

<b>Reporting to:</b>	<b>Trust Board 25th July 2013</b>
<b>Title</b>	Progress Against Delivery of our 2013/14 Strategic Priorities
<b>Sponsoring Director</b>	Debbie Vogler, Director of Business and Enterprise
<b>Author(s)</b>	Tricia Finch, Head of Planning
<b>Previously considered by</b>	Executive Directors
<b>Executive Summary</b>	<p>This paper has been produced following a detailed review by the Executive Team of progress against the Trust's 5 Strategic Priorities. The outcome of this review was a detailed narrative and RAG rating against each Operational Objective which has informed this Quarter 1 summary report. Progress made against each of our Strategic Priorities is described in Section 4.</p> <p>There are 3 Operational Objectives that have been rated as RED;</p> <ul style="list-style-type: none"> <li>• Eradicate all avoidable grade 3 and 4 pressure ulcers</li> <li>• Focus on improving clinical outcomes for fractured neck of femur</li> <li>• Deliver a financial plan that achieves a breakeven position.</li> </ul> <p>These and other key risks to delivery of our strategy are identified in Section 5.</p> <p>This review of progress against our strategic priorities will be presented to the board on a quarterly basis. It is intended to inform a strategic discussion on where we are making good progress, and where we are not, and to provide assurance on the further interventions that we need to take to get the organisation back on track.</p> <p>This is a new approach for the Trust. Further refinement of the supporting milestones against each Strategic Priority to ensure that they are outcome focussed, specific, measurable and realistic has been planned. Individual meetings with Executive Leads and the Chief Executive are planned to take place in advance of the Quarter 2 report.</p>
<p><b>Strategic Priorities</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Quality and Safety</li> <li><input checked="" type="checkbox"/> Healthcare Standards</li> <li><input checked="" type="checkbox"/> People and Innovation</li> <li><input checked="" type="checkbox"/> Community and Partnership</li> <li><input checked="" type="checkbox"/> Financial Strength</li> </ul>	<p><b>Operational Objectives</b></p> <p>This paper reports progress against all objectives.</p>

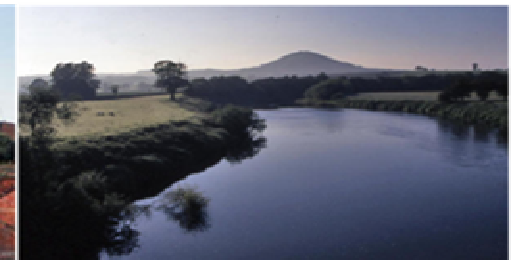
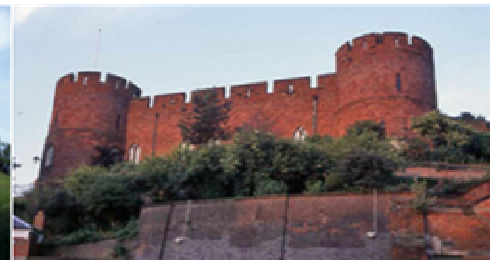
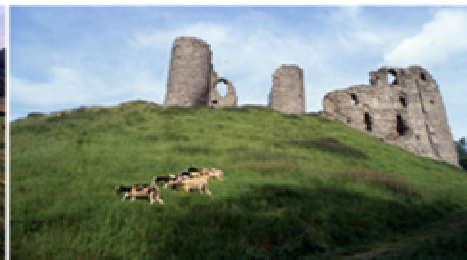
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input checked="" type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input checked="" type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
<b>Care Quality Commission (CQC) Domains</b> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led	<b>Outcomes</b>
<input checked="" type="checkbox"/> <b>Receive</b> <input checked="" type="checkbox"/> <b>Review</b> <input checked="" type="checkbox"/> <b>Note</b> <input type="checkbox"/> <b>Approve</b>	<b>Recommendation</b> <p>The Board is asked to RECEIVE and NOTE the progress against our strategic priorities in Quarter 1 and the risks highlighted to delivery of our strategy.</p> <p>REVIEW the format and content of this report to shape Quarter 2 reports.</p>



