

<b>Reporting to:</b>	<b>Trust Board, 26 February 2015</b>
<b>Title</b>	Quarter 3 Progress Report
<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>A key feature of the planning process is a review of progress against the delivery of our strategic and operational plans. This paper (pages 1 to 9 of 21) provides an update on progress against our 10 Strategic Priorities and an overall RAG assessment for each.</p> <p>Details of progress against the key milestones (pages 10 to 21) within our Operational Objectives is included as Appendix 1 within the Information Pack.</p> <p>The Trust has made good progress in improving clinical outcomes and patient experience and our future plans will continue to build on this. Improving outcomes for patients and reducing harm remain a priority in our 2015-16 plan.</p> <p>Developing plans to ensure the sustainability of our services is an immediate requirement for the Trust. Significant work has taken place to mitigate risks within challenged specialties, this includes revised models of care, capacity reviews and service reconfiguration. Embedding revised pathways and developing robust short to medium term strategies for our clinical services is a priority for next year. Alongside this the Trust will continue to work with the wider health economy in developing a long term strategy for services in Shropshire.</p> <p>The planned developments in the Trust's People Strategy are progressing well, the Trust will continue to build upon this success and to increase and enhance staff engagement to support this. Developing transformational plans to support challenged specialties and progress 7 day working remain a priority for next year.</p> <p>Much work has taken place with regard to customer relationships including engagement with patients, local health partners and our GPs. The Trust will continue to strengthen these relationships and to build business plans that reflect the environment in which we operate and the impact that we have on our key stakeholders. Understanding our business through detailed service line reviews will inform future operational and business decisions.</p> <p>Delivering a sustainable financial plan remains a challenge. The Trust has worked extremely hard to secure support for 2014-15 and has made progress in the delivery of recurring cost improvement programmes. Proposed reductions in income and the need to invest in equipment and infrastructure will further increase the financial challenge for the Trust. Priorities for the Trust in 2015-16 will include delivering transformational change, identifying technological solutions and securing ongoing short term financial support.</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 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
2b) Healthcare Standards: Service Reconfiguration	<input checked="" type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services
3. People and Innovation	<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)
4 Community and Partnership	<input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
5 Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<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
<b>Care Quality Commission (CQC) Domains</b>	<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
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	<b>Recommendation</b> <b>RECEIVE</b> the update on progress against the delivery of our priorities and objectives in 2014-15 and <b>NOTE</b> how this will shape our 2015-16 plans

# Delivering our 2014-16 Operational Objectives

## Quarter 3 2014/15 Progress Report

Report to Trust Board 26<sup>th</sup> February 2015



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We Value **Respect**  
Together We **Achieve**

## 1. Introduction

A key feature of our annual planning process is a review of progress against the delivery of our strategic and operational plans.

Our Operating Plan for 2014-16 identified 10 Strategic Priorities, supported by a suite of Operational Objectives, that describe how we will achieve our vision and improve the care that our patients receive.

This paper provides an update on progress and includes:

- A summary of progress to date and the aggregated RAG status for each of the 10 Strategic Priorities identifying whether our plans are on track (Section 2)
- An overview from each Executive Director describing key achievements within their area (Section 3)
- A summary of progress and challenges that have in turn shaped our 2015-16 Operating Plan (Section 4)

Further details of progress against the key milestones in the suite of Operational Objectives, which underpin the delivery of our priorities, and individual RAG assessments (Appendix 1) are provided in the Information Pack.

## 2. 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	RAG	Headlines
1. Reduce harm, deliver best outcomes and improve patient experience through our Quality Improvement Strategy	MD / DNQ	AMBER	<ul style="list-style-type: none"> <li>• <i>Overall:</i> Our CQC inspection took place early in Q3 and has provided opportunities for learning and development in the Trust.</li> <li>• <i>Outcomes:</i> Improved performance on mortality is being maintained and a Mortality Review Process is in place. This has included focused review of the outlier identified within CQC Intelligence Monitoring, and an action plan has led to improvement. The rates of achievement against the Fractured Neck of Femur best practice criteria have improved at RSH and work is progressing at PRH.</li> <li>• <i>Safety:</i> In Q3 of the 2,064 patients surveyed 93.2% of patients received harm free care. The staff Falls Information Leaflet has been distributed to all qualified nursing staff and HCAs, including those on the Temporary Staffing bank. Fallsafe training is ongoing, with the expectation that 800 will have completed the e-learning module by end of Quarter 4. There have been 21 C-diff cases which is on target against the year to date plan. There have been 2 MRSA Bacteraemia cases which is above the annual target of zero cases. Audit compliance is good for Qtr3, with both hand hygiene and commode cleanliness achieving over their 95% target.</li> <li>• <i>Experience:</i> The Friends and Family Test (FFT) response rate for inpatients was 32% in December which demonstrates a continuing improvement but is below the planned target. Electronic solutions to improve response rates further have been agreed and this is now also included in the Care Group 'confirm and challenge' meetings. 6 Listening Events were held in the Autumn across Shropshire and Powys and these events are planned to be held annually. Following the introduction of the new End of Life Plan in October, we have commenced a programme of training and support to roll out and implement this across the Trust. In addition, the wider End of Life Care Programme continues to deliver a number of improvement projects including mortuary viewing area refurbishment, equipment availability and a review of anticipatory (just in case) medications. The Do Not Attempt Resuscitation Policy has been reviewed and redesigned. The revised policy is now called The Defined Ceiling of Treatment and Allow Natural Death Policy and was published in October 2014.</li> <li>• <i>Infrastructure:</i> Although significant work has been done to progress overseas recruitment options, these have not yielded the number of staff that the Trust had anticipated. Further campaigns are planned over the next few months including alternative roles and incentives to encourage staff to work additional hours where it is safe to do so. A working group has been established to scope 7 day working workforce requirements. These groups have membership from all the care groups and include both clinical staff and support services.</li> </ul>
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	GREEN	<ul style="list-style-type: none"> <li>• Business Continuity Plans have been completed and shared with commissioners.</li> <li>• The fourth stroke consultant, approved as part of the workforce model, joined the team in December. This enables discussion on further service development to progress.</li> <li>• As part of the agreed Emergency Centre workforce plan an Advanced Nurse Practitioner has commencing training and the number of Emergency Nurse Practitioner trainee positions has increased.</li> <li>• Walk In Centre relocation to RSH took place during December with the new pathways of care becoming more embedded</li> <li>• Work has progressed on reviewing Ophthalmology pathways to improve patient access.</li> <li>• The Cardiology Centre of Excellence model was implemented as planned at PRH in October. The initial implementation has worked well and as a result, patients are now being seen and treated in an ambulatory type model.</li> </ul>

3. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards	COO	AMBER	<ul style="list-style-type: none"> <li>• Winter planning has been completed and a drop in day surgery unit was in place from 16th June until 19th December on the PRH site. The Trust has delivered the overall RTT targets since October. A System Resilience Plan has been implemented but unprecedented demand has resulted in site pressures. Discussions with commissioners and the TDA are ongoing and a RTT Recovery Plan is being developed. Alternative models of care to improve patient flow continue to be progressed. Discharge hub arrangements are operational on both sites and work has progressed on the Discharge to Assess model focusing on 3 pathways.</li> <li>• An eight bedded Elderly Care Short Stay model on Ward 22S at RSH was introduced in November. The first eight weeks demonstrated success as 75% of the Frail &amp; Complex patients appropriately identified and reviewed in AMU achieved a LOS of &lt; 72 hours, this targeted therapist support prevented decompensation of our elderly patients. The role out of a full Elderly Care Assessment Unit model has been affected by Consultant Geriatrician availability. The Trust is continuing to progress recruitment but there is a national shortage across the country.</li> <li>• Significant improvements have been made with regard to cancer performance which has resulted in all nine cancer standards being delivered in Q3.</li> <li>• A sustainability strategy is being developed to ensure that we continue to both maintain this performance and improve the patient experience.</li> <li>• As part of the overall review of orthopaedic services Telford and Wrekin CCG are undertaking a formal tendering process for a Community Integrated Musculoskeletal Service. The outcome is due in February 2015.</li> </ul>
4. Undertake a review of all current services at specialty level to inform future service and business decisions	DBE / FD	AMBER	<ul style="list-style-type: none"> <li>• Business Development and Engagement Committee in place to support the development and review of market information and business intelligence. Work is progressing to develop a robust framework to identify and present business information on an on-going basis to both the Executive Team and Care Group management teams</li> <li>• Four-legged stool methodology in place in Q3 as the basis for the deep dive process launched from Q4 with Maternity services in January and Ophthalmology in February.</li> </ul>
5. Complete and embed the successful configuration of Women and Children's services	DBE	GREEN	<ul style="list-style-type: none"> <li>• The transfer of consultant-led inpatient Women and Children's Services from RSH to PRH were delivered safely as planned at the end of September 2014. All revised pathways are now in place.</li> <li>• The interim solutions for the services remaining at RSH continue to be implemented and are scheduled for completion at end of March 2015. Refurbishment of Unit 31 to create the RSH CAU commissioned and due for completion end February 2015.</li> </ul>
6. Develop a sustainable long term clinical services strategy for the Trust to deliver out vision of future healthcare services through our Future Fit Programme	DBE	GREEN	<ul style="list-style-type: none"> <li>• The Future Fit Programme Plan is on track; Phase 2 activity modelling has been completed, the technical team have been appointed to progress the Strategic Outline Case (SOC) and Pre-consultation Business Case. The Short Listing Expert Panel has received and reviewed the long list of options and six short listed options have been agreed for approval at Trust Boards in February.</li> <li>• The public engagement plan is ongoing with formal public consultation expected from December 2015.</li> </ul>
7. Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy	WD	GREEN	<ul style="list-style-type: none"> <li>• Cohorts 3-4 Values-based appraisals testing is complete and training for appraisers to implement the new process has been agreed. Values-based induction programmes are being rolled out across the trust.</li> <li>• Leadership Conference was held on 3rd October 2015, and five cohorts of the Trust Leadership Development Programme have been completed and a further four cohorts are scheduled to start in April 2015.</li> <li>• Scoping work undertaken to gain understanding of lean and continuous improvement skills within the workforce in order to develop a programme proposal in Q4.</li> <li>• 5 Year Workforce Plans for all services have been developed and are being aligned with the Care Group business planning process. Opportunities for transformation have been identified with plans in place. These include maximising the potential to support apprentices within the organisation, development of progression pathways for support workers both clinical and non-clinical and the further development of advanced clinical practice (non-medical).</li> </ul>

8. Embed a customer focussed approach and improve relationships with our GPs through our stakeholder Engagement Strategy	DBE / CD / DCG	AMBER	<ul style="list-style-type: none"> <li>• Communications Director leads two significant whole system communication and engagement programmes: NHS Future Fit and Urgent &amp; Emergency Care.</li> <li>• Significant work has taken place in developing the GP Engagement Strategy which will be presented to the Trust Board in February. The external GP Satisfaction Survey has just closed and the feedback is being collated.</li> <li>• Work has commenced to identify market share trends for each GP practice. This information alongside the GP Satisfaction Survey feedback will shape the development of the rolling work plan and identification of priority practices.</li> <li>• Sustainable Development highlights for Q3 include (a) Waste segregation scheme now underway at the Women and Children's Centre, with 75% of waste now complying to the upgraded standards (b) E-expenses scheme in place to go live in February 2015 and (c) Improved controls at RSH to reduce energy consumption and lowering carbon emissions.</li> </ul>
9. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme	FD	AMBER / RED	<ul style="list-style-type: none"> <li>• Successful applications for (a) permanent Public Dividend Capital (PDC) of £12.2 million to support the 2014/15 projected Income and Expenditure position and (b) permanent PDC of £7m plus £1.2m from agreed cash balance reduction which will improve Better Payment Practice Code compliance. £1m transitional support from Shropshire County CCG and circa £500k from NHS Telford and Wrekin. Whilst I&amp;E and financial balance remains a risk, significant progress has been made which is reflected in improved RAG assessment</li> <li>• Revised cost improvement target for Q3 was achieved with a positive variance of £316k, and it is expected that the full year revised plan of £11.8 million will be achieved. The Trust will carry an underlying recurring deficit into next year as delivery of the full plan this year has relied on non-recurring schemes. This position is reflected in the overall risk assessment.</li> </ul>
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	<ul style="list-style-type: none"> <li>• "Proof of concept" e-prescribing interface launched and distributed to pharmacists and a selection of prescribers to test and feedback in terms of ease of use and safe prescribing process.</li> <li>• Clinical Portal interim release is in User Acceptance Testing and the scope of the next Clinical Portal release has been confirmed. The Patient Administration System (PAS) upgrade has been deferred.</li> <li>• Diagnostic Electronic Requesting and Reporting workflow has been reviewed. A Radiology-Pathology Data Quality/Information Governance group has been established to strengthen joint working at 1ry/2ry care interface. A test system has been developed for primary care electronic requests in radiology.</li> </ul>

Executive Leads:

Medical Director [MD], Director of Nursing and Quality [DNQ], 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

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

### 3. Executive Directors' Overview

#### Chief Operating Officer's Update: Operational Performance

The Trust has made great progress in establishing systems and processes to support the delivery of both RTT and Cancer targets and consistent delivery of diagnostic targets. This is demonstrated by the delivery of key targets from October 2014. The delivery of the 4 hour target requires a system wide solution. Progress against delivery of one of the key elements of this solution, the reduction in the Fit to Transfers, is behind plan.

