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| <b>Reporting to:</b>            | <b>Trust Board - 28<sup>th</sup> January 2016</b>   |
| <b>Title</b>                    | 2015/16 Quarter 3 Business Plan Review [part 1] and Summary of 2016/17 Planning Guidance [part 2]   |
| <b>Sponsoring Director</b>      | Neil Nisbet, Finance Director   |
| <b>Author(s)</b>                | Executive Directors, Tricia Finch, Head of Planning   |
| <b>Previously considered by</b> | Executive Directors   |
| <b>Executive Summary</b>        | <p><b><u>Part 1: 2015/16 Quarter 3 Business Plan Review: A review of progress against our 2015/16 Strategic Priorities.</u></b></p> <p>A key feature of our annual planning process is a review of progress against the key milestones that we identified for the year. This review identifies areas of concerns that require further consideration within the development of our 2016/17 plan. The Quarter 3 Review has identified that the Trust has made significant progress against achieving most of the key milestones identified this year. The only areas that the Trust has identified as a concern are:</p> <ul style="list-style-type: none"> <li>· Developing robust recruitment plans to recruit to establishment to ensure safe staffing levels and</li> <li>· Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)</li> </ul> <p>Further detailed updates on progress are included in the <i>'Progress Against Delivery of our Operational Objectives Report'</i> which can be found in the Board Information Pack.</p> <p><b><u>Part 2: Summary of 2016/17 Planning Guidance</u></b></p> <p>The recent guidance sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. NHS organisations are required to produce two separate but connected plans:</p> <ul style="list-style-type: none"> <li>· A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View and</li> <li>· A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.</li> </ul> <p>Local health systems are expected to develop a STP. The first critical task is to consider the geographic scope of STP. These details must be submitted by <b>Friday 29 January 2016</b>, for national agreement.</p> <p>The 2016/17 Operational Plan should be regarded as year one of the five year STP, and is expected to deliver significant progress on transformation. Building credible plans for 2016/17 will rely on a clear understanding of demand and capacity, alignment between commissioners and providers, and the skills to plan effectively. The <b>nine 'must dos' for 2016/17</b> for every local system are:</p> <ol style="list-style-type: none"> <li>1. Develop a <b>high quality and agreed STP</b></li> <li>2. Return the system to <b>aggregate financial balance</b>.</li> <li>3. Plan to address the sustainability and quality of general practice, including</li> </ol> |

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|   | <p>workforce and workload issues.</p> <ol style="list-style-type: none"> <li>4. Get back on track with <b>access standards for A&amp;E and ambulance waits</b></li> <li>5. Improvement against and maintenance of <b>referral to treatment standards,</b></li> <li>6. Deliver the <b>62 day cancer waiting standard,</b></li> <li>7. Achieve and maintain the two new mental health access standards</li> <li>8. Transform care for people with learning disabilities</li> <li>9. Develop and implement an affordable plan to make <b>improvements in quality</b></li> </ol> <p>The <b>planning process will have significant central money attached.</b> Credible STPs will secure the earliest additional funding from April 2017 onwards.</p> <p>During 2016/17 the NHS trust and foundation trust sector will, in aggregate, be required to return to financial balance. <b>£1.8 billion of income</b> from the <b>Sustainability and Transformation Fund</b> will be distributed.</p> <p><b>Quarterly release of these funds will depend on achieving recovery milestones</b> for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation. Where Trusts default on the conditions, access to the fund will be denied and sanctions will be applied.</p> <p>Trusts need to focus on cost reduction: there needs to be far greater consistency between trusts' financial plans and their workforce plans in 2016/17. Workforce productivity a particular priority.</p> <p><b>Very limited levels of capital financing available</b> and Trusts will need to procure capital assets more efficiently, consider alternative methods of securing assets.</p> <p>Key Milestones include:</p> <ul style="list-style-type: none"> <li>• <b>8th February:</b> First submission of full draft 16/17 Operational Plans</li> <li>• <b>31st March:</b> Boards of providers and commissioners approve budgets and final plans</li> <li>• <b>11th April:</b> Submission of final 16/17 Operational Plans, aligned with contracts</li> <li>• <b>End of June:</b> Submission of full STPs</li> </ul> <p>A copy of '<i>Delivering the Forward View: NHS Planning Guidance 2016/17</i>' can be found in the Board Information Pack.</p> |
| <p><b>Strategic Priorities</b></p> <ol style="list-style-type: none"> <li>1. Quality and Safety</li> <li>2a) Healthcare Standards: Operational Performance Standards</li> <li>2b) Healthcare Standards: Service Reconfiguration</li> <li>3. People and Innovation</li> <li>4. Community and Partnership</li> <li>5. Financial Strength: Sustainable Future</li> </ol> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</li> <li><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</li> <li><input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</li> <li><input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</li> <li><input checked="" type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</li> <li><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</li> <li><input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</li> <li><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)</li> <li><input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</li> <li><input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</li> </ul>   |

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| <b>Board Assurance Framework (BAF) Risks</b>   | <input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience<br><input checked="" type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury<br><input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff<br><input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards<br><input checked="" type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients<br><input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve<br><input checked="" type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment |
| <b>Care Quality Commission (CQC) Domains</b>   | <input checked="" type="checkbox"/> Safe<br><input checked="" type="checkbox"/> Effective<br><input checked="" type="checkbox"/> Caring<br><input checked="" type="checkbox"/> Responsive<br><input checked="" type="checkbox"/> Well led   |
| <input checked="" type="checkbox"/> <b>Receive</b> <input type="checkbox"/> <b>Review</b><br><input checked="" type="checkbox"/> <b>Note</b> <input type="checkbox"/> <b>Approve</b> | <b>Recommendation</b> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Quarter 3 Review of Operating Plan 2015/16 and <b>NOTE</b> the Progress to Date against the Key Milestones</li> <li>• <b>RECEIVE</b> the details of the new Planning Guidance and <b>NOTE</b> the 2016/17 priorities and the Key Milestones</li> </ul>  |

## 2015/16 Quarter 3 Business Plan Review and Summary of 2016/17 Planning Guidance

### **Part 1: 2015/16 Quarter 3 Business Plan Review: A review of progress against our 2015/16 Strategic Priorities**

Report to Trust Board 28<sup>th</sup> January 2016

## 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:

- An overview from each Executive Director describing key achievements within their area (Section 2);
- 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 3).

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.

NOTE: It is important to note that the **RAG assessments** included in this report reflect the **progress made as at month 9 against plans** and initiatives described in our Operating Plan. Progress should generally be aligned with results however, the risk assessment of 'progress' may differ to the risk profile associated with performance i.e. the outcome once plans are completed.

## 2. Executive Directors' Overview

### Director of Nursing and Quality's Update

Over the last 6 months the Care Groups have been working to deliver local action plans following our CQC visit in 2014, delivery against many actions has been achieved, oversight against progress is provided by the Director of Nursing and Assistant Chief Operating Officers to discuss progress and scrutiny of areas behind trajectory. 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 was last reviewed 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, e.g. MRSA screening and Surgical Site Infections, the Trust has seen a higher than expected number of Clostridium Difficile infections in quarters 1, 2 and 3. 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. A Clostridium Difficile recovery meeting was held with representatives from all Care Groups and actions agreed to improve performance.

The Trust now regularly meets the national targets for all areas of the Friends and Family Test and has maintained its 'Very Good' promoter score status. The latest guidance issued by NHS England in autumn now includes day case patient areas in our inpatient returns to Unify, i.e. Endoscopy. This increased the total amount of eligible patients, the impact was a reduction in overall and inpatient response rate, remedial action has been taken, this trend has now reversed. The Trust's ED and in-patient response rate is higher than the latest nationally reported rate and our promoter scores are consistently higher than 90 (and the national average) since quarter 1. Recently the Trust was highlighted as an exemplar site for improvement on response rate and ED score by the Trust Development Authority.

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 3 being on staff training, launching the Swan Scheme, supporting the redevelopment of the mortuary and the implementation of the bereavement survey. A successful conference was held at the end of 2015 with attendance from across the

Health Economy, eminent speakers and families sharing their experiences of End of Life care in our organisation and other care settings across the country. 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 and we continue to strive to provide high quality care for our patients and their families at this difficult time.

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; that said we have been successful in recruiting a number of overseas nurses who are currently undergoing a process of support and examination to enable them to be part of our teams. A team of senior nurses will travel to the Philippines in February to recruit a second cohort of Registered Nurses to come to work with us this year. A range of options have been developed in order to mitigate vacancies and agency spend throughout the winter period these include Matron/ Ward Manager clinical shifts and Clinical Nurse Specialists working on the wards, the impact of this on quality, cost and service provision is not yet known; a review will be undertaken after the winter period.

Quarter 4 will see the launch of the 'Exemplar Ward' programme, ensuring accreditation through assessment which will support wards to strive to achieve a status of 'Exemplar' in Quality, Safety and Patient Experience. 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

The Medical Director has reported to the Trust Board and the CCGs on the Trust's progress in the area of Mortality. The governance framework for the review of mortality is fully embedded and includes Trust-wide review of Mortality (via the Mortality Group that is chaired by the Medical Director), regular reports from each of the Care Groups (the Clinical Executive Committee) and specific reviews of individual clinical areas by the Trust's Patient Safety Team working with the Medical Governance Leads for each Care Group.

This system has allowed the Trust to focus more on identifying cases where potentially avoidable factors may have contributed to mortality and learn lessons that may be applicable in a wider context. This is in keeping with new requirements from NHS England.

The Trust continues to monitor four metrics related to Mortality (crude mortality, SHMI, RAMI and HSMR) and is able to confirm consistent performance in line with, or better than, national peer comparators.

Specific developments have included considerable progress in implementing changes that will identify patients with renal deterioration (acute kidney injury) and ensure that they are treated more rapidly and in accordance with national guidance.

The Trust is now delivering for patients with Fractured Neck of Femur care in accordance with best practice criteria, much more consistently, at both RSH and PRH. This has been supported by the provision of an Orthogeriatrician at both sites. A remaining challenge is that of ensuring that patients are scheduled for Theatre within 36 hours.

The Trust has identified improving care for patients with sepsis as one of its value streams related to its work with the Virginia Mason Institute and already has increased awareness for all clinicians of the need to improve the diagnosis, treatment and monitoring of these patients. The Sepsis Group meets regularly and is reporting to the Clinical Governance Executive on the progress that is being made.

The Trust continues to ensure that all senior doctors complete an annual appraisal and, in accordance with best practice, doctors receive reminders when these are due. The Medical Director will be confirming evidence of the effectiveness of appraisal and revalidation to an independent verification team from NHS England as now is required by all Trusts.

Job planning for 2015/2016 is in progress with more detailed guidance and an updated template has been distributed to simplify the process. Quality assurance of 2014/2015 job plans will feed the improvements in individual job plans for 2015/2016. Training has been provided for operational managers regarding job planning and plans for further training are being identified.

The biggest challenge for the Medical Workforce remains the shortage of Doctors in certain specialties including the Emergency Department, Acute Medicine, and Radiology. Whilst there has been improvement in the recruitment process and successful recruitment to most other specialties – including some that had previously been shortage specialties - these three specialties continue to require the support of Locum Doctors. Recruitment efforts are on-going.

#### Workforce Director's Update

Recruitment remains a key focus, and the organisation's recruitment campaign (Belong to Something) has been well received both internally and externally, which is positive. A number of overseas nurses have joined the Trust over recent months; a structured induction programme has been developed to support them into their new roles and life in the county. The Trust continues to carry a number of vacancies across a range of staff groups including Registered Nurses, Bio Medical Scientists, Doctors and Domestic staff.

Our Staff Engagement plan is gaining momentum with bespoke staff surveys 'Our Voice' implemented across Women and Children's and Support Services. In addition invites to a SaTH conversation led by the Chief Executive on 'The way we work' have been sent out with events taking place in quarter 4.

The development of the organisation's workforce profile allows a current and forward view of the full workforce, the profile supports the need for workforce transformation at scale. Initial thoughts have been shared with the Workforce Committee and the Committee will be monitoring progress.

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

In spite of significant operational pressures, delivery of 3 of the 4 constitutional access targets has been achieved (RTT, Cancer and Diagnostics). Internal 4 hour recovery actions, as part of the whole system recovery plan, are on track. Delivering the 4 hour access target remains a challenge with performance below that achieved at the same point last year.

Increased external scrutiny and assurance processes are resulting in multiple reviews of both services and processes. Each review identifies similar themes and areas of improvement. These reviews conclude with actions and plans which then have to be monitored and reported against. This increases the existing workload of operational teams and can result in duplication in some areas.

Progress is being made to deliver improvements; however, pace of change is slower than the Trust would wish. Vacancies and gaps in the senior operational management teams are a significant factor that could impact on the delivery of, and reporting progress against, recovery plans and service change in quarter 4.

In summary, ongoing operational pressures, the lack of system-wide solutions and the gaps in management teams all result in competing pressures. This in turn impacts on the ability to deliver transformational change whilst at the same time manage existing services.

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

Developing our Strategic Outline Case (SOC) for the configuration of our acute services through the Future Fit Programme has been a significant priority for the Future Team and the Care Groups. The Trust is on track to deliver the SOC as planned for submission to the TDA at the end of February. In parallel the Trust is supporting the system deficit reduction plan work stream identified as being required in order to progress the SOC. This work should identify some high level outputs during February.

The Business Development Managers (BDM) are now in post which has begun to build important capacity and capability into each of the Care Groups. The role will provide a strong 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.

