

Reporting to:	Trust Board - 29 October 2015
Title	Mid-Year Review of Operating Plan 2015/16
Sponsoring Director	Debbie Vogler, Director of Business and Enterprise
Author(s)	Executive Directors, Tricia Finch, Head of Planning
Previously considered by	Executive Directors
Executive Summary	<p>Our 2015 Operating Plan described our Strategic Priorities for this year. This paper provides an update on progress against the Key Milestones that support these Strategic Priorities and includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A summary of progress to date against the milestones and the aggregated 'progress against plan' RAG status for each of the 10 Strategic Priorities identifying whether our plans are on track (Section 2) <input type="checkbox"/> An overview from each Executive Director describing key achievements within their area (Section 3) <input type="checkbox"/> A summary of progress and challenges that will in turn shape our 2016/17 Operating Plan (Section 4) <p>Each of our Strategic Priorities is supported by a suite of Operational Objectives. Further details of progress against our Operational Objectives are included in a more detailed report contained within the Trust Board Information Pack.</p> <p>It is important to NOTE that the RAG assessments included in these reports reflect the progress made against plans and initiatives described in our Operating Plan as at month 6. Whilst progress should generally be aligned with monthly performance reporting, it is not appropriate to directly compare RAG ratings with those within the Integrated Performance Report.</p>
Strategic Priorities	
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

Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient patient flow 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 clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of staff engagement 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 liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<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	Recommendation <ul style="list-style-type: none"> • RECEIVE the Mid-Year Review of Operating Plan 2015/16 • NOTE the Progress to Date against the Key Milestones

Mid-Year Review of Operating Plan 2015/16

Progress against the Delivery of our Strategic Priorities

Report to Trust Board 29th October 2015

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 2015/16 identified 10 Strategic Priorities that describe how we will achieve our vision and improve the care that our patients receive.

This paper provides an update on **progress against the Key Milestones** that support our Strategic Priorities and includes:

- A summary of progress to date against the milestones and the aggregated 'progress against plan' 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 will in turn shape our 2016/17 Operating Plan (Section 4)

Each of our Strategic Priorities is supported by a suite of Operational Objectives. A summary of the RAG assessments for each of these is included in Appendix 1. Further details of progress against our Operational Objectives are included in a more detailed report, '**Progress Against Delivery of our Operational Objectives Report**' contained within the Board Information Pack.

It is important to NOTE that the RAG assessments included in this report reflect the progress made against plans and initiatives described in our Operating Plan as at month 6. Whilst progress should generally be aligned with monthly performance reporting, it is not appropriate to directly compare RAG ratings with those within the Integrated Performance Report.

2. Strategic Priorities RAG Assessment

The table below provides an overarching summary of the current status against the delivery of the Key Milestones for each 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	GREEN	<ul style="list-style-type: none"> • A robust governance framework is now set up within the Trust. Bi-monthly Mortality Meetings provide updates from each Care Group. Regular mortality reports are provided at Clinical Governance Executive and at Clinical Quality Review Meetings on progress and identified areas of concern are reviewed and lessons learned are provided to all appropriate medical staff. • We have maintained our performance with regard to Crude Mortality, HSMR, RMAI and In-Hospital SHMI and are currently performing better than our peers. We are, however, outliers for out of hospital SHMI and sepsis and concerns have been raised by CQC and Dr Foster regarding acute and unspecified Renal Failure. Working groups are already underway to improve our position in under-performing areas around mortality. • The Trust has an appointed Clinical Lead for acute kidney injury and a Clinical Lead for sepsis. Performance in these areas is measured against our local CQUIN. • Achievement of BPT for Fractured Neck of Femur for Q2 for 2015/16 is 80% at RSH (subject to validation). At PRH the tariff should be achieved from October 2015. Challenges remain in relation to meeting the requirement for surgery within 36 hours. • The Trust appointed a Revalidation Support Officer in June 2015 and has also appointed an Appraisal Lead. • 64% of the actions in the CQC Action Plan having been completed, a further 6% of the actions are likely to be complete by December 2015. Any risks to delivery are identified through 'Confirm and Challenge', with countermeasures identified. The plan is monitored by the Quality and Safety Committee, the internal 'Confirm and Challenge' meetings and the Care Group Boards. • The Trust has a challenging CDiff target this year of 25 which is below the national average. Currently, performance is RAG rated RED and above planned trajectory with 18 cases (as at 07-09-15) so far reported; this is comparable to performance during the same period last year. A robust root cause analysis process is established and this has identified the majority of cases reported are caused by antimicrobial prescribing within specified policy. The Trust has developed an internal CDiff recovery plan. • The Trust continues to share learning from root causes with all staff in order to continuously improve IPC performance and prevention. • Regular meetings are established with HealthWatch bodies to share patient feedback on emerging patient experience themes. The Trust works closely with its Patient Experience Involvement Panel to gather feedback and to involve them in service development. • A continued focus on improving FFT responses has seen an overall improvement. A particular focus has been within the Trust's Emergency Departments. • The End of Life Plan was implemented in October 2014. 600 Clinical staff have been trained to date and training has been incorporated into induction plans. The Defined Ceiling of Treatment and Allow Natural Death Policy for Adults is included within this training. • The Trust has an ongoing programme of recruitment which includes local, national and international recruitment. This includes regular recruitment events for registered nurses and Healthcare Assistants. Overseas recruitment campaigns are attracting European nurses from Spain, Portugal, Italy and Denmark and the Philippines. • There has been a reduction in the number of HCA vacancies but despite ongoing recruitment there remain challenges in recruiting Registered Nurses. The appointment of international nurses has fallen behind schedule and plan due to a delay and a reduction in the number of nurses given Home Office visa clearance. • The Trust's recruitment strategy includes developing our employer brand and promoting the Trust on social networks and will

			<p>be attending national careers events and conferences to raise the profile of the Trust.</p> <ul style="list-style-type: none"> • Nursing and midwifery revalidation has been deferred until April 2016 at the earliest. Extensive communication and briefings are being delivered to staff to raise awareness. Systems and process are being developed to support implementation. • Work is progressing to extend 7 day services. A baseline assessment against four clinical standards has been completed.
2. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.	COO	AMBER	<ul style="list-style-type: none"> • The Choice Policy has been implemented across both sites. • A pilot of discharge home visits was carried out during the Trust's Safer Care Week (Breaking the Cycle) in June 2015. It proved difficult to identify appropriate patients who met the criteria but some feedback was gained. • At the time of writing (07/10/15) winter funding and the winter plan are still under discussion with commissioners. • A plan to relocate day surgery activity to release inpatient bed capacity has been approved and the implementation plan is being developed. • A plan to increase the number of ED cubicles at PRH site has been approved with the 8 new cubicles planned by the end of December 2015.
3. Develop a clinical strategy that ensures the safety and short-term sustainability of our challenged clinical services pending the outcome of the Future Fit Programme.	COO	AMBER	<ul style="list-style-type: none"> • The Discharge to Assess model is currently only on 2 wards on each site. The Discharge to Assess Project Steering Group, led by the CCG, has indicated that Pathway 3 may cease due to funding, and as such the planned direction of travel is currently unclear. • A fact-finding document is now available in all areas but is not yet used due to the need for an electronic system to support this. The design and requirements of a supporting system are being worked up by the Heads of Capacity and the IT Team. • ICS capacity has now increased in Q3 and now offers an admission avoidance scheme. It is too early to assess the impact of this. • A new model for Ambulatory Emergency Care at PRH site has been in place for 1 month and has successfully improved the % of patients seen on a zero day pathway from 26 – 32%. • Job plans in Unscheduled Care have been reviewed and agreed giving more sustainability to the acute medicine service. • Fortnightly meetings are being held with the Emergency Medicine team looking at options to increase resilience in the workforce and the service. • A Clinical Sustainability Group meets monthly chaired by the Trust's Chairman and attended by local partners, NHS England and the Trust Development Authority. • All works and moves relating to the Women and Children's Services remaining at Royal Shrewsbury Hospital have been completed. • In response to the continued low levels of activity at weekends within the Children's Assessment Unit at RSH, discussions between the Trust and Shropshire CCG have now concluded. The RSH Children's Assessment Unit facility no longer operates at weekends as from the end of September 2015.
4. Undertake a review of all current services at specialty level to inform future service and business decisions.	DBE	AMBER	<ul style="list-style-type: none"> • Detailed market analysis reports at specialty level support the Deep Dive Programme. A review of potential market growth opportunities at Trust level has been completed. A full market assessment refresh is in progress for a Board review. • The Deep Dive programme has been revised in line with changes to the Trust Board with effect from January 2016 and is on track to deliver the reviews as agreed. A review of progress to date has indicated potential savings in the region of £5m had been identified. Tracking of the actions identified needs to be put in place • A comprehensive horizon scanning framework is now in place. Regular business intelligence reports are produced each month and service specific intelligence is shared when identified. The development of a business skills training programme for the operational managers will be linked to the wider marketing work stream which will be delivered through the new Strategy Team Structure and appointment to the Business Development Manager roles (BDMs)