Steady progress has been made in delivering the Quarter 3 milestones which in light of the extreme pressures, not least those seen in Quarter 3, is a credit to the operational teams.

#### Finance Director's Update: Finance, Estates and IT

The Trust has made considerable progress in quantifying and 'presenting the case' to describe the underlying position of the organisation. Following the receipt of the non-repayable loan the financial strength of the Trust has significantly improved. Income and expenditure deficits are still a concern however the ability to address existing pressures associated with duplication is outside of the Trust's control. In a challenging financial environment the Trust is holding steady.

The separation of the estates and facilities functions has delivered significant benefits and has improved both staff engagement and morale within the Facilities team. A focus on innovative solutions led by the team and developed with patients and users is now shaping future developments. Within Estates the absence of a permanent director has impacted on strategic development however historical issues associated with both industrial relations and health and wellbeing are being addressed. Existing estates risks have been identified and plans are in place to address these.

Good progress has been made to improve data quality and information management systems and business support capabilities are improving. The Trust has been actively involved in development work with UHB, leading the redesign of a revised information platform. The Trust has received external investment to support IT infrastructure however a 'whole system' solution is required. Discussions with an external company may identify future solutions.

Whilst there is still work to do, the ability to drive change and improvement has significantly improved within these areas.

#### Director of Nursing and Quality's Update

Despite significant challenges relating to nursing vacancies, of which the Board is aware, improvements in quality have been sustained. The generally improving picture of Falls, Pressure Ulcers and aspects of infection control practice continue to move in the right direction.

With regard to patient experience, the Trust performed well in the national inpatient and maternity experience surveys, and feedback from patients across a wide variety of settings is generally positive. However, there is still more work to do to improve areas such as Friends and Family Test response rates, End of Life Care and cancer patients' experience. Some progress has already been made in these areas which reflect the first phase of a longer term patient experience strategy.

Following the CQC Inspection in October 2014, a 6 month Improvement Plan will be delivered to support our ambition of receiving a rating of GOOD in our future inspection. Responding to the issues highlighted in the inspection report is a priority for the Trust.

The highest risk to quality and safety and also to the financial position of the Trust, at this time is our clinical workforce challenges. Whilst senior nurses work to mitigate the risk on a daily basis we recognise that this is not sustainable in the long term. A range of options including further overseas recruitment, extended roles and flexible working are being progressed as a priority.

The pressures associated with matching capacity and demand and managing patient flow are compounded by the Trust's inability to respond flexibly to staffing requirements associated with unexpected increases in demand.

## Medical Director's Update

The care that doctors at the Trust provide to patients is generally of a high quality and we increasingly are able to demonstrate this through objective outcome measures. While it might not appear to be an objective parameter for the successful care of patients, mortality figures are used to assess Trusts' performance and it is encouraging to note that from being a poor outlier four years ago the Trust now consistently has average, or better than average, mortality outcomes.

Having consolidated performance in this area considerable effort is being put into learning from the death of individual patients in order to identify avoidable factors and develop improvement in care to minimise the future risk of these. There is a national trend towards greater provision of clinical outcomes and the publication of these in the public domain. The Trust has complied fully with these requirements and is building on these to provide clinical outcomes for individual practitioners that can be incorporated within a doctor's annual appraisal.

Appraisal itself, and job planning, have been the subject of much attention with a considerable improvement in the delivery of these – they are now treated as mandatory – with the result that doctors are more accountable than they previously have been and informed review of each doctor's performance rapidly is becoming the norm.

The biggest challenge to the medical workforce is the shortage of both trainees and senior doctors that is particularly acute in certain key specialties such as Emergency Department, acute medicine and critical care.

## Workforce Director's Update

Within our more challenged staff groups the Trust is supporting weekly, monthly, overseas (Philippines and Italy) and Return to Practice recruitment and as such is delivering increased volumes of bespoke induction programmes. The Trust is also working with marketing agencies to develop a compelling narrative of our employee 'offer' and our employer brand, and is actively utilising different media for advertisements. The Recruitment Team continues to support the Trust in maximising all opportunities to improve the process and timelines for recruitment. Electronic DBS checks have been introduced for all new starters which will result in shorter turnaround times.

Appraisal rates continue to improve (>80%) and a Values based employee led appraisal process is being rolled out. Managers are currently receiving training to support them in ensuring that this becomes a conversation with purpose, and is valued by the appraisee.

The Trust's Leadership Development Programme continues to progress and further programmes have been scheduled for 2015. The Trust is also developing an 'Engaging Managers' programme which will be instrumental in supporting managers in the practical 'how to' aspects of management and support them in enhancing their capability to have meaningful values based and difficult conversations which will be required to help drive the organisation to achieve. Coaching and mentoring capacity and capability continue to be increased with a further coaching cohort starting imminently.

Staff survey results will be public from 27<sup>th</sup> February 2015 and the Trust's involvement and engagement plan has now been finalised which will also support actions against the recent CQC inspection. This will be multi factorial with the golden thread being 'Our Voice', specifics will be about harnessing 'Making a Difference' (MAD) ideas from staff, our commitments in response to the staff survey driven by staff, a Trust conversation and continuing GEMBA walkabouts.

Progress with our Health and Well-being agenda continues at pace: maximising opportunities within our occupational health contract and continued emphasis on preventative interventions.

## Communications Director's Update: Community and Engagement

Replacement staff in the communications directorate completed their probationary period during Q3, with a 7% reduction in hours contributing to CIP.