## Communications Director's Update: Community and Engagement

Following our successful bid to join a five-year partnership with the Virginia Mason Institute (VMI) in Seattle, our programme arrangements are now in place. Our Kaizen Promotion Office (KPO) is now fully established, our Trust Guiding Team is in place, and members of the Trust Guiding Team have visited Virginia Mason Medical Centre in Seattle to see the potential for accelerated transformation first hand. Our first Value Stream (discharge for respiratory patients) was agreed shortly before the end of quarter 3 and planning is under way for the Sponsor Development Day at the end of January and our first Rapid Process Improvement Week in March. More detail about our work with the Virginia Mason Institute can be found in our regular updates to the Trust Board. The Trust's communications team is part of a national workstream to support communications and engagement for the partnership.

Following recruitment during quarter 2 the communications team was back to full establishment in quarter 3, filling the vacancy for the lead officer for Freedom of Information. Work is continuing to review and refresh the Trust's Freedom of Information policies and procedures, and to improve performance in this area.

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. Engagement and communication continues, aiming for public consultation to begin later in 2016/17. Alongside this, the Trust has also been seeking views from local communities and stakeholders on business continuity contingencies for our Emergency Departments to keep services safe until decisions are made through the NHS Future Fit programme.

A major focus during quarter 3 has been work on the national Stay Well campaign. The overall campaign objective is to ensure that people who are most at risk of preventable emergency admissions to hospital are aware of, and wherever possible are motivated to take, actions that may avoid admissions this winter. A range of activity has taken place through social, print and broadcast media channels aimed at encouraging self-care, driving take up of flu immunisation and promoting NHS111/ShropDoc.

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

The Trust began the year with a planned deficit of £18.2m and was then provided with transitional funds from Telford and Wrekin CCG of £1m which reduced the deficit to £17.2m. Mid-way through the year the Trust was presented with a stretch financial target of £15.2m. The Trust is currently on course to deliver this stretch target following agreement with the NTDA to transfer capital funds to revenue amounting to £2m. The ongoing ability to deliver a balanced income and expenditure position is dependent upon actions that will release the duplication of costs estimated at circa £9m – £11m.

The new Associate Director of Estates commenced on 1st October 2015. Work is now underway to assess the issues raised within the six facet surveys which will inform the immediate actions required and provide considerations for the longer term strategy. It is essential that the future Estates Strategy is aligned to the clinical service plans, and therefore this is likely to evolve during the next 12 months alongside the development of the Sustainable Services Outline Business Case.

The introduction of a Trust wide cleanliness assurance process across all disciplines of cleaning has resulted in a significant improvement in standards of cleanliness within the patient environment. Areas of concerns, or actions required, identified through continuous audit, trigger immediate alerts to the operational teams so that corrective action can be taken promptly and improved standards are sustained. Improvements are having a very positive impact and have been recognised by both patients and their representatives and also by Ward and Department Managers. External reports are also recognising the significant improvements that have been made. The Trust has continued to implement improvements to catering services and has maintained its 5 star rating awarded through the annual Environmental Health Officer inspections.

Through the development of new software and a data warehouse facility the Trust now has in place enhanced business information capability. This will enable the Trust, at both corporate level and at Care Group level, to more actively manage performance. Work is progressing to develop predictive models to support more proactive decision making. A review of the IT Strategy has been undertaken. Actions are being taken to develop a revised strategy in support of the Trust's operational and strategic business plans.



## Director of Corporate Governance's Update: Sustainability

The autumn of 2015 was significant in that the Trust received further national recognition for our efforts in developing and promoting environmental, social and financial sustainability. In addition to being highly commended in an unprecedented five categories at the national NHS Sustainability Awards earlier in the year, the Trust was 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' was shortlisted in the Improving Environmental and Social Sustainability category, and was selected from 1,600 entries. Then, in November the Trust was named local 'Employer of the Year' at the ninth annual Energize Awards for the Trust's commitment to offering a wide range of health benefits to staff and encouraging active travel. Not only does this activity increase the health of Trust staff, it also helps them to reduce their carbon footprint. Currently, nearly 100 Trust staff regularly cycle to work every day.

New cycle shelters have been installed at the RSH following a successful application to Shrewsbury Council Local Sustainable Transport Fund. The Trust also made a successful application to Telford & Wrekin Council to provide a further 8 shelters at the PRH in the New Year. Each shelter provides cover for 10 cycles using the same area of only one car-parking space. The Trust also opened new shower facilities at PRH, again due to partnership funding from Telford & Wrekin Council to promote active travel.

The Trust continues to provide encourage local/regional suppliers to tender for business with the Trust, taking account of our move towards 'triple bottom line' accounting. The Trust is addressing healthy lifestyle choices by promoting active travel and the Trust is moving to healthier and more sustainable food options. The Trust uses more local/regional produce where possible, and promotes low fat/sugar fare in our restaurants.

During quarter 3 the Trust launched an asset exchange scheme called 'WARPit', to make best use of unused/unwanted equipment and enable transfer between departments to save money and reduce landfill and carbon emissions. WARPit is an online tool which enables members of staff to advertise any unwanted or underused items for donation or loaning within the Trust. Even well-managed best-practice organisations can see unwanted equipment in good condition being wasted, whether being disposed of as it is no longer of use or taking up storage space. In less than one month the Trust has seen:

- Registered Trust users - 79
- Total savings - £1009
- Waste avoided -169Kg
- CO2 saved - 404kg

Key areas to note in the developments in volunteering are with the partnership working with different businesses to develop courtyard areas at PRH, the increase in the number of volunteers by around 70 during the quarter. The Trust have entered into a partnership with Shropshire Wildlife Trust, gaining valuable expertise in utilising our grounds to better effect with regard to wildlife and creating interesting and fulfilling volunteer opportunities. Work has begun on transforming the MacMillan Courtyard at PRH with support from a local nursery – Boningales and The Trust have agreement from Shropshire and South Staffordshire Mental Health Trust to convert land at the back of the RSH site to a community parkland area for staff and locals to walk through

All of 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.

### 3. 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  |
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| 1. Reduce harm, deliver best outcomes and improve patient experience through our Quality Improvement Strategy. | MD / DNQ  | AMBER | <ul style="list-style-type: none"> <li>• The Trust has maintained its position against peers in relation to Crude Mortality, HSMR, RAMI and In-Hospital SHMI. Areas of concern are reviewed and lessons learned are provided to all appropriate medical staff. The mortality review programme is focusing on areas of high risk.</li> <li>• From October 2PAs of internal Consultant Ortho-geriatrician cover has been in place at PRH and a trauma nurse has been recruited. At RSH challenges remain in relation to meeting the requirement for surgery within 36 hours.</li> <li>• In October the achievement of best practice standards was 77% at RSH and 48% at PRH. The primary factor for non-compliance was time to theatre. The business case for additional weekend operating at both RSH and PRH has been approved.</li> <li>• Accurate algorithms are being used to identify AKI patients and a greater awareness has led to an increase in those being coded. A full review of the improvement in patient outcomes is being undertaken following the appointment of an AKI Nurse Specialist.</li> <li>• A clinically-led working group has been set up to provide support and training in the early identification of Sepsis. SIRS alert is available on VitalPac. There will be a Trust wide training programme implemented in March 2016.</li> <li>• Ongoing monitoring of revalidation requirements and communication to each individual doctor has ensured a standard approach to revalidation with the majority of doctors meeting the set requirements and successfully revalidating. Support is being provided to all doctors who need to have their revalidation deferred. 20 appraisers have been trained and further training is planned.</li> <li>• Trust continuing implementation and delivery of the CQC Action Plan. Risks to delivery identified and steps taken to address these. Monitoring process is in place. Overall progress in line with the plan. Innovative resolutions being progressed.</li> <li>• Clostridium Difficile Recovery plan in place. Local Health Economy Group progressing actions. Prescribing practices and performance are reported monthly. Actions to support improved performance are overseen by Quality and Safety Committee.</li> <li>• Ongoing environmental check and quality walks undertaken by the IPC Team and the Facilities Team.</li> <li>• Series of listening events are planned for quarter 4. Community stakeholders involved in development of Patient Experience Strategy.</li> <li>• Trust participated in national 'Carers' Pilot'. Second Dementia Carers survey completed. Recruitment of Dementia Lead Nurse and new Dementia Support Worker role being developed.</li> <li>• Plans to bring processing of the Family and Friends Test data in house. Patient Experience Apprentices to be recruited.</li> <li>• Over 1,000 clinical staff attended End of Life Care education session. Significant improvements during the last 15 months have raised the profile of End of Life care.</li> <li>• Ceiling of Care and Allow Natural Death Policy incorporated into staff induction programme.</li> <li>• Audits on the effectiveness of the End of Life Care Plan completed.</li> <li>• Team of senior nurses will travel to the Philippines in February to recruit a second cohort of Registered Nurses. Options developed to mitigate vacancies and agency spends throughout winter period.</li> <li>• The Project Plan to support nursing and midwifery revalidation (by April 16) is on target and managers are meeting with affected staff.</li> <li>• Work ongoing to progress towards achieving clinical standards supporting 7 day services. Internal working group established. Workforce challenges, particularly for medics, present difficulties in achieving a number of the standards.</li> </ul> |

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| <p>2. Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards.</p>  | <p>COO</p> | <p>AMBER / GREEN</p> | <ul style="list-style-type: none"> <li>• The Emergency Care Improvement Programme (ECIP) review of the local health and social care urgent care systems completed. 5 high priority workstreams identified including Interface and Discharge is one of these 5 that will focus on the complex discharge pathway to reduce the number of patients who are medically fit for discharge or delayed transfers of care.</li> <li>• Pilot of therapy-led discharge visits completed in quarter 2, evaluation will form part of the ECIP Interface and Discharge workstream.</li> <li>• Winter Plan approved and implemented, full evaluation of impact will be completed by end of March. Internal audit report completed by Deloitte on delayed transfers of care.</li> <li>• Current capacity shortfalls presented to Board as part the Winter Plan. Actions to address the capacity shortfall highlighted in the ECIP review include: reducing length of stay, implementation of a Frailty pathway and a Discharge to Assess model. These are included in the whole system 4 hour recovery plan and are at various stages of implementation.</li> <li>• Work progressed on the Respiratory Discharge Value Stream, supported by the Virginia Mason Institute programme, will support reduction in length of stay and improvement in internal processes.</li> </ul>   |
| <p>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.</p> | <p>COO</p> | <p>AMBER / GREEN</p> | <ul style="list-style-type: none"> <li>• Insufficient capacity within the external health economy to deliver Discharge to Assess model. ECIP visit identified that support needed across the local health economy to deliver the model. Roll out of Fact Finding Document and linkage to the Intermediate Care Service completed. Additional capacity will enable the Trust to develop this further.</li> <li>• Mobile day surgery unit operational at PRH site since November. Elective orthopaedic bed base reduced and relocated freeing up Ward 11 to become a supported discharge ward. Ward 21 Urology bed base reduced and relocated to the RSH day surgery unit. Ward 21 currently functioning as 16 bedded supported discharge ward.</li> <li>• On both sites, up to the 4th January, very little elective activity has cancelled due to capacity constraints however DSU at RSH now fully escalated into and medical outliers on Ward 8 at PRH are increasing. Protecting elective capacity remains challenging.</li> <li>• Interim arrangements for Women and Children's Services at RSH implemented. Revised opening times for the RSH Children's Assessment Unit implemented in partnership with the CCG.</li> <li>• Long term options for Women and Children's Zones at RSH will be included in the Sustainable Services Programme Strategic Outline Case which is on target for submission to Trust Board at the end of February 2016.</li> </ul> |
| <p>4. Undertake a review of all current services at specialty level to inform future service and business decisions.</p>   | <p>DBE</p> | <p>GREEN</p>         | <ul style="list-style-type: none"> <li>• Market intelligence supporting the Deep Dive review process. Suite of marketing reports developed and being rolled out within Care Groups. Refresh of the Market Assessment is in progress.</li> <li>• Deep Dive reviews completed for Respiratory services, MSK services, Cardiology, Gynaecology and Fertility services and Breast Surgery services. Gynaecology to present financial case in February 2016. Actions from the reviews are captured and monitored in a corporate tracker.</li> <li>• Horizon scanning has expanded and market intelligence is shared in 'real time'. Regular reports produced summarising opportunities and threats. Business intelligence relating to the external environment has supported the Care Groups' Business Planning Workshops.</li> <li>• Work has commenced on developing a 'business skills' training programme.</li> </ul>   |
| <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"> <li>• Strategic Outline Case (SOC), to address the immediate workforce challenges within A&amp;E and Critical Care, on target for delivery by the end of February 2016.</li> <li>• This SOC will identify a range of options at both RSH and PRH that will also consider workforce challenges in Acute Medicine, the urgent / emergency care pathway and backlog maintenance issues.</li> <li>• Consultation plans will be subject to the outputs of the Strategic Outline Case described above.</li> </ul>   |

