

<b>Reporting to:</b>	<b>Trust Board</b>
<b>Title</b>	Mid-year Review of Delivery of our 2014-16 Strategic Priorities
<b>Sponsoring Director</b>	Debbie Vogler, Director of Business and Enterprise
<b>Author(s)</b>	Tricia Finch, Head of Planning
<b>Previously considered by</b>	Executive Directors
<b>Executive Summary</b>	<p>Significant progress has been made against a number of our 10 strategic priorities at the end of Quarter 2 and this is reflected in the delivery of many of the key milestones we have set ourselves. Headlines include: the Trust continuing to improve and maintain key quality standards and make good progress towards sustainable delivery of our RTT targets; substantial work has taken place to embed our Values with values-based recruitment launched and our leadership programme progressing well.; by the end of Quarter 2 the Trust will have completed the move of Women and Children’s services and progressing plans for the development of the services remaining at RSH; and the Future Fit Programme that will provide a solution for the long term sustainability of services for the Trust remains on track and has identified a preferred clinical model and a long list of options for its delivery.</p> <p>The mid-year review has however also highlighted a number of areas which remain a concern with regard to the delivery of our overall strategy. These include addressing our workforce challenges in terms of recruitment, the growing demand on our services particularly in emergency care and the impact these both have on delivery of a number of key performance standards and our overall financial position.</p> <p>Discussions continue to take place with commissioners regarding securing additional funding to address some of our cost pressures. The impact of the Better Care Fund also remains an ongoing discussion to have with all stakeholders with the potential for plans to impact significantly on the Trust activity and performance. Finally, the Trust has also submitted a loan application to support both the income and expenditure deficit and working capital requirements and the Trust is awaiting a response.</p> <p>In summary, whilst challenges remain, it is clear the Trust is delivering an enormous amount of strategic change whilst continuing to improve and maintain its operational performance. The narrative under each strategic priority of this report provides more detail in terms of those achievements and the challenges remaining in delivering our strategy. Detailed and robust action plans are in place to address key issues identified and to mitigate the risks. However a number of our plans will require an integrated whole health system approach and so effective working relationships and support from our partners remains a priority going forward.</p>
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2a) Healthcare Standards: Operational Performance Standards	<input checked="" type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently

<p>2b) Healthcare Standards: Service Reconfiguration</p> <p>3. People and Innovation</p> <p>4 Community and Partnership</p> <p>5 Financial Strength: Sustainable Future</p>	<p>deliver national healthcare standards. 2014/15  <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input checked="" type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services  <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme  <input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy  <input checked="" type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)  <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy  <input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>
<p><b>Board Assurance Framework (BAF) Risks</b></p>	<p><input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience  <input checked="" type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury  <input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff  <input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards  <input checked="" type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients  <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve  <input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p><b>Care Quality Commission (CQC) Domains</b></p>	<p><input checked="" type="checkbox"/> Safe  <input checked="" type="checkbox"/> Effective  <input checked="" type="checkbox"/> Caring  <input checked="" type="checkbox"/> Responsive  <input checked="" type="checkbox"/> Well led</p>
<p><input checked="" type="checkbox"/> Receive    <input type="checkbox"/> Review  <input checked="" type="checkbox"/> Note        <input type="checkbox"/> Approve</p>	<p><b>Recommendation</b>  <b>Note the progress made and the challenges remaining in delivery of our strategic priorities</b></p>

**“Together We Achieve”**

## **Delivery of our 2014-16 Strategic Priorities**

### **Mid-Year Review**

**Report to Trust Board 25th September 2014**



## 1. Introduction

Our Operating Plan for 2014 - 16 set out our vision for the Trust. Our 10 Strategic Priorities describe how we will achieve our vision. Each of these priorities is supported by a suite of Operational Objectives which describes how we will achieve the intended outcomes. In order to monitor progress against the delivery of our strategy we have identified key milestones against each of the objectives for each quarter.

This paper provides an overview of the delivery of each of the Strategic Priorities in Section 3.

Section 4 provides an update on progress to date, further actions to take over the next 2 quarters and the current RAG rating for each of the key milestones identified by the Executive Leads for the supporting Operational Objectives.

