our patients underpinned by the organisation's iCARE values (communication, attitude, respect, environment).

The primary driver and challenge facing our organisation today is the demographic growth within the local area, particularly with an increasing older population, many of whom have multiple co-morbidities, coupled with the financial constraints facing the NHS. It is this driver that led us to instigate the establishment of the Symphony Project eighteen months ago, bringing together the Somerset Clinical Commissioning Group (CCG), Dorset CCG, local GPs, adult social care from Somerset County Council and the community and mental health services provider, Somerset Partnership NHS Foundation Trust. The aim of the Symphony Project is to transform the care we provide to patients with complex, long term conditions through an integration of care across health and social care boundaries. This work is a core part of our strategy moving forward and in the coming two years we will see the establishment of a new model of care based on integrated health and social care teams (including hospital specialists and GPs) to manage the care of patients with the most complex conditions in our local community. The Symphony Project also provides an opportunity to develop a new model of commissioning and contracting for integrated care between commissioners (CCG and local authority) and providers (including GPs).

The Symphony Project Board is developing a new alliance contract model for the commissioning of services which will be based on outcomes for the defined population of patients and will contract with the 'alliance of providers' to deliver these outcomes. This new and innovative commissioning model provides an opportunity to transform the way in which care is commissioned as well as incentivising all partners in the local health and social care system to work in an integrated manner to improve the outcomes for the local population. Work on both the integrated care model and the alliance contract involves input and support from NHS England and Monitor, both of whom have been helpful in providing advice on the potential barriers to delivery and the opportunities presented by this new and unique process of integrating care both contractually and operationally.

The Trust is working closely with colleagues in both Somerset and Dorset CCGs to understand how the future financial sustainability of our organisation sits alongside the sustainability of the whole health community, particularly in Somerset where we work closely with colleagues in Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust. To enable us to continuously improve the quality and sustainability of services for our local population, particularly in South Somerset and North and West Dorset, the Trust Board has agreed to work with Dorset County Hospital NHS Foundation Trust to explore further areas where there may be opportunities to collaborate on clinical services.

While the Symphony Project is focussed on the management of care for complex and older patients, the Trust Board continues to focus on the delivery of good quality elective care services to our local populations in Somerset and North and West Dorset. We believe strongly that core elective services tailored to patients' needs, especially those for older people, should be available locally and we are working with a number of partners including other NHS and private healthcare bodies to provide sustainable services. Overall, our waiting times for elective services are within the national standard of 90% within 18 weeks of referral to treatment and in many specialties we are delivering consistently to a 15 week referral to treatment.

Recognising the strategic importance of both elective care and integrated care for managing long term conditions, the Trust now has two directors focussed on these strategic business units. This recognises the importance of senior leadership to drive the strategic agendas in both these areas which will be critical to the Trust's success in the future. These two operational directors are supported by associate medical directors and associate nursing directors and together this team focusses on the strategic development of their business unit as well as overseeing the quality, performance and finances of their areas. This has led to greater clinical engagement in the running of clinical services and a greater flexibility to respond to new service developments.

The Trust executive team has been strengthened in the past year as our Chief Finance and Commercial Officer has brought considerable experience from the private sector at a critical time in the Trust's development. We have also strengthened medical leadership at the Board with the previous Medical Director now fulfilling a role as Deputy Chief Executive and a new senior doctor taking on the Medical Director portfolio. This means that two doctors are voting members of our Board and, along with the Director of Nursing, we now have a majority of clinicians as voting executive members of the Board. We have also been able to make permanent our interim Director of Nursing who has a distinguished career within the Trust and who brings a clear focus on improving patient care through her weekly clinical work. The executive team is focussed and driven to deliver the strategy described in this plan and is working well with the non-executive directors to ensure that the strategy for the organisation is implemented in the coming years. Our governors continue to provide scrutiny and support to the Trust and a number of them have reviewed and commented on this plan as part of their involvement in setting the Trust's strategic direction.

The Trust has made considerable progress in establishing a robust approach to developing income from sources outside the NHS. This includes existing commercial ventures that the Trust has already begun, such as the joint venture in pathology services, the partnership with Circle in ophthalmology services, our strategic estates partnership, increasing private patient activity and new ventures on the horizon. The Board has undertaken a review of these potential commercial opportunities and has a clear development plan which captures exciting opportunities to consider new partnerships which will improve and enhance care for our patients as well as generating new income streams for the Trust. The organisation is in the process of appointing a Head of Business Development from the private sector who will take forward these opportunities and report to our Chief Finance and Commercial Officer.

The Trust Board will continue to focus on improving the quality, safety and effectiveness of the care we provide to our patients and has agreed a number of key objectives to monitor and progress which are set out later in this plan. Following the publication of the Public Inquiry into Mid Staffordshire NHS Foundation Trust (Francis), the Berwick and Keogh reviews on patient safety and the Clwyd Report into complaints and patient experience, we have reviewed our areas of focus for improvement and are developing a strategy that incorporates the relevant recommendations, including safe staffing levels and plans to develop and implement models to provide seven day services which will be a key enabler to preventing admissions at weekends and enabling people to access high quality end of life care out-of-hours and at weekends.

We are committed to improving the health of the population and to finding innovative new ways of meeting people's needs and aspirations for health care. We know that the way in which people want to access our services is changing; we also know that as our population becomes older, it will be more important for health and social care organisations to work together to ensure that we can respond. To support its ongoing aims to improve integrated care, YDH is procuring an integrated Smartcare electronic health record (EHR). One of the core objectives of the new system will be to transform our services and provide improved access to information as part of our patient care. Clinical functionality such as e-prescribing and medicines administration along with clinical documentation and clinical decision support will be available as well as the improvement of a number of key clinical systems.

As well as exploring new methods of managing services to make them more coordinated and responsive, we have also been looking at ways in which we can physically co-locate care services – bringing all of the advice, support and treatment together into one place – so that it is more accessible than ever before. We

believe that the central location of our hospital makes it the perfect location for such a project, and have been working on plans for an exciting, new 'Health Campus'. Here, we could develop hospital care, community and primary care health services, social care support and therapies in a single location. While this is an innovative idea, the objectives behind our Campus are actually very simple: we want to make it as easy as possible for people to get the care they need, when they need it.

The Trust is forecasting to deliver a surplus of £0.2million (prior to an impairment of £0.6million) in 2013/14) and a continuity of service risk rating of 4; this is in line with the 2013/14 annual plan. The financial plan for the next two years is an income and expenditure deficit in both years of £2.4million in 2014/15 and £3.1million in 2015/16. This will result in a continuity of service risk rating of 3 in 2014/15 and 2 in 2015/16. The plans assume a steady state scenario, in which the hospital continues to operate as a rural district general hospital. Our contracted clinical income with our two main commissioners (Somerset CCG and Dorset CCG) is aligned and in agreement with their plans.

We recognise that the coming years will be some of the most challenging that the Trust has faced. However, we know that we have a strong Board and executive team with the right skills and capabilities who understand these challenges and have put a clear and ambitious plan in place to address them.