|   |            |                      |   |
|---|------------|----------------------|---|
| <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"> <li>• Revised Corporate values based Induction programme to be rolled out in quarter 4. Further cohorts trained in Values Based Conversations and Values, behaviour and attitude (VBA) interview training. Roll out of employee- led Values-based appraisals continues.</li> <li>• Cohorts 9-12 of SaTH Leadership programme completed. Cohorts 13 and 14 delayed to April 2016 due to winter pressures. Leadership Conference completed and evaluated, with positive feedback. Leadership Programme for bands 1-4 is in progress</li> <li>• Staff engagement plan progress reviewed by the Workforce Committee. 'Our Voice' bespoke staff survey implemented across Women and Children's and Support Services Care Groups. Two long service award events have been undertaken. Two Health and Wellbeing (HWB) events have also been held at RSH/PRH. Draft HWB 3 Year Plan finalised for review.</li> <li>• Workforce profiles by staff group discussed by Workforce Committee and Executive Team. Workforce challenges within recruitment being supported by launch of 'Belong to Something' campaign. Identification of new ways of working progressing. This is driven by the HR Business partners within the Care Groups</li> </ul>   |
| <p>7. Support service transformation and increased productivity through technology and continuous improvement strategies.</p>                       | <p>FD</p>  | <p>AMBER / GREEN</p> | <ul style="list-style-type: none"> <li>• Enhanced resilience developed for the Trust's infrastructure to reduce identified risks. Over 1,000 clinical users of clinical portal. Prototype e-prescribing system developed. Further work is required to progress the paperless NHS agenda.</li> <li>• Medical Engineering working alongside Diagnostic Services (Radiology, Nuclear Medicine, Pathology and Pharmacy) to develop one integrated Trust Asset Register. Trust wide use of Medical Engineering Risk template will be utilised to support decision making relating to medical equipment.</li> <li>• Programme arrangement to support the partnership with Virginia Mason Institute (VMI) in place. Kaizen Promotion Office (KPO) fully established and Trust Guiding Team is in place. First Value Stream (discharge for respiratory patients) agreed and planning under way for the Sponsor Development Day at the end of January and our first Rapid Process Improvement Week in March.</li> </ul>  |
| <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"> <li>• The Trust currently has &gt;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.</li> <li>• 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.</li> <li>• In August the Trust 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.</li> <li>• 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.</li> <li>• 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%.</li> <li>• Continuing engagement with 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.</li> <li>• 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.</li> <li>• 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 &amp; Wrekin County Sports Partnership) for our commitment to promoting an active lifestyle.</li> <li>• The Trust has continued to develop our membership and currently has approximately 9,500 public members. The Governance and Membership Office currently planning events for next year to promote FT membership and volunteering.</li> <li>• 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.</li> </ul> |

|   |           |                      |  |
|---|-----------|----------------------|--|
| <p>9. Embed a customer focused approach and improve relationships with our GPs through our stakeholder Engagement Strategy.</p>                             | <p>CD</p> | <p>AMBER / GREEN</p> | <ul style="list-style-type: none"> <li>• Work has re-focused on establishing the communications programme and infrastructure to support the accelerated transformation associated with the VMI programme. Outline communications plan to be considered by the Guiding Team in January.</li> <li>• Trust's Communications Director is part of a national communications forum to develop and deliver the national approach, which focuses on (a) Engaging Staff and Embedding the Culture (b) Creating a Common Partnership Approach (c) Enabling Engagement Across the Partnership (d) Establishing the National and Local Pulse and (e) Building Stakeholder Advocacy.</li> <li>• Review of the Trust's market share by GP Practice completed. Market growth opportunities and 'priority practices' identified to support account management framework.</li> <li>• Market share and trend analysis by GP Practice provided to Care Groups as part of the regular business review reports produced by Business Development Managers.</li> </ul>  |
| <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>AMBER</p>         | <ul style="list-style-type: none"> <li>• All Trusts required working to a Stretch Target in 2015/16. The target set for this organisation is a revised financial position of a £15.2m deficit. This revised plan has been reflected in the current 2015/16 I&amp;E plan.</li> <li>• A capital to revenue transfer of £2m agreed with the Trust Development Authority. The Trust had previously secured an Interim Revolving Working Capital Support Facility (RWC) of £16.8m secured however only able to draw down maximum cash support in 2015/16 of £15.2m in line with the 'stretch target'.</li> <li>• £10.3m recurring schemes identified against Cost Improvement Programme (CIP) target of £14.8m. Savings realised at month 9 £6.9m against target of £10.8m. Gap is predominantly the result of 2 factors: slippage within the nursing staff scheme and unidentified schemes within Scheduled Care Group and Unscheduled Care Group.</li> <li>• Revised CIP programme in place to deliver non-recurring savings to bridge the gap. This will deliver this year's financial plan; however, will result in an additional £4.5m target for 2016/17 in addition to baseline efficiency requirements.</li> <li>• Trust has struggled to gain access to commissioners' plans relating to QIPP and Better Care Fund schemes. Plans constructed by commissioners do not appear to have delivered. Local health economy has recognised sizeable financial deficit. Trust's Finance Director is responsible lead for co-ordinating system-wide solution. Price Waterhouse Cooper (PWC) appointed to describe the scale of the financial challenge.</li> <li>• Process developed by Medical Engineering to support continuous monitoring and review of the medical device risks.</li> <li>• At the beginning of the year the Trust had approximately £2.2m of high risk items. Funding from the capital programme and the League of Friends has reduced this to £1.42m. Plans identified to reduce this to £1.08million by the end of March 2016.</li> <li>• Significant progress made to address the immediate health and safety priorities associated with the estate. Detailed surveys underway in the areas of legionella control, asbestos management and fire safety. Refurbishment and upgrades to mortuary completed.</li> <li>• Six facet surveys completed and being validated by the Trust's Estates Team. Once validated information will shape a prioritisation programme looking at improving asset condition and meeting statutory compliance requirements.</li> </ul> |

Executive Leads:

Medical Director [MD], Director of Nursing and Quality [DNQ], Director of Business and Enterprise [DBE], Chief Operating Office [COO], Workforce Director [WD], Communications Director [CD], Director of Corporate Governance [DCG], Finance Director [FD]

RAG status

- KEY **RED** off track and no action plan yet identified or off track with action plan identified but with a significant risk to delivery  
**AMBER** off track but action plan identified to deliver against original plan  
**GREEN** on track no concerns

### Quarter 3 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.   | AMBER           |
|   |      | 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.   | GREEN           |
|   | 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.  | 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/<br>GREEN |
| 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.  | GREEN           |
|   |      | 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.   | GREEN           |
| 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   | AMBER/<br>GREEN |
|   |      | Implement the Trust's Leadership Development Programme   | AMBER           |
|   |      | Improve staff engagement across the Trust.   | AMBER           |
|   |      | 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.   | GREEN           |
| 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  | AMBER           |
|   |      | Identify and deliver recurring cost improvement programmes   | AMBER           |
|   |      | Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP)  | RED<br>/AMBER   |
|   |      | Develop a rolling equipment replacement programme.   | GREEN           |
|   |      | Develop a robust investment strategy to modernise our estate   | AMBER           |

# Progress Against Delivery of our Operational Objectives

## Quarter 3 - 2015/16

Report to Trust Board: 28<sup>th</sup> January 2016



## 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 quarter 2 and the current RAG assessment against the delivery of those milestones.

NOTE: 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 9. Progress should generally be aligned with results however, the risk assessment of 'progress' may differ to the actual performance i.e. the outcome once plans are completed.

## 2. Strategic Priorities RAG Assessment

The following section provides an overarching summary of the current status of progress against each of the Operational Objectives that support 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 December 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"> <li>Continuing progress to implement and embed systems and processes to learn from avoidable deaths.</li> <li>Maintain performance in line with national peers.</li> <li>Quarter on quarter completed mortality reviews in focused areas of higher risk and actions arising from these.</li> </ul> | 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"> <li>RSH at least 70% of patients receiving treatment in line with best practice.</li> <li>PRH &gt; 50% receiving treatment in line with best practice.</li> <li>Progress against improving clinical outcomes for sepsis and AKI.</li> </ul>  |                                 | AMBER |
| Ongoing medical revalidation embedded within medical areas.  | <ul style="list-style-type: none"> <li>Effective Revalidation Notification Scheme fully implemented.</li> <li>Active monitoring of appraisals for revalidation fully implemented.</li> </ul>  |                                 | GREEN |
| Implement actions and recommendations within the Care Quality Commission Action Plan.  | <ul style="list-style-type: none"> <li>Continuing progress to implement and deliver on plan.</li> <li>Risks to delivery identified and steps taken to address.</li> <li>All Care Groups to discuss, monitor and report on progress with monthly action plan.</li> </ul>   | Director of Nursing and Quality | AMBER |
| Reduce the number of healthcare associated infections.   | <ul style="list-style-type: none"> <li>Future HCAI targets and trajectories to be agreed in line with future HPA targets.</li> </ul>  |                                 | AMBER |
| Implement effective systems to engage and involve patients, relatives and carers as equal partners in care.  | <ul style="list-style-type: none"> <li>Further enhance mechanisms and systems to capture and to respond to patient feedback.</li> <li>FFT response rates to be determined in line with DH future targets.</li> </ul>  |                                 | AMBER |
| Improve care of the dying through implementation of best practice.   | <ul style="list-style-type: none"> <li>Embed EoL Care Plan.</li> <li>Ceiling of Care and Allow Natural Death Policy implemented and training of medical staff completed.</li> <li>Review and audit effectiveness of EoL Care Plan.</li> </ul>   |                                 | GREEN |
| Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.   | <ul style="list-style-type: none"> <li>Recruitment Strategy in place to maintain safe staffing levels.</li> </ul>   |                                 | RED   |
| Develop and implement robust processes to support nursing and midwifery revalidation (by April 16)   | <ul style="list-style-type: none"> <li>Undertake a self-assessment of organisational readiness for revalidation.</li> <li>Develop an action plan to address gaps and mitigate any risk to implementation.</li> <li>Ongoing process to deliver revalidation action plan so ready for implementation in April 16.</li> </ul>            |                                 | GREEN |
| Further progress plans to extend 7 Day services working towards the delivery of key clinical standards   | <ul style="list-style-type: none"> <li>Report on existing gap analysis, recommendations and action plans circulated.</li> <li>Establishment of an internal working group to progress agenda.</li> </ul>   |                                 | 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. Regular mortality reports are provided at Clinical Governance Executive (CGE) and the Commissioning Quality Review Meeting (CQRM) on progress and identified areas of concern are reviewed and lessons learned are provided to all appropriate medical staff. The Trust has maintained its position against peers in relation to Crude Mortality, HSMR, RAMI and In-Hospital SHMI

An ongoing programme of mortality reviews has been developed focussing on areas of high risk. These are identified quarterly and reported back to the Mortality Group and any areas of learning identified are cascaded to the speciality governance meetings or Trust wide as in the case of AKI.

#### 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

The Fractured Neck of Femur Pathway documentation has been recently revised and is in use across both hospital sites. In October the achievement of best practice standards was 77% at RSH and 48% at PRH. The primary factor for non-compliance was time to theatre.

From October 2 PAs of internal Consultant Ortho-geriatrician cover has been in place at PRH enabling delivery of best practice tariff standards for the first time at the PRH site. A trauma nurse has also been recruited to PRH (replicating the role at RSH) to provide input to this cohort of patients.

At RSH 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. Future options will be discussed and reviewed through the Scheduled Care theatre reconfiguration planning meetings.

AKI training programmes are now resulting in an improvement in our documentation and reporting. A greater awareness of AKI has led to an increase in those being coded. Clearer guidance is now being provided on the appropriate level of coding and accurate algorithms now being used to identify AKI patients with e-alert being made available on the Trust's computer systems. A full review of the improvement in patient outcomes is being undertaken following the appointment of an AKI Nurse Specialist.

A clinically led working group has been set up to provide support and training in the early identification of Sepsis. SIRS alert is available on VitalPac. There will be a Trust wide training programme implemented in March 2016 which will hopefully show a demonstrable improvement in patients' outcomes.

#### Ongoing medical revalidation embedded within medical areas

Monthly reports are sent to the Clinical Directors, Care Group Medical Directors and Business Managers to report the current status of their doctors and a monthly report on all doctors who are overdue is provided to the HR Business Partners to discuss at the monthly Care Group Board Meetings. Exception reporting for any overdue appraisal has been implemented and this will be audited at the end of every financial year.

On-going monitoring of revalidation requirements and communication to each individual doctor has ensured a standard approach to revalidation with the majority of doctors meeting the set requirements and successfully revalidating. Support is being provided to all doctors who need to have their Revalidation deferred.

New appraiser training for doctors has been successfully delivered in March this year with an additional 20 appraisers being trained and further training is planned for February/March 2016. Successful delivery of two CPD events for appraisers has been undertaken which was well received with good feedback. Further CPD events will be set up over the next year to develop a robust appraiser network.

#### Implement actions and recommendations within the Care Quality Commission Action Plan

The Trust is continuing implementation and delivery of the CQC Action Plan. Risks to delivery have been identified and steps have been taken to address these risks. All Care Groups discuss, monitor and report on progress against the action plan monthly. A monitoring process is in place and a regular submission is made to the Trust Development Authority. 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.

### Reduce the number of healthcare associated infections

The Trust has a Clostridium Difficile Recovery plan in place and a Local Health Economy Group, led by commissioners, is progressing actions to reduce healthcare associated infections. For Antibiotic Stewardship, prescribing practices and performance are reported monthly to the Quality and Safety Committee. Actions to support improved performance are being overseen by the committee and led by the Pharmacy Centre. The Trust is currently assessing the potential for an e-solution for improving prescribing via an app, Microguide.

Ongoing environmental check and quality walks are undertaken by the IPC Team and the Facilities Team to monitor environmental cleanliness.

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

A series of listening events are planned for quarter 4. The Trust will be presenting in local communities across the county and Powys. The Trust continues to engage with a broad range of community stakeholders to assist in the development of its Patient Experience Strategy.

Working alongside Shropshire Patient Experience Leads Group the Trust has participated in a national 'Carers' Pilot', completed a second Dementia Carers survey and has worked hard to develop the 'Improvement work streams'. The recruitment of a Dementia Lead Nurse with support the work underway and develop new ways of achieving the best outcomes for our patients and their families, In addition we are developing Dementia Support Worker role will be completed by the end of quarter 4.

The Trust has plans to bring the current external processing of the Family and Friends Test data in house. Patient Experience Apprentices will be recruited to facilitate and support the Friends and Family agenda; process will be completed by end of March 2016.

### Improve care of the dying through implementation of best practice

Over 1,000 clinical staff have attended an education session on End of Life Care. Training and support to clinical staff continues. The profile of End of Life care has been raised due to many improvements implemented over the past 15 months. These improvements include the Swan Scheme, Link Workers and the "Making a Difference to End of Life Care for All" conference.

The Ceiling of Care and Allow Natural Death Policy is now part of staff induction within CPR Training and is highlighted in End of Life Care sessions.