<p>5. Develop a sustainable long-term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme.</p>	<p>DBE</p>	<p>AMBER</p>	<ul style="list-style-type: none"> • The Strategic Outline Case (SOC) included a revised shortlist of 3 options with those related to the Greenfield site previously discounted by the Programme Board on financial affordability grounds. The Board-approved SOC was submitted to the Trust Development Authority for their consideration in September. Early feedback suggests there is more work to be undertaken around addressing the remaining financial deficit. The appraisal of options was completed on time with the overall economic analysis ranking option C1 first. However the Programme Board noted the outcome of the process and deferred reaching a conclusion about recommending a preferred option. There will therefore be no planned public consultation in December 2015. The Board are considering next steps and what work will be required to go to public consultation in summer 2016. The Senior Responsible Officers (SROs) will set out the work of the Programme going forward over the coming weeks.
<p>6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work.</p>	<p>WD</p>	<p>AMBER</p>	<ul style="list-style-type: none"> • Values, Behaviours and Attitudes (VBA) interview training continues and the roll out of Values Based Conversations (VBC) commenced in September 2015, “understanding our values” conversations have commenced with specific staff groups, beginning with domestic services. • The Values-based corporate induction design is in progress. Roll out will occur in Q4. • Cohorts 5 – 8 on the Leadership Development programme have completed. Cohorts 9- 10 are starting in Quarter 2. Cohorts 11 – 12 will commence in Quarter 3. • The 8th cohort of Level 2/3 Team Leading/Line Management programme was completed successfully in Q2 with 17 staff successfully completing their studies with TCAT. • The Staff Engagement Plan has been approved by the Workforce Committee and updates are reported as a standing item. • “Our commitments” have been identified at Trust, Care Group and department level with progress monitored through a monthly standing agenda item at the Workforce Committee. • ‘Our Voice’, our bespoke staff Friends and Family Test, has commenced with the first care groups being Women and Children’s and support services. • The Health and Wellbeing survey is complete with a 3 year draft plan due to go to the Workforce Committee. • The long service award recognition events have been booked for quarter 3. • We are currently finalising the “MAD Ideas” (making a difference ideas). • HR Business Partners are working closely with services to address recruitment hotspots and maximise transformation opportunities. A detailed workforce profile is being developed
<p>7. Support service transformation and increased productivity through technology and continuous improvement strategies.</p>	<p>FD</p>	<p>AMBER</p>	<ul style="list-style-type: none"> • There has been enthusiastic uptake of the clinical portal which gives clinicians a one-stop-shop for key clinical information and a proof of concept system has been developed for e-prescribing. • A business case was submitted to NHS England to seek funding from the new ‘Tech Fund 2’ monies for a system to digitise selected sets of paper case notes. Unfortunately the application was unsuccessful. • Agreement has been reached to extend the Siemens Managed Contract for Pathology Analysers, which expired in March 2015, for 2 years. An appropriate procurement process will be followed to identify the preferred provider. • Breaking the Cycle Week completed 1-8 June. • Pilot Lean Improvement Team established and work programme identified. • Successful bid for Virginia Mason Institute (VMI) five-year international partnership programme supported and funded by DH and TDA, with Programme Lead appointed, Trust Guiding Team identified and initial Advanced Lean Training at VMI for two Trust representatives.

<p>8. Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of our population.</p>	<p>DCG</p>	<p>GREEN</p>	<ul style="list-style-type: none"> • The Trust currently has >500 volunteers within the organisation; this includes individuals on our young volunteer scheme. This academic year will see over 100 placements offered to young people in the county. • The Trust has developed links with organisations and businesses in the local area to support the improvements to a courtyard at Princess Royal Hospital. In addition to time commitments, £21,000 worth of materials has been donated. • In August we supported the first group of young people on the National Citizen Scheme complete the voluntary part of their award. Further placements will be supported later this year. • The Trust has recently launched a staff volunteer scheme. Staff volunteers are receiving training to support their volunteer role in order to be able to support the Trust in clinical areas at times of high service demand. • The Trust remains on track in developing environmental and social sustainability through the GCC programme. A self-assessment was completed in April, benchmarked against 104 other acute providers nationally. Overall, the Trust scored 62%, (an increase of 4% on our previous assessment) compared to the cohort group average of just 17%. • We continue to engage with our staff around the sustainable development agenda through our periodic newsletter 'Think Globally, Act Locally' and events at both hospital sites such as NHS Sustainability Day. • The Trust's Sustainable Development Programme has been recognised at the national NHS Sustainability Awards again in 2015, being the only Trust to be "Highly Commended" in an unprecedented five categories: Public Health; Energy Management; Water Management; Food, and Procurement. • The Trust is a finalist in the prestigious Health Service Journal Awards – Improving Environmental and Social Sustainability category and has also been announced 'Employer of the Year' for the Energize Awards 2015 (Shropshire, Telford & Wrekin County Sports Partnership) for our commitment to promoting an active lifestyle. • The Trust has continued to develop our membership and currently has approximately 9,500 public members. • The Governance and Membership Office is currently planning events for next year to promote FT membership and volunteering. • Membership engagement continues through quarterly newsletter 'A Healthier Future' and regular health lectures which have seen an increase in the number of members attending on average between 60-110 people.
<p>9. Embed a customer focused approach and improve relationships with our GPs through our stakeholder Engagement Strategy.</p>	<p>CD</p>	<p>AMBER</p>	<ul style="list-style-type: none"> • A pilot Stakeholder Engagement Plan established in Q1 for review and delivery by Executive Directors, and scrutiny through the Workforce Committee. Focus during Q2 shifted to recruitment and induction of the new Chief Executive, who commenced in post shortly before the end of the quarter • GP account management priorities have been identified. Progressing more focused engagement activities will be supported by the Business Development Managers. Market share information by GP practice supports the Deep Dive Programme. GP intelligence is included in the Horizon Scanning Reports and also shared with operational teams as and when identified. Plans to implement a suite of business intelligence reports Q3 in place.
<p>10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcomes of the Future Fit Programme.</p>	<p>FD</p>	<p>RED</p>	<ul style="list-style-type: none"> • The Trust's original Financial Plan delivered a deficit of £17.2m. The Trust has received correspondence from the Trust Development Authority which requires all Trusts to work to a Stretch Target in 2015/16. The target set for this organisation is a revised financial position of a £15.2m deficit. • The Trust is preparing a revised Financial Plan focusing on actions, for which the Trust has the operational influence to deliver, to reduce the current deficit and offer financial support to cover winter pressures. • Trust Board approval has been given to access Interim Revolving Working Capital. Funds are withdrawn as required. • Savings realised at the end of Q1 were £2.3m, a shortfall of £997k against plan. Savings realised at the end of month 5 amounted to £3.9M, as compared with a target of £5.7m, a shortfall of £1.8m against plan. • The cost improvement programme relating to nursing costs includes plans to recruit to substantive posts to reduce agency premiums. Savings from EPS are being seen; however, the volume of substantive qualified staff has reduced in recent months and appears to have been compensated by increased agency usage.

			<ul style="list-style-type: none"> • Contract negotiations are part of a wider process of financial discussions with CCGs. These discussions have not been concluded and to date a solution has not been agreed. The Trust has not been involved, or received any detailed plans from commissioners relating to the Better Care Fund proposals. • Prioritisation is being undertaken of equipment replacement needs with items being placed into the appropriate group of Risk 1, 2, 3 or 4 through a template agreed with capital planning. Finance streams are being identified to undertake the highest priority items to reduce the risks to the Trust. • There is currently an 8 facet estate survey underway for RSH and a 7 facet survey underway for PRH. These will provide a robust report on the condition of the estate which will in turn inform the Estates Strategy. The surveys are due for return in November which will allow work to start on the strategy. The surveys will also be an important factor in further Future Fit discussions.
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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

Director of Nursing and Quality's Update

Following the CQC inspection in October 2014 and published report in January 2015, the Trust developed an action plan for delivery throughout 2015/16 which focussed on the improvements identified as needed within the report. The Care Groups also developed local action plans to address specific issues and the Director of Nursing and Quality meets regularly with the Assistant Chief Operating Officers to discuss progress. Overall progress is in line with the plan with the exception of a small number of actions which are mainly due to resource limitations. However, innovative resolutions to these actions are being progressed. The action plan is reviewed by the Quality & Safety Committee and is next due for review at the November meeting. The Trust board is updated on progress and a formal report will be presented to the board in quarter 4 of 2015/16.