Operational Plan

Short Term Challenge – 2014/15-2015/16

The challenges facing YDH, in common with the rest of the NHS, are unprecedented and the Trust Board has spent significant time reviewing the opportunities and challenges presented by the current national and local environment in healthcare. The primary challenge facing our organisation is the demographic growth within the local area, particularly with an increasing older population, many of whom have multiple co-morbidities, coupled with the financial constraints currently faced by the NHS. Overall, the scale of the challenge in Somerset is significant. The Somerset CCG currently predicts that the challenge amounts to approximately £80million over the next two years. The impact of the Better Care Fund (BCF) is currently projected to result in £38.5million being moved into the BCF in 2015/16 which will further challenge the two acute providers in the county.

Demographic Context of Local Health Community

YDH delivers services to a population of c200,000 primarily from the rural areas South Somerset, North and West Dorset and parts of Mendip. The population of this area is characterised by a larger than average number of people over retirement age and a higher than average number of people over 80. This demographic profile places particular challenges on the local health and care system and we are already seeing the effects of the number of older people living with long term conditions and an increasing prevalence of patients who suffer from dementia coming to hospital. Figures 1 and 2 show the current and forecast demographic for the area:

Figure 1

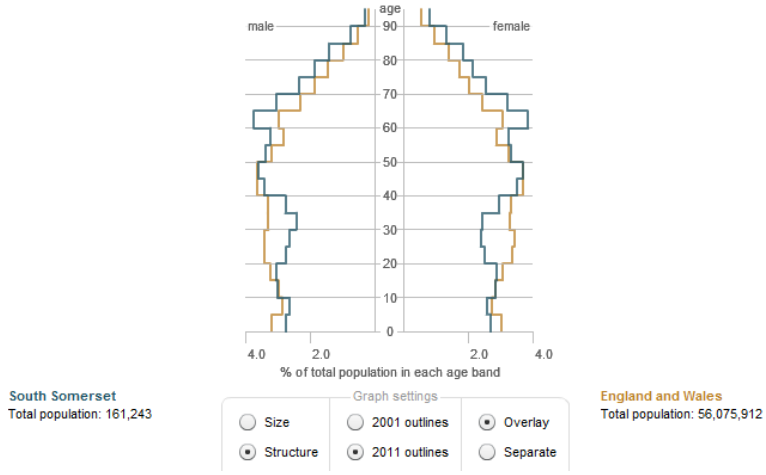
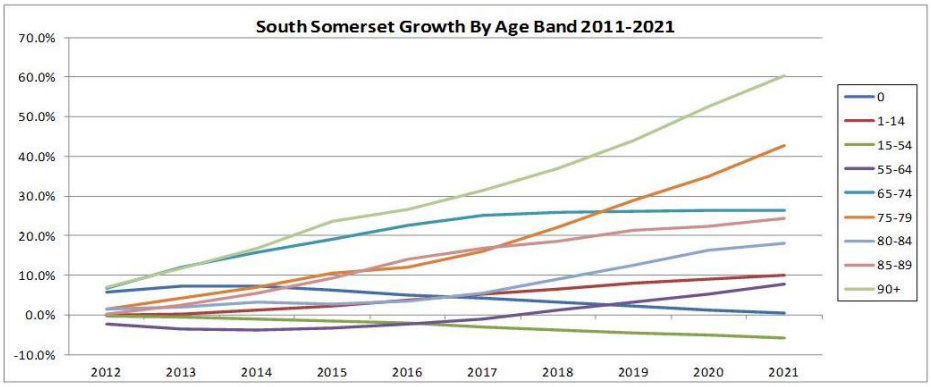
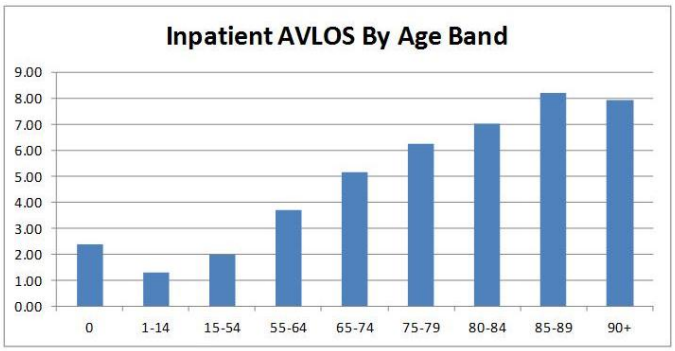


Figure 2



- Over the next decade the core catchment will increase by 6% in terms of headcount
- But, in composition there will be a 33% increase in the over 75 age groups and a significant decline in working age adults
- By the end of the decade, the over 75s will increase as a proportion of the population from 10% to 13%.

Figure 3



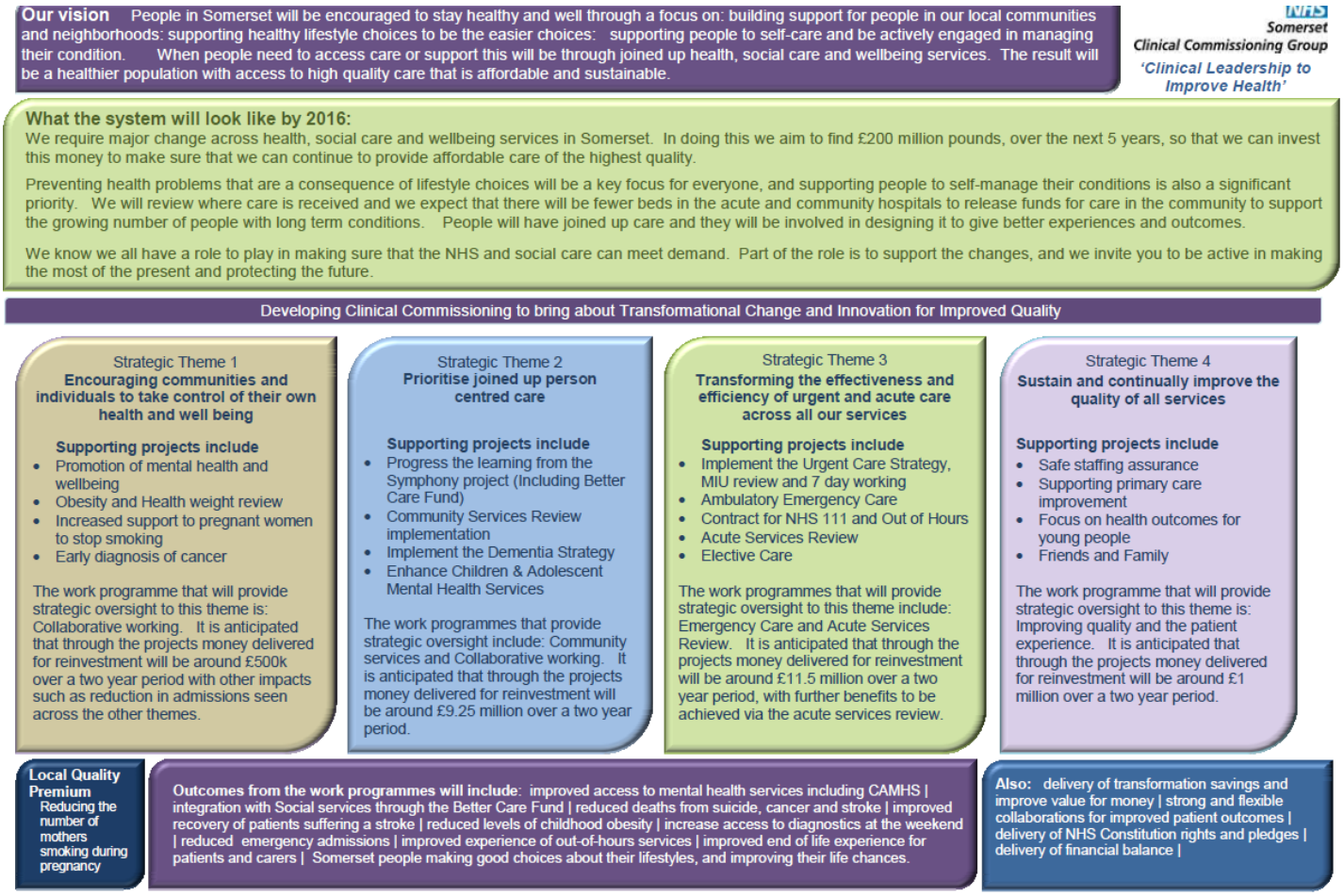
- Although overall population change averages 0.6% p.a., the impact of an increasing older population has a much bigger impact upon demand and casemix and an annual weighted increase of circa 1.2% is expected
- This is because older people are more likely to be admitted and to have a longer length of stay
- Demographic change will impact differentially on different specialties – generally greater growth should be expected in non-elective areas such as general medicine, cardiology, oncology and orthopaedics