# Contents

---

1. Introduction
2. Delivering our Strategic Priorities
3. Trust Overview
4. Progress Against Delivery of our Strategic Priorities
  - 4.1. Quality and Safety
  - 4.2 Healthcare Standards
  - 4.3 People and Innovation
  - 4.4 Community and Partnership
  - 4.5 Financial Strength
5. Risks to Delivery of our Strategy
6. Next Steps and Recommendations



# 1. Introduction

---

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

Our Strategic Priorities for 2013/14 are;

- Providing the best clinical outcomes, patient safety and patient experience
- Delivering consistently high performance in healthcare standards
- Striving for excellence through people and innovation
- Improving the health and wellbeing of our community through partnership
- Building a sustainable future

This paper has been produced , following a detailed review by the Executive Team, of progress against the Trust’s 5 Strategic Priorities . The outcome of this review was a detailed narrative and RAG rating against each Operational Objective which has informed this summary report.

This report compliments our Integrated Performance Report which is produced and presented to the Trust Board on a monthly basis.



## 2. Delivering Our Strategic Priorities

---

To support us to deliver our Strategic Priorities we have developed an Operational Objectives Milestone Plan. This plan identifies Executive Lead responsibilities, baseline measures and measures of success. For each of our strategic priorities we have identified key milestones throughout the year. This paper reports on progress against the milestones for Quarter 1 and provides an assessment of whether we are on track, if further intervention is required or if we have significant concerns about delivering our priorities for 2013/14.

Each Executive Lead has reviewed the Quarter 1 milestones and established the current status of progress against plans. The Trust Wide summary and RAG rating of our position is shown in Section 3.

A significant amount of progress has been made in delivering our objectives set out in our Annual Operating Plan for 2013/14. Both our clinical teams within the Care Groups and our support teams have delivered significant improvements to both the care that patients receive and the way in which we deliver the care that we provide, however there are also some objectives against which we have not made the progress we expected. Detail against each of our Strategic Priorities is included in Section 4.

### Executive Leads

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



### 3. Trust Overview (1 of 2)

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

### 3. Trust Overview (2 of 2)

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

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



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

---

- Improving quality remains a priority for the Trust and an updated Quality Improvement Strategy was approved by the Trust Board in June.
- There continues to be a reduction in avoidable deaths. Within the Trust there will be an improved scrutiny of potentially avoidable deaths. A formal Mortality Group has been established which reviews trends and outcomes of specialty reviews.
- The Trust has set targets for the % of patients nutritionally assessed within 12 hours and the % that have completed fluid balance charts, audits commencing in July. Patients' nutritional status information leaflets have been devised and a programme of protected mealtimes continues.
- A Pressure Ulcer Prevention Action Group has been established and meets monthly. An internal process has been introduced in Quarter 1 for formally reviewing avoidability / unavoidability of pressure ulcers.
- There was an overall decrease in falls for Quarter 1 when compared with 2012/13. Timely Root Cause Analysis reviews are undertaken and a Falls Prevention Task Group has been established and meets monthly.
- Work is progressing to increase access to services to support patient flow and reduce LoS. 7 day working is an integral part of Pathology, Radiology and Therapy care group workforce plans. Within Radiology significant work has already taken place with plans for 7day working to be fully implemented 1st November 2013.
- We are currently measuring 4 Patient Reported Outcome Measures (PROMs): hip replacement, knee replacement, hernia and varicose veins. The Trust is within the upper quartile for response rates.
- CQUIN schemes have been signed off with commissioners in July.
- To progress the Clinical Service Strategy, draft programme governance arrangements are being developed by the 4 system partners.
- A Care of the Elderly Centre of Excellence model scoping exercise has commenced with the clinical teams.
- Stroke strategy meetings are held monthly and ward reconfigurations are planned for Quarter 2 to concentrate specialist skills
- SaTH is an outlier on national comparator data for the surgical versus conservative management for patients with Fractured Neck of Femur. This increases the LoS for patients and the Trust does not have outcome data that confirms that conservative management has survival benefits.