Whilst some areas of infection prevention and control have shown pleasing improvements, eg MRSA screening and Surgical Site Infections, the Trust has seen a higher than expected number of Clostridium Difficile infections in quarters 1 and 2. It appears unlikely at the stage of the year that the Trust will meet its target of 25 cases and detailed analysis has been completed on cases so far. This has been explored by the Quality and Safety Committee and will be revisited in quarter 3.

Steady improvement has been seen in relation to the Friends and Family Test response rate during the first half of the year. Performance had been of concern during 2014/15 and significant focus and scrutiny had been placed in this area. The Trust is now meeting the national targets for all areas of the test and has maintained its very good score. The national CQC inpatient and children's surveys received in the first half of the year showed a very positive improving picture which combined with a decreasing number of complaints provides some assurance to the board regarding patient experience.

End of Life Care was a specific concern for the Trust both before and after the last CQC inspection. Much improvement has taken place since the inspection with specific focus in quarter 2 being on staff training, launching the Swan Scheme, supporting the redevelopment of the mortuary and the implementation of the bereavement survey. Further work is required to improve compliance in using the End of Life Care Plan. It is of note that there have been no complaints relating to End of Life Care received by the Trust since the beginning of the financial year.

Challenges in the recruitment of registered nurses have continued in quarter 2 with the nationally reported difficulties in securing visas for non EU recruited staff. This has caused significant delay to the filling of vacancies across the wards on both sites. It is hoped that improvement will be seen in quarters 3 and 4 with progress due to the recent decision to include nursing as a recognised shortage occupation. A range of options have been developed in order to mitigate vacancies and agency spend throughout the winter period.

Preparation for revalidation continues against plan with on-going training, risk assessment and support given to nursing teams to ensure successful revalidation occurs across the Trust.

Medical Director's Update

A robust governance framework for Mortality has been embedded, with further developments and ongoing improvements in the process. Attendance by representatives from the Trust Development Authority noted a well-structured meeting which provided sufficient challenge and support from the appropriate stakeholders. Future requirements are for a Corporate Mortality Lead to support the Trust in improvements made to date and close monitoring and proactive responses to issues as they arise. Also to meet contractual requirements with Powys Teaching Health Board to provide case note review on all mortality cases for Powys Patients.

With the appointment of Clinical Leads for AKI and Sepsis this has led to detailed training and awareness programmes for staff to improve patient outcomes. E-alerts have been launched earlier this year for AKI and are planned for Sepsis in November 2015. Ongoing developments and improvements are planned over the next 12 months.

We have successfully appointed a Consultant Ortho-Geriatrician to support Best Practice criteria for fractured neck of femur at Telford. We have also been successful in appointing a Trauma Nurse. Biggest challenges in this area are time to theatre.

Senior medical staff appraisal figures have improved again with the Trust's overall figure of 96.4%. Appointment of a Revalidation Support Officer and Appraisal Lead will help to support the Trust in maintaining and improving on this position. Revalidation developments and improvements have been ongoing during the year with improved internal training programmes, CPD and appraiser networks being available.

Job planning for 2014/15 has shown improvements in the detailed documentation provided. Quality Assurance of these job plans was carried out in September with summary reports back to the Clinical Directors. There is a marked improvement in the quality and completion rates of job plans.

The biggest ongoing 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, critical care, anaesthetics, pathology and radiology. Considerable efforts have been made to improve the Trust's recruitment processes; shortening the time to appointment and attracting better applicants. These improvements already have had an impact in increasing the number of doctors appointed.

Workforce Director's Update

The People agenda continues to progress. The last six months have focused heavily on recruitment not only in terms of increasing numbers but also developing our employer brand and approach. The Trust has experienced significant difficulties in the recruitment of nurses. To address this campaigns have been held nationally and overseas. Challenges in securing Certificates of Sponsorship for overseas nurses has meant significant delays, this has now been addressed through the news that Nurses are to be temporarily added to the Shortage Occupation list. However an increase in substantive nursing numbers will not be seen until the New Year due to the process of employing overseas nurses and securing Nursing and Midwifery Council (NMC) registration.

Our journey to be a values driven organisation continues. Over 200 members of staff are trained to undertake values based recruitment, this means that 2000 applicants have been assessed through a values based process. Values Based Conversations training has begun with capacity to support over 200 members of staff to develop. Further work to develop behavioural statements to support conversations is underway.

The Trust continues to face Workforce Challenges across a number of staff groups and areas most notably medical staff for Emergency Medicine, Critical Care and Acute Medicine and Adult Nursing staff. A workforce profile has been developed which will support the organisation to fully understand its current and future workforce. Strategies to support a sustainable workforce are in place with further strategies being developed.

Chief Operating Officer's Update: Operational Performance

Despite ongoing work both internally and externally to address the existing capacity shortfall the Trust has continued to fail the A&E 4 hour target with performance deteriorating against last year by 4%.

Demand in both ED attendances and non-elective admissions continues to increase and it feels that any improvement actions which are being put in place are not keeping pace with an increase in demand. However, new schemes will be in place for admission avoidance on both sites in Q3 which hopefully will ease the situation.

Of particular note is the implementation of the Ambulatory Emergency Care unit on the Princess Royal Hospital site which in the first month has delivered an increase in the number of patients being seen and treated on the day, avoiding a 1-2 day stay. In the first month there has been a 6% improvement.

The learning from the Breaking the Cycle week has resulted in a rapid improvement event being held internally with the aim of reducing the time it takes to produce a discharge summary and process tables to patients to take home. The outcome of this will be closely monitored as the improvement actions are rolled out across the wards in Q3.

The agreement of job plans in Unscheduled Care is a very significant achievement following many months of discussion and negotiation and now ensures that consultant job plans are reflective of the activities needed to deliver services.

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

During the first half of this year, developing our long-term vision for the configuration of services through the Future Fit Programme and reviewing our clinical services strategy at a service line level in the short to medium term, has been a big focus of discussion at the Trust Board.

Making more informed business decisions by examining services through a number of different prisms - quality, operational performance, workforce and finance- is a key priority for the Trust going forward, as is improving business intelligence that supports our decision making and a more market-focused approach. The "Deep Dive" reviews are part of that process and are progressing well with 8 reviews completed this year. However a significant number of actions are emerging from this process, some very operational but others requiring Board support for more strategic decisions and actions. Tracking all these actions and aligning them to other improvement programmes whilst tackling current operational performance issues is challenging for Care Groups both in terms of capacity and capability.

I am delighted that the new role of Business Development Manager (BDM) has been supported by the Board. This development has emerged from a restructuring of the Strategy Team with no additional costs in 2015/16 and it will build important capacity and capability into each of the Care Groups in quarter 4 of this year. The role will provide a business link for the Care Groups and be responsible for providing dedicated support for integrated business planning, GP engagement, provision of market intelligence and support for the "Deep Dives" and other service reviews.

The Future Fit Programme has continued to successfully deliver the key milestones along the critical path; specifically a Board-approved Strategic Outline Case (SOC) and the appraisal of the shortlist of options. However we now find ourselves disappointingly in a position where the next milestone on the critical path cannot be achieved and public consultation will not take place in December 2015. Whilst the Trust Development Authority and NHS England support the general approach and direction of travel as set out in the Strategic Outline Case (SOC), to secure final approval, any business case will need to indicate how the underlying deficit in the local health economy is to be addressed. The Programme Board therefore have deferred any conclusion about recommending a preferred option and it is unlikely that there will be a public consultation until the summer of 2016. The challenge therefore for the Trust continues to be the timescales required to develop strategic cases and the approvals process versus the more immediate challenges of a fragile and vulnerable workforce that threatens sustaining some of our clinical services within their current configuration.