## 2. Executive Summary

Significant progress has been made against a number of our 10 strategic priorities at the end of Quarter 2 and this is reflected in the delivery of many of the key milestones we have set ourselves. Headlines include: the Trust continuing to improve and maintain key quality standards and make good progress towards sustainable delivery of our RTT targets; substantial work has taken place to embed our Values with values-based recruitment launched and our leadership programme progressing well.; by the end of Quarter 2 the Trust will have completed the move of Women and Children's services and progressing plans for the development of the services remaining at RSH; and the Future Fit Programme that will provide a solution for the long term sustainability of services for the Trust remains on track and has identified a preferred clinical model and a long list of options for its delivery.

The mid-year review has however also highlighted a number of areas which remain a concern with regard to the delivery of our overall strategy. These include addressing our workforce challenges in terms of recruitment, the growing demand on our services particularly in emergency care and the impact these both have on delivery of a number of key performance standards and our overall financial position.

Discussions continue to take place with commissioners regarding securing additional funding to address some of our cost pressures. The impact of the Better Care Fund also remains an ongoing discussion to have with all stakeholders with the potential for plans to impact significantly on the Trust activity and performance. The Trust has also submitted a loan application to support both the income and expenditure deficit and working capital requirements and the Trust is awaiting a response.

In summary, whilst challenges remain, it is clear the Trust is delivering an enormous amount of strategic change whilst continuing to improve and maintain its operational performance. The narrative under each strategic priority of this report provides more detail in terms of those achievements and the challenges remaining in delivering our strategy. Detailed and robust action plans are in place to address key issues identified and to mitigate the risks. However a number of our plans will require an integrated whole health system approach and so effective working relationships and support from our partners remains a priority going forward.

### 3. Strategic Priorities RAG Assessment

The table below provides an overarching summary of the current status against the delivery of our 10 Strategic Priorities.

Strategic Priority	Exec Lead (s)	RAG
1. Reduce harm, deliver best outcomes and improve patient experience through our Quality Improvement Strategy	DQ&S / MD	AMBER
2. Develop a transition plan, with supporting workforce plans, mitigation actions and contingency plans, that ensure the safety and short term sustainability of our challenged clinical services	COO	AMBER
		GREEN
3. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards	COO	AMBER
4. Undertake a review of all current services at specialty level to inform future service and business decisions	FD/DBE	AMBER
5. Complete and embed the successful configuration of Women and Children's services	DBE	GREEN
6. Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme	DBE	GREEN
7. Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy	WD	GREEN
8. Embed a customer focussed approach and improve relationships with our GPs through our stakeholder Engagement Strategy	DBE / CD	GREEN
9. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme	FD	AMBER
10. Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology	FD	AMBER

#### 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]

#### RAG status

**RED** - off track and no action plan yet identified / or off track, 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. Progress Updates and Current RAG status

The following section provides an overview of the key milestones and latest RAG assessment followed by a detailed update against each of the milestones.

### 4.1 Reduce harm, deliver best outcomes and improve patient experience through our Quality Improvement Strategy

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Further reduce avoidable deaths by learning from Mortality Reviews	<ul style="list-style-type: none"> <li>Continuing progress to implement and embed systems and processes to learn from avoidable deaths</li> <li>Maintain performance in line with national peers</li> </ul>	Medical Director	GREEN
To improve the clinical outcome of patients with Fractured Neck of Femur: increasing surgical, rather than conservative management of patients in line with the National Hip Fracture Database, <b>and</b> achieving all elements identified within the Best Practice Tariff	<ul style="list-style-type: none"> <li>RSH &gt; 40% of patients received treatment in line with best practice</li> <li>PRH working towards achieving best practice</li> </ul>	Medical Director	GREEN
Reduce the level of harm to patients, and particularly that resulting from falls, through the use of the Safety Thermometer	<ul style="list-style-type: none"> <li>Improved information available for patients, relatives and staff to prevent falls</li> </ul>	Director of Quality & Safety	GREEN
Reduce the number of healthcare associated infections	<ul style="list-style-type: none"> <li>Cdiff no more than 12 cases</li> <li>zero cases of MRSA</li> </ul>		AMBER
Implement effective systems to engage and involve patients, relatives and carers as equal partners in care	<ul style="list-style-type: none"> <li>Working towards compliance of FFT response rate of 40% for in-patients</li> <li>Listening Events across the Health Economy commenced</li> </ul>		GREEN
Improve care of the dying through implementation of best practice	<ul style="list-style-type: none"> <li>EoL Facilitator in post</li> </ul>		GREEN
Develop robust plans to recruit to establishment to ensure safe staffing levels	<ul style="list-style-type: none"> <li>Safe Staffing Levels trajectory completed</li> <li>Recruitment Plans progressing</li> </ul>		AMBER
Progress plans to extend 7 Day Working	<ul style="list-style-type: none"> <li>Key workforce risks identified</li> <li>Harmonisation of locally agreed on-call arrangements in line with national AfC remuneration completed</li> </ul>		Workforce Director