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

---

- The Reconfiguration of beds across the sites has improved overall flow and pathways.
- The 'Check, Chase, Challenge' initiative has been launched to further improve patient flow.
- Bed modelling is complete and the bed model for 2013-14 identifies that we are still at 100% capacity and therefore do not have sufficient beds to meet demand.
- 'Surge Planning' has commenced and a 'Hospital Full' protocol has been agreed.
- The Trust wide 95% A&E target is being delivered, a recent rolling 8 week assessment showed that the Trust met the target 7 out of 8 weeks. A sustainable delivery plan for 2013/14 is being developed with commissioners and other partners in the health and care community.
- The 7th Emergency Medicine consultant commences September 2013 and recruitment of 2 additional Emergency Department consultants has commenced.
- ATOS Workstreams for Emergency Department and Discharges are progressing. Initial plans indicate a potential reduction in length of stay.
- The admitted backlog has reduced from 738 patients, at the end of April, to 595 at the end of June. The Trust is on track to achieve the admitted target by the end of Quarter 2 with the exception of Orthopaedics, which will be achieved from Quarter 3.
- Weekly Priority Treatment Lists (PTL) and cancer escalation meetings are in place.
- A Cancer Action Plan in place.
- The Booking and Scheduling central Call and Book Centre was launched 18th February 2013. Standard Operating Procedures are in place and continually being revised.
- Clinic template review completed for each speciality and clinic codes standardised.
- Currently in the process of recruiting 5 apprentices to support Patient Access.

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

---

- Sickness absence rate for June 3.47%, YTD 3.78% compared to a target of 4.7%.
- Additional Human Resources (HR) support has been made available to support managers in handling sickness absence.
- Significant progress made against Health and Wellbeing action plan 'A Healthier You' including initiatives such as Mindfulness courses, resilience workshops, colour of change workshops, Zumba classes and Health and Wellbeing roadshows.
- Following a period of negotiation with Staff-side representatives non AfC payments ceased from April 2013, some agreed protection means some continue until October 2013.
- Partial implementation of new Agenda for Change terms and conditions effective 1 April 2013. Second phase implementation has been agreed.
- Advanced/ extended practice and role development at non registered level have been scoped across the organisation and opportunities for role development identified.
- 5 year workforce forecast has been submitted to Health Education West Midlands following CCG assurance. Full Workforce transformation plan will be dependant on the Clinical Services strategy which is yet to be developed.
- Trust staff have been made aware of the new NHS Leadership Academy programmes that are available as well as continued access to leadership and management development programmes accessible through the Trust.
- Two cross site promotional research events have been held one for staff and the second for patients. Both received a lot of interest and has raised the profile of the Trust's research activities. The Research and Development committee is now represented on the Clinical Governance Executive.
- All existing research studies have received Trust approval within target times.
- Recruitment into trials for month 1 & 2 is just over 200 patients, on target for 1365 for the full year.

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

---

- 'Fit to Transfer' activity has been reduced to a manageable level.
- Joint workshop with the Shropshire Community Health Trust was held in June and a further event is planned for September to develop and strengthen relationships across the county.
- The Trust is making progress towards delivering the dementia screening rates. Recruitment of staff into permanent posts is critical to future success. Semi permanent staff have been used in June which has improved results. June is expected to be close to 90% screening rates
- A Clinical Lead for Dementia has been agreed and carers survey literature is in use within the Trust.
- Priority areas for health resilience and improvement have been identified, including: arts for health, physical activity and smoking cessation.
- There has been a focus on arts for health at both RSH and PRH including workshops to review and improve the existing artwork. This is ongoing and involves members of the public, staff and outside organisations and individuals.
- A GP Engagement Strategy is being developed to strengthen and sustain good relationships and communication with local GP commissioners and providers. The strategy will be supported by a work plan that identifies the Trust's priorities and the associated actions and improvements that are required to address issues and concerns raised by GPs.
- Communications plans are being developed to support work streams identified by ATOS review.
- An executive workshop will be taking place to identify features of Trust-wide transformation programme of which the development of a customer service strategy will be a key priority.
- The Trust is now using social media (Twitter) to reinforce and develop the organisation's public presence and reputation.
- Continued focus on strengthening culture, confidence and care through recognition and reward including delivery of NHS Heroes 2013 and launch of Trust Awards 2013