A significant focus during the Quarter has been the Engagement and Communications workstream for the NHS Future Fit programme. Key activities during the Quarter include the publication of a long-list of NHS Future Fit scenarios followed by a series of engagement activities to bring deep insight to contribute to the shortlisting

decisions taking place early in 2015. Engagement and communications activity has also focused on embedding the new Women and Children's services and planning for the Royal Opening which took place in Quarter 4.

The Trust communications director oversees the health and care system's urgent care engagement and communications programme, with weekly conference calls activated as winter started and demands on health and care services increased. Readiness in the event of a suspected case of Ebola has also been a key issue for NHS and Public Health communications planning across the country.

Our charity development project came to an end during the Quarter and now we are reviewing the lessons from this in order to agree the next steps for the Trust Charity and how we work with our main partner charities.

#### Director of Corporate Governance's Update: Sustainability

There are a number of aspects to the Trust's Sustainability agenda and these are all monitored through the Sustainable Development Committee with the 'Think Globally, Act Locally' approach, with a staff newsletter published in January. There have also been awareness programmes for staff and the public around work the Trust is doing e.g. 99% domestic waste is recycled, sensor motions lights fitted, using stairs rather than lifts. Over 80 staff sustainability champions have signed up.

Alongside technological solutions to reduce energy consumption we are also introducing an equipment exchange scheme 'Warp-it' to reduce equipment being disposed of and allow transfer between departments and ultimately to other public sector organisations rather than being scrapped. Our restaurants are moving to healthier options 'meal deals' and using more regional produce, to replace frozen vegetables. There continues to be a move towards regional suppliers to encourage small businesses.

Progress has been made in all areas but key areas to note are the developments with volunteers and young volunteers with over 100 young volunteers. 'Corporate' volunteers from other organisations have been involved in 'Make a Difference' days developing the Stroke Unit courtyards at PRH and Wildlife Garden at RSH and the Staff Volunteer Policy was launched in November, with a number of staff from non-clinical departments volunteering as dementia or feeding buddies on the wards. We are also working with other voluntary sectors to launch a recruitment and engagement website for volunteers.

The five year strategy and action plan is currently on target with all key milestones achieved and was included in the business planning process to ensure awareness becomes more embedded across the organisation.

#### Director of Business and Enterprise's Update: Business and Strategy

Business and Strategy development has been a big focus area for the Trust Board during 2014/15. The Trust has continued to make good progress in establishing robust and integrated business planning processes within the Care Group and corporate functions. Going forward improving business information and a market focused approach to business development remains a priority.

The Business Development and Engagement Committee is establishing itself as a new sub-committee to the Board with a focus on supporting the organisation in developing business processes and providing assurance to the Trust Board. Understanding our business at service line level for quality, operational performance, workforce and finance is a key priority for the Trust going forward and the "deep dive reviews" are progressing.

The end of Quarter 3 also saw the publication of the TDA's planning guidance for 15/16 and together with NHS Forward View has shaped the refresh of the Trusts Operating Plan with the first draft submission to the TDA on 13th January.

The Future Fit Programme remains on track and is the vehicle to progress the reconfiguration of the Trusts clinical services. However the challenge remains in the scale and scope of this programme, the timescales required to develop strategic cases and the approvals process versus the more immediate challenges of sustaining some of our clinical services within their current configuration.

Successfully achieving the reconfiguration of Women's and Children's Service was an enormous milestone for the Trust last year and work continues over the next Quarter to embed the services at PRH and progress the interim solutions for services that remain at RSH. These remain on track to be completed by March 2015.

#### 4. Refreshing our 2015-16 Operating Plan

The review of progress to date has formed part of our annual refresh of our Operating Plan. The key headlines and the impact on our 2015-16 plans are described below:

The Trust has made good progress in improving clinical outcomes and patient experience and our future plans will continue to build on this. **Improving outcomes for patients and reducing harm** remains a priority in our 2015-16 plan.

Developing plans to ensure the sustainability of our services is an immediate requirement for the Trust. Significant work has taken place to mitigate risks within challenged specialties; this includes revised models of care, capacity reviews and service reconfiguration. **Embedding revised pathways and developing robust short to medium term strategies for our clinical services** is a priority for next year. Alongside this the Trust will continue to work with the wider health economy in developing a long term strategy for services in Shropshire.

The planned developments in the Trust's People Strategy are progressing well, the Trust will continue to **build upon this success and to increase and enhance staff engagement** to support this. Developing transformational plans to support challenged specialties and progress 7 day working remain a priority for next year.

Much work has taken place with regard to customer relationships including engagement with patients, local health partners and our GPs. The Trust will continue to **strengthen these relationships** and to **build business plans that reflect the environment in which we operate** and the impact that we have on our key stakeholders. Understanding our business through **detailed service line reviews will inform future operational and business decisions.**

Delivering a sustainable financial plan remains a challenge. The Trust has worked extremely hard to secure support for 2014-15 and has made progress in the delivery of recurring cost improvement programmes. Proposed reductions in income and the need to invest in equipment and infrastructure will further increase the financial challenge for the Trust. Priorities for the Trust in 2015-16 will include **delivering transformational change, identifying technological solutions and securing ongoing short term financial support.**

## Quarter 3 Progress against the Delivery of our Operational Objectives Key Milestones

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

Operational Objectives	Key Milestones	Executive Lead	RAG
Further reduce avoidable deaths by learning from Mortality Reviews	<ul style="list-style-type: none"> <li>Maintain performance in line with national peers</li> <li>Continuing progress to implement and embed systems and processes to learn from avoidable deaths</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	AMBER
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>Full implementation of FallSafe across both sites.</li> </ul>	Director of Nursing and Quality	GREEN
Reduce the number of healthcare associated infections	<ul style="list-style-type: none"> <li>Cdiff no more than 22 cases.</li> <li>Zero cases of MRSA.</li> <li>Achieve 95% compliance in commode audit.</li> <li>Achieve 95% compliance in Hand Hygiene Audit (Trust overall)</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>Work towards compliance of FFT response rate of 40% for in-patients</li> <li>Listening Events across the Health Economy completed.</li> </ul>		AMBER
Improve care of the dying through implementation of best practice	<ul style="list-style-type: none"> <li>Commence implementation of EoL Care Plan</li> <li>Review and redesign of DNR policy commenced.</li> </ul>		GREEN
Develop robust plans to recruit to establishment to ensure safe staffing levels	<ul style="list-style-type: none"> <li>Overseas recruitment plans progressed</li> </ul>		RED / AMBER
Progress plans to extend 7 Day Working	<ul style="list-style-type: none"> <li>Working Group established to scope 7 day working workforce requirements.</li> </ul>		Workforce Director

We have seen an **improvement in our performance regarding mortality** over the last four years that has been maintained over the last year. This is demonstrated over the four mortality parameters and we now are **consistently lower than our peer comparators**.