Audits on the effectiveness of the End of Life Care Plan have been completed and reported to the End of Life Care Project Group for action.

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

The Trust has had some success in recruiting a number of overseas nursing. A team of senior nurses will travel to the Philippines in February to recruit a second cohort of Registered Nurses to come to work with us this year. A range of options have been developed in order to mitigate vacancies and agency spend throughout the winter period.

### Develop and implement robust processes to support nursing and midwifery revalidation (by April 16)

The Project Plan is on target and managers are meeting with affected staff to ensure they will meet the Nursing and Midwifery Council requirements. Ongoing work will be required over the next 12- 18 months to ensure going forward that staff and managers are supported and remain cited on revalidation.

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

The Trust is working towards the clinical standards and recognises the importance of achieving the standards. To support this, an internal working group has been established to ensure a multidisciplinary focus is maintained. The workforce challenges facing the organisation, particularly for medical staff, present a difficulty in achieving a number of the standards.

**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"> <li>• Pilot of SaTH Therapy-led discharge home visits completed.</li> <li>• Evaluation of discharge home visits and next steps identified.</li> <li>• Implement approved internal Winter Resilience Plan.</li> <li>• Present options appraisal to address current capacity shortfall to Trust Board.</li> </ul> | <p>Chief Operating Officer</p> | <p>AMBER / GREEN</p> |

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

The Emergency Care Improvement Programme (ECIP) has completed a review of the local health and social care urgent care systems and 5 high priority workstreams were identified. Interface and Discharge is one of these 5. Commencing in February this workstream will focus on the complex discharge pathway with the aim of reducing the number of patients who are medically fit for discharge or delayed transfers of care.

A pilot of therapy-led discharge visits was completed in quarter 2. The evaluation of discharge home visits will form part of the ECIP Interface and Discharge workstream. The Winter Plan was approved and implemented. A full evaluation of the impact will be completed by the end of March. Deloitte have completed their internal audit report on delayed transfers of care which was received by the Audit Committee in December.

Current capacity shortfalls were presented to the Board as part of the proposal for the Winter Plan. Actions to address the capacity shortfall within the Trust have been highlighted in the review recently undertaken by the ECIP. Opportunities to reduce the shortfall include: reducing length of stay, implementation of a Frailty pathway and a Discharge to Assess model. All of these opportunities are included in the whole system 4 hour recovery plan and are at various stages of implementation.

The work which has progressed internally within the Respiratory Team on the Respiratory Discharge Value Stream, supported by the Virginia Mason Institute programme, will also support a reduction in the length of stay and in improvement in internal processes.

### 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"> <li>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).</li> </ul> | Chief Operating Officer | AMBER |
| Identify and implement a plan to protect elective activity from emergency pressures.                                  | <ul style="list-style-type: none"> <li>Present options appraisal to address current capacity shortfall to Trust Board.</li> </ul>  |                         | 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"> <li>Implement interim arrangements within existing footprint.</li> <li>Agree and implement final model for PAU at RSH.</li> <li>Develop options for Women's zone at RSH.</li> </ul>   |                         | GREEN |

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

Discharge to assess has not been delivered due to insufficient capacity within the external health economy and all assessments currently remain within the Trust for Shropshire patients. As part of the ECIP visit, it was identified that support was needed across the local health economy to deliver a Discharge to Assess model. This will be taken forward in quarter 4. The roll out of the Fact Finding Document and linkage to the Intermediate Care Service (ICS) has been completed. Additional capacity will enable the Trust to develop this further.

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

A mobile day surgery unit has been operational on the PRH site since November 2015 and the elective orthopaedic bed base reduced and relocated to PRH day surgery unit thus freeing up Ward 11 to become a supported discharge ward. On the RSH site Ward 21 Urology bed base has been reduced and relocated to the RSH day surgery unit. Ward 21 is currently functioning as a 16-bedded supported discharge ward.

On both sites, up to the 4th January, very little elective activity has been cancelled due to capacity constraints; however, the Day Surgery Unit at RSH is now fully escalated into and the number of medical outliers on Ward 8 at PRH is increasing resulting in an increasing number of routine elective cases being cancelled. Protecting elective capacity remains challenging.

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

The interim arrangements for Women and Children's Services at RSH have all been implemented. The revised opening times for the RSH CAU were implemented in partnership with the CCG.

The long-term options for the Women and Children's Zones at RSH will be included in the Sustainable Services Programme Strategic Outline Case which is on target for submission to Trust Board at the end of February 2016.

#### 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"> <li>Market intelligence supporting the 'deep dive' process.</li> <li>Regular marketing information provided to increase awareness of market share position and trends.</li> <li>Marketing Framework developed.</li> </ul>  | Director of Business and Enterprise | GREEN |
| Board review of operational and financial performance in all specialties through service line reviews. | <ul style="list-style-type: none"> <li>Respiratory services and MSK services 'deep dive' reviews presented to the Board.</li> <li>Cardiology services and Gynaecology &amp; Fertility services 'deep dive' reviews presented to the Board.</li> <li>Breast services 'deep dive' presented to the Board.</li> </ul>  |                                     | GREEN |
| Develop and embed a market orientated business planning and development framework.                     | <ul style="list-style-type: none"> <li>Horizon Scanning Framework in place and regular horizon scanning reporting embedded.</li> <li>Training programme in place to support the development of market-based business development proposals.</li> <li>Robust horizon scanning and environmental analysis supporting Care Group business planning processes.</li> </ul> |                                     | GREEN |

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

Market intelligence continues to support the Deep Dive review process providing an overview of the Trust's position and the movement over the last 12 months. A suite of marketing reports has been developed to support the marketing framework and is being rolled out within the Care Groups by the Business Development Managers. A refresh of the Market Assessment is being undertaken to support the development of a future marketing strategy. Care Groups are considering marketing opportunities within the annual planning process; however, all future opportunities will be assessed against the absolute need to deliver key performance targets.

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

Deep Dive reviews have been completed and presented to the Trust Board for Respiratory services, MSK services, Cardiology, Gynaecology and Fertility services and Breast Surgery services. Gynaecology will present their financial case in February 2016. A review of General Medicine was scheduled but unfortunately this had to be cancelled due to winter pressures. Actions from the reviews are captured and monitored in a corporate tracker. A summary of the strategic issues is being collated.

##### Develop and embed a market-orientated business planning and development framework

Horizon scanning has expanded as the newly appointed Business Development Managers support the process. Market intelligence is shared with Care Groups in 'real time' and regular reports are produced summarising opportunities and threats.

Work has commenced on developing a 'business skills' training programme. Business intelligence relating to the external environment has been provided to each of the Care Groups to support the development of their annual business plans. Information relating to threats and opportunities has supported the Care Groups' Business Planning Workshops.

**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 short-listed options and a Strategic Outline Case for future service models for acute services and out of hospital care. | <ul style="list-style-type: none"> <li>Draft SoC progressing.</li> </ul>           | Director of Business and Enterprise | AMBER |
| Commence, and complete, public consultation on proposed clinical services models.  | <ul style="list-style-type: none"> <li>Prepare for public consultation.</li> </ul> |                                     | AMBER |

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

The Trust’s work on delivering a Strategic Outline Case (SOC), to address the immediate workforce challenges within A&E and Critical Care, is on target for delivery by the end of February 2016.

This SOC will identify a range of options at both RSH and PRH that will consider:

- Solutions to the workforce challenges in A&E, Critical Care and Acute Medicine;
- The Urgent/Emergency Care pathway – a single Emergency Department with Urgent Care Centre provision;
- The ‘backlog maintenance’ at both PRH and RSH.

Out of hospital care continues to be progressed within the NHS Future Fit Programme as part of the health system wide work on:

- Health system affordability and sustainability;
- Rural Urgent Care Centres’ offer;
- Community Fit.

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

Consultation plans will be subject to the outputs of the Strategic Outline Case described above.

**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"> <li>Roll out Values-based corporate induction programmes.</li> <li>Agree content and delivery for Values-based conversations.</li> <li>Roll out Values-based recruitment across all workforce professions.</li> </ul>                       | Workforce Director | AMBER/GREEN |
| Implement the Trust's Leadership Development Programme.   | <ul style="list-style-type: none"> <li>Cohorts 6 - 11 complete Leadership Development programme.</li> <li>Cohorts 12 – 14 commence Leadership Development Programme.</li> <li>Leadership Conference completed.</li> <li>Roll out Leadership Programme for bands 1–4</li> </ul> |                    | AMBER       |
| Improve staff engagement across the Trust.  | <ul style="list-style-type: none"> <li>Implement Staff Engagement Plan with quarterly reviews to Workforce Committee.</li> </ul>   |                    | AMBER       |
| Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialties. | <ul style="list-style-type: none"> <li>Workforce Transformation Plan developed and business cases presented to Executive Board.</li> <li>Implementation of approved Workforce Transformation Plan.</li> </ul>  |                    | AMBER       |

Develop a Values-driven organisation

Corporate Induction programme reviewed in relation to Trust Values and revised version to be rolled out in quarter 4.

Further cohorts trained in Values-based Conversations and Values, behaviour and attitude (VBA) interview training. Continue to roll out VBA interviews across further staff groups

The roll out of Employee- led Values-based appraisals continues and Values-based corporate induction programmes have commenced.

Implement the Trust's Leadership Development Programme

Cohorts 9-12 of the Trust's Leadership programme have been completed. Cohorts 13 & 14 have been delayed to April 2016 because of winter pressures. The Leadership Conference has been completed and evaluated. The Leadership programme for bands 1-4 is in progress.

Improve staff engagement across the Trust

Staff engagement plan progress is reviewed by the Workforce Committee. 'Our Voice' bespoke staff survey implemented across Women and Children's and Support Services Care Groups. Two long service award events have been undertaken. Two Health and Wellbeing (HWB) events have also been held at RSH/PRH and a draft HWB 3 Year Plan has been finalised for review.

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

Workforce profiles by staff group have been shared and discussed by the Workforce Committee and the Executive Team. Looking ahead a transformation plan is being developed to address these challenges.

Workforce challenges within recruitment are being supported by the launch of 'Belong to Something' campaign and identification of new ways of working is progressing. This is driven by the Workforce Business partners within the Care Groups.



## 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"> <li>Progress project plans to support the delivery of planned IT solutions.</li> <li>Explore options with external bodies to support service development.</li> </ul> | Finance Director        | AMBER |
| Develop a robust technology strategy for Diagnostics.  | <ul style="list-style-type: none"> <li>Pursue options to progress equipment replacement programmes.</li> </ul>  |                         | GREEN |
| Develop and embed a Continuous Improvement Strategy.   | <ul style="list-style-type: none"> <li>Establish Kaizen Promotion Office for Transforming Care (Virginia Mason partnership).</li> <li>Agree first Value Stream.</li> </ul>                              | 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

Enhanced resilience has been developed for the Trust's infrastructure to reduce identified risks. There has been enthusiastic uptake of the clinical portal system with over 1,000 clinical users and a prototype e-prescribing system has been developed. Further work is required to progress the paperless NHS agenda. Future IT developments will be progressed alongside the development of future clinical services.

### Develop a robust technology strategy for Diagnostics

Medical Engineering is also working alongside Diagnostic Services to develop one Trust Asset Register of all the items which are within the Trust and utilisation of one database to store the information relating to these items. Diagnostics information includes Radiology, Nuclear Medicine, Pathology and Pharmacy, which is currently held on an asset register within the Diagnostic services department. Once this integration has occurred the Medical Engineering Risk template will be utilised to score the Diagnostic items so the Trust will have a robust reference plan to resolve the full range of medical device issues within the Trust and to support decision making.

### Develop and embed a Continuous Improvement Strategy

Following our successful bid to join a five-year partnership with the Virginia Mason Institute (VMI) in Seattle, our programme arrangements are now in place. Our Kaizen Promotion Office (KPO) is now fully established, our Trust Guiding Team is in place, and members of the Trust Guiding Team have visited Virginia Mason Medical Centre in Seattle to see the potential for accelerated transformation first hand. Our first Value Stream (discharge for respiratory patients) was agreed shortly before the end of quarter 3 and planning is under way for the Sponsor Development Day at the end of January and our first Rapid Process Improvement Week in March. More detail about our work with the Virginia Mason Institute can be found in our regular updates to the Trust Board.

**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"> <li>Promote and roll out new Staff Volunteer Strategy.</li> <li>Further increase links with organisations for corporate volunteers.</li> <li>Develop a robust feedback framework for volunteers.</li> </ul>  | Director of Corporate Governance | GREEN |
| Continue to develop environmental and social sustainability through the Good Corporate Citizen programme. | <ul style="list-style-type: none"> <li>Use future scenarios to advise health and social care system discussions on the future care delivery models.</li> <li>Regular working with staff, patients, the community and other partners to identify how we can deliver services in different, more sustainable ways.</li> <li>Increase our range of goods from local suppliers.</li> <li>Increase the range of healthier options for patients and staff and reduce less healthy options.</li> </ul> |                                  | GREEN |
| Develop a strategy around health related social change through our FT membership.                         | <ul style="list-style-type: none"> <li>Attend local events to promote FT membership.</li> <li>Increase public membership to 9,500</li> <li>Hold Dementia Friend session at both hospital sites.</li> </ul>  |                                  | GREEN |

Develop strong relationships and progress initiatives with volunteers

We currently have 565 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 is in addition to the 396 individuals who volunteer for the League of Friends/Friends of PRH and the Royal Voluntary Service.

We have developed links with organisations and businesses in the local area, including Boningale’s Garden Creations who have just started work to redesign a courtyard at PRH for patients and relatives accessing the chemotherapy centre, this includes donating £21,000 worth of materials for the project. Other companies which have also donated to this project include Barratt Homes, Border Hardwood and Brendon Aggregates. We are currently organising corporate volunteering opportunities throughout the year for local businesses including Brewin Dolphin (Investment Banking firm).