As part of the next steps, the Trust will begin to work up the detail required for an Outline Business Case (OBC) for all options within the shortlist whilst at the same time look at more immediate mitigating actions to ensure staffing levels are appropriate and safe, e.g. securing long-term locums and temporary staff and developing new roles and different ways of working. However, clinicians are clear that the sustainable solution to the workforce challenges facing the Trust is a single Emergency Centre. Engaging with our staff, our patients and the public on the case for change together with an enhanced focus on pathways and clinical outcomes pre-consultation will be key in gaining support for a final decision on the future configuration of our services.

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 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. Within Estates, the new Associate Director of Estates commenced on 1st October 2015.

Good progress has been made to improve data quality and information management systems and business support capabilities have improved and we now have SLAM (Service Line and Activity Monitoring) in place,

along with a new data warehouse and 'Qlik Sense' as the business intelligence software with the first app being available mid-October. This will enable the Trust when fully implemented to view live data. The Trust has received external investment to support IT infrastructure; however, a 'whole system' solution with further significant investment is required. Discussions with an external company may identify future solutions. An IT Strategy is currently being developed for discussion at a future Board meeting.

Communications Director's Update: Community and Engagement

Our successful bid to join a five-year partnership with the Virginia Mason Institute (VMI) in Seattle, supported and sponsored by the Department of Health and the NHS Trust Development Authority, has been a particular highlight of the first half of 2015/16. From 62 expressions of interest (limited to non-FTs) we were selected as one of just five Trusts to participate in the DH-funded programme that will learn from the tried-and-tested improvement methodology developed at Virginia Mason in Seattle that has led to them being celebrated as one of the safest hospitals in the world. Their approach, the Virginia Mason Production System, builds on lean improvement from Toyota and applies it to a non-for-profit health provider in the US. Following the announcement of our successful application in July 2015, the remainder of Q2 saw initial work to develop our team and approach. We have appointed our Programme lead and established the Trust's Guiding Team, led by the incoming Chief Executive, with clinical, executive and non-executive membership. Colleagues across the Trust have been encouraged to put forward their suggestions for the initial Value Streams that will form the focus of our work during the first year, with the programme expected to involve intensive review of ten value-streams over the next five years.

Work is commencing to commission a new approach to digital communications; the content management system for our current website is approaching its end of life, which provides an important opportunity to review and refresh how digital engagement can support us to achieve our goals, and how this can be achieved through new digital and social platforms.

Recruitment concluded shortly before the end of Q2 to fill a vacancy in the team for the post that leads on Freedom of Information. This vacancy impacted adversely on FOI response during Q2 and improvement is anticipated from Q3 once the new post-holder is established in their role.

Information about the current status of work to address underlying challenges to the sustainability of clinical services – through the NHS Future Fit programme and related Trust programmes – is described above by the Director of Business and Enterprise. Whilst the Programme has agreed that further work is needed before options can be identified for consultation, significant work had taken place to plan for a potential public consultation including the development of a Consultation Framework and outline plan. This work will now be refreshed to reflect the updated timetable for this work.

Director of Corporate Governance's Update: Sustainability

We have experienced considerable success so far in 2015, developing and promoting environmental, social and financial sustainability; a fact which has not gone unnoticed nationally. Earlier this year, the Trust was 'highly commended' at the NHS Sustainability Awards in an unprecedented five categories. As I write, the Trust is a finalist at the prestigious HSJ Awards 2015 for the first time. Our programme of work 'Healthcare with a kind touch and a small footprint' is shortlisted in the Improving Environmental and Social Sustainability category, and was selected from 1,600 entries. This reflects our consistent and unwavering commitment to the sustainability agenda, and a top-down, bottom-up approach to sustainability within the organisation, reaching out to partners to deliver a system wide approach to encourage and embed best practice.

The Board has shown significant support through sponsoring a five year sustainability capital programme, which has enabled projects to improve our lighting and energy efficiency, waste management and water efficiency. The return on investment for the initial schemes has been less than 18 months – a demonstration of real commitment given the degree of financial challenge we currently experience. Alongside technological solutions to reduce energy consumption, during quarter 3 we are also introducing an asset exchange scheme

called 'WARPit'; to make best use of unwanted equipment, and enable transfer between departments to save money and reduce landfill and carbon emissions.

We continue to provide encourage local/regional suppliers to tender for business with the Trust, taking account of our move towards 'triple bottom line' accounting. We are addressing healthy lifestyle choices by promoting active travel and as a Trust we are moving to healthier and more sustainable food options. We use more local/regional produce where possible, and promote low fat/sugar fare our restaurants.

Progress has been made in all areas but key areas to note are the developments in volunteering – with the introduction of more informal opportunities for people to get involved. Over 100 placements are being created this year within our innovative Young Volunteers scheme. 'Corporate' volunteers from other organisations continue to be involved in 'Make a Difference' days developing our outdoor spaces. Our Volunteer Policy has become an exemplar document with other NHS organisations adopting it for themselves.

Our five year strategy and action plan is currently on target with all key milestones achieved; Sustainability remains a key area for discussion within the business planning process in 2015 and is becoming more embedded across the organisation. The Trust has not focused on just one single project and thrown all our efforts into it, rather we have recognised that we need to rely on the enthusiasm and commitment of our 80 champions, our 5000 staff and our 500,000+ local population to achieve the strategic and cultural shift to make sustainability truly sustainable, to deliver Healthcare with a kind touch and a small footprint.

4. Reviewing our Plans

The review of progress to date forms part of our annual refresh of our Operating Plan and will shape the development of our priorities for next year. The key headlines to date and the impact that this will have on our 2016/17 plans are described below:

The Trust has made good progress in reducing harm, improving clinical outcomes and enhancing patient experience. The Trust will continue to build on this progress to date with a particular focus on reducing healthcare associated infections. **Improving outcomes for patients and reducing harm** will remain a priority in our 2016/17 plan. The workforce challenges relating to nursing and medical staff remain a significant risk for the Trust. **Managing these risks and identifying workforce solutions are, and will remain, key priorities.**

Addressing the capacity shortfalls and the delivery of the 4 hour A&E target remains a significant challenge for the Trust. Admission avoidance and ambulatory care developments will help with these pressures however, a system wide solution is required to meet the increasing demand. **Working with the wider health economy, developing short-term clinical strategies** pending the outcome of Future Fit Programme and **embedding revised pathways** remain key priorities for the remainder of 2015/16 and for 2016/17.

Developing our long-term vision for the configuration of services through the Future Fit Programme has been a significant focus for the Board. Concluding the review and identifying a preferred solution is a priority for 2016/17. The 'deep dive' review framework is providing a robust tool to evaluate clinical services. **Understanding our business** remains a priority for the Trust in order to enable robust business decision making.

Embedding the Trust's Values has been a focus for the Trust this year and significant work has taken place including introducing Values Based recruitment and developing our future leaders. Recruitment remains a significant challenge for the Trust. **Developing robust long-term workforce plans** is an ongoing priority both now and in 2016/17.

Much work has taken place with regard to customer relationships including engagement with patients, local health partners and our GPs. Maintaining and strengthening these relationships remains a priority in 2016/17 for the Trust as the reconfiguration of services is progressed. Working with the community and volunteers has delivered significant benefits and the Trust will continue to build upon the excellent progress to date.

Developing innovative solutions to system and processes has been a challenge for the Trust. The recently approved support from the Virginia Mason Institute was excellent news for the Trust. Developing close relationships and learning from this exemplar organisation is a priority for 2016/17. Identifying technological solutions will also remain a priority for next year.

The Trust has made considerable progress in quantifying and 'presenting the case' to describe the underlying position of the organisation. Income and expenditure deficits, and the cost pressures associated with delivering services on 2 sites are still a significant concern. Developing and delivering our financial plans, including cost improvement schemes, remain a priority for 2016/17.