The Trust has **implemented a Mortality Review Process and a robust Governance Framework** to ensure assurance and learning at all levels of the organisation. **Mortality reviews continue** with an ongoing action schedule for each Quarter for identified areas which need further investigation.

As part of the 'learning from review' commitment a case note review has been undertaken with regard to the elevated risk relating to nephrological conditions (identified within the CQC Intelligence Monitoring). Appropriate **improvements have been put in place**, such as the acute kidney injury care bundle, and there has been a reduction in deaths (as noted in a subsequent CQC Intelligent Monitoring report).

The rates of **achievement against the Fractured Neck of Femur best practice criteria**, hence also payment for the enhanced tariff, were 46% in October, 64% in November and **65% in December at RSH**. **Work is progressing at PRH** to deliver best practice: a draft job description has been distributed for a surgical Orthogeriatrician post after repeated failure to recruit a physician based role. Approval will then be required

by the Royal College prior to advertising. A **staff grade Orthogeriatrician** has been appointed and **joins the Trust in March** and interviews for a trauma nurse are scheduled for February.

There were **no falls resulting in harm in December**. 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. In Quarter 3 of the 2,064 patients surveyed **93.2% of patients received harm free care**.

The staff **Falls Information Leaflet** has been distributed to all qualified nursing staff and HCAs, including those on the Temporary Staffing bank. **Fallsafe training is ongoing**, with the expectation that 800 will have completed the e-learning module by end of Quarter 4. A link worker programme is also under development with plans to roll this out during 2015.

There have been **21 C-diff cases which is on target** against the year to date plan. There were 3 C-diff cases in December all of were felt to have been caused by prescribed antibiotics, however in all cases the antibiotic prescribing was in line with the Trust's policy, and therefore appropriate.

There have been **2 MRSA Bacteraemia cases** which is above the annual target of zero cases. One Bacteraemia was decontamination and the second one was felt, on the balance of probability, to have been a transmission from another patient on the same ward at the same time. It was noted however that this patient was appropriately isolated as per Trust Policy. IPC audits and High Impact Intervention **audits did not identify any significant day to day practice issues** that could have caused/contributed to the case. Audit compliance is good for Quarter 3, with both hand hygiene and commode cleanliness achieving over their 95% target.

The Friends and Family Test (**FFT**) **response rate for inpatients was 32%** in December which demonstrates a continuing improvement but is still below the planned target. **Electronic solutions to improve response rates** further have been agreed and this is now also included in the Care Group 'confirm and challenge' meetings.

**6 Listening Events were held** in the Autumn across Shropshire and Powys and these events are planned to be held annually. Health Watch, our commissioners and carers' groups were actively involved in the planning and running of the event. **110 patients, carers and service users attended**. The overall feedback was positive particularly around caring and compassion. A&E waiting times, outpatient appointments and car parking fees were the most common areas for concerns.

Following the **introduction of the new End of Life Plan in October**, we have commenced a programme of training and support to roll out and implement this across the trust. In addition, the wider End of Life Care Programme continues to deliver a number of improvement projects including mortuary viewing area refurbishment, equipment availability and a review of anticipatory (just in case) medications. **Further funding has been secured** from Health Education West Midlands and Severn Hospice which extends the End of Life Care Facilitator post until September 2016.

The Do Not Attempt Resuscitation Policy has been reviewed and redesigned. The revised policy is now called **The Defined Ceiling of Treatment and Allow Natural Death Policy and was published in October 2014**.

The Trust recognises that it is at the beginning of a journey towards improving End of Life care and this was reflected in the CQC Assessment report. Significant further work is planned to continue to improve this aspect of care.

Although significant work has been done to progress overseas recruitment options, these have not yielded the number of staff that the Trust had anticipated. Further campaigns are planned over the next few months including alternative roles and incentives to encourage staff to work additional hours where it is safe to do so.

A working group has been established to scope 7 day working workforce requirements. These groups have membership from all the care groups and include both clinical staff and support services.

## 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	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>Preferred option agreed and Business Continuity Plan signed off by commissioners and TDA</li> </ul>	Chief Operating Officer	GREEN
Embed a sustainable 7 day model of care for Stroke services	<ul style="list-style-type: none"> <li>Recruitment plan commences for 4th stroke consultant post</li> <li>Scoping of options to develop a single stroke service</li> </ul>		AMBER / GREEN
Scope the development of ambulatory emergency care and Urgent Care Centres	<ul style="list-style-type: none"> <li>UCC established at RSH and revised pathways embedded.</li> <li>Implement and review trial model for PRH</li> <li>Commence participation in Ambulatory Emergency Care Network.</li> </ul>		GREEN
Complete workforce reviews and develop plans in challenged specialties	<ul style="list-style-type: none"> <li>Implement agreed workforce plans</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>Delivery of Ophthalmology RTT targets</li> <li>Review commissioner Ophthalmology tender specification once published</li> <li>Implement Cardiology Redesign Plans.</li> </ul>		AMBER

Business Continuity Plans **have been completed** and shared with commissioners.

The fourth stroke consultant, approved as part of the workforce model, joined the team in December. This is **enabling discussions for a transition towards a 7 day TIA service** with the inevitable benefits this will bring for our patients. **Discussions** with regard to the development of a **single site service are on hold** pending the outcome of the Future Fit programme consultation.

The Trust has successfully developed and **implemented an Urgent Care Centre at RSH and interim arrangements at PRH**. This completes phase 1 of the project. A project manager has been appointed who will now develop and support the planning, and **taking forward, of the ambulatory emergency care project** (phase 2). Work has commenced relating to mapping activity, initial figures show that we currently utilise about 25% of admissions as ambulatory at PRH with expected numbers to be similar at RSH

As part of the agreed Emergency Centre workforce plan an Advanced Nurse Practitioner has commenced in post and commencing the training programme. The Trust has also increased the number of Emergency Nurse Practitioner trainee positions so that the current RSH service can be reflected across both sites. A locum consultant is providing cover for an existing consultant's sabbatical and junior medical staff are now in post.