We have also begun work on two partnership projects to improve courtyards at PRH to provide healthy green spaces and have an agreement with Shropshire and South Staffordshire to create community parkland on wasteland behind the RSH hospital site. We are also working with partners to develop a Helping Hands Volunteers role supporting patients and working with other organisations to assist the discharge process and prevent readmissions.

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

Quarter 3 saw the launch of ‘WARPiT’, an online tool which enables members of staff to advertise any unwanted or underused items within the Trust. The system enables staff to re-use items such as office furniture and other equipment, reducing costs, carbon emissions and landfill.

During this time, we have been promoting active travel through the installation of secure cycle racks and making improvements in changing facilities and pathways onto site, with the aid of grant funding secured from local authority partners. We have negotiated special staff discounts with bus operator Arriva. A suite of proposals on sustainable travel arrangements was taken to the Trust Board in December in order to support Centres’ aspirations to reduce business travel by 5% in the coming year.

Promotion of healthy options within our cafes and restaurants has included the introduction of preferential pricing for low sugar/sugar free products. We also continue to procure local goods wherever possible.

In November, our achievements in driving the sustainability agenda received national recognition. The Trust was shortlisted from 1600 entries as a finalist in the *Improving Environmental and Social Sustainability* category at the annual HSJ awards.

#### 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 9,690 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 regular newsletter 'A Healthier Future'.

We have held a number of Dementia Friend Information Sessions at both hospital sites for volunteers, staff and members of the public. Dementia Friends is an Alzheimer's Society initiative that aims to give individuals a better understanding of dementia and the actions they can take to support dementia-friendly communities. So far 372 people have attended one of the information sessions provided by the Trust.

**9. Embed a customer focused 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"> <li>Draft Stakeholder Engagement and Customer Relationship Engagement Strategy produced.</li> <li>Approved Stakeholder and Engagement Strategy published.</li> </ul>         | Communications Director             | AMBER |
| Manage GP relationships through a robust GP Engagement Strategy and focused account management. | <ul style="list-style-type: none"> <li>GP account management priorities identified.</li> <li>Focused GP account management in place.</li> <li>Regular GP Intelligence reporting process established.</li> </ul> | Director of Business and Enterprise | GREEN |

Develop a Stakeholder Engagement and Customer Relationship Strategy

Following our successful bid to join a five-year partnership with the Virginia Mason Institute (VMI) in Seattle, this work has re-focused on establishing the communications programme and infrastructure to support the accelerated transformation through this programme. An outline communications plan is due to be considered by the Guiding Team in January.

The Trust’s Communications Director is part of a national communications forum to develop and deliver the national approach, which focuses on (a) Engaging Staff and Embedding the Culture (b) Creating a Common Partnership Approach (c) Enabling Engagement Across the Partnership (d) Establishing the National and Local Pulse and (e) Building Stakeholder Advocacy.

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

A review of the Trust’s market share by GP Practice has been completed. Market growth opportunities and ‘priority practices’ have been identified to support an account management framework. This revised approach to managing customer relationships is expected to commence in quarter 4.

Market share and trend analysis by GP Practice is provided to Care Groups as part of the regular business review reports produced by the Business Development Managers.

**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"> <li>Agree End of Year Position.</li> <li>Application for support submitted to ITFF (Independent Trust Financing Facility).</li> </ul>  | Finance Director | AMBER     |
| Identify and deliver recurring cost improvement programmes.  | <ul style="list-style-type: none"> <li>£3.6m - Q1 plan.</li> <li>£7.7m - Q2 plan.</li> <li>£10.8m – Q3 plan.</li> </ul>   |                  | AMBER     |
| Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and QIPP). | <ul style="list-style-type: none"> <li>Ongoing input to LHE service models identified within the Better Care Fund implementation plans.</li> </ul>  |                  | RED/AMBER |
| Develop a rolling equipment replacement programme.   | <ul style="list-style-type: none"> <li>Prioritisation of assets to be reviewed and potential methods of funding identified to replace the key assets which may arise.</li> <li>Utilising funding methods available to continue to replace assets to work towards desired success outcomes.</li> </ul> |                  | GREEN     |
| Develop a robust investment strategy to modernise our estate.  | <ul style="list-style-type: none"> <li>Condition survey completed.</li> <li>Developing business case for approval by Board.</li> </ul>  |                  | AMBER     |

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

All Trusts are required to now 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.

This revised plan has been reflected in the current 2015/16 I&E plan and to assist the Trust a capital to revenue transfer of £2m has been agreed with the Trust Development Authority. The Trust had previously secured an Interim Revolving Working Capital Support Facility (RWC) of £16.8m however we are now only able to draw down maximum cash support in 2015/16 of £15.2m in line with the ‘stretch target’.

Identify and deliver recurring cost improvement programmes

The Trust’s Cost Improvement Programme (CIP) target for this year is £14.8m and to date recurring schemes equating to £10.3m have been identified. Savings realised at the end of month 9 amounted to £6.9m, as compared with the target of £10.8m. The gap is predominantly the result of 2 factors: slippage within the nursing staff scheme, where actions have been taken but the required reduction in costs has not been achieved, and unidentified schemes within Scheduled Care Group and Unscheduled Care Group. A revised CIP programme has been put in place to deliver non-recurring savings to bridge the gap. This revised programme will enable the Trust to achieve this year’s financial plan however will result in an additional £4.5m target rolling over into 2016/17 in addition to the baseline efficiency requirements.

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

The Trust has struggled to gain access to work associated with commissioners’ plans relating to QIPP and Better Care Fund schemes. Plans constructed by commissioners do not appear to have delivered reductions in activity. The local health economy has now recognised a sizeable financial deficit that needs addressing. The Trust’s Finance Director is the responsible lead for co-ordinating a system-wide solution. Price Waterhouse Cooper (PWC) has been appointed to describe the scale of the financial challenge. Initial thoughts on actions required to address the problem will be presented in mid-February.

#### Develop a rolling equipment replacement programme

Medical Engineering has developed a process which allows the continuous monitoring and review of the medical device risks within the Trust. This scheme prioritises equipment in Group 1 (high risk), Group 2 (Medium risk) and Group 3 (low risk).

At the beginning of 2015/16 the Trust had approximately £2.2m of Group 1 items; these included endoscopes, patient trolleys, the Renal RO system at RSH. Utilising funding from the capital programme and the League of Friends this number has reduced to £1.42m. Plans have been identified, with funding agreed, to reduce this to £1.08million by the end of March 2016. This list is updated and reviewed on a regular basis to ensure that Trust funds are utilised on schemes which maximise the reduction of risk to patients.

#### Develop a robust investment strategy to modernise our estate

Significant progress has been made in the programme of work to address the immediate health and safety priorities already identified and refurbishment and upgrades to the mortuary have now been completed. Detailed surveys are underway in the areas of legionella control, asbestos management and fire safety to assess the current status and to identify any further control measures or works necessary.

The six facet surveys have been completed for both sites and draft reports have been issued for validation by the Estates team. Once validated, this information will shape a prioritised investment programme focused on improving asset condition and meeting statutory compliance requirements. The longer-term Estates Strategy will be developed alongside the Sustainable Services Feasibility Project.

## 2015/16 Quarter 3 Business Plan Review and Summary of 2016/17 Planning Guidance

### Part 2: Summary of 2016/17 Planning Guidance

Report to Trust Board 28<sup>th</sup> January 2016

## 1. Introduction

The Spending Review provided the NHS in England with a credible basis on which to accomplish three interdependent and essential tasks: Implement the Five Year Forward View; Restore and maintain financial balance; Deliver core access and quality standards for patients. The review included an £8.4 billion real terms increase by 2020/21, front-loaded.

The recent Planning Guidance, authored by the six national NHS bodies, sets out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. NHS organisations are required to produce two separate but connected plans:

- A five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View and
- A one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

## 2. Five Year Sustainability and Transformation Plans

Every health and care system is expected to come together, to create an ambitious local blueprint for accelerating its implementation of the Forward View. Planning by individual institutions will increasingly be supplemented with **planning by place** for local populations.

Producing the STP expects five things: (i) local leaders coming together as a team; (ii) developing a shared vision with the local community, which also involves local government as appropriate; (iii) programming a coherent set of activities to make it happen; (iv) execution against plan; and (v) learning and adapting.

STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. The STP will be the umbrella plan, holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints.

Local health systems are expected to develop their own system wide local financial sustainability plan as part of their STP. Spanning providers and commissioners, these plans will set out the mixture of demand moderation, allocative efficiency, provider productivity, and income generation required for the NHS locally to balance its books.

The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP. These proposals must be submitted by Friday 29 January 2016, for national agreement.

Transformation footprints should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning. The footprints may well adapt over time.

Sustainability and Transformation Plans should demonstrate how the system will close the finance and efficiency gap whilst at the same time close the health and wellbeing gap and drive transformation to close the care and quality gap and should:

- Deliver a 'radical upgrade' in prevention, patient activation, choice and control, and community engagement;
- Include new care model development, improving against clinical priorities, and rollout of digital healthcare;
- Achieve financial balance across the local health system and improve efficiency.



### 3. Priorities for 2016/17

The 2016/17 Operational Plan should be regarded as year one of the five year STP, and is expected to deliver significant progress on transformation. Building credible plans for 2016/17 will rely on a clear understanding of demand and capacity, alignment between commissioners and providers, and the skills to plan effectively.

The NHS has a clear set of plans and priorities for 2016/17. The **nine 'must dos' for 2016/17** for every local system are:

1. Develop a **high quality and agreed STP**, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.
2. Return the system to **aggregate financial balance**. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.
3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.
4. Get back on track with **access standards for A&E and ambulance waits**, ensuring more than 95 % of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 % of Category A calls within eight minutes including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 % of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**, including offering patient choice.
6. Deliver the NHS Constitution **62 day cancer waiting standard**, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
7. Achieve and maintain the two new mental health access standards: more than 50 % of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 % of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 % treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
8. Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
9. Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

A key feature for 2016/17 is partial roll-out rather than full national coverage. An important ambition within the guidance is that by March 2017, 25% of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week, and 20% of the population will have enhanced access to primary care.

There are three distinct challenges under the banner of seven day services:

- Reducing excess deaths by increasing the level of consultant cover and diagnostic services available in hospitals at weekends;
- Improving access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services to enhance the patient offer and flows into hospital;
- Improving access to primary care at weekends and evenings where patients need it by increasing the capacity and resilience of primary care over the next few years.

Where relevant, local systems need to reflect this in their 2016/17 Operational Plans, and all areas will need to set out their ambitions for seven day services as part of their STPs.

#### **4. Access to future transformation funding**

For the first time, the local NHS planning process will have significant central money attached. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

This protected funding is for initiatives such as the spread of new care models through and beyond the vanguards, primary care access and infrastructure, technology roll-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health. The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. The process will be iterative and will consider the:

- Quality of plans, particularly the scale of ambition and track record of progress already made;
- Reach and quality of the local process, including community, voluntary sector and local authority engagement;
- Strength and unity of local system leadership and partnerships, with clear governance structures to deliver them;
- Level of confidence provided that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

#### **5. Allocations**

NHS England's allocations to commissioners are intended to achieve:

- Greater equity of access through pace of change, both for CCG allocations and on a place-based basis;
- Closer alignment with population need through improved allocation formulae including a new inequalities adjustment for specialised care, more sensitive adjustments for CCGs and primary care, and a new sparsity adjustment for remote areas;
- Faster progress with our strategic goals through higher funding growth for GP services and mental health, and the introduction of the Sustainability and Transformation Fund.

Overall primary medical care spend will rise by 4-5 % each year. Specialised services funding will rise by 7 % in 2016/17, with growth of at least 4.5 % in each subsequent year. The relatively high level of funding reflects forecast pressures from new NICE legally mandated drugs and treatments.

To support long-term planning, NHS England has set firm three year allocations for CCGs, followed by two indicative years. For 2016/17, CCG allocations will rise by an average of 3.4 %, and no CCG will be more than 5 % below its target funding level. The real terms element of growth in CCG allocations for 2017/18 onwards will be contingent upon the development and sign off of a robust STP during 2016/17.

## 6. Returning the NHS provider sector to balance

During 2016/17 the NHS trust and foundation trust sector will, in aggregate, be required to return to financial balance. £1.8 billion of income from the 2016/17 Sustainability and Transformation Fund will be distributed calculated on a trust by trust basis by NHS Improvement. Providers who are eligible for sustainability and transformation funding in 2016/17 will not face a double jeopardy scenario whereby they incur penalties as well as losing access to funding; a single penalty will be imposed.

Quarterly release of these Sustainability Funds will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation. Where trusts default on the conditions, access to the fund will be denied and sanctions will be applied.

Trusts need to focus on cost reduction not income growth: there needs to be far greater consistency between trusts' financial plans and their workforce plans in 2016/17. Workforce productivity will therefore be a particular priority. All providers will be expected to evidence the effective use of e-rostering for nurses, midwives, Health Care Assistants (HCAs) and other clinicians. This approach will enable providers to reduce their reliance on agency staffing whilst compliance with the agency staffing rules will also reduce the rates paid. In addition, providers will need to adopt tightly controlled procurement practices with compliance incentives and sanctions to drive down price and unwarranted variation.

Capital investments proposed by providers should be consistent with their clinical strategy and clearly demonstrate the delivery of safe, productive services with a business case that describes affordability and value for money. There will be very limited levels of financing available and the repayment of existing and new borrowing related to capital investment will need to be funded from within the trust's own internally generated capital resource in all but the most exceptionally pre-agreed cases.

Trusts will need to procure capital assets more efficiently, consider alternative methods of securing assets such as managed equipment services, maximize disposals and extend asset lives. In January, the DH will be issuing some revisions to how the PDC dividend will be calculated and a number of other changes to the capital financing regime.