As part of the learning from review commitment a **case note review has been undertaken**, for the period 1<sup>st</sup> April – 18<sup>th</sup> June, to investigate the reasons for the elevated risk relating to nephrological conditions (identified within the CQC Intelligence Monitoring). **A number of interventions have been developed** which will be launched in the autumn of 2014. Improved outcomes due to these interventions will not be measurable by CQC Indicator until July 15. In the interim, progress will be measured by an improvement in HSMR and RAMI.

A number of improvements have taken place with regard to the care and treatment of patients with Fractured Neck of Femur. Best Practice Tariff achievement has **exceeded 40% at Royal Shrewsbury Hospital. Princess Royal continues to make improvements** towards achieving best practice tariff, which includes the recruitment of a Specialty Doctor in Orthogeriatrics. Further improvements are planned, including increased access to theatres and the recruitment of a Consultant Orthogeriatrician.

**Patient Information Leaflets have been reviewed and updated** which have been available on the intranet since April. As part of the overall falls prevention approach, a new **falls information leaflet is being disseminated in September** to all qualified nursing staff and HCAs to support staff in reducing the number of in-hospital falls.

Trust **performance and trends** in the number of patients reported as receiving harms **is reported through the use of the Safety Thermometer**. Results are based on a point prevalent survey undertaken on a different weekday each month. 94.8% of 683 patients surveyed reported that they received harm free care during August; which compares favourably with the national mean of 93.8%.

The Trust has seen a cumulative figure of **14 Cdiff infections at mth 5** (the latest figures available at time of writing), which is slightly over the mth 5 trajectory and planned target of 12-13 cases. There were **zero cases of MRSA** bacteraemia. The IPC team continue to work with wards and medical teams to support compliance with sampling, cleanliness and prescribing of anti-microbials.

The inpatient response rate for the Trust's FFT is currently 34.1% (at mth 5) which demonstrates an ongoing increase and **significant progress towards achieving the 40%** response rate. The response rate for A&E remains a challenge and a number of options to address this, such as text messaging and the presence of volunteers are currently being considered.

During August and September the Trust **undertook 6 listening events**, attended by over 70 members of the public who shared their experiences of care within our hospitals. The majority of feedback was positive with care being reported as excellent in some cases.

In order to drive improvements in end of life care, **we have appointed an End of Life Care Facilitator on a 12 months contract**. The primary role of this post is to assist with the implementation of the new End of Life Care Plan, which has been agreed across the whole health economy. The early stages of the project will focus specifically on launching the End of Life Care Plan, recruiting ward-based link workers and establishing a consistent protocol for 'just in case' medications. The EoL Care facilitator will also develop and introduce a training programme to share and implement best practice.

The **safe staffing levels trajectory has been completed** and the Trust continues to monitor and test hospital staffing fill rates on a monthly basis alongside the safe nurse indicators. The agreed **local recruitment plan is progressing** with approximately 15 – 20 nurses recruited each month. An overseas initiative is in progress for September with senior nurses planning to recruit from Spain and Portugal. The senior nursing team are also working with the recruitment team to explore further national recruitment programmes in order to fully recruit to vacancies.

**Key workforce risks have been identified** and a Trust-wide 7 Day working group has been established. Care groups are currently scoping the opportunities for 7 day working, identifying workforce shortfalls and developing mitigating actions where possible. Job planning will be an essential requirement for success and is currently being undertaken; however, we continue to have difficulty in recruiting to posts that are pivotal to the success of 5 day working and as such 7 days will continue to be a challenge.