The Trust continues to **work with primary care to develop further Ophthalmology pathways** to improve patient access. A tender for the provision of community ophthalmology services was expected as part of this review however the tender has not yet been formally published. This work will be **led by the CCGs** and supported by the Trust. The Trust's planned **deep dive review for February** will focus on Ophthalmology services.

The **Cardiology Centre of Excellence model was implemented as planned at PRH in October**. The initial implementation has worked well and as a result, patients are now being seen and treated in an ambulatory type model. This should release inpatient capacity across the Trust. Despite all efforts, since November the ability to maintain a high level of throughput has been hampered by the extreme pressure that site has faced with inpatients escalated into this area.

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

Operational Objectives	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>Winter plans for the Trust approved and in place</li> <li>Work towards full achievement of admitted and day case RTT targets</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>System Resilience Plan implemented</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>Business case developed for approval</li> </ul>		GREEN
Participate in planning new models of care as part of the Better Care Fund initiative	<ul style="list-style-type: none"> <li>Agree new 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>Review of pathways in all challenged specialties</li> <li>Recommendations from root and branch review reflected in Remedial Action Plans and implemented</li> </ul>		GREEN
Participate in a strategic review of access to Orthopaedic services (commissioner led)	<ul style="list-style-type: none"> <li>Next steps response to T&amp;W CCG tender</li> <li>Review of SCCG service redesign project plan</li> </ul>		GREEN
Develop community service models and increase direct access for GPs	<ul style="list-style-type: none"> <li>Embed referral pathways for new community services.</li> </ul>		AMBER

**Winter planning has been completed** and a **drop in day surgery unit was in place** from 16<sup>th</sup> June until 19<sup>th</sup> December on the PRH site. The Trust has **delivered the overall RTT targets since October**.

**A System Resilience Plan has been implemented** however unprecedented demand, which was not anticipated, has resulted in extreme operational pressures on operational teams. Being unable to retain the day surgery, which is a result of not being able to commit to a two year contract with the company, and the level of escalation has also reduced the elective capacity on the PRH site. The impact of the scheme to reduce the number of patients on the Fit to Transfer list has been significantly less than expected.

Discussions with commissioners and the TDA are ongoing and **a RTT Recovery Plan is being developed**.

As part of the improvement in the urgent care pathways the Trust has continued to progress alternative models of care to improve patient flow. **Discharge hub arrangements are operational on both sites** led by the Head of Capacity and **work has progressed on the Discharge to Assess model** focusing on 3 pathways:

- Pathway 1 – Rehab or no rehab at home (Domiciliary)
- Pathway 2 – Rehab or need for care within a community hospital
- Pathway 3 – Needing supported living outside of own home (This includes CHC, Respite, Residential Nursing etc.)

The above models have been slow to roll out, but this is primarily due to lack of staffing capacity within the community

An **eight bedded Elderly Care Short Stay model on Ward 22S at RSH was introduced in November**. The first eight weeks demonstrated success as **75% of the Frail & Complex patients** appropriately identified and reviewed in AMU achieved a **LOS of < 72 hours**, this targeted therapist support prevented decompensation of our elderly patients.

The role out of a full Elderly Care Assessment Unit model has been affected by the lack of Consultant Geriatrician availability. The Trust is continuing to progress recruitment but there is a national shortage across the country. An additional specialist nurse workforce model is being progressed.

The **lack of physical estate and staff has impacted on the development of the Clinical Decision Unit at PRH**. It is unlikely that this will be delivered within the reporting period of 2014 – 2015. Whilst the unit has not been formally established **work has been progressing to improve the urgent care pathways**, the priority being the development of ambulatory emergency care as advised by the Emergency Care Intensive Support Team.

A working party has been established and **plans for the Surgical Admissions Suite have been approved by the group**. A business case will be presented as part of the business planning process 2015/16. An initial allocation of capital has been identified, but a **further request will be made to the capital planning group** in April. Currently the **space identified for the Surgical Admissions Suite is being used as an escalation area**, due to the increasing demand on non-elective activity in January.

New models of care are being developed by the wider Local Health Economy Group. The impact of these will be reviewed and assessed once details have been received.

**Significant improvements** have been made with regard to pathways and delivery of the Remedial Action Plans **to improve cancer performance** which has resulted in **all nine cancer standards being delivered**. A sustainability strategy is being developed to ensure that we continue to both maintain this performance and improve the patient experience.

As part of the overall review of orthopaedic services **Telford and Wrekin CCG are undertaking a formal tendering process** for a Community Integrated Musculoskeletal Service. The Trust has been working alongside the Shropshire Community Trust in a tender submission. The CCG are currently reviewing the tenders that they have received for the revised model of care for MSK. The **outcome of the process will be known in February 2015**. No further update has been received from the Shropshire Clinical Commissioning Group regarding the review of MSK services.

The future development of community service models is closely linked, and will be shaped by, the Local Health Economy Future Fit Programme. The Trust has **expanded outreach services at Bridgnorth Hospital** and plans are progressing with regard to **direct access ultrasound services at Ludlow Hospital**. Discussions are currently taking place with the **Shropshire and Staffordshire Mental Health Trust** for the provision of a **diagnostic ECG** service and the Trust is working with the **Shropshire Community Trust** to develop **integrated therapy service** pathways.

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

Operational Objectives	Key Milestones	Executive Lead	RAG
Complete a comprehensive market assessment and develop robust marketing plans	<ul style="list-style-type: none"> <li>Market assessment information shared and discussed at Exec and Care Group level</li> <li>Market intelligence provided to support business planning cycle.</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>Review of SLR data within Care Groups.</li> </ul>	Finance Director	GREEN
Develop robust business cases for homecare services	<ul style="list-style-type: none"> <li>Contractual Arrangements agreed with UHB</li> <li>Revised pathway in place and monitoring process in place</li> </ul>	Chief Operating Officer	AMBER

**Market information and business intelligence has been presented**, as part of the Horizon Scanning updates, to the Trust Board in December and to the newly formed Business Development and Engagement Committee. Work is progressing to develop a robust **framework to identify and present business information** on an ongoing basis to both the Executive Team and Care Group management teams

**Strategic market information**, including national policies, and detailed market share data where requested, was **presented to the Care Groups at the Business Planning Workshops** which were held in January.