Mid-Year Progress against the Delivery of our Operational Objectives Key Milestones

STRATEGIC PRIORITY	LEAD	OPERATIONAL OBJECTIVE 2015-16	RAG
Reduce harm, deliver best clinical outcomes and improve patient experience.	MD	Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths.	Green
		To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff.	Amber
		Ongoing medical revalidation embedded within medical areas.	Green
	DNQ	Implement actions and recommendations within the Care Quality Commission Action Plan.	Amber
		Reduce the number of healthcare associated infections.	Red
		Implement effective systems to engage and involve patients, relatives and carers as equal partners in care.	Amber
		Improve care of the dying through implementation of best practice.	Amber
	DNQ	Develop robust plans to recruit to establishment to ensure safe staffing levels.	Red
		Develop and implement robust processes to support nursing and midwifery revalidation (Dec 15).	Green
Further progress plans to extend 7 day services working towards the delivery of key clinical standards.		Amber	
Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.	COO	Address the current capacity shortfalls through a number of joint initiatives including: achieving the agreed Fit To Transfer (FTT) numbers, changes to ward configurations and increasing the level of ambulatory emergency care.	Amber
Develop a clinical strategy that ensures the safety and short-term sustainability of our clinical services pending the outcome of the Future Fit Programme.	COO	Roll out and embed the Discharge to Assess model and embrace new models of care with independent providers.	Amber
		Identify and implement a plan to protect elective activity from emergency pressures.	Green
		Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital.	Green
Undertake a review of all current services at specialty level to inform future service and business decisions.	DBE	Develop robust marketing plans to promote services and support agreed future business developments.	Amber
		Board review operational and financial performance in all specialties through service line reviews	Green
		Develop and embed a market orientated business planning and development framework.	Amber
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	Develop the short listed options and a Strategic Outline Case for future service models for acute services and out of hospital care.	Amber
		Commence, and complete, public consultation on proposed clinical services models.	Amber
Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work	WD	Develop a Values-driven organisation	Green
		Implement the Trust's Leadership Development Programme	Green
		Improve staff engagement across the Trust.	Green
		Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialities.	Amber
Support service transformation and increased productivity through technology and continuous improvement strategies .	FD	Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal.	Amber
		Develop a robust technology strategy for Diagnostics.	Green
		Develop and embed a Continuous Improvement Strategy.	Green
Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of the population.	DCG	Develop strong relationships and progress initiatives with volunteers.	Green
		Continue to develop environmental and social sustainability through the Good Corporate Citizen programme.	Green
		Develop a strategy around health related social change through our FT membership.	Green
Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies	CD	Develop a Stakeholder Engagement and Customer Relationship Strategy.	Amber
		Manage GP relationships through a robust GP Engagement Strategy and focussed account management.	Amber
Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme	FD	Secure support to manage short -term financial pressures pending review of the Long Term Financial Model	Red
		Identify and deliver recurring cost improvement programmes	Red
		Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)	Red
		Develop a rolling equipment replacement programme.	Amber
		Develop a robust investment strategy to modernise our estate	Amber

Mid-Year Review of our Operating Plan 2015/16

Progress against the Delivery of our Operational Objectives

Trust Board 29th October 2015 Information Pack

1. Introduction

This paper provides an update on progress against the Key Milestones for each of our Operational Objectives that support our Strategic Priorities.

The report describes the milestones planned for Qtr 2 and the current RAG assessment against the delivery of those milestones.

It is important to NOTE that the RAG assessments included in this report reflect the progress made against plans and initiatives described in our Operating Plan as at month 6. Whilst progress should generally be aligned with monthly performance reporting, it is not appropriate to directly compare RAG ratings with those within the Integrated Performance Report.

2. Strategic Priorities RAG Assessment

The following section provides an overarching summary of the current status against the delivery of the Key Milestones for each of our 10 Strategic Priorities:

1. Reduce harm, deliver best clinical outcomes and improve patient experience.
2. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.
3. Develop a clinical strategy that ensures the safety and short-term sustainability of our clinical services pending the outcome of the Future Fit Programme.
4. Undertake a review of all current services at specialty level to inform future service and business decisions.
5. Develop a sustainable long-term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
7. Support service transformation and increased productivity through technology and continuous improvement strategies.
8. Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of the population.
9. Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

1. Reduce harm, deliver best clinical outcomes and improve patient experience.

Operational Objectives	Key Milestones up to September 2015	Executive Lead	RAG
Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths	<ul style="list-style-type: none"> Continuing progress to implement and embed systems and processes to learn from avoidable death. Maintain performance in line with national peers. Quarter on quarter completed mortality reviews in focussed areas of higher risk and actions arising from these. 	Medical Director	Green
To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff.	<ul style="list-style-type: none"> RSH at least 70% of patients receiving treatment in line with best practice. PRH > 50% receiving treatment in line with best practice. 		Amber
Ongoing medical revalidation embedded within medical areas.	<ul style="list-style-type: none"> Effective Revalidation Notification Scheme fully implemented. Active monitoring of appraisals for revalidation fully implemented. 		Green
Implement actions and recommendations within the Care Quality Commission Action Plan.	<ul style="list-style-type: none"> Continuing progress to implement and deliver on plan. Risks to delivery identified and steps taken to address. All care groups to discuss, monitor and report on progress with action plan monthly. 	Director of Nursing and Quality	Amber
Reduce the number of healthcare associated infections.	<ul style="list-style-type: none"> Future HCAI targets and trajectories to be agreed in line with future HPA targets. 		Red
Implement effective systems to engage and involve patients, relatives and carers as equal partners in care.	<ul style="list-style-type: none"> Further enhance mechanisms and systems to capture and to respond to patient feedback. FFT response rates to be determined in line with DH future targets. 		Amber
Improve care of the dying through implementation of best practice.	<ul style="list-style-type: none"> Embed End of Life Care Plan. Ceiling of Care and Allow Natural Death Policy implemented and training of medical staff completed. 		Amber
Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.	<ul style="list-style-type: none"> Recruitment Strategy in place to maintain safe staffing levels. 		Red
Develop and implement robust processes to support nursing and midwifery revalidation (by Dec 15).	<ul style="list-style-type: none"> Undertake a self-assessment of organisational readiness for revalidation. Develop an action plan to address gaps and mitigate any risk to implementation. Ongoing process to deliver revalidation action plan so ready for implementation end of December 2015. 		Green
Further progress plans to extend 7 Day services working towards the delivery of key clinical standards.	<ul style="list-style-type: none"> Report on existing gap analysis, recommendations and action plans circulated. Health economy wide partnership working to develop 7 day services across health and social care. 		Amber

Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths

A robust governance framework is now set up within the Trust. Bi-monthly Mortality Meetings provide updates from each Care Group and a developed timetable of reviews that are highlighted through our mortality reporting systems. Regular mortality reports are provided at CGE and at CQRM on progress and identified areas of concern are reviewed and lessons learned are provided to all appropriate medical staff.

We are currently performing better than our peers with regard to Crude Mortality, HSMR, RMAI and In-Hospital SHMI. We are, however, outliers for out of hospital SHMI, acute and unspecified Renal Failure and Sepsis.

To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff

For Fractured Neck of Femur, achievement of BPT at RSH has oscillated at around 60%. Challenges remain in relation to meeting the requirement for surgery within 36 hours. The business case for additional weekend operating at both RSH and PRH has been approved but it has not been possible to staff within the current theatre workforce. A meeting to take this forward is being arranged between the two Centres.

At PRH, Best Practice Tariff (BPT) should be achieved from October 15 with the allocation of 2PAs of internal Consultant Ortho-geriatrician cover. Prior to this the service had been unsuccessful in its attempts to recruit a Consultant Ortho-geriatrician. Overall had this been in place delivery of BPT would have been in line with RSH figures.

We currently have a CQUIN around acute kidney injury. The CQUIN focuses on AKI diagnosis and treatment in hospital and the plan of care to monitor kidney function after discharge. We are currently establishing a baseline figure for the CQUIN, and will be able to report data in the end of year report.

We also currently have a CQUIN around sepsis, which focuses on patients arriving in the hospital via the Emergency Department or by direct emergency admission to any other unit or acute ward. The CQUIN seeks to incentivise providers to screen for sepsis all those patients for whom sepsis screening is appropriate. We are currently establishing a baseline for the CQUIN and will be able to report data in the end of year report.

Ongoing medical revalidation embedded within medical areas

The Trust appointed a Revalidation Support Officer in June 2015 who actively monitors appraisals within the Trust. We are actively developing systems and processes to enhance the processes and procedures already in place. This has led to improvements in the process of reporting Appraisal and Revalidation to each of the medical areas. The appointment of a Clinical Appraisal Lead has provided in-house training to appraisers and appraisees with a clear understanding of the requirements of appraisal and revalidation. We have developed the intranet site to provide supporting information to clinical staff is now available with ongoing support and training provided.

Implement actions and recommendations within the Care Quality Commission Action Plan

Good progress has been made on delivering the CQC Action Plan, with 64% of the actions having been completed. 6% of the actions are likely to be complete by December 2015, with the remaining 31% requiring longer due to the scope of the actions and/or the identification of additional resources. Any risks to delivery are identified through 'Confirm and Challenge', with countermeasures identified.