Figure 3 above illustrates the major challenge the local health and care system faces in dealing with an increasing older population who have multiple co-morbidities and who often live alone or without family locally, having retired to Somerset. This proportion of the population accounts for over 40% of our inpatient activity, therefore the management of the care of these people is one of the key priorities for this Trust and underpins our strategy as encapsulated within the Symphony Project. The demographic challenges we are facing, not just in South Somerset but across the whole county, have formed part of the focus for the CCG, local authority and providers in developing the ambitions for the Somerset health community in the coming years.

Managing the Challenge

The Somerset CCG has set itself an ambitious strategy to achieve its vision for services and recognises that system transformation requires high levels of collaboration and a will to put patient outcomes above organisational form while maintaining excellence in quality of care. The mainstay of Somerset CCG's five year strategy is transformation through appropriate participation, collaboration, shared vision and aligned working across partners in Somerset, which is an ambition that is shared by YDH. The CCG and its partners recognise the enormity of the challenge and we will work with them on making the necessary changes, working with partners across the health system. The CCG has developed its two year commissioning plan which sets out the actions required in order to get ahead of the curve in terms of managing the changing population needs and subsequent demands on health and care. Their ambitions for the next two years are outlined in their draft two year commissioning plan, a summary of which is contained within their plan on a page:

Somerset CCG Plan on a Page



YDH will also continue to work with Dorset CCG and with NHS England Specialised Commissioning to ensure constructive engagement and collaboration so that plans are aligned across the health community over the next two years, with a view to achieving the shared goals of improved patient outcomes and service transformation within the fixed resources available. Our contracted clinical income with our two main commissioners (Somerset CCG and Dorset CCG) is aligned and in agreement with their plans.

The Board is keenly aware that while a significant amount has been achieved during the past year, we will need to continue this transformational change at a greater pace over the coming two years if we are to deliver a sustainable hospital, both financially and clinically, in light of the financial and service pressures we anticipate.

The Board is committed to working with our colleagues in the local health and social care system to play our full part in the transformation of the whole health community. The Trust is working closely with colleagues in both Somerset and Dorset CCGs to understand how the future financial sustainability of our organisation sits alongside the sustainability of the whole health community, particularly in Somerset where we work closely with colleagues in Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust. We are well aware that the nature of the relationships with these partners and their future financial position will need to be considered by the CCG in conjunction with our own financial situation. We are also working closely with colleagues in the CCG to develop the plans for the Better Care Fund and have been fully involved in the development of the Somerset plan which we believe if used creatively, could support the direction of travel of the Symphony Project.

The Board strongly believes that the Symphony Project is a vehicle through which care for our most complex and vulnerable people will be transformed and which will also provide better value care for the community. We are working closely with the Dorset and Somerset CCGs and local authority to develop alternative commissioning models to support a new, integrated model of care and we believe that the proposed alliance contract is an innovative and transformational tool by which providers can deliver improved outcomes for patients and improved value for commissioners. Our work on alliance contracting has attracted national attention and we are working closely with NHS England, Monitor and the Foundation Trust Network to ensure that our approach is supported by national organisations developing the contracting models for integrated care.

Review of SWOT Analysis

The Board has reviewed the strengths, weaknesses, opportunities and threats (SWOT) facing the organisation as part of its planning process for this year, building on the analysis undertaken in 2012/13. A summary of this is below:

Strengths	Weaknesses
Sustained strong performance in operational activity	Continued delivery of cost improvement plans (CIP) in a recurrent way underpinned by service redesign
Delivery of financial targets	The scale and pace of change within the hospital can be difficult for staff, as reflected through the most recent staff survey results
Committed workforce with high loyalty to the organisation and low turnover rates	Size of organisation provides challenges in delivering new clinical standards and professional requirements
Strong relationship with governors and members and good reputation within the local community	Scale of opportunity to reduce cost base in a small organisation
Symphony Project developing significant momentum locally and nationally	Capacity and capability gap in some key areas to deliver change required
iCARE values and philosophy underpin care provided	Historic lack of longer term strategic planning
Good external assessments of quality of care from regulators	Some small departments with insufficient size to meet longer term service expectations
Strong and commercially focussed board	Capacity of executive and managerial resources on key strategic projects
Dynamic executive leadership team with broad range of experience in both NHS and private sector	Inability to recruit to key clinical posts
Good relationships with CCGs in Somerset and Dorset and strong levels of engagement and support for YDH from these groups	
Strong links with local GPs and primary care, and developing relationship with new primary care provider group	

Opportunities	Threats
Implementation of a new alliance contract model as part of Symphony Project Work with Primary Care Provider Group to drive integrated clinical models across heath system Continuing to be responsive to opportunities and using our smaller size to advantage Development of a proposal for a far more integrated out-of-hours service Opportunities to improve co-ordination of care through plans to develop the Health Campus Procurement of commercial strategic estates partner Delivery of commercial strategy and new commercial opportunities Implementation of new electronic health record system presents significant opportunity to transform care delivery and make hospital more efficient Further collaboration with local NHS partners on clinical and back-office services	Potential change of direction of CCG strategy which could have adverse impact on organisation Impact of financial challenge Increase in activity (especially non-elective) due to increasing age of population and demographic shift Impact of pressure on primary care will have effect on acute hospital Impact of alliance contract on acute hospital income Further new standards from Royal Colleges etc which make clinical services unsustainable Level of organisational development required to support and engage staff on significant programme of change required

From the SWOT analysis review, it is clear that some of the most significant threats to the organisation come from outside the Trust. The strategy we are pursuing will address this as we build stronger relationships with key NHS and non-NHS partners and develop integrated models of care as part of our strategic direction.