The process of **reviewing the operational and financial performance has commenced** using the 4 legged stool methodology and the deep dive process, the first two specialities were presented to the Trust Board on the 29<sup>th</sup> January 2015, and other specialities are to be **presented each month commencing in February 2015**.

Work is progressing with regard to the development of homecare services however due to the **ongoing problems with commercial homecare providers** this project has been delayed. The Trust is now seeking to **pilot schemes either locally or with another NHS provider Trust**. The pilot schemes have been identified with lead clinicians who are finalising the patient numbers and pathways to ensure that both the pathway and monitoring remains unaltered throughout. Discussions are ongoing with commissioners to ensure arrangements, **including any 'gainshare' arrangement**, are agreed and in place.

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

Operational Objectives	Key Milestones	Executive Lead	RAG
Transfer of Women and Children's services to Princess Royal Hospital	<ul style="list-style-type: none"> <li>Embedded service moves</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>Review impact of the 4 admission avoidance pathways put in place Dec 2013.</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>Complete works at RSH for interim women's facilities.</li> </ul>		GREEN

The **transfer of consultant-led inpatient Women and Children's Services** from RSH to PRH were delivered safely as planned **at the end of September 2014**. Engagement with GPs and ambulance service providers (emergency and non-emergency) is underway to **review pathways and processes**. This will continue over the next two months and will form part of the post-project review being planned for April 2015. **Focus Groups** were held with **patients, parents and the public in December**. Staff workshops are also in place to review the impact of the move on the workforce and to identify areas of ongoing support.

**All revised pathways are now in place.**

The **interim solutions** for the services remaining **at RSH** continue to be implemented and are **scheduled for completion at end of March 2015**. Due to the demand for inpatient adult capacity, the **Children's Assessment Unit has moved out of Ward 21**. Refurbishment of **Unit 31 to create the RSH CAU is now underway** and will be completed at the end of February 2015.

**6. Develop a sustainable long term clinical services strategy for the Trust to deliver out vision of future healthcare services through our Future Fit Programme**

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop an Options Appraisal for future service models	<ul style="list-style-type: none"> <li>Long list of options developed to short list</li> <li>Criteria for option appraisal</li> <li>Further clinical and activity modelling.</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 appraisal</li> </ul>		GREEN
Produce an Outline Business Case to deliver revised clinical services models	<ul style="list-style-type: none"> <li>Detailed work on shortlisted options</li> </ul>		GREEN

The Future Fit Programme Plan is on track; Phase 2 activity modelling has been completed, the technical team have been appointed to progress the Strategic Outline Case (SOC) and Pre-consultation Business Case. The Short Listing Expert Panel has received and reviewed the long list of options and six short listed options have been agreed for approval at Trust Boards in February.

The public engagement plan is ongoing with formal public consultation expected from December 2015.

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

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop a Values-driven organisation	<ul style="list-style-type: none"> <li>Cohorts 3-4 VBA testing complete</li> <li>Training agreed for appraisers to implement new process</li> <li>Roll out values based corporate induction programmes</li> </ul>	Chief Executive / Workforce Director	GREEN
Implement the Trust's Leadership Development Programme	<ul style="list-style-type: none"> <li>3<sup>rd</sup> Annual Leadership Conference</li> <li>Leadership Development – cohorts 2-5 completed module 3</li> </ul>	Workforce Director	GREEN
Develop a culture of continuous improvement and lean process redesign	<ul style="list-style-type: none"> <li>Process map complete with evaluation metrics agreed.</li> </ul>	Workforce Director	AMBER
Develop 5 Year Workforce Plans for all services that supports transformation	<ul style="list-style-type: none"> <li>Workforce plan aligns with Care Group business planning process</li> <li>Opportunities for transformation identified with plan in place</li> <li>Detail and progress reported to Exec Team and Trust Board.</li> </ul>	Workforce Director	GREEN

**Cohorts 3-4 Values-based appraisals testing is complete** and training for appraisers to implement the new process has been agreed. **Values-based induction programmes are being rolled out** across the trust.

A highly successful **Leadership Conference was held on 3<sup>rd</sup> October 2015**, with excellent and inspiring speakers including Aidan Halligan, Lorraine Heggessey and Paralympian Danielle Brown. The event was highly evaluated by attendees. **Five cohorts of the Trust Leadership Development Programme have been completed** and a further four cohorts are scheduled to start in April 2015.

**Scoping work** has been undertaken to gain an understanding of **existing lean and continuous improvement skills within the workforce**. This will support the development of a programme proposal in Quarter 4.

**5 Year Workforce Plans for all services have been developed** and are being aligned with the Care Group business planning process.

**Opportunities for transformation have been identified** with plans in place. These include maximising the potential to support apprentices within the organisation, development of progression pathways for support workers both clinical and non-clinical and the further development of advanced clinical practice (non-medical)

Progress against the above milestones and the overall delivery of the Trust's People Strategy continues to be reviewed monthly by the Workforce Committee, a sub-committee of the Board.

## 8. Embed a customer focussed approach and improve relationships with our GPs through our stakeholder Engagement Strategy

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop a Stakeholder Engagement and Customer Relationship Strategy	<ul style="list-style-type: none"> <li>Draft Stakeholder Analysis completed for review.</li> </ul>	Communications Director	GREEN
Manage GP relationships through a robust GP Engagement Strategy and focussed account management	<ul style="list-style-type: none"> <li>Priority GP practices identified for rolling GP account management process.</li> </ul>	Director of Business and Enterprise	AMBER
Continue to develop environmental and social sustainability through the Good Corporate Citizen programme	<ul style="list-style-type: none"> <li>Waste segregation implemented from opening of new WCC (capital scheme)</li> <li>Introduction of electronic claim forms to capture data on cost and carbon emissions associated with business travel</li> <li>Rollout out thermo-control radiator valves (capital scheme).</li> </ul>	Director of Corporate Governance	GREEN

The Trust is developing a Stakeholder Engagement and Customer Relationships Strategy alongside the development of the strategic and operating plans for 2015-17. The **strategy will be finalised following the publication of the TDA guidance on *Delivering Excellence in Communications and Engagement***. This guidance was expected in September but has not yet been released.

Reflecting the Trust's strategic priority and commitment to engagement the **Communications Director is programme lead for two significant whole system communication and engagement programmes**: NHS Future Fit (Engagement and Communication Workstream Lead) and Urgent Emergency Care (Chair of the weekly Communications and Engagement Task and Finish Group).