**Harmonisation of locally agreed on-call arrangements** in line with national AfC remuneration **was approved on 30<sup>th</sup> July** and will apply to all new staff and all new on-call arrangements from 1 August 2014. For current staff, the policy will take effect from 1 November 2014.

## 4.2 Develop a transition plan, with supporting workforce plans, mitigation actions and contingency plans, that ensure the safety and short term sustainability of our challenged clinical services

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Agree Business Continuity Plans for the Emergency Department with commissioners by 1 <sup>st</sup> April 2014	<ul style="list-style-type: none"> <li>Business Continuity options developed for review</li> </ul>	Chief Operating Officer	AMBER
Embed a sustainable 7 day model of care for Stroke services	<ul style="list-style-type: none"> <li>Options appraisal completed and business case submitted to increase staffing to support a 7 day TIA service</li> </ul>		AMBER
Scope the development of ambulatory emergency care and Urgent Care Centres	<ul style="list-style-type: none"> <li>Scoping options for service models at RSH and agree revised pathways</li> <li>Scope options for service model trial at PRH</li> </ul>		GREEN
Complete workforce reviews and develop plans in challenged specialties	<ul style="list-style-type: none"> <li>Business case for additional workforce: junior medical staff and 8th emergency consultant submitted to Executive Directors</li> <li>Medical workforce risks presented to the TDA</li> <li>Recruitment Plans to include overseas recruitment developed and agreed</li> </ul>		GREEN
Complete a service review of challenged specialties, commencing with Cardiology and Ophthalmology, and consider proposals to redesign these services	<ul style="list-style-type: none"> <li>Working towards delivery of Ophthalmology RTT targets</li> <li>Reduce Ophthalmology backlog by 200 patients</li> <li>Agree Cardiology redesign plans</li> </ul>		AMBER (Ophthalmology)
			GREEN (Cardiology)

The Board has **approved a Business Continuity Plan** for the Emergency Department (ED), which includes options for consideration. This **plan will be presented to commissioners** for review and following this review, and in discussion with the Trust, commissioners will agree which option will be taken forward.

The consolidation of stroke services during 2014/15 has delivered improved outcomes. However at present we are still **unable to provide a full 7 day service** and only a 5 day TIA service. Recruitment to a 4th consultant post has commenced with the plan being to expand the team by the end of 2014.

The Trust has **agreed with the CCGs to develop Ambulatory Emergency Care (AEC)**, as part of the development of the Acute Medicine improvement streams, and has joined the national cohort of AEC as part of developed support to each site.

**Planning is well underway for the development of Urgent Care Centres (UCC)** at RSH. The transfer of the walk in centre to the RSH site, co-located with the ED Team, is the first step of the development with a go live date of the second week in December 2014. This initiative will support the national direction of travel for emergency departments and we will be one of the forerunners in the country when this is up and running.

On successful implementation of the UCC work will progress to develop pathways that will support admission avoidance which will be linked to AEC and the frailty programme. The Trust has already started improving the links to the Integrated Community Service to provide early supported discharge to progress admission avoidance schemes.

**At PRH an alternative scheme is being trialled in September** as a proof of concept; it is more challenging on this site due to constraints of the department and also local commissioning intentions. If the trial proves successful further work will follow during Qtr 3 and Qtr 4.

**A workforce review for all challenged specialties has been completed** and details of these pressures have been **shared with the TDA**. 3 business cases have been submitted to the Executive Directors for review of which approval was received for some elements of each case. Within the consultant business case the 8<sup>th</sup> acute medicine consultant was approved and some additional posts to support RTT. Within the junior medical workforce case additional posts for medicine and for Hospital at Weekend were approved. Within the Stroke Business case the additional consultant post was approved.

ENP and ANP training programmes are being developed to support the junior medical workforce pressures in ED and the Trust is seeking support from other Trusts to support the senior medical workforce. Opportunities to explore **national and international recruitment are progressing**.

To deliver the RTT targets in Ophthalmology the Trust is working closely with both CCGs to revise pathways. **New referral pathways will be launched in September** which will support the **delivery of RTT from October 2014**. The Ophthalmology **backlog has reduced by 200** from 398 (at the beginning of March) to 198 (latest data 14<sup>th</sup> September).

