The Shrewsbury and Telford Hospital **NHS**

NHS Trust

Reporting to:	**Trust Board October 31st 2013**
Title	Progress Against Delivery of our 2013/14 Strategic Priorities
Sponsoring Director	Director of Business & Enterprise
Author(s)	Director of Business & Enterprise
Previously considered by	Executive Directors; Hospital Executive Committee - October 2013
Executive Summary	This paper has been produced following a detailed review by the Executive Team of progress against the Trust's 5 Strategic Priorities. The outcome of this review was a detailed narrative and RAG rating against each Operational Objective which has informed this Quarter 2 summary report. Progress made against each of our Strategic Priorities is described in Section 4. There are 7 Operational Objectives that have been rated as RED; 1) Focus on improving clinical outcomes for fractured neck of femur 2) Delivering key performance indicators (RTT) 3) Embed the Frail and Complex service 4) Deliver a financial plan that achieves a breakeven position 5) Delivering Trust's 5% implied efficiency target 6) Develop an investment strategy to secure funds to modernise the Trusts estates and infrastructure 7) Address liquidity issues These and other key risks to delivery of our strategy are identified in Section 5. This review of progress against our strategic priorities will be presented to the Board on a quarterly basis. It is intended to inform a strategic discussion on where we are making good progress, and where we are not, and to provide assurance on the further interventions that we need to take to get the organisation back on track.
Strategic Priorities ☒ Quality and Safety ☒ Healthcare Standards ☒ People and Innovation ☒ Community and Partnership ☒ Financial Strength	**Operational Objectives** This paper reports progress against all objectives.

Board Assurance Framework (BAF) Risks	☒ Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
	☒ Implement our falls prevention strategy to help prevent patients suffering serious injury
	☒ Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
	☒ Clear Clinical Service Vision or we may not deliver the best services to patients
	☒ Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve
	☐ Appoint Board members in a timely way or may impact on the governance of the Trust
	☒ Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains	☒ Safe
	☒ Effective
	☒ Caring
	☒ Responsive
	☒ Well led

☒ Receive ☒ Review	**Recommendation**
☐ Note ☒ Approve	**The Board is asked to RECEIVE and NOTE the progress against our strategic priorities in Quarter 2 and the risks highlighted to delivery of our strategy.**

The Shrewsbury and Telford Hospital NHS
NHS Trust

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Delivery of our 2013/14 Strategic Priorities

Quarter 2 Progress Report

Report to Trust Board 31st October 2013

Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

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1. Introduction

Our Operating Plan for 2013/14 sets out our vision for the Trust and our Strategic Priorities for the year ahead; how we intend to deliver them and how we will monitor and measure progress. Our underlying principle of **"Putting Patients First"** has shaped our planning, ensuring that the interests of our patients and providing the best possible care to them, is at the heart of everything we do.

Our Strategic Priorities for 2013/14 are;
•Providing the best clinical outcomes, patient safety and patient experience
•Delivering consistently high performance in healthcare standards
•Striving for excellence through people and innovation
•Improving the health and wellbeing of our community through partnership
•Building a sustainable future

Executive Leads
Medical Director [MD], Director of Quality and Safety and Chief Nurse [DQ&S], Director of Business and Enterprise [DBE], Chief Operating Office [COO], Workforce Director [WD], Communications Director [CD], Director of Corporate Governance [DCG], Finance Director [FD]

This paper has been produced to provide an update on progress up to the end of Quarter 2 and compliments our Integrated Performance Report which is produced and presented to the Trust Board on a monthly basis.

2. Delivering Our Strategic Priorities

To support us to deliver our Strategic Priorities we have developed an Operational Objectives Milestone Plan. This plan identifies Executive Lead responsibilities, baseline measures and measures of success. For each of our strategic priorities we have identified key milestones throughout the year and for each quarter. This paper reports on progress against the milestones for Quarter 2 and provides an assessment of whether we are on track, if further intervention is required or if we have significant concerns about delivering our priorities for 2013/14.