To support the delivery of the strategy, the Board has agreed six key strategic objectives which build on those from 2013/14. These are:

- Patient Safety, Quality and Clinical Effectiveness
- Patient Experience
- Delivering Value (Best Use of Resources)
- Our People and Culture (Engaging Staff)
- Innovation and New Models of Care
- Partnerships and External Relationships

These six objectives are supported by a number of key deliverables to which we will commit in 2014/15 and further develop in 2015/16. The Board has reviewed both the deliverables and the risks to non-delivery as part of our planning process. These will then form the basis of the Board Assurance Framework for the coming year and will be monitored by the Board and its relevant sub-committees.

Competitor Analysis

The Trust is in a strong position given its geographical location and the commitment to the hospital from the local community and GPs. However, the neighbouring acute hospitals are considering their strategic directions and the response of their organisations to the challenges of increasing demand for healthcare with a decrease in funding. This means that YDH needs to look carefully at how it faces the competitive threats from neighbouring organisations, whilst continuing to work closely with these providers with whom we deliver care in partnership at YDH.

The Board has reviewed the competitor analysis undertaken in 2012/13. A summary of this is below:

Competitor	Assessment of Strengths in Relation to YDH	Assessment of Weaknesses in Relation to YDH
Taunton and Somerset NHS Foundation Trust	Larger hospital with greater resources in key specialties New surgical block open with all single-room provision Investment ambitions for new intensive therapy unit Provides specialist services for Somerset population (e.g., vascular, radiotherapy) Aim to become central centre for stroke care	Distance to travel for people local to YDH (between 50 minutes – 1 hour) Not seen as a 'local' provider for South Somerset community Waiting times are currently higher for elective care than those at YDH Financial challenge for 2014/15 estimated to be significant Greater impact of specialist commissioning changes
Shepton Mallet Independent Treatment Centre (run by Care UK)	Relatively new facility providing good quality environment for patients Good waiting times for treatment for range of elective procedures High rates of day case procedures Focus on enhanced recovery and short length of stay for inpatients Strong marketing approach supported by large national healthcare provider	Only deals with basic elective cases, with more complex cases being referred to NHS providers Some challenges for patients in terms of access and travel time Known to have spare capacity and challenge in filling all operating time Contract due for renewal
Dorset County Hospital NHS Foundation Trust	Geographically more convenient for patients living in North and West Dorset who can choose either YDH or Dorset County Hospital NHS Foundation Trust More comprehensive range of services in some specialties Has a higher dependency neonatal unit than YDH	Distance to travel for patients living in Somerset Referrals for specialist treatments can involve travel to Poole or Bournemouth, which are less convenient for patients than Taunton or Bristol Waiting times at are currently higher for elective care than those at YDH No discernible differences in quality of environment for patients (e,g, single room provision)
Somerset Partnership NHS Foundation Trust	Community provider delivering services to patients in local community hospitals which are convenient for patients Provision of home based care services (e.g. rehabilitation, district nursing) which could replace care currently being provided in YDH An integrated community and mental health provider which can provide specialist input, especially for patients with dementia Close links with GPs	Will not be able to provide specialist acute services currently provided in YDH Organisation still managing the integration of community services into the trust Much of the specialist expertise required to support care in community is within YDH, necessitating a joint approach to service redesign

Competitor	Assessment of Strengths in Relation to YDH	Assessment of Weaknesses in Relation to YDH
Primary Care Provider Group (developing Somerset primary health across county and Symphony Primary Care Group locally in South Somerset)	Established group of primary care providers locally who run existing services (e.g. walk-in centre, musculoskeletal services) GPs well regarded by local community and services can be more convenient in rural communities than in YDH Policy drive to shift care to community settings supports primary care provider options Any Qualified Provider opportunities for primary care providers Opportunity for greater collaboration with YDH and potential to work jointly to support primary care	Challenge of developing primary care provider options across large number of practices Challenge of managing conflict of interest in new commissioning regime Does not have specialist expertise which currently sits within acute provider

Operational Requirements and Capacity

Urgent Care and Long Term Conditions

The clinical strategy for urgent care and the management of long term conditions focusses on the development of an integrated model of care, concentrating initially on those patients within South Somerset living with three or more long term conditions.

As a Trust, we believe that the only way of managing the predicted demand growth associated with this group is to work collaboratively with primary care and community services to proactively manage these patients and reduce their traditional reliance on face-to-face hospital care and emergency inpatient admission.

The Trust has been working with local NHS and local authority partners over the past 18 months as part of the Symphony Project. The aim of this project is to transform the delivery of services to patients with multiple long-term conditions and complex care needs through the development of new contractual and service models.

2014/15 will be a year where 'Symphony' becomes a reality and is a core part of our strategy. A new service delivery model has been designed and the aim is to commence this during 2014/15.

One of the implications of this change for YDH will be a reduction in admissions and length of stay for the target cohort of patients, allowing the Trust's bed base to be reduced and resources to be redirected into community and social care provision.

Our emergency department is seeing demand increases which are unsustainable with the current infrastructure. Growth during the past year has levelled off following a significant increase in attendances during 2012/13.

Following success in recruitment during 2013/14, the Trust continues to strengthen senior leadership in both acute and emergency medicine. During 2014/15 this will include the further development of emergency nurse practitioner roles.

With the publication of the first phase recommendations of the Keogh Review into urgent and emergency care, the Trust is working closely with the CCG to look at the options for our emergency department. We believe strongly that the solution for our department is to work as part of an integrated urgent care system locally.

We have an ideal opportunity to take a number of steps towards this reality during 2014/15 as the CCG issued a tender notification for the out-of-hours service in February 2014. YDH is working closely with local GPs and the South Western Ambulance Service NHS Foundation Trust (the current out-of-hours provider) to look at the potential to develop a far more integrated out-of-hours proposal. In addition, we are developing plans with the current provider of the local GP 'walk-in' centre to co-locate this on the YDH site during 2014 as part of our work to develop the Health Campus.

Our focus on acute care is linked to our strategy for developing integrated care. During 2013/14, the Trust developed a new Frail Older Persons Assessment Service (FOPAS) where GP referred patients can be seen in a dedicated area led by a care of the elderly physician who is supported by a multi-disciplinary team. This model will be further developed during 2014/15 with an aim to develop domiciliary (outreach) services to primary care.

Another key part of the Trust's urgent and emergency care strategy is the development of ambulatory emergency care. The Trust has joined the national ambulatory emergency care network and will be looking to develop this provision significantly during 2014/15.

The Trust continues to work to improve the processes associated with discharge and aims to implement a number of partnerships which will support the timely transfer of patients to more appropriate care settings once their acute episode has concluded. One example that is planned for 2014/15 is the development of a 'virtual ward' via an arrangement with a home healthcare partner.