The Care Quality Commission Action Plan is monitored by the Quality and Safety Committee with regular updates to the Trust Board. The CQC Action Plan is supported by detailed Actions Plans developed by the Care Groups and progress against these is monitored by the Executive Team through the Trust's internal 'Confirm and Challenge' meetings and the Care Group Boards.

Reduce the number of healthcare associated infections

The Trust has received a challenging CDiff target this year of 25 based on our outturn performance calculated as 26 cases between December 2013 and November 2014; which is below the national average. Currently, the Trust performance is RAG rated RED and above planned trajectory with 18 cases so far reported (as at 07-09-15); this is comparable to performance during the same period last year. Each case goes through a robust process of root cause analysis showing that the majority of cases reported are caused by antimicrobial prescribing within specified policy. The root cause process enables commissioners to be assured that the majority of cases are not due to lapses in care within the Trust. The Trust has an internal CDiff recovery plan that forms a health economy-wide strategic action planning group.

The Trust MRSA target in accordance with the HPA is zero. Unfortunately, the Trust had one case in April of MRSA which means we are below the expected performance annual target 2015/16 and therefore RAG rated RED. However, following review the patient affected was complex with multiple morbidities and root causes proving that the prevention of MRSA was difficult to achieve. The Trust continues to share learning from root causes with all staff in order to continuously improve IPC performance and prevention.

Implement effective systems to engage and involve patients, relatives and carers as equal partners in care

The Trust will be working with health and community interest group partners across the county to facilitate SATH listening events to allow a forum for service users to express their opinions and for the Trust to gather feedback. The corporate nursing team meet on a regular basis with local HealthWatch bodies to share intelligence and patient feedback on emerging patient experience themes. The Trust works with its PEIP panel to gather patient feedback and to involve them in service development as a patient representative body. The Trust has engaged with community interest groups to develop EDS2 objectives for the 2015/16 period.

The Trust has continued to focus on improving FFT overall responses and showed an improvement in July of 6.5% from 25.5% in June to 32% in July. This is a sustained and continuous improvement of 12.0% compared to May's performance. The overall FFT score was comparable in July with previous months of 95.1%. The inpatient response rate during July was 32.3% with a promoter score of 97.1%. A particular focus for improved performance has been within the Trust's Emergency Departments(ED) with an overall combined ED response rate of 31.8% which is well above the 20% national benchmark. Furthermore, of the total number of responses across both departments (2,076), 1901 patients reported that they were either likely or extremely likely to recommend the department for care received. The Trust has also sustained performance for the FFT score of over 95% against a 75% target.

Improve care of the dying through implementation of best practice

The End of Life (EoL) Plan was implemented in October 2014. 600 clinical staff have been trained to date. Training is ongoing with a range of training options offered - this includes drop-in sessions, ward-based sessions and clinical governance/team meetings. The EoL Plan is included in the FY1s' Induction and attendance at DEEP is planned for November 2015. The EoL Plan is included in HCAs' & new staff nurses' induction. The use of the plan is audited regularly and included within the National End of Life Care Audit 2015. The End of Life Care Facilitator offers day to day support and guidance on the use of the plan as required.

The Defined Ceiling of Treatment and Allow Natural Death Policy for Adults is included within the End of Life Plan Training that Clinical Staff attend.

Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels

The Trust has an ongoing programme of recruitment which includes local, national and international recruitment. This includes monthly recruitment events for registered nurses at RSH and PRH which supplement a weekly interview schedule. For Healthcare Assistants the Trust holds regular recruitment events which are always well attended.

We are attracting European nurses from Spain, Portugal, Italy and Denmark by visiting those countries and we are also undertaking Skype interviewing. The Trust undertook a visit to the Philippines in March which enabled us to recruit around 70 nurses who are now going through the immigration process.

There has been a reduction in the number of HCA vacancies but despite ongoing recruitment there remain challenges in recruiting registered nurses. The appointment of international nurses has fallen behind schedule and plan due to a delay and a reduction in the number of nurses given Home Office visa clearance.

The Trust's recruitment strategy includes developing our employer brand and promoting the Trust on social networks as well as using the more traditional advertising methods. In addition we have a growing schedule of national careers events and professional conferences that we will be attending to raise the profile of the Trust as an employer for all staff groups.

Develop and implement robust processes to support nursing and midwifery revalidation (by Dec 15)

Revalidation has been deferred by Nursing and Midwifery Council (NMC) until April 2016 at the earliest. We are on target against our project plan. Extensive communication and briefings are being delivered to staff to raise awareness. Systems and processes are being developed to support implementation.

Further progress plans to extend 7 Day services working towards the delivery of key clinical standards

A baseline assessment against four clinical standards has been completed. The Trust is fully engaged in the recently established system Group.

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

Operational Objectives	Key Milestones	Executive Lead	RAG
<p>Address the current capacity shortfalls through a number of joint initiatives including:</p> <p>a) achieving the agreed Fit To Transfer (FTT) numbers.</p> <p>b) changes to ward configurations and increasing the level of ambulatory emergency care.</p>	<ul style="list-style-type: none"> • Consistent application of the Choice Policy. • Pilot of SaTH Therapy-led discharge home visits completed. • Evaluation of discharge home visits and next steps identified. • Develop internal Winter Resilience Plan. • Present options appraisal to address current capacity shortfall to Trust Board. 	<p>Chief Operating Officer</p>	<p>Amber (see note below)</p>

Note: the RAG associated with these objectives reflects progress against delivering the identified milestones. Despite the outcome being RED progress against the FTT schemes is felt to be GREEN and changes to ward configuration are felt to be AMBER.

Address the current capacity shortfalls through a number of joint initiatives including achieving the agreed Fit To Transfer numbers, changes to ward configurations and increasing the level of ambulatory emergency care

The Trust’s Choice Policy is fully enforced and is audited by site.

A pilot of discharge home visits was carried out during the Trust’s Safer Care Week (Breaking the Cycle) in June 2015. It proved difficult to identify appropriate patients who met the criteria but some feedback was gained. Approximately 6 patients were identified as meeting the criteria for a discharge home visit. These were from the ED, Acute Medical wards, Stroke and Orthopaedics. Only one patient could have their visit in the identified week due to the lack of ICS capacity and care packages in the community. The need for a whole MDT approach was identified if this model is to be successful, including communicating with family members, ward staff preparing patients on the day, medical staff preparing TTOs and Doctor’s letters, and the support of community colleagues.

At the time of writing (07/10/15) winter funding and the winter plan are still under discussion with commissioners.

A plan to relocate day surgery activity to release inpatient bed capacity has been approved and the implementation plan is being developed.

3. Develop a clinical strategy that ensures the safety and short-term sustainability of our clinical services pending the outcome of the Future Fit Programme.

Operational Objectives	Key Milestones	Executive Lead	RAG
Roll out and embed the Discharge to Assess model and embrace new models of step down care with independent providers.	<ul style="list-style-type: none"> Review of the Assessment in Hospital and pathway co-ordination processes, roles and responsibilities undertaken and report submitted to the Discharge to Assess Project Steering Group (led and chaired by the CCG). 	Chief Operating Officer	Amber
Identify and implement a plan to protect elective activity from emergency pressures.	<ul style="list-style-type: none"> Present options appraisal to address current capacity shortfall to Trust Board. 		Green
Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital.	<ul style="list-style-type: none"> Implement interim arrangements within existing footprint. Agree and implement final model for PAU at RSH. 		Green

Roll out and embed the Discharge to Assess model and embrace new models of step down care with independent providers

The Discharge to Assess model is currently only on 2 wards on each site. The Trust have created and adopted a fact-finding document and this is now available in all areas. The document is not yet used though due to the need for an electronic system to support this. The design and requirements of a supporting system are being worked up by the Heads of Capacity and the IT Team. The scheme is not included in the 2015/2016 IT work programme yet but forms part of the 2016/2017 considerations. ICS capacity has now been increased in Q3 and now offers an admission avoidance scheme. It is too early to assess the impact of this.

Identify and implement a plan to protect elective activity from emergency pressures

A plan to relocate day surgery activity to release inpatient bed capacity has been approved and the implementation plan is being developed.

Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital

All works and moves relating to the Women and Children's Services remaining at Royal Shrewsbury Hospital were completed earlier this year. In response to the continued low levels of activity at weekends within the Children's Assessment Unit at RSH, discussions between the Trust and Shropshire CCG have now concluded. The RSH CAU facility will no longer operate at weekends as from the end of September 2015.