The cardiology team are continuing on the improvement trajectory. The specialty is now in a position to achieve sustainable delivery of the RTT targets; however, the service is being covered through WLIs and with a long-term Trust locum. Future **service redesign plans include a centre of excellence model** which will provide an improved ambulatory element to patients and prevent unnecessary admissions thus reducing the pressures on the specialty.

#### 4.3 Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Commence winter planning in April 2014 to include the consideration of a drop in day surgery unit	<ul style="list-style-type: none"> <li>Develop winter plans for the Trust</li> <li>Establish drop in Day Surgery Unit at PRH and agree pathways for appropriate referrals</li> </ul>	Chief Operating Officer	GREEN
Scope options for resolving the bed capacity shortfall e.g. Hospital at Home schemes; working with alternative providers; implementing different models of care both internally and across the Local Health Economy e.g. alternative models of sustainable care	<ul style="list-style-type: none"> <li>Options appraisal completed</li> <li>System Resilience Plan agreed</li> </ul>		AMBER
Consider capital schemes e.g. development of a Clinical Decision Unit and a Theatre Admissions Lounge at Princess Royal Hospital	<ul style="list-style-type: none"> <li>Scope options for location of Clinical Decision Unit and Theatre Admissions Lounge</li> </ul>		AMBER
Participate in planning new models of care as part of the Better Care Fund initiative	<ul style="list-style-type: none"> <li>Contribute to LHE development of plans and subsequent future models of care</li> </ul>		AMBER
Complete a root and branch review of our Cancer services, with the support of the IST and Christie Hospital, and develop an Improvement Plan and a Cancer Strategy	<ul style="list-style-type: none"> <li>Complete initial root and branch review of Cancer services</li> </ul>		GREEN
Participate in a strategic review of access to Orthopaedic services (commissioner led)	<ul style="list-style-type: none"> <li>Response to T&amp;W CCG community integrated service tender submitted</li> <li>Ongoing input to commissioner led process</li> </ul>		GREEN
Develop community service models and increase direct access for GPs	<ul style="list-style-type: none"> <li>Expansion of services at Bridgnorth Community Hospital</li> <li>Establish community echo service in Powys</li> </ul>		AMBER

Operational Resilience Plans, which incorporate winter planning, have been developed as part of the wider health and social care economy to seek the release of the agreed funding allocation.

**Work is ongoing** with the community services and CCGs; however, a **'discharge to assess' model has not yet been agreed.**

**A drop in Day Surgery Unit is in place** on the PRH site. The unit will be on site until December 2014. This unit has enabled the reduction of backlog within orthopaedics and oral surgery, supporting the delivery of 18 weeks RTT from 1 October 2014.

The **scoping exercise for a theatre admissions lounge has been completed.** Space has been identified and a working group established to develop this area. The Admissions lounge will be open from January 2015 following adaptations.

The Trust is **providing support to the Better Care Fund (BCF)** via the Head of Capacity and the Therapy teams to support the development of local plans. At present the Trust has concerns around what is being described as an outcome.

**A review of cancer performance has been undertaken** by the Intensive Support team. The **recommendations are being implemented** within the Centres and the Cancer services team. These will improve performance against the 9 standards from October 2014.

The Trust is **working with both CCGs to improve access to orthopaedic services** within the county. These reviews will facilitate the delivery of sustainable orthopaedic services and improve access times. Telford and Wrekin CCG are currently **undertaking a formal tendering process** for the provision of an integrated community musculoskeletal service which, if successful, will reduce acute referrals. The Invitation to Tender (ITT) is expected on 7<sup>th</sup> October. A **joint local health economy bid is being progressed** with **Shropshire Community Health Trust as the prime contractor.**

As part of the development of community services the Trust has developed **outreach cardiology support to Powys**, this is in its infancy and success will be monitored after an initial period. With the constraints of the workforce the Trust is **unable to progress this in other specialties** at this time; however, access to services will be improved via ambulatory emergency care and outreach clinics in some specialties.