In July we provided an update on progress to date for the first 3 months of the year. Following this progress assessment the Executive Team have reviewed the key milestones for each of the operational objectives at month 6. All revisions and changes have been incorporated within this latest report.

Progress has been made in delivering a number of our objectives set out in our Annual Operating Plan for 2013/14. Both our clinical teams within the Care Groups and our support teams have delivered improvements to both the care that patients receive and the way in which we deliver the care that we provide. However there are also some objectives against which we have not made the progress we expected.

Each Executive Lead has reviewed the current status of progress against plans and identified a RAG rating for each objective. The Trust Wide summary and RAG rating of our position is shown in Section 3.

A more detailed report and narrative against each of the 34 operational objectives together with any necessary corrective action is available. A summary narrative against each of our 5 Strategic Priorities is included in Section 4.

Strategic Priority	Operational Objective	Exec Lead	QTR 1 RAG	QTR 2 RAG	slide
Quality and Safety Providing the best clinical outcomes, patient safety and patient experience	**QS1** Reduce avoidable deaths	MD	GREEN	GREEN	7
	QS2 Improve the nutritional status of patients and hydration and fluid management	DQ&S	AMBER	AMBER	
	QS3 Enhance communication and information for all patients and their carers	DQ&S	GREEN	GREEN	
	QS4 Eradicate all avoidable grade 3 and 4 pressure ulcers	DQ&S	AMBER	AMBER	
	QS5 Reduce the number of RIDDOR reportable falls	DQ&S	AMBER	AMBER	
	QS6 Develop plans to extend 7 day working	COO	AMBER	AMBER	
	QS7 Achieve all CQUIN targets and PROMs to improve safety and patient experience - CQUINS	DQ&S	GREEN	AMBER	
	PROMS			GREEN	
	QS8 Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services	DBE	GREEN	GREEN	
	QS9 Focus on improving clinical outcomes particularly - stroke	MD	AMBER	GREEN	
	- fractured neck of femur		RED	RED	
Healthcare Standards Delivering consistently high performance in healthcare standards	**HS1** Ensure bed capacity meets demand supported through wider health partnership solutions (Linked to C1 & C2)	COO	AMBER	GREEN	8
	HS2 Improving the timely flow of patients from admission to discharge to consistently achieve 95% 4 hour ED standard.	COO	AMBER	AMBER	
	HS3 Deliver all key performance targets – Bed reconfiguration	COO	GREEN	GREEN	
	- RTT and backlog		AMBER	RED	
	HS4 Embed and enhance new booking and scheduling arrangements	COO	AMBER	AMBER	
People and innovation Striving for excellence through people and innovation	**PI1** Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%	WD	GREEN	GREEN	9
	PI2 Embed Employment Basics contract, pay and policy	WD	GREEN	AMBER	
	PI3 Increase workforce flexibility through new roles and working practices	WD	GREEN	GREEN	
	PI4 Build leadership and management capability	WD	AMBER	GREEN	
	PI5 Deliver benefits for patients from Academic health Sciences Network, High Impact Interventions and Research and Development	MD	GREEN	GREEN	