The aim of our work is to build on the success that we had in 2013/14 by continuing to reduce the length of stay for emergency medical admissions towards upper quartile performance for a small/medium sized hospital, thus delivering efficiency savings and enabling the Trust to continue to perform strongly against key performance and quality indictors in the face of the predicted continued increase in demand.

Paediatrics

The Trust currently provides a full paediatric service, including emergency assessment and inpatient beds. The Trust recognises the challenges of continuing to provide this service with increasing clinical standards as detailed in the policy document from the Royal College of Paediatrics and Child Health – Facing the Future (2011). The Trust is currently involved in discussions with our neighbouring acute providers to explore the options for future paediatric services and we plan to develop these discussions during 2014/15.

Dermatology

Demand on the dermatology service has continued to increase significantly over the past year. This is particularly related to the demand for two week referrals for suspected skin cancer. The pressure on the service is likely to be exacerbated by the retirement of a number of key clinical staff during the year. As a result, the Trust will undertake a demand and capacity review during 2014/15 with a view to consideration the service delivery and workforce model, including the development of tele-dermatology and new pathways of care.

Diagnostics

We anticipate that the demand for diagnostic services will continue to rise over the coming years and we will be considering how we manage this projected growth as part of our workforce and capital plans in the next three years.

The Trust's radiology service continues to develop and has started to expand its provision across seven days. Further work is required to provide a consistent seven day service in all modalities in order to meet the demands, primarily of urgent and emergency care for consistent access. To support this, a new workforce plan has been developed to formalise seven day working which will be implemented during 2014/15.

The Trust will be upgrading its MRI scanner and x-ray rooms during this financial year and has developed a three-year capital plan which supports the on-going development of this service

The Trust already has an arrangement with an external radiology partner, Medica Nighthawk, for the reading of emergency scans after midnight to ensure that we are able to maintain rapid reporting as well as maintaining a sustainable consultant rota. This will be reviewed during the year to identify other options for out-of-hours cover. As part of this review, we will examine further opportunities for the provision of radiology services in partnership with other NHS and private sector providers.

During 2014/15, the Trust aims to build on the successful implementation of the new pathology joint venture by securing work from at least one additional NHS organisation.

Linked to the integrated care agenda, the Trust will be looking to expand its telehealth provision following successful initial pilots in respiratory medicine and cardiology.

Pharmacy

The Trust has a highly successful pharmacy department which, as well as providing acute services, also provides community based services across both Somerset and Dorset. During 2014/15, the Trust aims to pursue a number of opportunities to expand its community provision and is also developing plans to implement a commercial outpatient pharmacy within the hospital.

In the longer term, the Trust is considering the option of tendering for a strategic pharmacy partner to help us develop our acute, community and commercial pharmacy services. It will also be developing a new workforce plan to move to a consistent seven day service.

Urgent Care and Long Term Conditions Two Year Plan

Service	2014/15	2015/16
Urgent Care	Continue to strengthen senior clinical workforce in acute and emergency medicine Develop a partnership to improve the provision of out-of-hours services across Somerset Expand the provision of ambulatory emergency care Review the form and function of the current emergency admissions unit Review opportunity to move walk-in centre to co-locate with the YDH emergency department Continue to improve performance in stroke care and participate in next phase of the Somerset stroke review Develop a more integrated service model with local community hospitals Develop a 'virtual ward' via an arrangement with a home healthcare partner	Review accommodation for the emergency department in the light of development of walk-in centre as part of the Health Campus, pending outcome of re-procurement and potential move of ambulatory emergency care Review options for collaboration with other acute providers to provide sustainable out-of-hours rotas New model of clinical care in place with emergency department/trauma and orthopaedics/care of the elderly (and FOPAS) working at front door Part of our five year plans will be to develop an integrated urgent care centre as part of the Health Campus development and to have a fully integrated model of urgent care, including primary care and community services

Service	2014/15	2015/16
	Reduce hospital bed base by an additional 30 beds	
Long Term Conditions	Develop FOPAS to provide domiciliary services to local GPs Implement new alliance contracting model with Somerset CCG as part of the Symphony Project Implementation of phase 1 of the new Symphony Project design model to start delivering integrated care for patients with multiple long term conditions. Review service provision in dermatology and paediatrics	Further develop the Symphony Project model of integrated care for patients with multiple long term conditions Further service reviews (specialities to be confirmed)
Diagnostics	Consolidate the pathology joint venture by the generation of new business Develop seven day radiology service through implementation of a new workforce plan Capital upgrade of MRI scanner and development of digital x-ray facilities Further develop telehealth	Opportunities for move of essential services lab linked to new hub to alternative location in hospital Develop proposal for strategic partner for radiology services to include service and equipment partnership Part of our five year plans will include having a radiology partner in place and developing a new and flexible offer of diagnostic services both at YDH and in the wider community
Pharmacy	Implement new outpatient pharmacy service and exploit further opportunities e.g. developing a homecare service Secure on-going provision of Somerset community hospitals' pharmacy service and tender to expand provision across the Hampshire prisons	Relocate pharmacy within Health Campus to free up current strategic location Develop a plan to move pharmacy to seven day working Part of our five year plan will consider developing a strategic pharmacy partnership

Elective Care

The Trust operates a surgery target of 15 weeks in all elective specialties, except trauma and orthopaedics at 17 weeks. This enables the elective care business unit to proactively manage referral-to-treatment ensuring that we meet the national 18 week standards and we will look to manage anticipated growth to the same targets over the next three years by further pathway redesign.

The elective care business unit is now well established and, in addition to maintaining a strong focus on activity, it is now actively engaged in the Better Care Fund and integrated care discussions across the county to support avoided admissions, care closer to home and improved transfers of care. As part of this work, we will be engaging in a commissioner-led maternity services review in 2014/15 and a possible acute services review potentially in 2014/15 but more probably in 2015/16.

The Trust continues to see growth in the elective services area, particularly trauma and orthopaedics, and is running a pilot in seven day therapeutic services to understand the impact it has on the patient journey and to reduce the impact the service has on bed demand in the hospital. Also, as part of our surgical pathway redesign, we will be configuring a ward as a dedicated orthopaedic space to ease the pressure on our pre-admission and day of surgery admission services. Theatre and pathway efficiencies remain

central to our plans, particularly focussing on theatre utilisation and outpatient first to follow up ratios in a plan to shorten the waiting time to first appointment and to increase surgical capacity with the same resources.

We have been developing an enhanced ophthalmic service, with Circle as a business partner, which will become fully operational through 2014/15 and we will continue to seek innovative ways of delivering elective services across South Somerset, particularly in a community setting and supporting GPs in their decision making.

Private Patients

Our private patients' unit, the Kingston Wing, has been subject to a significant business and market review and will undergo a refurbishment in the first half of 2014/15, to offer a wider range of services including breast and cosmetic procedures. The market review has identified opportunities in services, partnerships, contracts and market share that should return a conservative 5% growth against a baseline set at its highest performance to date.

Management of the Kingston Wing will transfer to the commercial business unit, with clinical and nursing governance provided by an Associate Medical Director and the Director of Nursing. The Kingston Wing plays an important part in the Trust's income generation strategy and we will continue to refresh its value proposition as the private patient landscape changes over the next few years.