#### 4.4 Undertake a review of all current services at specialty level to inform future service and business decisions

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Complete a comprehensive market assessment and develop robust marketing plans	<ul style="list-style-type: none"> <li>Business Development and Engagement Committee established</li> </ul>	Director of Business and Enterprise	GREEN
Review operational and financial performance in all specialties through service line reporting and key performance indicators	<ul style="list-style-type: none"> <li>SLR presentation to the Trust Board and agreement of principles and methodology</li> <li>SLR Working Group established</li> </ul>	Finance Director	GREEN
Develop robust business cases for homecare services	<ul style="list-style-type: none"> <li>Financial Assessment and Pathway Service Model completed for dispensing of long term oral chemotherapy</li> </ul>	Chief Operating Officer	AMBER

A comprehensive market assessment has identified external factors that will impact on the future development of our services. A **Business and Development Engagement Committee has been established** to provide the Board with a strategic analysis of business development and engagement activities and to recommend prioritised points of focus to support strategic planning.

A **SLR presentation to the Trust Board took place in August** outlining the principles and methodologies employed within the model. A 'deep dive' into the data at speciality level working closely with operational teams to identify potential savings was proposed.

The **SLR Working Group consisting of finance professionals has been established**. This group provides consistency in approach to the development of the patient level costing system supporting SLR and validity of the data going into the system and the information produced for operational teams.

A rapid expansion in the homecare market combined with the withdrawal of a major company has placed extreme pressure on homecare services resulting in significant patient safety concerns. In addition, the **financial regulations around homecare are currently under review nationally**.

As a result of this uncertainty around the future of homecare, the **business cases have not been finalised**.

#### 4.5 Complete and embed the successful configuration of Women and Children's services

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Transfer of Women and Children's services to Princess Royal Hospital	<ul style="list-style-type: none"> <li>All milestones met within implementation plan including generation of detailed move plans</li> <li>Recruitment and training and induction plans on track for end of Sept</li> </ul>	Director of Business and Enterprise	GREEN
Embed revised pathways following the transfer of services to Princess Royal Hospital	<ul style="list-style-type: none"> <li>Final arrangements for CAU model agreed</li> <li>Transfer protocols agreed with WMAS and non-emergency patient transport providers</li> <li>Public engagement and communication plan completed</li> </ul>		GREEN
Agree and implement the model for the Women and Children's services remaining at Royal Shrewsbury Hospital	<ul style="list-style-type: none"> <li>CAU refurbishment complete and service established at RSH</li> </ul>		AMBER

The transfer of consultant-led inpatient Women and Children's Services from RSH to PRH remain on **target for delivery at the end of September 2014**. **Engagement with GPs and ambulance service providers** (West Midlands Ambulance Service, Welsh Ambulance Service and the Neonatal Transport Service) **has all progressed** as planned. **Involvement, communication and engagement with patients and the public has also continued** through this final phase of implementation. **A Move Plan is in place**. **Training and induction** to the new facilities has been **completed** as planned.

The **model of care and opening times** for the CAU at RSH **have been agreed**. Non-emergency patient **transfer protocols have been developed** in partnership with WMAS and WAS. **Discussions are taking place with non-emergency patient transport (NEPT) providers for future service provision**. **Pathways have been circulated widely** internally and shared with GPs, Commissioners and Ambulance Trusts. A **Communication and Engagement Plan is in place** and this is being delivered to time.

**Plans have been agreed for the interim changes** to the Women and Children's Services remaining at RSH to address space and privacy and dignity issues in the immediate term. All **services will be provided from the Maternity building** with the exception of the **CAU which will be located on Ward 21**.

#### 4.6 Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Develop an Options Appraisal for future service models	<ul style="list-style-type: none"> <li>Options development completed</li> <li>Clinical model developed for EC, UCC and Planned Care</li> <li>Feasibility study completed</li> </ul>	Director of Business and Enterprise	GREEN
Commence, and complete, public consultation on proposed clinical services models	<ul style="list-style-type: none"> <li>Public engagement plan on options development</li> </ul>		GREEN
Produce an Outline Business Case to deliver revised clinical services models	<ul style="list-style-type: none"> <li>Affordability envelope reviewed</li> </ul>		AMBER

The 'long list' **options development and the feasibility study has been completed** and reported to the Programme Board. The **clinical model is being developed** further with Phase 3 particularly focusing on UCCs.

All **stakeholders of the 'long list' panel have been involved** in the options development and engagement on the clinical model development is ongoing. **Public engagement events have been held** across the county. **Further events are planned** to share the 'long list' options.

The **Finance Group has been tasked with** examining the affordability envelope. The **process has commenced to select the Technical Team** to take forward the OBC development.