Strategic Priority	Operational Objective	Exec Lead	QTR 1 RAG	QTR 2 RAG	slide
Community and Partnership Improving the health and wellbeing of our community through partnership	**CP1** Contribute to integrated service strategy in conjunction with all health and social care partners	COO	AMBER	AMBER	10
	CP2 Embed the Frail and Complex service	COO	GREEN	RED	
	CP3 Deliver the benefits for patients through the implementation of dementia good practice	MDD	AMBER	GREEN	
	CP4 Progress Telehealth initiatives in line with commissioners' strategies	DBE	AMBER	ON HOLD	
	CP5 Deliver priority health and wellbeing initiatives	CD	GREEN	GREEN	
	CP6 Achieve sustained improvement in trust, confidence, reputation, customer service and public / community engagement	CD	GREEN	GREEN	
Financial Strength Building a sustainable future	**FS1** Deliver our milestones to achieve NHS Foundation Trust status	DCG	GREEN	AMBER	11
	FS2 Deliver our milestones within the Women and Children's services reconfiguration plan	DBE	AMBER	GREEN	
	FS3 Deliver a financial plan that achieves a break even position	FD	RED	RED	
	FS4 Deliver Trust 5% implied efficiency target and support delivery of joint QIPP	FD	AMBER	RED	
	FS5 Develop an investment strategy to secure funds to modernise the Trust estates and infrastructure	FD	AMBER	RED	
	FS6 Address liquidity issues	FD	AMBER	RED	
	FS7 Produce a strategy for integrated clinical and patient information systems and associated IT	FD	AMBER	AMBER	
	FS8 (1 of 2) Complete Pathology reconfiguration	DBE / FD	AMBER	GREEN	
	FS8 (2 of 2) Complete Central Sterile Services Department (CSSD) tender exercise		GREEN	GREEN	
	FS9 Develop environmental and social sustainability through Good Corporate Citizen progress	DCG	GREEN	GREEN	

KEY RED   off track and no action plan yet identified / or off track with action plan identified but with a significant risk to delivery

AMBER   off track but action plan identified to deliver against original plan

GREEN   on track no concerns

4.1 Quality and Safety : *Providing the best clinical outcomes, patient safety and patient experience*

- There continues to be a reduction in avoidable deaths and the latest mortality data indicates that we are consistently below the national peer group average. The latest figures show that the rolling RAMI for SaTH is 92 compared to the peer group average being 94.
- The Trust has set targets for 75 % of patients nutritionally assessed within 12 hours and for 75 % of patients to have completed fluid balance charts. An audit completed in July showed that the Trust achieved 94% against these targets.
- The Trust conducts quarterly internal surveys to monitor progress against the CQC Inpatient Plan. The CQC national inpatient survey has been sent to patients who were treated in August and the details from the CQC Maternity Patient Survey have been submitted.
- The Pressure Ulcer Prevention Group is embedded within the Trust assuring improvement in prevention through learning and education of staff. There were 5 avoidable pressure ulcers in quarter 2 however there have been only 7 avoidable pressure ulcers reported since April 2013 (all grade 3). This is a 56% decrease and improved performance compared to the same reporting period last year, when a total of 16 avoidable pressure ulcers had been reported. There have been no avoidable grade 4 pressure ulcers reported as yet this financial year.
- A Falls Prevention Action Plan is being developed and will be finalised in Quarter 3. The Trust has also recruited a Falls Prevention Practitioner who starts in November. The NPSA use a mean rate for all falls per 1000 bed days. SaTH rate is 5.5 with mean being 5.6 per 1000 bed days.
- Work is progressing to increase access to services to support patient flow and reduce LoS. 7 day working is an integral part of Pathology, Radiology and Therapy Care Group workforce plans and revised models of care for acute medical take are also being developed to increase the level of consultant and medical input.
- We are currently measuring 4 Patient Reported Outcome Measures (PROMs): hip replacement, knee replacement, hernia and varicose veins. The Trust continues to receive a high level of responses following patient admission.
- Our performance against the agreed CQUINS shows that we have achieved 89% of the allocated targets. The Trust has been unable to demonstrate an improvement in catheter associated urinary tract infections.
- The planned Stroke Ward reconfigurations were successfully completed in July at PRH. Ward 16 is now the acute stroke ward alongside Ward 15, enabling rehabilitation and recovery to be achieved in the shortest and safest time. Hyper acute and acute stroke services were moved to PRH as an interim proposal during July and August. Following this move outcomes for patients have improved thus prompting a discussion regarding longer term service models.
- Recruitment of 2 Orthogeriatricians in support of management of fractured neck of femur has not been successful. A revised staffing model is being developed. Improvements have been made at RSH to improve access time to theatre and a anaesthetic assessment.
- A health economy Programme Board has been established by commissioners to take forward the work of the Sustainable Acute and Community Hospital Services Review. The Call to Action engagement process will shape the work plan going forward with a formal launch of the Clinical Services Review expected in November. It is likely that the earliest a public consultation on any proposals will take place will be September 2014.