## 7. Efficiency assumptions and business rules

The consultation on the tariff will propose a 2% efficiency deflator and 3.1% inflation uplift for 2016/17. The existing HRG4 tariff will be retained for a further year and there will also be no changes to specialist top-ups in 2016/17; the specialised service risk share is also being suspended for 2016/17.

The 2% efficiency requirement is predicated upon the provider system meeting a forecast deficit of £1.8 billion at the end of 2015/16. Any further deterioration of this position will require the relevant providers to deliver higher efficiency levels to achieve the control totals to be set by NHS Improvement.

Commissioners (excluding public health and specialised commissioning) will be required to deliver a cumulative reserve (surplus) of 1%. At the very least, commissioners who are unable to meet the cumulative reserve (surplus) requirement must deliver an in-year break-even position.

Commissioners with a cumulative deficit will be expected to apply their increase in allocation to improving their bottom line position, other than the amount necessary to fund nationally recognised new policy requirements.

Commissioners are required to plan to spend 1% of their allocations non-recurrently to provide funds to insulate the health economy from financial risks. This reserve should be uncommitted at the start of the year, to enable progressive release as evidence emerges of risks not arising or being effectively mitigated through other means. Commissioners will also be required to hold an additional contingency of 0.5%.

CCGs and councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) in 2016/17. The plan should build on the 2015/16 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not.

## 8. Measuring progress

Progress will be measured through a new CCG Assessment Framework, referred to as the CCG scorecard. NHS England will consult on this in January 2016. This will apply from 2016/17. Its relevance reaches beyond CCGs, because it's about how local health and care systems and communities can assess their own progress.

## 9. Timetable

| <b>Timetable</b>   | <b>Date</b>           |
|--|-----------------------|
| Publish planning guidance  | 22 December 2015      |
| Publish 2016/17 indicative prices  | By 22 December 2015   |
| Issue commissioner allocations, and technical annexes to planning guidance                               | Early January 2016    |
| Launch consultation on standard contract, announce CQUIN and Quality Premium                             | January 2016          |
| Issue further process guidance on STPs   | January 2016          |
| Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials | By 29 January 2016    |
| First submission of full draft 16/17 Operational Plans   | 8 February 2016       |
| National Tariff S118 consultation  | January/February 2016 |
| Publish National Tariff  | March 2016            |
| Boards of providers and commissioners approve budgets and final plans                                    | By 31 March 2016      |
| National deadline for signing of contracts   | 31 March 2016         |
| Submission of final 16/17 Operational Plans, aligned with contracts                                      | 11 April 2016         |
| Submission of full STPs  | End June 2016         |
| Assessment and Review of STPs  | End July 2016         |

The background of the cover features a photograph of a nurse in a white uniform and cap, wearing gloves and holding a small yellow object, possibly a toy or a piece of equipment, towards a young child. The child is lying in a hospital bed, and a woman, likely the parent, is leaning over the bed, looking down at the child. The entire scene is overlaid with a semi-transparent blue geometric pattern of squares and triangles. The text is centered over this image.

**Delivering the Forward View:  
NHS planning guidance  
2016/17 – 2020/21**

# Delivering the Forward View: NHS planning guidance

2016/17 – 2020/21

**Version number:** 1

**First published:** 22 December 2015

**Prepared by:** NHS England, NHS Improvement (Monitor and the NHS Trust Development Authority), Care Quality Commission (CQC), Health Education England (HEE), National Institute of Health and Care Excellence (NICE), Public Health England (PHE).

**This document is for:** Commissioners, NHS trusts and NHS foundation trusts.

**Publications Gateway Reference:** 04437

**The NHS Five Year Forward View sets out a vision for the future of the NHS. It was developed by the partner organisations that deliver and oversee health and care services including:**

- NHS England\*
- NHS Improvement (Monitor and the NHS Trust Development Authority)
- Health Education England (HEE)
- The National Institute for Health and Care Excellence (NICE)
- Public Health England (PHE)
- Care Quality Commission (CQC)

\*The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

# Introduction

1. The Spending Review provided the NHS in England with a credible basis on which to accomplish three interdependent and essential tasks: first, to implement the [Five Year Forward View](#); second, to restore and maintain financial balance; and third, to deliver core access and quality standards for patients.
2. It included an £8.4 billion real terms increase by 2020/21, front-loaded. With these resources, we now need to close the health and wellbeing gap, the care and quality gap, and the finance and efficiency gap.
3. In this document, authored by the six national NHS bodies, we set out a clear list of national priorities for 2016/17 and longer-term challenges for local systems, together with financial assumptions and business rules. We reflect the settlement reached with the Government through its new [Mandate to NHS England](#) (annex 2). For the first time, the Mandate is not solely for the commissioning system, but sets objectives for the NHS as a whole.
4. We are requiring the NHS to produce two separate but connected plans:
  - a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
  - a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.
5. The scale of what we need to do in future depends on how well we end the current year. The 2016/17 financial challenge for each trust will be contingent upon its end-of-year financial outturn, and the winter period calls for a relentless focus on maintaining standards in emergency care. It is also the case that local NHS systems will only become sustainable if they accelerate their work on prevention and care redesign. We don't have the luxury of waiting until perfect plans are completed. So we ask local systems, early in the New Year, to go faster on transformation in a few priority areas, as a way of building momentum.

# Local health system Sustainability and Transformation Plans

6. We are asking every health and care system to come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View. STPs will cover the period between October 2016<sup>1</sup> and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. We are asking the NHS to spend the next six months delivering core access, quality and financial standards while planning properly for the next five years.

## Place-based planning

7. Planning by individual institutions will increasingly be supplemented with planning by place for local populations. For many years now, the NHS has emphasised an organisational separation and autonomy that doesn't make sense to staff or the patients and communities they serve.
8. System leadership is needed. Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated. Instead it involves five things: (i) local leaders coming together as a team; (ii) developing a shared vision with the local community, which also involves local government as appropriate; (iii) programming a coherent set of activities to make it happen; (iv) execution against plan; and (v) learning and adapting. Where collaborative and capable leadership can't be found, NHS England and NHS Improvement<sup>2</sup> will need to help secure remedies through more joined-up and effective system oversight.
9. Success also depends on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.
10. As a truly place-based plan, the STPs must cover all areas of CCG and NHS England commissioned activity including: (i) specialised services, where the planning will be led from the 10 collaborative commissioning hubs; and (ii) primary medical care, and do so from a local CCG perspective, irrespective of delegation arrangements. The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

<sup>1</sup> For the period October 2016 – March 2017, the STP should set out what actions are planned but it does not need to revisit the activity and financial assumptions in the 2016/17 Operational Plan.

<sup>2</sup> NHS Improvement will be the combined provider body, bringing together Monitor and the NHS Trust Development Authority (TDA).



## Access to future transformation funding

11. For the first time, the local NHS planning process will have significant central money attached. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards. This step is intended to reduce bureaucracy and help with the local join-up of multiple national initiatives.
12. The Spending Review provided additional dedicated funding streams for transformational change, building up over the next five years. This protected funding is for initiatives such as the spread of new care models through and beyond the vanguards, primary care access and infrastructure, technology roll-out, and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health. Many of these streams of transformation funding form part of the new wider national Sustainability and Transformation Fund (STF). For 2016/17 only, to enable timely allocation, the limited available additional transformation funding will continue to be run through separate processes.
13. The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards. The process will be iterative. We will consider:
  - (i) the quality of plans, particularly the scale of ambition and track record of progress already made. The best plans will have a clear and powerful vision. They will create coherence across different elements, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically borrow good practice from other geographies, and adopt national frameworks;
  - (ii) the reach and quality of the local process, including community, voluntary sector and local authority engagement;
  - (iii) the strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
  - (iv) how confident we are that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

## Content of STPs

14. The strategic planning process is intended to be developmental and supportive as well as hard-edged. We set out in annex 1 of this document a list of 'national challenges' to help local systems set out their ambitions for their populations. This list of questions includes the objectives set in the Mandate. Do not over-interpret the list as a narrow template for what constitutes a good local plan: the most important initial task is to create a clear overall vision and plan for your area.
15. Local health systems now need to develop their own system wide local financial sustainability plan as part of their STP. Spanning providers and commissioners, these plans will set out the mixture of demand moderation, allocative efficiency, provider productivity, and income generation required for the NHS locally to balance its books.

## Agreeing 'transformation footprints'

16. The STP will be the umbrella plan, holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints. For example, planning for urgent and emergency care will range across multiple levels: a locality focus for enhanced primary care right through to major trauma centres.
17. The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP. They must make proposals to us by Friday 29 January 2016, for national agreement. Local authorities should be engaged with these proposals. Taken together, all the transformation footprints must form a complete national map. The scale of the planning task may point to larger rather than smaller footprints.
18. Transformation footprints should be locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, and how it best fits with other footprints such as local digital roadmaps and learning disability units of planning. In future years we will be open to simplifying some of these arrangements. Where geographies are already involved in the Success Regime, or devolution bids, we would expect these to determine the transformation footprint. Although it is important to get this right, there is no single right answer. The footprints may well adapt over time. We want people to focus their energies on the content of plans rather than have lengthy debates about boundaries.

19. We will issue further brief guidance on the STP process in January. This will set out the timetable and early phasing of national products and engagement events that are intended to make it much easier to answer the challenges we have posed, and include how local areas can best involve their local communities in creating their STPs, building on the [‘six principles’ created to support the delivery of the Five Year Forward View](#). By spring 2016, we intend to develop and make available roadmaps for national transformation initiatives.
  
20. We would welcome any early reactions, by Friday 29 January 2016, as to what additional material you would find most helpful in developing your STP. Please email [england.fiveyearview@nhs.net](mailto:england.fiveyearview@nhs.net), with the subject title ‘STP feedback’. We would also like to work with a few local systems to develop exemplar, fast-tracked plans, and would welcome expressions of interest to the above inbox.

# National 'must dos' for 2016/17

21. Whilst developing long-term plans for 2020/21, the NHS has a clear set of plans and priorities for 2016/17 that reflect the Mandate to the NHS and the next steps on Forward View implementation.
22. Some of our most important jobs for 2016/17 involve partial roll-out rather than full national coverage. Our ambition is that by March 2017, 25 percent of the population will have access to acute hospital services that comply with four priority clinical standards on every day of the week, and 20 percent of the population will have enhanced access to primary care. There are three distinct challenges under the banner of seven day services:
  - (i) reducing excess deaths by increasing the level of consultant cover and diagnostic services available in hospitals at weekends. During 16/17, a quarter of the country must be offering four of the ten standards, rising to half of the country by 2018 and complete coverage by 2020;
  - (ii) improving access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services to enhance the patient offer and flows into hospital; and
  - (iii) improving access to primary care at weekends and evenings where patients need it by increasing the capacity and resilience of primary care over the next few years.
23. Where relevant, local systems need to reflect this in their 2016/17 Operational Plans, and all areas will need to set out their ambitions for seven day services as part of their STPs.

## The nine 'must dos' for 2016/17 for every local system:

1. Develop a high quality and agreed **STP**, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the **Forward View**.
2. Return the system to **aggregate financial balance**. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.
3. Develop and implement a local plan to address the **sustainability and quality of general practice**, including workforce and workload issues.

4. Get back on track with **access standards for A&E and ambulance waits**, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**, including offering patient choice.
6. Deliver the NHS Constitution **62 day cancer waiting standard**, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving **one-year survival rates** by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
7. Achieve and maintain the **two new mental health access standards**: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia.
8. Deliver actions set out in local plans to transform care for people with **learning disabilities**, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
9. Develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of **avoidable mortality** rates by individual trusts.

24. We expect the development of new care models will feature prominently within STPs. In addition to existing approaches, in 2016/17 we are interested in trialing two new specific approaches with local volunteers:
- secondary mental health providers managing care budgets for tertiary mental health services; and
  - the reinvention of the acute medical model in small district general hospitals.

Organisations interested in working with us on either of these approaches should let us know by 29 January 2016 by emailing [england.fiveyearview@nhs.net](mailto:england.fiveyearview@nhs.net)

# Operational Plans for 2016/17

25. An early task for local system leaders is to run a shared and open-book operational planning process for 2016/17. This will cover activity, capacity, finance and 2016/17 deliverables from the emerging STP. By April 2016, commissioner and provider plans for 2016/17 will need to be agreed by NHS England and NHS Improvement, based on local contracts that must be signed by March 2016.
26. The detailed requirements for commissioner and provider plans are set out in the technical guidance that will accompany this document. All plans will need to demonstrate:
- how they intend to reconcile finance with activity (and where a deficit exists, set out clear plans to return to balance);
  - their planned contribution to the efficiency savings;
  - their plans to deliver the key must-dos;
  - how quality and safety will be maintained and improved for patients;
  - how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan; and
  - how they link with and support with local emerging STPs.

The 2016/17 Operational Plan should be regarded as year one of the five year STP, and we expect significant progress on transformation through the 2016/17 Operational Plan.

27. Building credible plans for 2016/17 will rely on a clear understanding of demand and capacity, alignment between commissioners and providers, and the skills to plan effectively. A support programme is being developed jointly by national partners to help local health economies in preparing robust activity plans for 2016/17 and beyond.

# Allocations

28. NHS England's allocations to commissioners are intended to achieve:

- greater equity of access through pace of change, both for CCG allocations and on a place-based basis;
- closer alignment with population need through improved allocation formulae including a new inequalities adjustment for specialised care, more sensitive adjustments for CCGs and primary care, and a new sparsity adjustment for remote areas; and
- faster progress with our strategic goals through higher funding growth for GP services and mental health, and the introduction of the Sustainability and Transformation Fund.

29. In line with our strategic priorities, overall primary medical care spend will rise by 4-5 percent each year. Specialised services funding will rise by 7 percent in 2016/17, with growth of at least 4.5 percent in each subsequent year. The relatively high level of funding reflects forecast pressures from new NICE legally mandated drugs and treatments.