Elective Care Two Year Plan

Service	2014/15	2015/16
Obstetric & Gynaecological Services	Full maternity services review with commissioners Theatre improvement and redesign project started Improvement of environment for partners using maternity services Scope a day assessment area for antenatal mothers Royal College of Obstetricians and Gynaecologists review Review gynaecological outpatients procedures to deliver best practice tariff	Implementation of joint service review and recommendations Implementation of outpatient service review Reconciliation of theatre real estate Electronic health record implementation planning
Elective Care Services	Align developments in patient pathways to Symphony Project to increase out of hospital care provision and integrated primary and secondary care services Ophthalmology service redesign and possible relocation to deliver one stop services Review of nurse led services to enhance patient pathways Develop ambulatory care pathways for surgery and urology	Further development of elective integrated services and outreach facilities Continue review of surgical pathways and implement findings Potential countywide acute service review Electronic health record implementation planning Review service portfolio and patient pathways, exploiting opportunities to extend service delivery

	Review Service Level Agreements of all visiting specialties Review theatre utilisation, patient scheduling and surgical pathways	
Therapy services	Implementation of nine month pilot for seven day working service Review seven day therapy pilot across whole hospital, identify unmet needs and consider further business case Implement orthotics service review recommendations Identify funding source for the continuation of SPRING, the post cancer therapy project	Engage with integrated service plans to deliver therapy support Establish full seven day service Review opportunities for therapy support in integrated settings
Kingston Wing	To return the service to making a contribution of £1.13million per annum, by improved marketing/rebranding, by increasing the quality of the offering to patients (by refurbishing the Kingston Wing and introducing fresh food for meals), and by introducing new products and services (cosmetic procedures and ophthalmology)	To grow revenues by 5% over 2014/15, giving a contribution of £1.26million. The increase in revenue will continue from the previous year's refurbishment, and from additional new products/services

Clinical Workforce Strategy

The Trust will ensure that it has the right skills and capacity in place to deliver its strategy and, alongside the executive and non-executive leadership, the aim of our workforce strategy is to ensure our clinicians support the delivery of the Trust's strategic goals, through optimising specialty and department skill mixes, increasing productivity, increasing the use of assistive technology, improving collaboration and engagement and delegating local control and authority. Key themes and initiatives are:

Themes	Initiatives
Medical staff recruitment	Complete the planned recruitment of medical posts within acute medicine, stroke services and emergency care
Collaboration with other providers and clinical networks	Seek opportunities to collaborate with other providers and expand our network arrangements, in particular with respect to maintaining the delivery of high quality services in areas where there is low volume
Promotion of consultant-led seven day working	Develop and implement service models to provide: seven day ward rounds for general medical admissions, seven day acute cardiology service, extended consultant radiology service, extended chemotherapy service
Increased use of assistive technology	Develop the application of telemedicine to support a move towards seven day working across a range of clinical specialties

Preparation for reduction in medical training posts	In anticipation of the withdrawal of junior doctor posts in a number of specialties, assess the impact on consultant and middle grade roles. Improve the training and work support that is provided to junior doctors.
Medical staff revalidation	Consolidate the work undertaken to ensure full participation of all medical staff in revalidation, including: provision of further training for appraisers, implementation of an on-line revalidation support system
Increased clinical leadership capacity and capability.	Building on the success of the current leadership programme, provide further opportunities for clinical leadership development that supports the effective implementation of service line management
Augmentation of ward staffing complements	Continue with the current recruitment of trained nursing and healthcare assistant staff to: strengthen ward complements, facilitate the implementation of a supervisory ward leader role, reduce agency spend, improve the patient experience, improve staff health and wellbeing
Skill mix, role redesign and job plan review	Skill mix and role redesign continue to be important in helping to increase capacity, reduce clinical workload, extend the provision of services to patients, improve the quality of care and reduce costs. Initiatives which will have the greatest impact on skill mix and role redesign are as follows: development of integrated care pathways, review of the urgent care pathway, radiology transformation, review of nursing roles and associated support roles (with particular emphasis on bands 2, 3, 4 and 7) and continued review of medical staff job plans

Improving Patient Safety, Clinical Effectiveness and Patient Experience

The Trust Board will continue to focus on improving the quality, safety and effectiveness of the care we provide to our patients and has agreed a number of key objectives. Following the publication of the Public Inquiry into Mid Staffordshire NHS Foundation Trust (Francis), the Berwick and Keogh reviews on patient safety and the Clwyd Report into complaints and patient experience, we have reviewed our areas of focus for improvement and are developing a strategy that incorporates the relevant recommendations, including safe staffing levels. We are pleased that we have been rated as a level 5 in the CQC intelligent monitoring report but will not become complacent. We have established a structured quality improvement programme across a number of work streams which is centred on our iCARE values and organisational philosophy which is instrumental in ensuring staff engagement and involvement in driving improvement. Collaboration with our local partners and across the region will continue, including participation in the Safer Care South West patient safety programme to ensure that we can share with and learn from others.

External Assessments

The Trust last received a report from an inspection by the Care Quality Commission in September 2012. The inspectors commented on the positive feedback they had received from patients and relatives during their stay and judged the Trust to be compliant with all the essential standards against which we were inspected. Work is underway to prepare for the new style inspection regime and to monitor internal compliance against existing and emerging fundamental standards of care. The Trust has undertaken a review of risk and governance arrangements and will continue to develop internal processes to enhance clinical governance and strengthen systems to continually drive down the rate of avoidable patient harm and to improve the experience of patients and carers using our services.

The assessment from the previous clinical negligence scheme for trusts (CNST) maternity assessment by the NHS Litigation Authority resulted in compliance with level 2 risk standards. The previous CNST assessment resulted in a number of recommendations which have been fully actioned. The NHS Litigation Authority has ceased compliance assessments following recommendations from the Public Inquiry into Mid-Staffordshire NHS Foundation Trust (Francis Report) and will now calculate premium reductions on historical litigation activity, externally reported data and the Trust patient safety plans.

Board Assurance on Patient Safety and Quality of Services

The Board takes seriously its responsibility for patient safety and quality of care and has robust mechanisms in place to ensure it is updated and assured. The Board receives scheduled reports on the quality of care, which include:

- latest hospital standardised mortality ratios (HSMR) and summary hospital-level mortality indicators (SHMI)
- patient safety data (e.g. clinical incident reports, patient falls data, pressure ulcer information, venous thromboembolism compliance)
- infection control performance
- CQUIN performance
- compliance with latest NICE guidance and quality standards
- trends in patient complaints and PALS inquiries
- patient experience reports (friends and family test and local survey data)

In addition, the Clinical Governance Assurance Committee (a formal sub-committee of the Board chaired by a non-executive director) sees the detailed information relating to patient safety and quality and ensures that the appropriate reporting on areas of concern is monitored and improvements identified.

The internal audit review of risk and governance arrangements has made a number of recommendations to the structure and reporting arrangements of the Trust assurance committees and these will be progressed during quarter one of 2014/15. As a consequence, greater scrutiny will be placed on the examination of clinical effectiveness activities, learning from adverse incidents and embedding actions to improve care.