Significant work has taken place in developing the **GP Engagement Strategy which will be presented to the Trust Board in February**. The external GP Satisfaction Survey has just closed and the feedback is being collated.

Work has commenced to **identify market share trends for each GP practice**. This information alongside the GP Satisfaction Survey feedback will shape the development of the rolling work plan and **identification of priority practices**.

The Sustainable Development Committee met on 10 October 2014 to **review the Sustainable Development Management Plan**. A patient and community representative was welcomed to the Committee. Highlights for Quarter 3 have been:

- **Waste segregation scheme is underway** at the Women and Children's Centre, with 75% of waste area now complying with the upgraded standards. The scheme will be rolled out at suitable ward waste holds (at both sites) during 2015/16.
- The **electronic travel claim scheme system** has been successfully implemented, going live in January 2015.
- **Thermo radiator control** has been added to the Guaranteed Savings scheme presently operating at RSH, together with additional electronic controls in suitable areas, is reducing energy consumption and lowering carbon emissions.

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

Operational Objectives	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>Present findings of external review to TDA to support long term financial planning</li> <li>Completion of cost efficiency review</li> </ul>	Finance Director	AMBER
Identify recurring cost improvement programmes	<ul style="list-style-type: none"> <li>£11.3M – Quarter 3 assumed savings</li> </ul>		AMBER
Engage with commissioners with regard to utilisation of Better Care Fund	<ul style="list-style-type: none"> <li>Effective engagement and regular attendance at T&amp;W meetings</li> </ul>		RED

The Trust has been **successful in its application for permanent Public Dividend Capital (PDC) of £12.2 million** to support the 2014/15 **projected Income and Expenditure deficit**. This is cash support only, based on the current projection that the trust will post a £12.2m deficit in the financial year 2014/15.

Within the income position the Trust has secured **£1m transitional support from Shropshire County CCG** (as part of the signed contract in March) and circa **£500k from NHS Telford and Wrekin** (as part of a year end settlement deal)

The Trust has also been **successful in its application for permanent PDC to improve its working balances**. The Trust will receive £7 million PDC and will also utilise £1.2 million released from an agreed cash balance reduction from £2.2 million to £1 million. The Trust's External Finance Limit will be changed to reflect this.

The Trust will utilise the **£8.2 million cash to improve its working balances** by reducing the outstanding creditors. It is projected that this will allow the Trust to improve its compliance with the Better Payment Practice Code.

The Trust's underlying income and expenditure and ability to **achieve financial balance is a significant risk**. However **significant progress has been made to improve the Trust's liquidity issues** and this improvement is reflected in the overall risk assessment

The original annual CIP plan of £15.2 million was **reduced at month 5 to £11.8 million**. At mth 9 the revised target was £8.436 million and the Trust **achieved £8.752 million equating to a positive variance of £316k**. At the end of Quarter 4 it is envisaged that the revised plan of £11.8 million will be achieved.

The Trust has **achieved the revised cost improvement programme target** however was not able to deliver the original planned efficiency target. The Trust will **carry an underlying recurring deficit into next year** as delivery of the full plan this year has relied on non-recurring schemes. This position is reflected in the overall risk assessment.

The Trust has representation at the Telford and Wrekin CCG Better Care Fund Finance Performance and Modelling Work Stream meeting. Data requests are being responded to as received to support the development of the Better Care Fund plans. To date there has been **little clinical engagement** in the development of plans and the Trust has **not received sufficient detail to be able to assess** the likely impact of future schemes.

**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	Key Milestones	Executive Lead	RAG
Implement e-prescribing	<ul style="list-style-type: none"> <li>Define the functionality and interfacing for the other two principle components of EPMA</li> </ul>	Chief Operating Officer	GREEN
Implement and embed an integrated clinical portal system	<ul style="list-style-type: none"> <li>Development of e-prescribing from within clinical portal</li> <li>Doctors' trials completed.</li> </ul>	Finance Director	AMBER
Identify solutions to address equipment replacement needs	<ul style="list-style-type: none"> <li>Progress replacement of obsolete and high risk equipment</li> </ul>	Finance Director	AMBER
Increase productivity through the use of digital Radiology equipment	<ul style="list-style-type: none"> <li>Financial assessment completed for Order Comms and Digital Radiology Equipment</li> <li>Upgrades paper to capital planning group.</li> </ul>	Chief Operating Officer	GREEN

In January 2015 a **“proof of concept” version of the e-prescribing interface** was launched and distributed to pharmacists and a selection of prescribers (and their teams) to test and feedback in terms of ease of use and safe prescribing process. All comments and suggestions returned are being collated and considered to improve the workflow, and where necessary the safety, within the interface before integrating in any test database.

As the prescribing interface evolves it will **inform the design and development of the medication administration interface** with input from Clinical Practice Educators and Senior Nursing Staff who have expressed an interest. Though on track for the target Spring 2016 completion date there are risks to the project which include the backfill of in-house IT programming and development staff, adequate funding and the absence of an IT Clinical Lead at present.

The **Clinical Portal interim release is in User Acceptance Testing** and the scope of the next Clinical Portal release has been confirmed. The **Patient Administration System (PAS) upgrade has been delayed** and until this has been completed Clinic Outcome Forms (COF) can not be added to the Clinical Portal. A Clinical Portal User Group and Change Advisory Board (CPUGCAB) reviews and approve/reject change requests and a results sign-off project team is in place to oversee the transition from paper to electronic sign-off

**Prioritisation of capital allocation** has been undertaken to utilise funds to **remove highest risk devices** within the Trust. **Donations from the League of Friends and other charitable sources** have been utilised where available to **further reduce the risk and improve the condition** of the Trust’s assets. Other funding streams such as rental agreements, set/reagent agreements and FOC loans have been used if they are available. Other options such as managed services and lease agreements will be explored and utilised in line with the needs of the service and organisation.

Diagnostic **Electronic Requesting and Reporting workflow has been undertaken** and a Data Quality/Information Governance group between Radiology and Pathology has been formulated to improve working practices in both primary and secondary care.

A **test system has been developed** and a working party has been agreed for **Primary Care** that will **test the functionality** of the Electronic requesting in Radiology on the test system. Secondary care will be implemented in phase 2 which will provide both **electronic requesting and reporting and also a method by which the Trust can potentially monitor report sign off.**

In response to the outcome from the Radiology NHS Benchmarking Project a review of the capital planning paper and the risk assessments have been undertaken.