4.2 Healthcare Standards: *Delivering consistently high performance in healthcare standards*

- A Winter Plan was submitted to the NTDA in September and a capacity plan to deliver this has been approved by the Board.
- The Winter Plan is a live document and is continuously reviewed and updated each week. £4m funding has been agreed and provided to the health and social care economy of which £1.2m has been allocated to SaTH to fund additional capacity. Funding has been allocated across the Trust to provide additional staffing for escalation areas.
- The delivery of additional beds in the community, with wrap around support, is absolutely key to the plan and SaTHs ability to manage flow throughout the winter period.
- Additional capacity is in place in the independent sector to ensure elective activity continues through the winter.
- Recruitment to the new internal management structure is in progress to provide additional operational resource to support service delivery and service improvement
- The Trust did not achieve the 95% A&E target, Quarter 2 performance was 94.8%. A&E, both at PRH and RSH, have consistently achieved against the new Clinical Quality Indicators for admissions for cellulitis and DVT per head of weighted population.
- The 7th ED Consultant has now commenced however to date we have not been able to recruit to the 8th and 9th post.
- The Backlog of over 18 week RTT patients is reducing in line with current trajectories. Further demand and capacity models are being produced which will demonstrate where the capacity gaps are for the admitted specialties.
- RTT targets are behind plan due to the level of closed clocks within the admitted standard and the greater than predicted level of emergency activity resulting in cancelled operations.
- The Booking and Scheduling task force still meeting regularly to drive and direct improvements. 92.6% of all calls to Call and Book Centre are being answered, with 72.4% of calls answered in 15 seconds against a Quarter 2 target of 65%.
- DNA rates are 5.3% against a peer group comparator of 8.5% and a Q2 target of 7%
- "cashing up of clinics" still proving problematic with 70% achieved against a target of 80% Q2

4.3 People and Innovation: *Striving for excellence through people and innovation*

• Sickness absence rates for August were 4.06% compared to a target of less than 4%. Year to date it stands as 3.79%

• Significant progress continues to be made against the Health & Wellbeing action plan, 'A Healthier You' with a range of on-going initiatives, including 2 Health & Wellbeing road shows planned for the end of November and early December. Stress and musculoskeletal problems remain high reasons for absence.

• This years Flu Campaign is underway with a number of sessions booked along with drop in sessions at both RSH and PRH, with an aim of vaccinating at least 75% of clinical staff.

• All non Agenda for Change payments have ceased other than where protection arrangements are in place to October 2013.

• A new absence policy is near completion and will be operational by the end of the Calendar year.

• The Grievance Procedure is still in the early stages of revision. Consultation is ongoing with staff side colleagues on the review of the recognition agreement

• A two year workforce plan has been signed off by executives in August 2013 following a quality assurance process by the commissioners and Health Education West Midlands. Plans will need to be iterative in response to the Clinical Services Review.

• Our new framework of values was developed during Q2 and formally launched at our Leadership Conference on 4th October.

• Values Based Recruitment was introduced for nursing staff in September 2013.

• Our People Strategy will support our values and will be finalised through Workforce Committee in October and presented for Trust Board approval in January 2014

• The Leadership Programme content and shape has been agreed. There will be a mandatory values-based leadership module. Priority cohorts and modules will be agreed with Executive Directors during November with a view to launching in Q4

• Cumulative recruitment to cancer interventional trials was 115 with the overall cumulative recruitment approximately 760 (not all figures available yet). A bid to external funders for additional funding was successful. This brings with it an increase in the annual overall target of 148 from 1,365 to 1513.