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
Develop robust marketing plans to promote services and support agreed future business developments.	<ul style="list-style-type: none"> Market intelligence supporting the 'deep dive' process. Marketing Framework developed. Regular marketing information provided to increase awareness of market share position and trends. Board Development Session planned for a market assessment refresh. 	Director of Business and Enterprise	Amber
Board review of operational and financial performance in all specialties through service line reviews.	<ul style="list-style-type: none"> Respiratory services and MSK services 'deep dive' reviews presented to the Board. Cardiology services and Gynaecology & Fertility services 'deep dive' reviews presented to the Board. 		Green
Develop and embed a market orientated business planning and development framework.	<ul style="list-style-type: none"> Horizon Scanning Framework in place and regular horizon scanning reporting embedded. Training programme in place to support the development of market based business development proposals. 		Amber

Develop robust marketing plans to promote services and support agreed future business developments

Detailed market analysis reports at specialty level are now produced to support the Deep Dive Programme and work is progressing to develop a wider suite of marketing reports. A review of potential market growth opportunities at Trust level has been completed. This intelligence will feed into the development of operational marketing plans. A market assessment refresh is in progress for a Board review.

Board review of operational and financial performance in all specialties through service line reviews

The “Deep Dive” programme is on track to deliver the reviews as agreed with the Trust Board. The current programme has been revised in line with changes to the Trust Board with effect from the January 2016. A paper detailing the progress to date and the lessons learnt from the early deep dive reviews has been presented to the Executive Directors and this paper indicated the potential to deliver savings in the region of £5m. Tracking of the actions identified needs to be put in place.

Develop and embed a market orientated business planning and development framework

A comprehensive horizon scanning framework is now in place. Regular business intelligence reports are produced each month and service specific intelligence is shared when identified. The development of a training programme will be linked to the wider marketing work stream which will be delivered within the new Strategy Team Structure and appointment to the new Business Development Manager roles (BDMs).

5. 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	Key Milestones	Executive Lead	RAG
Develop the shortlisted options and a Strategic Outline Case for future service models for acute services and out of hospital care.	<ul style="list-style-type: none"> • Draft Strategic Outline Case completed. • Preferred Option identified. 	Director of Business and Enterprise	AMBER
Commence, and complete, public consultation on proposed clinical services models.	<ul style="list-style-type: none"> • Prepare for public consultation. 		AMBER

Develop the short listed options and a Strategic Outline Case for future service models for acute services and out of hospital care

The Strategic Outline Case (SOC) was completed and presented as planned to the extraordinary Trust Board in August and included a revised shortlist of 3 options. The options related to the Greenfield site had previously been discounted by the Programme Board on financial affordability grounds. The SOC was submitted to the TDA and to the 3 commissioners for their consideration in September. Early feedback suggests there is more work to be undertaken around addressing the remaining financial deficit. The appraisal of options was completed on time with the overall economic analysis ranking option C1 first. However the Programme Board noted the outcome of the process and deferred reaching a conclusion about recommending a preferred option.

Commence, and complete, public consultation on proposed clinical services models

As a result of the above, there will therefore be no planned public consultation in December 2015.

6. Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work.

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop a Values-driven organisation.	<ul style="list-style-type: none"> Roll out Values-based corporate induction programmes. Agree content and delivery for Values-based conversations. Working with staff and understanding what the Values mean to them. 	Workforce Director	Green
Implement the Trust's Leadership Development Programme.	<ul style="list-style-type: none"> Cohorts 6 - 11 commence Leadership Development programme. Roll out Leadership Programme for bands 1 – 4. Cohorts 6 - 11 complete Leadership Development programme. 		Green
Improve staff engagement across the Trust.	<ul style="list-style-type: none"> Staff Engagement Plan approved by the Workforce Committee. Implement Staff Engagement Plan with quarterly reviews to the Workforce Committee. 		Green
Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialties.	<ul style="list-style-type: none"> Workforce Transformation Plan developed. Business cases presented to Executive Board Implementation of approved Workforce Transformation Plan. 		Amber

Develop a Values-driven organisation

The pilot of Values-based conversations is complete. Values, Behaviours and Attitudes (VBA) interview training continues and Values-based Conversations (VBC) will be rolled out from September 2015. We have commenced “understanding our values” conversations with specific staff groups, beginning with domestic services. The Values-based corporate induction design is in progress with consultation with key stakeholders taking place in Q3. Roll out will occur in Q4.

Implement the Trust's Leadership Development Programme

The SaTH Leadership Development programme cohorts 5 – 8 completed in Q2. Cohorts 9- 10 are starting in Q2 and 11-12 starting in Q3 comprising a further 48 places. A further 4 cohorts will start before the end of Q4. The 8th cohort of Level 2/3 Team Leading/Line Management programme was completed successfully in Q2 with 17 staff successfully completing their studies with TCAT.

Improve staff engagement across the Trust

The Staff Engagement Plan has been approved by the Workforce Committee and is a standing item at the Workforce Committee. Progress to date includes:

- “Our commitments” have been identified at Trust, Care Group and department level with progress monitored through a monthly standing agenda item at workforce committee.
- ‘Our Voice’, our bespoke staff Friends and Family Test, has commenced with the first Care Groups being Women and Children’s and Clinical Support Services.
- The Health and Wellbeing survey is complete with a 3 year draft plan due to go to the Workforce Committee.
- The long service award recognition events have been booked for quarter 3.
- We are currently finalising the “MAD Ideas” (making a difference ideas).

Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialties

Our HR Business Partners are working with services to address recruitment hotspots and maximise transformation opportunities. They are currently undertaking detailed workforce profiles within their care groups which will support supply and demand modelling.

7. Support service transformation and increased productivity through technology and continuous improvement strategies.

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal.	<ul style="list-style-type: none"> Progress project plans to support the delivery of planned IT solutions. Explore options with external bodies to support service development. 	Finance Director	Amber
Develop a robust technology strategy for Diagnostics.	<ul style="list-style-type: none"> Pursue options to progress equipment replacement programmes 		Green
Develop and embed a Continuous Improvement Strategy.	<ul style="list-style-type: none"> Continuing progress on improvement initiatives. 	Communications Director	Green

Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal

There has been enthusiastic uptake of the clinical portal which gives clinicians a one-stop-shop for key clinical information.

A proof of concept system has been developed for e-prescribing. There is unmet demand for user and business engagement to develop specifications for dispensing and nurse administration. There are unmet infrastructure, programming, testing and training demands associated with this important system.

A business case was submitted to NHS England to seek funding from the new 'Tech Fund 2' monies for a system to digitise selected sets of paper case notes. Unfortunately the application was unsuccessful.

The Trust has agreed with BT Health for an exploratory review to be undertaken to establish opportunities to deploy IT within the Trust and also associated potential financial solutions. This was expected to be completed in April or May but at present remains outstanding.

Develop a robust technology strategy for Diagnostics

Agreement has been reached to extend the Siemens Managed Contract for Analysers, which expired in March 2015, for 2 years. An appropriate procurement process will be followed to identify the preferred provider.

Develop and embed a Continuous Improvement Strategy

During Q1, detailed work took place to prepare for our "Breaking the Cycle" improvement week, which was undertaken across the health and care system early in Q2 from 1 to 8 June. The week involved all parts the system making step-changes to improve flow and reduce delay for patients. A range of initiatives including ambulatory care, hyper-acute stroke bay and surgical admissions suite were trialled during the week. Several initiatives have been embedded in every day practice (e.g. the hyper acute stroke bay is now fully established) and others continued to be developed including through the work programme for the pilot Lean Improvement Team.

In parallel with our work on Breaking the Cycle, we have established a pilot Lean Improvement Team of four people as six-month trial. This has been in place from Q2 with their work programme being driven by key lessons from "Breaking the Cycle" along with other improvement potential, with a specific focus on flow and discharge.

During Q1 the application process took place for a new five-year national improvement programme sponsored by the NHS Trust Development Authority. In July 2015 we were announced as one of five successful Trusts in a new international partnership with the Virginia Mason Institute (VMI) in Seattle, supported and funded by DH. By the end of Q2 the Trust has established the Trust Guiding Team to lead the work over the next five years, a survey of staff had begun to identify Value Stream priorities, and two Trust representatives had attended VMI for the first phase of Advanced Lean Training.

8. Develop the principle of “agency” in our community to support a prevention agenda and improve the health and wellbeing of the population.