Patient Safety

The Trust has re-launched its patient safety improvement programme (as part of a wider quality improvement programme) via active participation in Safer Care South West, a regional programme of collaboration with other providers to improve the safety of care delivered across the patient pathway. The programme has a number of workstreams with identified clinical leads, which include:

- pressure ulcers
- inpatient falls
- catheter associated urinary tract infections
- recognition and rescue (including sepsis)
- medicines management
- safer surgery

Members of the multidisciplinary team from each group attend regional learning events and will work across the Trust to continue to embed best practice. The Trust has appointed an associate director of patient safety and quality, two consultant patient safety leads and a patient safety improvement lead to strengthen local arrangements and delivery of key outcomes. The wider patient safety team includes the nurse consultant for infection control/tissue viability, the nurse consultant for dementia, and therapy and pharmacy leads. The team will develop a patient safety strategy for the next three years in line with the national ambition to reduce avoidable patient harm by 50%, and agree key priorities and work streams for the Trust's 2014/15 patient safety plan.

Patient Experience

Following a review of the Trust PALS and complaints process, the organisation has further developed its approach to accessible and timely help for patients and visitors to the Trust. This has included the creation of a front of house team which has increased the visibility of staff who can assist and answer enquiries in the main reception areas. The launch of a new system and approach to responding to concerns has been supported by our participation in a countywide peer review of complaints and the learning from this will be used to inform further developments during 2014/15. This includes a proposed restructure of the patient experience team, including the appointment of a dedicated patient experience manager. The Trust is also investing in the appointment of a patient services manager who will focus on the customer care element of staff training, lead the introduction of an improved meal service for patients and staff, and lead the work on the development of front of house and reception areas. The patient services manager will work closely with the commercial manager and Matron for the Kingston Wing to ensure that patient experience is at the forefront of the refurbishment and marketing strategy for this department.

Board meetings commence with a patient story where a patient, relative or staff member is invited to talk to the Board about a positive or negative experience of care in the hospital. Recent examples have included a patient who suffered a complication from an indwelling vascular device and an example of complying with the duty of candour to ensure a patient and his wife were able to contribute to an investigation. These patient stories will continue to provide a valuable opportunity for the Board to hear first-hand the experiences of our patients and staff and to challenge the executives where improvements to care are required.

Executive directors undertake regular patient safety visits to ward areas. A schedule of non-executive visits to review the safety and experience of care has commenced, with both wards and patient-centric departments, such as radiology, included. These “walk-rounds” are structured using the 15 steps challenge and the Institute for Healthcare Improvement safety tools and enable the non-executive directors to see and hear how patient safety is being led at ward/service level and to ensure that they can correlate the reports heard in the board meeting with the experience of staff and patients at the frontline.

Clinical Effectiveness

The Trust will establish a clinical standards and effectiveness committee during 2014/15 to strengthen the arrangements for monitoring internal standards, local and national audit programmes and development of authorisation processes for implementing new procedures. The committee will be chaired by the Associate Medical Director and oversee compliance and delivery of national guidance, including NICE. Increased focus on service compliance and patient outcomes will ensure patients receive timely and effective care.

CQUIN Framework

The Trust will work to deliver quality improvements against national, local and specialist CQUIN requirements. These include:

- implementation and enhancement of the friends and family test across patient and staff groups
- use of the patient safety thermometer to reduce avoidable harms
- improvement in the early identification and management of patients with dementia
- development of communication systems across acute, community and primary care services to improve planning for patients with long term conditions
- development of seven day working across identified services
- increase in recruitment to clinical trials
- reductions in drug wastage associated with oncology treatment

Among the key performance indicators for quality in 2014/15 and into 2015/16 are to:

- maintain current performance for HSMR and SHMI as some of the lowest in the region
- make better use of consultant level provisional monthly patient reported outcome measures (PROMs) data
- continue work to reduce patient falls, particularly the number of patients who fall more than once and those where the fall results in harm
- continue to reduce and avoid healthcare associated infections – in line with targets (MRSA, Clostridium difficile, MRGNO and MSSA) and to monitor compliance with national guidance across all risk areas, for example hand hygiene, device management, infection screening
- continue the use of the safety thermometer as a tool to measure harm across the Trust
- embed improvements in the care for vulnerable adults and patients with dementia to ensure an improved patient experience and improve outcomes
- identify and monitor incidence of venous thrombosis events, including assessment and treatment of patients at risk to ensure compliance with quality standards and minimise the number of avoidable incidents
- reduce the number of avoidable hospital acquired pressure ulcers (grade 2 and above) in line with local trajectory and CQUIN requirements
- reduce the prevalence of catheterisation and thus the incidence of catheter associated infections
- improve the safe management of medicines, with particular focus on junior doctor training
- strengthen the role and visibility of the patient experience team to improve the opportunity for patients and staff to give feedback (including roll out of friends and family test to staff, outpatient departments and day theatre)
- support and facilitate learning platforms for clinical staff to improve the feedback and changes required from incidents and complaints

Productivity, Efficiency and CIP

Governance

The Project Management Office (PMO) formed in 2013/14 has worked both operationally to deliver projects and develop plans for subsequent years and strategically to assist in the development of the YDH and county-wide Better Care Fund strategy. It is recognised that the next evolution is to embed the PMO in the strategic business units to manage operational activity within the Trust, with the PMO Director retaining a prominent role in the county strategic plans while assuring the delivery of the cost improvement plan (CIP) at YDH. CIP achievement will be monitored through the monthly business units' governance cycle and the PMO Director will retain overall responsibility and provide a consolidated performance report to the Board.

Profile and Enablers

The CIP plan and strategy link cost management to the Trust's overall strategy and aim to deliver services at a performance level in the first quartile of small to medium hospitals in England. Benchmark data suggests that five productivity levers will deliver 50% of the required level of cost management, efficiencies within the business units contribute a further 50% and the Trust strategy to work closely with the whole health economy provides a contingency for further improvements. The productivity levers remain core to our strategy and are: average length of stay, theatre productivity, improvement in day case rate, outpatient first to follow up improvement, reduction in admissions and emergency readmissions. Recognising the Trust's limit to bring about change, the productivity programme spreads across both years of the CIP plan:

- Year 1 focuses on admission avoidance, with projects to implement FOPAS, ambulatory emergency care and readmission avoidance, but also includes length of stay reduction including seven day working and nurse led discharge.
- Year 2 changes the focus to length of stay and pathway improvement with projects in community supported discharge, inpatient delays, pathway redesign and Better Care Fund initiatives.

Quality Impact of CIP

To ensure high standards of quality and care, all CIP programmes are measured using YDH care first indicators specifically listed in priority order with five quality indicators first and the cost indicator last: patient experience, CQC hospital standards, quality, morale, delivery and capacity and cost. The CIP pledge is to not negatively influence and endeavour to improve the five quality indicators while reducing cost. The care first indicators are defined at the outset of the YDH change cycle and measured throughout the project.