• R&D now has a presence at induction for middle grade doctors

4.4 Community and Partnership: *Improving the health and wellbeing of our community through partnership*

•Work continues to develop our long term clinical services strategy. A health economy wide Programme Board has now been established to take forward the work. During October and November, the CCGs will utilise A Call to Action as the framework for early engagement with communities and stakeholders

•'Fit to Transfer' activity had reduced in Quarter 1 to a manageable level however this has not been sustained. The target of less than 30 patients was achieved in July but only for a couple of weeks.

•The funding for the Frail and Complex Pilot in medicine was withdrawn by commissioners. Recognising the benefits it can deliver, SaTH is on a limited scale trying to progress the frail and complex pathway. Patients identified have a Frail and Complex assessment and suitable treatment plans are developed. This process is avoiding 2 or 3 admissions a day but could be improved should further resource be available. Recommendations are being presented to the Urgent Care Network. Following this, further work to develop the Frail and Complex Service needs to be considered.

•The dementia screening process is now well established with Qtr 2 expected to be over 90%. Staff training programme started with training begun for all key staff groups. Long term training plan agreed and being developed.

•Carers literature agreed and being handed to or left for all carers attending hospital and a baseline audit of carers to test if they feel supported is ongoing as part of the screening process.

•There is a degree of frustration that more tele health initiatives are not being adopted across the LHE. The absence of a commissioning strategy and prioritisation process for such service developments is preventing progress at a pace. Any at scale developments across the whole health economy are on hold. In the interim, small pilots are continuing with SaTH having operational leads piloting the following schemes:

- Extending PSAG to Community Hospitals,
- Long term Conditions to monitor and reduce the impact of Heart Failure, CCG funded
- Long term conditions to monitor and reduce the impact of Epilepsy CCG Funded
- Nursing are reviewing the use of monitoring aids to predict falls

•Arts for Health workshop took place at PRH on 17 July 2013, report written and shared with participants. Ironbridge Arts competition concluded with artworks agreed October 2013. A second Arts for Health workshop scheduled for RSH on 7 November 2013.

•Stoptober promotional materials shared with wards and departments across the Trust to support smoking cessation promotion. The Communications Director participated in national Stoptober publicity including interview on BBC Radio 4 Inside Health.

4.5 Financial Strength: *Building a sustainable future*

• The Trust is continuing to strive for Foundation Trust Status and is planning to submit an application in 2015/16.
• Key strategies to support our application include our People Strategy and our Clinical Services Strategy both are which are currently being developed.
• The Reconfiguration of the Women and Children's Services continues to progress, during quarter 2 Children's inpatients at PRH successfully relocated to Ward 14 where it will remain until April 2014 and refurbishment of Ward 2/3 at PRH commenced as planned
• Consultation with staff affected by the reconfiguration began in October at the request of staff
• Enabling office moves at PRH to vacate the Management Suite are underway and will be completed as planned by 25 October. The tender for construction of the new Short Stay Medical Ward is underway and due to conclude 14 October. Works on site are expected to commence 28 October. The interdependencies of other change programmes is recognised as key. For example pathology reconfiguration and medical records strategy.
• The Trust recorded deficit of £5.78million at the end of September which included an under achievement of clinical income and a significant overspend against pay budgets. This results in a revised forecast outturn of £10.2m deficit without corrective actions. Corrective actions plans are being developed to reduce this deficit to £5.8m..
• Delivery of CIP Actions Plans is being monitored via the Finance Recovery Plan Board.. Pay schemes are not delivering against plan however significant non pay savings have been achieved.
• The outcome and proposals of the future Clinical Services Strategy will influence and shape the Trust's long term infrastructure strategy. Two options have been considered to support IT improvements in the short term, these being (a) In house clinical portal development and (b) pursuit of new PAS system. A NHS Technology Fund application has been made, if successful this will release £1.2 million to support IT development.
• Significant I&E deficit is impacting on cash flow. The Trust has in place a temporary cash loan of £3m to support working capital and cash flow. Discussions are ongoing with the TDA to secure a further cash injection.
• Pathology Reconfiguration consultation proposal closed in September with formal consultation with staff to commence 16th October. Detailed project plans discussed and agreed within working groups. Microbiology Services are on track to consolidate onto RSH site by December and Gynaecology Cytology is on track to relocate to UHNS by December. Capital enabling work has begun.
• CSSD Tender process yielded a single bidder. This bid was compared to the option of retaining the service in-house and a Board decision has been made to retain the service in-house.
• SaTH achieves a Good Corporate Citizen score in the top 10% of Trusts. During Q2 of 2013/14, considerable progress has been made on tendering a new domestic waste contract which will increase the Trust's environmental performance in this area. The new contract commenced in October 2013.