## 4.5 Financial Strength: *Building a sustainable future*

---

- All Executive Director posts have been recruited to and the recruitment process for a new Chair is underway.
- Reconfiguration of Women and Children's services in 2014 remains on track. Enabling moves are progressing well.
  - Genitourinary Medicine (GU) accommodation now vacated and refurbishment underway to relocate Shropdoc and phlebotomy.
  - Ophthalmology Out Patients relocated from Ward 14.
  - Refurbishment of Ward 14 as a temporary Children's Ward near completion ahead of move on 11 July.
  - Plans are in place, and progressing well, for the numerous office moves on the RSH and PRH sites.
- The Trust is currently reporting a significant overspend against pay budgets and to date cost improvement delivery plans are only partially completed. The Trust has received agreement for a temporary cash loan of £3m to support working capital and cash flow.
- Reconfiguration of Pathology services is on track and capital has been secured. Consultation with staff on the proposal was opened at TNCC on 5th June and will close 20th July 2013. Quality Impact Assessments (QIA) have been completed for all disciplines. The Trust has presented an alternative option to a tender exercise for direct access Pathology services to commissioners.
- The Central Sterile Services Department (CSSD) tender exercise has been completed, an options paper will be submitted to the Board for consideration in July.
- The Trust has made good progress in relation to the Good Corporate Citizen agenda, schemes include environmental sustainability and changes in procurement methodology.

## 5. Risks to Delivery of our Strategy

---

We have assessed the risks identified at Quarter 1 against our Board Assurance Framework (BAF) as follows;

### **Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience**

As the Trust is an outlier on national comparator data for the surgical versus conservative management for patients with Fractured Neck of Femur, urgent intervention is required to review orthopaedic surgeons current practice. Delivering our target of zero avoidable pressure ulcers remains a challenge with 2 Grade 3 avoidable pressure ulcers in Quarter 1. The Trust continues to deliver the actions identified in the plan with a particular focus on training and education. The Trust saw a decrease in reporting of falls for the first quarter of 2013/14 when compared with 2012/13 however the measurement of falls per/1000 bed days is being compiled and will be benchmarked against national figures.

### **Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards**

Whilst the ATOS Workstreams are progressing to relieve existing bed pressures and to support patient flow, there remains a risk that these workstreams will not deliver with a corresponding impact on RTT and A&E targets. The Frail and Complex development is currently on hold which may also impact on flow.

### **Clear Clinical Services Vision or we may not deliver the best services to our patients**

Future configuration of services on our 2 sites relies on wider health plans and having a system vision. Without this plan there remains an increased risk of delays in concluding a decision which could impact on the timescales associated with public consultation.

### **Achieve a Financial Risk Rating of 3 to be authorised as a FT**

The Local Health Economy QIPP plans do not provide sufficient detail, or clinical ownership, to identify impact or support delivery. Failure to deliver against the QIPP agenda and internal efficiency targets remains a significant risk to the Trust's long term financial viability and short term cash management position. The Trust's financial position is currently fragile despite of implementation of controls over pay expenditure. Progress towards Foundation Trust status is also contingent on our sustained achievement of national performance targets. Improvement plans and trajectories have been agreed although sustainability remains a concern.

## 6. Next Steps and Recommendations

---

### Next Steps

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

This is a new approach for the Trust. Further refinement of the supporting milestones against each Strategic Priority to ensure that they are outcome focussed, specific, measurable and realistic has been planned in with individual meetings with Executive Leads and the Chief Executive to take place in advance of the Quarter 2 report.

### Recommendations

The Board are asked to;

**RECEIVE** and **NOTE** the progress against our strategic priorities in Quarter 1 and the risks highlighted to delivery of our strategy.

**REVIEW** the format and content of this report to shape Quarter2 reports.