An update on CIP is presented weekly at the executive directors' meetings, which include the Medical Director and Nursing Director. This ensures that the clinical impact of the Trust's schemes is reviewed by the senior clinicians on a regular basis. In addition, the Trust's Hospital Management Team, including associate medical directors and associate directors of nursing, regularly review all service redesign projects which ensures that each project is centred around the improvements in quality as a priority whilst also balancing the need for financial efficiency. Furthermore, by embedding the PMO in the business units and having clear executive ownership of all the schemes, the associate medical and nursing directors of each division have much closer engagement with the performance of the programmes.

Workforce Impact of CIP

YDH is committed to strengthening and investing in additional nursing staff and the CIP workforce impact is primarily geared to offset the requirement for safe staffing. Approximately 20 additional staff would be needed to meet an 8:1 patient to nurse ratio which can also be achieved by reducing our bed base by 16 as a result of the admission avoidance programmes. Further workforce capacity released will be balanced by a combination of: offsetting agency, overtime and temporary staff costs, not backfilling posts made available through normal staff turnover and releasing further beds and redeploying staff into a more integrated care environment made possible by closer working with the whole health economy.

Financial Plan

Income and Expenditure

Summary

The Trust is forecasting to deliver a surplus of £0.2million (prior to an impairment of £0.6million) in 2013/14) and a continuity of service risk rating of 4; this is in line with the 2013/14 annual plan. The financial plan for the next two years is an income and expenditure deficit in both years of £2.4million in 2014/15 and £3.1million in 2015/16. This will result in a continuity of service risk rating of 3 in 2014/15 and 2 in 2015/16. The plans assume a steady state scenario, in which the hospital continues to operate as a rural district general hospital.

Income

The income in 2014/15 is expected to decrease below the 2013/14 level as a result of non-recurring income being received in 2013/14 for winter pressures. In addition, there is a further reduction due to the tariff deflator but this is offset by increases in activity and a reduction in the emergency threshold activity. Our contracted clinical income with our two main commissioners (Somerset CCG and Dorset CCG) is aligned and in agreement with their plans.

The income level for 2015/16 is expected to decrease from the 2014/15 level due to the loss in 2015/16 of transitional relief of £2.5million. There is also expected to be a further reduction due to the tariff deflator but again this is offset by changes in activity. Our local health economy is proactively working and developing opportunities to deliver the Better Care Fund agenda by transforming the delivery of healthcare and our planning assumption for 2015/16 is that these changes will be managed within the existing financial framework agreements with our three main commissioners (Somerset, Dorset and Specialised Commissioning).

This assumption for 2015/16 is in line with our commissioners' intentions to manage the Better Care Fund. A prime example of the integrated healthcare strategy is the Symphony Project which is planned to commence during 2014/15.

The activity growth is driven by demographic change i.e. an expected larger proportion of frail older patients reflecting local demographic trends, and a continuation of the current trend of increased demand for acute services.

The Trust's total income is predicted to reduce from £116.6million in 2014/15 to £113.9million in 2015/16.

Expenditure

During the plan period, underlying costs are expected to continue to rise, mainly driven by pay inflation of approximately 1.5% – 1.7%, reflecting the impact of an average of 0.4% pay award each year plus increments and pension increases in 2015/16. In addition, non-pay inflation of 2.0% has been assumed for 2014/15 rising to 2.5% in 2015/16 with a further increase over and above this for CNST of £279k and £127k respectively.

Depreciation costs are forecast at £3.4million in 2013/14; these will increase marginally over the plan period due to increases in assets which is partly due to the March 2014 revaluation increasing the building values.

The cost improvement (CIP) section of the plan outlines our aims to cut costs and improve efficiency. In order for the Trust to deliver the financial strategy, cash releasing cost improvement programmes of £3.4 million in 2014/15 and £4.0million in 2015/16 need to be achieved.

Capital Investment

£6.1million was invested in capital developments in 2013/14, which included £1.0million spent on medical equipment and upgrading radiology equipment and £2.9million on enhancing the quality of the buildings and estate.

Capital investment in 2014/15 is planned to be £6.1million, which includes investment funded from donated funds. Over the coming two years, the Trust is planning to invest £9.1million into capital projects and to continue to invest in IT systems (£0.8million 2014/15, £1million 2015/16). The majority of the IT spend relates to the on-going implementation of Smartcare, an electronic health records system. In addition, continued investment in radiology and medical equipment (£1.5million 2014/15, £0.9million 2015/16) is planned, which includes upgrading two x-ray rooms and the MRI scanner. During this period, the Trust's high and significant risk backlog spend is planned to be £2.9million (£2.2million in 2014/15 and £0.7million in 2015/16); the 2014/15 plan includes improvements to the special care baby unit (£0.6million) and to the maternity ward (£0.2million).

Liquidity

The liquidity position is forecast to remain strong at the end of 2013/14 with a £7.0million cash balance. The planned cash balance at the end of 2014/15 is £2.1million and for 2015/16 £0.1million. The reduction in cash is due to the forecast deficit income and expenditure position in both financial years and part of the capital programme being funded through previous years' surpluses.

Risk Ratings

The Trust's plan is reporting a continuity service risk ratings of 3 in 2014/15 and 2 in 2015/16.

Potential Downside

The Trust has modelled potential risks to the plans along with mitigation actions that could be used to offset these risks. These are shown below:

Description of Risk	Potential Impact	Mitigating Actions / Contingency Plans in Place
CQUIN income	The CQUIN income for the Trust is £2million for 2014/15. A 10% non-achievement would result in 'lost' income of £200k and a reduction to the cash balances of £200k. Our continuity of service risk rating would be a 3 in 2014/15 and a 1 in 2015/16.	Monthly monitoring of each of the CQUIN schemes is in place to ensure that each scheme is on track to deliver. Recovery plans will be developed for any deviation from plan. Any other shortfall will be a call on the contingency budget, resulting in full mitigation.
Inability to recruit to clinical posts, resulting in high cost temporary staff	There is an assumption that this would result in an overspend of £500k in each year. This would reduce our cash by £1.0million over the two year period and we would be overdrawn by £1.0million at the end of March 2016. Our continuity of service risk rating would remain a 3 in 2014/15 and reduce to a 1 in 2015/16.	The Trust would look at other options on ward reconfiguration which would result in reduction to staffing numbers, thereby reducing the need for temporary staffing. In addition, it is planned to appoint a clinical recruitment manager with specific focus on improving recruitment in key clinical areas thereby reducing the risk. In addition, any further shortfall would be a call on the contingency budget.
Non achievement of CIP due to timing delays	There is an assumption that if all CIPs are delayed, this would result in £300k non-achievement in each financial year. Our continuity of service risk rating would remain a 3 in 2014/15 and reduce to a 1 in 2015/16.	The Trust would look to bring forward other projects and the option of holding vacancies would be considered. Any further shortfall would be a call on the contingency budget.
Combination of all three risks	In the event of all of the above three risks occurring, it would result in our cash reducing by £1.8million at the end of March 2016. Our risk rating would be a 2 in 2014/15 and a 1 in 2015/16.	The Trust would action the above mitigations and reduce the capital spend in year 2 by £200k. This would fully mitigate the impact of the potential downside risks.