5. Risks to Delivery of our Strategy

We have assessed the risks identified at Quarter 2 against our Board Assurance Framework (BAF) as follows;

Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
The Trust is still an outlier on national comparator data for the conservative versus surgical management for patients with Fractured Neck of Femur. Urgent action was initiated in Quarter 1 and regular meetings are taking place with the Care Group Medical Director for Scheduled Care and the MSK consultants with regard to alternative management. The ability to recruit to medical posts will impact on delivering best practice.

Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
Whilst the ATOS Work streams are progressing there remains a risk that these work streams will not deliver. Non delivery of additional 60 beds in the community, with wraparound support , as part of the Winter plan will have a huge impact on our ability to manage patient flow over the winter period. Delays or inability to recruit to clinical posts will have a significant impact on both flow and quality indicators. Emergency activity is greater than predicted and a lack of capacity continues to impact on our ability to deliver our 18 week RTT milestones. Core theatre capacity is also reduced due to the level of vacancies, inability to recruit to these vacancies will further impact on the Trust's performance and waiting times.

Clear Clinical Services Vision or we may not deliver the best services to our patients
Future configuration of services on our 2 sites relies on wider health plans and having a system vision. Without this plan there remains an increased risk of delays in concluding a decision which could impact on the timescales associated with public consultation. Formal consultation has been proposed for September 2014 however this is acknowledged as ambitious. Project resources have yet to be established. It is expected that a number of clinical workshops will be required over the next 3 months, however there is a concern that this will be a very busy period operationally with clinical services facing significant pressures associated with the Winter.

Achieve a Financial Risk Rating of 3 to be authorised as a FT
The Trust's financial position is of significant concern and despite implementation of controls over pay expenditure the Trust is unable to deliver a breakeven position. This continuing overspend is leading to short term and long term liquidity problems. Failure to deliver against the QIPP agenda and internal efficiency targets remains a significant risk. Progress towards Foundation Trust status is contingent on our sustained achievement of financial and national performance targets. The Financial Recovery Plan identifies improvement plans and trajectories that have been agreed although sustainability remains a concern.

6. Next Steps and Recommendations

Next Steps

This review of progress against our strategic priorities will be presented to the board on a quarterly basis. It is intended to inform a strategic discussion on where we are making good progress and where we are not, provide assurance that the further interventions we need to take will get the organisation back on track. It is also an opportunity to review whether each of the priorities, agreed by the Board in March 2013, remain appropriate.

Our 2014/15 Annual Planning cycle will commence in November and our 2014/15 strategic plans will build upon the 2013/14 Operating Plan. The strategic planning process will commence with a review of our existing Strategic Priorities and Operational Objectives by the Executive Team. The review of our progress to date against our current plans will enable us to develop a realistic number of achievable objectives and ensure that future plans incorporate policy and legislative requirements and also concerns or issues identified within the Trust.

The Board are asked to;
RECEIVE and **NOTE** the progress against our strategic priorities in Quarter 2 and the risks highlighted to delivery of our strategy.