#### 4.7 Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Develop a Values-driven organisation	<ul style="list-style-type: none"> <li>Cohorts 1 &amp; 2 of Values Behaviour and attitude testing (VBA) documentation complete</li> <li>New appraisal documentation agreed</li> </ul>	Chief Executive / Workforce Director	GREEN
Implement the Trust's Leadership Development Programme	<ul style="list-style-type: none"> <li>Leadership Development – cohorts 2-5 completed module 2 Leadership Behaviours – agreed and signed off</li> </ul>	Workforce Director	GREEN
Develop a culture of continuous improvement and lean process redesign	<ul style="list-style-type: none"> <li>Scope opportunities to progress lean process improvements and improve employee experience</li> </ul>	Workforce Director	AMBER
Develop 5 Year Workforce Plans for all services that supports transformation	<ul style="list-style-type: none"> <li>5 year Workforce Plan QA for HEWM commissioning plan completed</li> <li>Improve capacity and capability for planning by utilising the skills/expertise from HEWM for bespoke care group operational team development session</li> </ul>	Workforce Director	GREEN

**Cohorts 1 and 2 have now completed** the values, behaviours and attitude interview training. Our new employee led values-based **appraisal document has now been finalised** and **manager training needs identified**.

**Cohorts 2-5 have completed** the Leadership Development **module 2; Leadership Behaviours will be agreed and signed off by the end of September**.

**Scoping is underway** to determine the area of focus to support the introduction of lean methodologies which will support continuous improvement. Within the scope we are looking for where opportunities exist which also support an improvement in the area of employee experience.

**The Education Commissioning Plan has been signed off** by Health Education West Midlands (HEWM). **Development sessions are planned** for Care Group operational teams to improve capacity and capability to develop triangulated workforce plans before this year’s business planning cycle. HR Business Partners continue with refining and supporting delivery of transformational change within their Care Groups.

Progress against the above milestones and the overall delivery of the Trust’s People Strategy is reviewed on a quarterly basis by the Workforce Committee.

#### 4.8 Embed a customer focused approach and improve relationships with our GPs through our stakeholder Engagement Strategy

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Develop a Stakeholder Engagement and Customer Relationship Strategy	<ul style="list-style-type: none"> <li>Strategic scoping exercise completed including, SWOT, PESTLE and stakeholder review</li> </ul>	Communications Director	GREEN
Manage GP relationships through a robust GP Engagement Strategy and focused account management	<ul style="list-style-type: none"> <li>Revised GP Engagement framework in place providing resource and support to Care Groups</li> </ul>	Director of Business and Enterprise	GREEN
Continue to develop environmental and social sustainability through the Good Corporate Citizen programme	<ul style="list-style-type: none"> <li>Sustainability champions recruited</li> <li>First stage of work on the courtyard areas at PRH completed and wildlife garden at RSH established</li> <li>Signage produced to raise awareness of sustainability within the organisation</li> </ul>	Director of Corporate Governance	GREEN

Following initial consultation the **first draft of our Stakeholder Engagement Strategy has been developed** and was included within our draft 5 Year Strategic Plan submission to the TDA in June. The strategy will be discussed further at the newly established Business Development and Engagement Committee which will report to, and provide assurance for, the Trust Board.

**A new approach to engaging and managing relationships with GPs has been introduced** from July. This ‘re-focus’ will provide dedicated resource to support the operational teams to improve and nurture relationships. Initial scoping work has commenced with the Care Groups to identify existing promotional material and future engagement opportunities to improve the visibility of Trust staff and promote our achievements.

The Good Corporate Citizen programme is progressing: **Sustainability Champions have been recruited**. The first stage of **work on the courtyard areas at PRH has been completed** and the **wildlife garden at RSH has been established**.

**A supplier has been identified** to produce the signage to raise awareness of sustainability within the organisation, and a specification has been agreed. This will shortly be commissioned, and it is anticipated that the signage will be put up during October 2014 (Estates dependent).

Our Procurement Department is now issuing a Sustainability based question to suppliers within the standard Pre-Purchase Questionnaire (PPQ) and the Trust has updated its Sustainable Development Management Plan (SDMP).