30. To support long-term planning, NHS England has set firm three year allocations for CCGs, followed by two indicative years. For 2016/17, CCG allocations will rise by an average of 3.4 percent, and we will make good on our commitment that no CCG will be more than 5 percent below its target funding level. To provide CCGs with a total place-based understanding of all commissioned spend, alongside allocations for CCG commissioned activities, we will also publish allocations for primary care and specialized commissioned activity.

NHS England will in principle support any proposals from groups of CCGs, particularly in areas working towards devolution who wish to implement a more accelerated cross-area pace-of-change policy by mutual agreement.

31. Mirroring the conditionality of providers accessing the Sustainability and Transformation Fund, the real terms element of growth in CCG allocations for 2017/18 onwards will be contingent upon the development and sign off of a robust STP during 2016/17.

# Returning the NHS provider sector to balance

32. During 2016/17 the NHS trust and foundation trust sector will, in aggregate, be required to return to financial balance. £1.8 billion of income from the 2016/17 Sustainability and Transformation Fund will replace direct Department of Health (DH) funding. The distribution of this funding will be calculated on a trust by trust basis by NHS Improvement and then agreed with NHS England.
33. NHS England and NHS Improvement are working together to ensure greater alignment between commissioner and provider financial levers. Providers who are eligible for sustainability and transformation funding in 2016/17 will not face a double jeopardy scenario whereby they incur penalties as well as losing access to funding; a single penalty will be imposed.
34. Quarterly release of these Sustainability Funds to trusts and foundation trusts will depend on achieving recovery milestones for (i) deficit reduction; (ii) access standards; and (iii) progress on transformation. The three conditions attached to the transitional NHS provider fund have to be hard-edged. Where trusts default on the conditions access to the fund will be denied and sanctions will be applied.
35. Deficit reduction in providers will require a forensic examination of every pound spent on delivering healthcare and embedding a culture of relentless cost containment. Trusts need to focus on cost reduction not income growth; there needs to be far greater consistency between trusts' financial plans and their workforce plans in 2016/17. Workforce productivity will therefore be a particular priority as just a 1 percent improvement represents £400 million of savings. All providers will be expected to evidence the effective use of e-rostering for nurses, midwives, Health Care Assistants (HCAs) and other clinicians to make sure the right staff are in the right place at the right time to ensure patients get the right hours of care and minimum time is wasted on bureaucracy. This approach will enable providers to reduce their reliance on agency staffing whilst compliance with the agency staffing rules will also reduce the rates paid. In addition, providers will need to adopt tightly controlled procurement practices with compliance incentives and sanctions to drive down price and unwarranted variation. For example, all providers will be expected to report and share data on what they are paying for the top 100 most common non-pay items, and be required to only pay the best price available for the NHS.



36. Capital investments proposed by providers should be consistent with their clinical strategy and clearly demonstrate the delivery of safe, productive services with a business case that describes affordability and value for money. Given the constrained level of capital resource available from 2016/17, there will be very limited levels of financing available and the repayment of existing and new borrowing related to capital investment will need to be funded from within the trust's own internally generated capital resource in all but the most exceptionally pre-agreed cases. Trusts will need to procure capital assets more efficiently, consider alternative methods of securing assets such as managed equipment services, maximize disposals and extend asset lives. In January, the DH will be issuing some revisions to how the PDC dividend will be calculated and a number of other changes to the capital financing regime.

# Efficiency assumptions and business rules

37. The consultation on the tariff will propose a 2 percent efficiency deflator and 3.1 percent inflation uplift for 2016/17 (the latter reflecting a step change in pension-related costs). This reflects Monitor and NHS England's assessment of cost inflation including the effect of pension changes. To support system stability, we plan to remain on HRG4 for a further year and there will also be no changes to specialist top-ups in 2016/17; the specialised service risk share is also being suspended for 2016/17. We will work with stakeholders to better understand the impact of the move to HRG4+ and other related changes in 2017/18. For planning purposes, an indicative price list is being made available on the Monitor website. The consultation on the tariff will also include the timetable for implementing new payment approaches for mental health.
38. As notified in [Commissioning Intentions 2016/2017 for Prescribed Specialised Services](#), NHS England is developing a single national purchasing and supply chain arrangement for specialised commissioning high cost tariff excluded devices with effect from April 2016. Transition plans will be put in place prior to this date with each provider to transition from local to national procurement arrangements.
39. The 2 percent efficiency requirement is predicated upon the provider system meeting a forecast deficit of £1.8 billion at the end of 2015/16. Any further deterioration of this position will require the relevant providers to deliver higher efficiency levels to achieve the control totals to be set by NHS Improvement.
40. For 2016/17 the business rules for commissioners will remain similar to those for last year. Commissioners (excluding public health and specialised commissioning) will be required to deliver a cumulative reserve (surplus) of 1 percent. At the very least, commissioners who are unable to meet the cumulative reserve (surplus) requirement must deliver an in-year break-even position. Commissioners with a cumulative deficit will be expected to apply their increase in allocation to improving their bottom line position, other than the amount necessary to fund nationally recognised new policy requirements. Drawdown will be available to commissioners in line with the process for the previous financial year. CCGs should plan to drawdown all cumulative surpluses in excess of 1 percent over the next three years, enabling drawdown to become a more fluid mechanism for managing financial pressures across the year-end boundary.

41. Commissioners are required to plan to spend 1 percent of their allocations non-recurrently, consistent with previous years. In order to provide funds to insulate the health economy from financial risks, the 1 percent non-recurrent expenditure should be uncommitted at the start of the year, to enable progressive release in agreement with NHS England as evidence emerges of risks not arising or being effectively mitigated through other means. Commissioners will also be required to hold an additional contingency of 0.5 percent, again consistent with previous years.
42. CCGs and councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) in 2016/17. The plan should build on the 2015/16 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care; further guidance on the BCF will be forthcoming in the New Year.
43. Commissioners must continue to increase investment in mental health services each year at a level which at least matches their overall expenditure increase. Where CCGs collaborate with specialised commissioning to improve service efficiency, they will be eligible for a share of the benefits.
44. NHS England and NHS Improvement continue to be open to new approaches to contracting and business rules, as part of these agreements. For example, we are willing to explore applying a single financial control total across local commissioners and providers with a few local systems.

## Measuring progress

45. We will measure progress through a new CCG Assessment Framework. NHS England will consult on this in January 2016, and it will be aligned with this planning guidance. The framework is referred in the Mandate as a CCG scorecard. It is our new version of the CCG assurance framework, and it will apply from 2016/17. Its relevance reaches beyond CCGs, because it's about how local health and care systems and communities can assess their own progress.

# Timetable

| Timetable  | Date                  |
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| Submission of final 16/17 Operational Plans, aligned with contracts                                      | 11 April 2016         |
| Submission of full STPs  | End June 2016         |
| Assessment and Review of STPs  | End July 2016         |

Please note that we will announce the timetable for consultation and issuing of the standard contract separately. A more detailed timetable and milestones is included in the technical guidance that will accompany this document.

# Annex 1: Indicative 'national challenges' for STPs

STPs are about the holistic pursuit of the triple aim – better health, transformed quality of care delivery, and sustainable finances. They also need to set out how local systems will play their part in delivering the Mandate (annex 2).

We will publish further guidance early in 2016 to help areas construct the strongest possible process and plan.

We will also make available aids (e.g. exemplar plans) and some hands-on support for areas as they develop their plans.

The questions below give an early sense of what you will need to address to gain sign-off and attract additional national investment.

We are asking local systems first to focus on creating an overall local vision, and the three overarching questions – rather than attempting to answer all of the specifics right from the start. We will be developing a process to offer feedback on these first, prior to development of the first draft of the detailed plans.

## A. How will you close the health and wellbeing gap?

**This section should include your plans for a 'radical upgrade' in prevention, patient activation, choice and control, and community engagement.**

Questions your plan should answer:

1. How will you assess and address your most important and highest cost preventable causes of ill health, to reduce healthcare demand and tackle health inequalities working closely with local government?
  - How rapidly could you achieve full local implementation of the national Diabetes Prevention Programme? Why should Public Health England (PHE) and NHS England prioritise your geographical area (e.g. with national funding to support the programme)?
  - What action will you take to address obesity, including childhood obesity?
  - How will you achieve a step-change in patient activation and self-care? How will this help you moderate demand and achieve financial balance? How will you embed the six principles of engagement and involvement of local patients, carers, and communities developed to help deliver the Five Year Forward View?

2. How will you make real the aspiration to design person-centred coordinated care, including plans to ensure patients have access to named, accountable consultants?
3. How will a major expansion of integrated personal health budgets and implementation of choice – particularly in maternity, end-of-life and elective care – be an integral part of your programme to hand power to patients?
4. How are NHS and other employers in your area going to improve the health of their own workforce – for example by participating in the national roll out the Healthy NHS programme?

## **B. How will you drive transformation to close the care and quality gap?**

**This section should include plans for new care model development, improving against clinical priorities, and rollout of digital healthcare.**

Questions your plan should answer:

1. What is your plan for sustainable general practice and wider primary care? How will you improve primary care infrastructure, supported in part through access to national primary care transformation funding?
2. How rapidly can you implement enhanced access to primary care in evenings and weekends and using technology? Why should NHS England prioritise your area for additional funding?
3. What are your plans to adopt new models of out-of-hospital care, e.g Multi-specialty Community Providers (MCPs) or Primary and Acute Care Systems (PACS)? Why should NHS England prioritise your area for transformation funding? And when are you planning to adopt forthcoming best practice from the enhanced health in care homes vanguards?
4. How will you adopt new models of acute care collaboration (accountable clinical networks, specialty franchises, and Foundation Groups)? How will you work with organisations outside your area and learn from best practice from abroad, other sectors and industry?
5. What is your plan for transforming urgent and emergency care in your area? How will you simplify the current confusing array of entry points? What's your agreed recovery plan to achieve and maintain A&E and ambulance access standards?
6. What's your plan to maintain the elective care referral to treatment standard? Are you buying sufficient activity, tackling unwarranted variation in demand, proactively offering patient choice of alternatives, and increasing provider productivity?

7. How will you deliver a transformation in cancer prevention, diagnosis, treatment and aftercare in line with the cancer taskforce report?
8. How will you improve mental health services, in line with the forthcoming mental health taskforce report, to ensure measureable progress towards parity of esteem for mental health?
9. What steps will your local area take to improve dementia services?
10. As part of the Transforming Care programme, how will your area ensure that people with learning disabilities are, wherever possible, supported at home rather than in hospital? How far are you closing out-moded inpatient beds and reinvesting in continuing learning disability support?
11. How fast are you aspiring to improve the quality of care and safety in your organisations as judged by the Care Quality Commission (CQC)? What is your trajectory for no NHS trust and no GP practice to have an overall inadequate rating from the Care Quality Commission (CQC)?
12. What are you doing to embed an open, learning and safety culture locally that is ambitious enough? What steps are you taking to improving reporting, investigations and supporting patients, their families and carers, as well as staff who have been involved in an incident?
13. What plans do you have in place to reduce antimicrobial resistance and ensure responsible prescribing of antibiotics in all care settings? How are you supporting prescribers to enable them issue the right drugs responsibly? At the same time, how rapidly will you achieve full implementation of good practice in reducing avoidable mortality from sepsis?
14. How will you achieve by 2020 the full-roll out of seven day services for the four priority clinical standards?
15. How will you implement the forthcoming national maternity review, including progress towards new national ambitions for improving safety and increased personalisation and choice?
16. How will you put your Children and Young People Mental Health Plan into practice?
17. How quickly will you implement your local digital roadmap, taking the steps needed to deliver a fully interoperable health and care system by 2020 that is paper-free at the point of care? How will you make sure that every patient has access to digital health records that they can share with their families, carers and clinical teams? How will you increase your online offer to patients beyond repeat prescriptions and GP appointments?

18. What is your plan to develop, retrain and retain a workforce with the right skills, values and behaviours in sufficient numbers and in the right locations to deliver your vision for transformed care? How will you build the multidisciplinary teams to underpin new models of care? How ambitious are your plans to implement new workforce roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice?
19. What is your plan to improve commissioning? How rapidly will the CCGs in your system move to place-based commissioning? If you are a devolution area, how will implementation delivery real improvements for patients?
20. How will your system be at the forefront of science, research and innovation? How are you implementing combinatorial innovation, learning from the forthcoming test bed programme? How will services changes over the next five years embrace breakthroughs in genomics, precision medicine and diagnostics?

## C. How will you close the finance and efficiency gap?

**This section should describe how you will achieve financial balance across your local health system and improve the efficiency of NHS services.**

Questions your plan should answer:

1. How will you deliver the necessary per annum efficiency across the total NHS funding base in your local area by 2020/21?
2. What is your comprehensive and credible plan to moderate demand growth? What are the respective contributions in your local system of: (i) tackling unwarranted variation in care utilisation, e.g. through RightCare; (ii) patient activation and self-care; (iii) new models of care; and (iv) urgent and emergency care reform implementation?
3. How will you reduce costs (as opposed to growing income) and how will you get the most out of your existing workforce? What savings will you make from financial controls on agency, whilst ensuring appropriate staffing levels? What are your plans for improving workforce productivity, e.g. through e-rostering of nurses and HCAs? How are you planning to reduce cost through better purchasing and medicines management? What efficiency improvements are you planning to make across primary care and specialised care delivery?



4. What capital investments do you plan to unlock additional efficiency? How will they be affordable and how will they be financed?
5. What actions will you take as a system to utilise NHS estate better, disposing of unneeded assets or monetising those that could create longer-term income streams? How does this local system estates plan support the plans you're taking to redesign care models in your area?