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop strong relationships and progress initiatives with volunteers.	<ul style="list-style-type: none"> Promote and roll out new Staff Volunteer Strategy. Further increase links with organisations for corporate volunteers. 	Director of Corporate Governance	Green
Continue to develop environmental and social sustainability through the Good Corporate Citizen programme.	<ul style="list-style-type: none"> Use future scenarios to inform health and social care system discussions on the future care delivery models. Regular working with staff, patients, the community and other partners to identify how we can deliver services in different, more sustainable ways. 		Green
Develop a strategy around health related social change through our FT membership.	<ul style="list-style-type: none"> Attend local events to promote FT membership. Increase public membership to 9,500. 		Green

Develop strong relationships and progress initiatives with volunteers

We currently have >500 Trust volunteers within the organisation; this includes individuals on our young volunteer scheme which offers young people who have an interest in a career within health a six month placement in a clinical area. This academic year will see over 100 placements offered to young people in the county.

We have developed links with organisations and businesses in the local area, including Boningale’s Garden Creations who have offered to redesign and carry out work on a courtyard at Princess Royal Hospital, this includes donating £21,000 worth of materials for the project. Other companies have also donated resources to this and other community gardening projects at the Princess Royal Hospital including Jewsons, Breedon Aggregates and we are currently organising the support of other companies in volunteering their time to support gardening projects at the hospital.

In August we supported the first group of young people on the National Citizen Scheme complete the voluntary part of their award by gardening at PRH over two days. We have extended our support of the National Citizen Scheme by offering more voluntary placements later in the year.

We have recently launched a staff volunteer scheme after a successful pilot project was completed in the Corporate Governance Directorate. We have updated the Volunteer Policy to include staff volunteers. Our staff volunteers also are given training to support their volunteer role and are better equip to support the trust in clinical areas at time of high service demand.

Continue to develop environmental and social sustainability through the Good Corporate Citizen (GCC) programme

The Trust remains on track in developing environmental and social sustainability through the GCC programme. A self-assessment was completed in April against the nine measures within the NHS SDU Making you a Good Corporate Citizen programme benchmarked against 104 other acute providers nationally. Overall, the Trust scored 62%, (an increase of 4% on our previous assessment) compared to the cohort group average of just 17%.

The Trust again participated in NHS Sustainability Day earlier this year, holding events at both our hospitals, promoting the work we have done around sustainability and asking members of staff and public to make pledges for things that they can do individually or with their team, and commit to becoming a sustainability champion. The Trust has been recognised at the national NHS Sustainability Awards in both again in 2015, being the only Trust to be “Highly Commended” in an unprecedented five categories: Public Health; Energy Management; Water Management; Food, and Procurement. The Trust is also a finalist in the prestigious Health Service Journal Awards – Improving Environmental and Social Sustainability category.

The Trust has also been announced ‘Employer of the Year’ for the Energize Awards 2015 (Shropshire, Telford & Wrekin County Sports Partnership) for our commitment to promoting an active lifestyle.

Develop a strategy around health related social change through our FT membership

The Trust has continued to develop our membership as well as engaging and promoting opportunities for our staff and public members to become involved with our organisation. The Trust currently has 9,673 public members and we continue to ensure that our membership is representative of our local demographics.

The Governance and Membership Office is currently planning events to attend next year to promote FT membership and volunteering. We also engage with our members through our quarterly newsletter 'A Healthier Future' and regular health lectures which have seen an increase in the number of members attending on average between 60-110 people.

9. Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies.

Operational Objectives	Key Milestones	Executive Lead	RAG
Develop a Stakeholder Engagement and Customer Relationship Strategy	<ul style="list-style-type: none"> • Draft Stakeholder Engagement and Customer Relationship Engagement Strategy produced. • Approved Stakeholder and Engagement Strategy published. 	Communications Director	Amber
Manage GP relationships through a robust GP Engagement Strategy and focused account management	<ul style="list-style-type: none"> • GP account management priorities identified. • Key GP Satisfaction indicators agreed. • Focussed GP account management in place. • Regular GP intelligence reporting process established. 	Director of Business & Enterprise	Amber

Develop a Stakeholder Engagement and Customer Relationship Strategy

A pilot Stakeholder Engagement Plan was established in Q1 for review and delivery by Executive Directors, and scrutiny through the Workforce Committee. With the retirement of the previous CEO and the launch of the recruitment process, the focus shifted to recruitment and induction of the new Chief Executive, who commenced in post shortly before the end of Q2. A refreshed approach is being developed to reflect the engagement priorities for the new Chief Executive.

Manage GP relationships through a robust GP Engagement Strategy and focused account management

GP account management priorities have been identified to support focused GP engagement activities. Progressing more focused engagement activities will be supported by the new Business Development Managers. Market share information by GP Practice supports the “Deep Dive” Programme to identify areas for review specific to the relevant specialty. GP intelligence is included in the Horizon Scanning Reports and also shared with operational teams as and when identified. Plans to implement a suite of business intelligence reports are in place.

10. Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome 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"> Agree End of Year Position. Application for support submitted to ITFF (Independent Trust Financing Facility). 	Finance Director	Red
Identify and deliver recurring cost improvement programmes.	<ul style="list-style-type: none"> £3.6m - Q1 assumed savings. £7.7m - Q2 assumed savings. 		Red
Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP).	<ul style="list-style-type: none"> Ongoing input to LHE service models identified within the Better Care Fund implementation plans. 		Red
Develop a rolling equipment replacement programme.	<ul style="list-style-type: none"> Prioritisation of assets to be reviewed and potential methods of funding identified to replace the key assets which may arise. Utilising funding methods available to continue to replace assets to work towards desired success outcomes. 		Amber
Develop a robust investment strategy to modernise our estate.	<ul style="list-style-type: none"> Condition survey completed. Business case approved by Board. 		Amber

Secure support to manage short-term financial pressures pending review of Long Term Financial Model

The Trust's original Financial Plan delivered a deficit of £17.2m, which when aggregated nationally results in the service heading for a substantial overall deficit. Over recent weeks the Trust has received correspondence from the Trust Development Authority which requires all Trusts to work to a Stretch Target in 2015/16 based on delivering additional actions above the current plan with the clear intention of improving the individual finance position. The target set for this organisation is a revised financial position of a £15.2m deficit.

Given the existing risk we believe remain within our current forecast our submission illustrated that at present we were unable to deliver a revised plan to address the full stretch target. There are, however, actions we believe can be taken to reduce the current deficit and we have made a commitment to prepare a revised Financial Plan, focusing on actions for which the Trust has the operational influence to deliver. It is the intention that the financial consequences of these actions allow for the delivery of the required Stretch Target and provides a level of headroom to offer financial support to cover winter operational issues.

Trust Board approval has been given to access Interim Revolving Working Capital. Funds are withdrawn as and when required.

Identify and deliver recurring cost improvement programmes

Savings realised at the end of Q1 were £2.3m, a shortfall of £997k against plan. Savings realised at the end of month 5 amounted to £3.9m, as compared with a target of £5.7m, a shortfall of £1.8m against plan. The shortfall against the original CIP has occurred is the consequence of unidentified schemes and shortfalls against target.

Within Scheduled Care £1m remains unidentified and within Unscheduled Care there remains a £400k risk of shortfall against plan. In constructing the financial position within these Care Groups it has been decided to adopt a prudent approach and in doing so introduce the required savings from the Care Group Cost Improvement Programme from the 1st of April spread equally across the year. By adopting this approach this then means that financial pressure arising from a failure to deliver Cost Improvement Programme is introduced immediately into the Trust financial position rather than presented later in the financial year, and this approach is reflected through all schemes.

The cost improvement programme relating to nursing staff has reduced from £2.6m to £2.0m. Savings from EPS are being seen however the volume of substantive qualified staff has reduced in recent months and appears to have been compensated by increased agency usage.

Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)

Contract negotiations are part of a wider process of financial discussions regarding. These discussions have not been concluded and to date a solution has not been agreed. The Trust has not been involved, or received any detailed plans from commissioners relating to the Better Care Fund proposals.

Develop a rolling equipment replacement programme

Prioritisation is being undertaken with items being placed into the appropriate group of Risk 1, 2, 3 or 4 through a template agreed with capital planning. Finances streams are being identified to undertake the highest priority items to reduce the Risks to the Trust.

Develop a robust investment strategy to modernise our estate

There is currently an 8 facet survey underway for RSH and a 7 facet survey underway for PRH. These will provide a robust report on the condition of the estate which will in turn inform the Estates Strategy. The surveys are due for return in November which will allow work to start on the strategy. Future Fit will also have an impact and this will need to be woven in to the strategy.