#### 4.9 Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Secure support to manage short term financial pressures pending review of Long Term Financial Model	<ul style="list-style-type: none"> <li>Completion of application to TDA for short term borrowing to address underlying liquidity issues and short term I&amp;E planned shortfall</li> <li>Completion of independent review of 'cost of duplication' pressures</li> </ul>	Finance Director	AMBER
Identify recurring cost improvement programmes	<ul style="list-style-type: none"> <li>£7.7m Qtr 2 assumed savings</li> </ul>		AMBER
Engage with commissioners with regard to utilisation of Better Care Fund	<ul style="list-style-type: none"> <li>Regular attendance at T&amp;W meetings</li> </ul>		GREEN

An **application for short term support was submitted to the TDA in July**, and this has been followed by a further 2 submissions following queries received. The most recent **September application equates to £15.2m**: £8.2m in year deficit and £7m working capital.

The Trust has **shared with its two local commissioners the increased costs** relating to staffing: including safe staffing levels and pressures within emergency medicine, and the premium costs associated with maintaining escalation beds in order to underpin the growth in Accident and Emergency and Non Elective Inpatient activity. Given the financial pressures being experienced by the Trust, it has been decided that in the first instance **dialogue will take place with the two local commissioners to secure additional Income equating to £2.3 million.**

It is anticipated that at the end of Quarter 2, the Internal Efficiency Programme **saving schemes will deliver circa £6.9m<sup>1</sup>**, with a shortfall of £837k primarily due to slippages in pay schemes, nursing, and retaining escalation beds for Unscheduled Care. It is anticipated that the Trust will deliver savings in year of circa £12m. The Trust's **PMO office provides an assurance process** monitoring progress against individual targets and cost improvement schemes.

The **Better Care Fund Modelling and Performance Group** meet on a bi-weekly basis and the **Trust is represented** at these meetings and is **fully engaged in reviewing activity assumptions.**

<sup>1</sup> Details correct as at 12<sup>th</sup> September

#### 4.10 Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology.

Operational Objectives	Quarter 2 Key Milestones	Executive Lead	RAG
Implement e-prescribing	<ul style="list-style-type: none"> <li>Define the parameters entered and captured in the prescribing process for integration in discharge summary module</li> </ul>	Chief Operating Officer	GREEN
Implement and embed an integrated clinical portal system	<ul style="list-style-type: none"> <li>Capital funding assistance over two years agreed from treasury safer hospitals safer wards (SHSW) Technology Fund</li> <li>Version 1 Clinical Portal in use for doctors and hospital at night nursing staff and pharmacists</li> </ul>	Finance Director	GREEN
Identify solutions to address equipment replacement needs	<ul style="list-style-type: none"> <li>Identification of key assets which require replacement in a prioritised manner</li> <li>Development of a system to identify key areas for improvement works</li> </ul>	Finance Director	AMBER
Increase productivity through the use of digital Radiology equipment	<ul style="list-style-type: none"> <li>Diagnostic Electronic Requesting and Reporting system assessed and Working Group established</li> </ul>	Chief Operating Officer	GREEN

Within the limitations of the NHS Technology fund bid, granted earlier this year, **the development of an in-house ePrescribing solution is in progress.** However the project has been impeded by the difficulties in recruiting suitable back fill for in-house programmers and developers. The IT and pharmacy team have **made substantial effort in understanding and defining** safe digital workflow within the recently launched Clinical Portal where the in-house developed ePrescribing and Administration package will rest.

Capital **funding assistance over two years has been agreed** from treasury Safer Hospitals Safer Wards (SHSW) Technology Fund. **Version 1 Clinical Portal is now in use** (as from August 2014) for doctors and hospital at night nursing staff and pharmacists to access patient data.

**Options are being explored** to improve the condition of the Trust assets; these include managed equipment services, capital replacement of assets and charitable fund purchasing, commodatum agreements etc. **Assets are being replaced in a prioritised basis.**

A system to identify key areas for improvement works in the estate is **being developed** alongside PLACE assessments and maintenance requirements.

**Diagnostic Electronic Requesting and Reporting system has been demonstrated** to, and assessed with, primary care and secondary care. **Areas for improved patient flow and reduction of duplicate requests have been identified.** Funding for the expansion of the Diagnostic Electronic Requesting and Reporting System is in place. **Working Group members are being identified** from primary and secondary care and **dates have been agreed** for the project plan and scoping meeting.