# Annex 2: The Government's mandate to NHS England 2016/17

The table below shows NHS England's objectives with an overall measurable goal for this Parliament and clear priority deliverables for 2016-17. The majority of these goals will be achieved in partnership with the Department of Health (DH), NHS Improvement and other health bodies such as Public Health England (PHE), Health Education England (HEE) and the Care Quality Commission (CQC). It also sets out requirements for NHS England to comply with in paragraph 6.2.

Read the full [Mandate to NHS England](#)

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| 1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities. |   |
| <b>1.1 CCG performance</b>  | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Consistent improvement in performance of CCGs against new CCG assessment framework.</li> </ul> <hr/> <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• By June, publish results of the CCG assessment framework for 2015-16, which provides CCGs with an aggregated Ofsted style assessment of performance and allows them to benchmark against other CCGs and informs whether NHS England intervention is needed.</li> <li>• Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure progress on priorities set out in the mandate and the NHS planning guidance including overall Ofsted-style assessment for each of cancer, dementia, maternity, mental health, learning disabilities and diabetes, as well as metrics on efficiency, core performance, technology and prevention.</li> <li>• By the end of Q1 of 2016-17, publish the first overall assessment for each of the six clinical areas above.</li> </ul> |

## 2. To help create the safest, highest quality health and care service.

### 2.1 Avoidable deaths and seven-day services

#### Overall 2020 goals:

- Roll out of seven-day services in hospital to 100 percent of the population (four priority clinical standards in all relevant specialities, with progress also made on the other six standards), so that patients receive the same standards of care, seven days a week.
- Achieve a significant reduction in avoidable deaths, with all trusts to have seen measurable reduction from their baseline on the basis of annual measurements.
- Support NHS Improvement to significantly increase the number of trusts rated outstanding or good, including significantly reducing the length of time trusts remain in special measures.
- Measurable progress towards reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries that are caused during or soon after birth by 50 percent by 2030 with a measurable reduction by 2020.
- Support the NHS to be the world's largest learning organisation with a new culture of learning from clinical mistakes, including improving the number of staff who feel their organisation acts on concerns raised by clinical staff or patients.
- Measurable improvement in antimicrobial prescribing and resistance rates.

#### 2016-17 deliverables:

- Publish avoidable deaths per trust annually and support NHS Improvement to help trusts to implement programme to improve from March 2016 baseline.
- Rollout of four clinical priority standards in all relevant specialties to 25 percent of population.
- Implement agreed recommendations of the National Maternity Review in relation to safety, and support progress on delivering Sign up to Safety.
- Support the Government's goal to establish global and UK baseline and ambition for antimicrobial prescribing and resistance rates.

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| <b>2.2 Patient experience</b> | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Maintain and increase the number of people recommending services in the Friends and Family Test (FFT) (currently 88-96 percent), and ensure its effectiveness, alongside other sources of feedback to improve services.</li> <li>• 50-100,000 people to have a personal health budget or integrated personal budget (up from current estimate of 4,000).</li> <li>• Significantly improve patient choice, including in maternity, end-of-life care and for people with long-term conditions, including ensuring an increase in the number of people able to die in the place of their choice, including at home.</li> </ul> |
|                               | <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• Produce a plan with specific milestones for improving patient choice by 2020, particularly in maternity, end-of-life care (including to ensure more people are able to achieve their preferred place of care and death), and personal health budgets.</li> <li>• Building on the FFT, develop proposals about how feedback, particularly in maternity services, could be enhanced to drive improvements to services at clinical and ward levels.</li> </ul>   |
| <b>2.3 Cancer</b>             | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Deliver recommendations of the Independent Cancer Taskforce, including: <ul style="list-style-type: none"> <li>○ significantly improving one-year survival to achieve 75 percent by 2020 for all cancers combined (up from 69 percent currently); and</li> <li>○ patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.</li> </ul> </li> </ul>   |
|                               | <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• Achieve 62-day cancer waiting time standard.</li> <li>• Support NHS Improvement to achieve measurable progress towards the national diagnostic standard of patients waiting no more than six weeks from referral to test.</li> <li>• Agree trajectory for increases in diagnostic capacity required to 2020 and achieve it for year one.</li> <li>• Invest £340 million in providing cancer treatments not routinely provided on the NHS through the Cancer Drugs Fund, and ensure effective transition to the agreed operating model to improve its effectiveness within its existing budget.</li> </ul>                 |

### 3. To balance the NHS budget and improve efficiency and productivity

#### 3.1 Balancing the NHS budget

##### Overall 2020 goals:

- With NHS Improvement, ensure the NHS balances its budget in each financial year.
- With the Department of Health and NHS Improvement, achieve year on year improvements in NHS efficiency and productivity (2-3 percent each year), including from reducing growth in activity and maximising cost recovery.

##### 2016-17 deliverables:

- With NHS Improvement ensure the NHS balances its budget, with commissioners and providers living within their budgets, and support NHS Improvement in:
  - securing £1.3 billion of efficiency savings through implementing Lord Carter's recommendations and collaborating with local authorities on Continuing Healthcare spending;
  - delivering year one of trust deficit reduction plans and ensuring a balanced financial position across the trust sector, supported by effective deployment of the Sustainability and Transformation Fund; and
  - reducing spend on agency staff by at least £0.8 billion on a path to further reductions over the Parliament.
- Roll-out of second cohort of RightCare methodology to a further 60 CCGs.
- Measurable improvement in primary care productivity, including through supporting community pharmacy reform.
- Work with CCGs to support Government's goal to increase NHS cost recovery up to £500 million by 2017-18 from overseas patients.
- Ensure CCGs' local estates strategies support the overall goal of releasing £2 billion and land for 26,000 homes by 2020.

4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.

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| <p><b>4.1 Obesity and diabetes</b></p> | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Measurable reduction in child obesity as part of the Government’s childhood obesity strategy.</li> <li>• 100,000 people supported to reduce their risk of diabetes through the Diabetes Prevention Programme.</li> <li>• Measurable reduction in variation in management and care for people with diabetes.</li> </ul> <hr/> <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• Contribute to the agreed child obesity implementation plan, including wider action to achieve year on year improvement trajectory for the percentage of children who are overweight or obese.</li> <li>• 10,000 people referred to the Diabetes Prevention Programme.</li> </ul>   |
| <p><b>4.2 Dementia</b></p>             | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Measurable improvement on all areas of Prime Minister’s challenge on dementia 2020, including:             <ul style="list-style-type: none"> <li>○ maintain a diagnosis rate of at least two thirds;</li> <li>○ increase the numbers of people receiving a dementia diagnosis within six weeks of a GP referral; and</li> <li>○ improve quality of post-diagnosis treatment and support for people with dementia and their carers.</li> </ul> </li> </ul> <hr/> <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• Maintain a minimum of two thirds diagnosis rates for people with dementia.</li> <li>• Work with National Institute for Health Research on location of Dementia Institute.</li> <li>• Agree an affordable implementation plan for the Prime Minister’s challenge on dementia 2020, including to improve the quality of post-diagnosis treatment and support.</li> </ul> |

## 5. To maintain and improve performance against core standards

### 5.1 A&E, ambulances and Referral to Treatment (RTT)

#### Overall 2020 goals:

- 95 percent of people attending A&E seen within four hours; Urgent and Emergency Care Networks rolled out to 100 percent of the population.
- 75 percent of Category A ambulance calls responded to within 8 minutes.
- 92 percent receive first treatment within 18 weeks of referral; no-one waits more than 52 weeks.

#### 2016-17 deliverables:

- With NHS Improvement, agree improvement trajectory and deliver the plan for year one for A&E.
- Implement Urgent and Emergency Care Networks in 20 percent of the country designated as transformation areas, including clear steps towards a single point of contact.
- With NHS Improvement, agree improvement trajectory and deliver the plan for year one for ambulance responses; complete Red 2 pilots and decide on full roll-out.
- With NHS Improvement, meet the 18-week referral-to-treatment standard, including implementing patient choice in line with the NHS Constitution; and reduce unwarranted variation between CCG referral rates to better manage demand.

## 6. To improve out-of-hospital care.

### 6.1 New models of care and general practice

#### Overall 2020 goals:

- 100 percent of population has access to weekend/evening routine GP appointments.
- Measurable reduction in age standardised emergency admission rates and emergency inpatient bed-day rates; more significant reductions through the New Care Model programme covering at least 50 percent of population.
- Significant measurable progress in health and social care integration, urgent and emergency care (including ensuring a single point of contact), and electronic health record sharing, in areas covered by the New Care Model programme.
- 5,000 extra doctors in general practice.

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|  | <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• New models of care covering the 20 percent of the population designated as being in a transformation area to: <ul style="list-style-type: none"> <li>○ provide access to enhanced GP services, including evening and weekend access and same-day GP appointments for all over 75s who need them; and</li> <li>○ make progress on integration of health and social care, integrated urgent and emergency care, and electronic record sharing.</li> </ul> </li> <li>• Publish practice-level metrics on quality of and access to GP services and, with the Health and Social Care Information Centre, provide GPs with benchmarking information for named patient lists.</li> <li>• Develop new voluntary contract for GPs (Multidisciplinary Community Provider contract) ready for implementation in 2017-18.</li> </ul>  |
| <p><b>6.2 Health and social care integration</b></p> | <p><b>Overall 2020 goals:</b></p> <ul style="list-style-type: none"> <li>• Achieve better integration of health and social care in every area of the country, with significant improvements in performance against integration metrics within the new CCG assessment framework. Areas will graduate from the Better Care Fund programme management once they can demonstrate they have moved beyond its requirements, meeting the government's key criteria for devolution.</li> <li>• Ensure the NHS plays its part in significantly reducing delayed transfers of care, including through developing and applying new incentives.</li> </ul> <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• Implement the Better Care Fund (BCF) in line with the BCF Policy Framework for 2016-17.</li> <li>• Every area to have an agreed plan by March 2017 for better integrating health and social care.</li> <li>• Working with partners, achieve accelerated implementation of health and social care integration in the 20 percent of the country designated as transformation areas, by sharing electronic health records and making measurable progress towards integrated assessment and provision.</li> <li>• Work with the Department of Health, other national partners and local areas to agree and support implementation of local devolution deals.</li> <li>• Agree a system-wide plan for reducing delayed transfers of care with overall goal and trajectory for improvement, and with local government and NHS partners implement year one of this plan.</li> </ul> |



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|   | <p><b>2016-17 requirements:</b></p> <ul style="list-style-type: none"> <li>• NHS England is required to: <ul style="list-style-type: none"> <li>○ ring-fence £3.519 billion within its allocation to CCGs to establish the Better Care Fund, to be used for the purposes of integrated care;</li> <li>○ consult the Department of Health and the Department for Communities and Local Government before approving spending plans drawn up by each local area; and</li> <li>○ consult the Department of Health and the Department for Communities and Local Government before exercising its powers in relation to failure to meet specified conditions attached to the Better Care Fund as set out in the BCF Policy Framework.</li> </ul> </li> </ul>   |
| <p><b>6.3 Mental health, learning disabilities and autism</b></p> | <p><b>Overall 2020 goal:</b></p> <ul style="list-style-type: none"> <li>• To close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole (defined ambitions to be agreed based on report by Mental Health Taskforce).</li> <li>• Access and waiting time standards for mental health services embedded, including: <ul style="list-style-type: none"> <li>○ 50 percent of people experiencing first episode of psychosis to access treatment within two weeks; and</li> <li>○ 75 percent of people with relevant conditions to access talking therapies in six weeks; 95 percent in 18 weeks.</li> </ul> </li> </ul> <p><b>2016-17 deliverables:</b></p> <ul style="list-style-type: none"> <li>• 50 percent of people experiencing first episode of psychosis to access treatment within two weeks.</li> <li>• 75 percent of people with relevant conditions to access talking therapies in six weeks; 95 percent in 18 weeks.</li> <li>• Increase in people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016-17 actions for Transforming Care.</li> <li>• Agree and implement a plan to improve crisis care for all ages, including investing in places of safety.</li> <li>• Oversee the implementation of locally led transformation plans for children and young people’s mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people’s Improving Access to Psychological Therapies (IAPT) programme by 2018.</li> <li>• Implement agreed actions from the Mental Health Taskforce.</li> </ul> |

## 7. To support research, innovation and growth.

### 7.1 Research and growth

#### Overall 2020 goals:

- Support the Department of Health and the Health Research Authority in their ambition to improve the UK's international ranking for health research.
- Implement research proposals and initiatives in the NHS England research plan.
- Measurable improvement in NHS uptake of affordable and cost-effective new innovations.
- To assure and monitor NHS Genomic Medicine Centre performance to deliver the 100,000 genomes commitment.

#### 2016-17 deliverables:

- Implement the agreed recommendations of the Accelerated Access Review including developing ambition and trajectory on NHS uptake of affordable and cost-effective new innovations.

### 7.2 Technology

#### Overall 2020 goals:

- Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care.
- 95 percent of GP patients to be offered e-consultation and other digital services; and 95 percent of tests to be digitally transferred between organisations.

#### 2016-17 deliverables:

- Minimum of 10 percent of patients actively accessing primary care services online or through apps, and set trajectory and plan for achieving a significant increase by 2020.
- Ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available from April 2016.
- Robust data security standards in place and being enforced for patient confidential data.
- Make progress in delivering new consent-based data services to enable effective data sharing for commissioning and other purposes for the benefit of health and care.
- Significant increase in patient access to and use of the electronic health record.

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| <b>7.3 Health and work</b> | <b>Overall 2020 goal:</b> <ul style="list-style-type: none"><li>• Contribute to reducing the disability employment gap.</li><li>• Contribute to the Government's goal of increasing the use of Fit for Work.</li></ul>   |
|                            | <b>2016-17 deliverables:</b> <ul style="list-style-type: none"><li>• Continue to deliver and evaluate NHS England's plan to improve the health and wellbeing of the NHS workforce.</li><li>• Work with Government to develop proposals to expand and trial promising interventions to support people with long-term health conditions and disabilities back into employment.</li></ul> |



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