

Trust Board
July 2016

AGENDA ITEM NUMBER	7.1	
TITLE OF PAPER	Quarter 1 – Business Plan Objectives	
Confidential	YES/NO	
Suitable for public access	YES/NO	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
Links to the Business plan		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	✓	The objectives developed were designed to meet the high level strategic objectives. Within the report all objectives are linked back to the relevant strategic objective.
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
<u>ASPH values(s)</u>		
Patients first	✓	All the objectives are designed to ensure that the patient care is at the centre of the plans, in particular the clinical divisional and corporate objectives
Personal responsibility	✓	The delivery of the objectives ensure that all levels of staff are involved in their delivery promoting individuals personal responsibility
Passion for excellence	✓	The quality objectives and objectives in relation to the development of education, training contribute to this value
Pride in our team	✓	Staff culture and engagement, objectives linked to complaints and patient experience support this value within the Trust
EXECUTIVE SUMMARY		
<p>This paper provides a high level overview of the progress against the Trust Business Plan high level key objectives. These objectives were outlined in the Business Plan 2016/17.</p> <p>The majority of the Trust Business Plan Objectives are on track. Notable success areas are the implementation of eMR, the awarding of the MSK Tender by the NWCCG, development of the Stroke strategy focussing acute stroke service at St Peter's Hospital and progress against the quality objectives. Risks and challenges have been identified particularly where there are issues in recruitment of staff and the challenge of the changing health economy landscape with the ongoing development of the STPs. Financial risks remain with the demand for services continuing to be high.</p>		
RECOMMENDATION:	Receive and note progress	

SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Issue in relation to the recruitment to key clinical appointments is outlined within the paper
Patient impact	Issues relating to the objectives that impact patients are outlined within the individual sections
Employee	Workforce section includes risks and challenges in relation to this area
Other stakeholder	No specific issues identified with key stakeholders in relation to these objectives.
Equality & diversity	No specific equity and diversity issues
Finance	Associated finance with the STF on track.
Legal	No legal issues identified
Link to Board Assurance Framework Principle Risk	
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PRESENTED BY DIRECTOR NAME/ROLE	Valerie Bartlett, Deputy Chief executive Simon Marshall, Director of Finance and Information
DATE	22 nd July 2016
BOARD ACTION	Assurance

Trust Objectives – Progress report July 2016.

1.0 Background

The business plan for 2016/17 was written in the context of an expected merger with RSCH and therefore identified main priorities only. The approach was different from previous years with a greater focus on divisional responsibility and delivery. The objectives were developed as part of the annual business planning process to respond to national and local guidance such as the requirement to develop a one year operational plan and plans to respond to the *NHS Five Year Forward View*. Through joint working within the local health economy the Trust has committed to collaborating with local partners - CCGS, Acute Trusts and Local Authorities to develop sustainability and transformation plans (STPs) which focus on effecting the ever increasing demand on local health services. The corporate and divisional objectives contribute to these developments and to the Trust operational and sustainability requirements.

It is expected that the existing strategy and associated business plans may be reviewed during the course of 2016/17 to reflect the development of the STP planning area and to support NWSCCG in reaching its goals for the local health economy.

Objectives are predominantly being delivered through the divisional leadership teams though a number have been retained by the central corporate team where they are cross organisational, of major strategic importance or where the management capacity to deliver is within the corporate services team.

The objectives are divided into the following areas for delivery:

- Retained Strategy Corporate objectives
- Workforce objectives
- Quality objectives
- Estates and Facilities objectives
- Clinical Divisional objectives
 - Acute Medicine and Emergency Services
 - Women's Health, Paediatrics and Sexual Health
 - Theatres, Anaesthetics, Surgery and Critical Care
 - MSK, Diagnostics and Therapies

This report provides a high level update on current progress against the objectives.

Each objective has a local plan that provides the detail to ensure delivery with actions allocated to a responsible individual. The plans ensure that all actions are allocated to an

appropriate graded member of the teams with each individual having no more than a few actions to deliver.

2.0 Current progress – briefing

The majority of the Trust business plan objectives are on track. Notable success areas are the implementation of eMR, the awarding of the MSK tender by the NWCCG, development of the stroke strategy focussing acute stroke service at St Peter's Hospital and progress against the quality objectives. Risks and challenges have been identified particularly where there are issues in recruitment of staff and the challenge of the changing health economy landscape with the ongoing development of the STPs. Financial risks remain with the demand for services continuing to be high.

3.0 Sustainability and Transformation Funding (STF)

The Trust agreed with NHSI (NHS Improvement) a number of trajectories for core national targets and a financial control total to enable it to access the STF funding. Information on the operation of the STF has been provided to the Board in previous papers, but a key summary of the current issues are:

- NHSI issued the criteria for accessing the funds at the beginning of July;
- Achieving the quarterly year to date financial control total gives access to the fund for a quarter of the £8.4m (£2.1m) of which 70% is based on finances and 30% on achieving agreed performance trajectories (A&E 12.5%, RTT 12.5% and Cancer 62 day 5%);
- Quarter 1 funding of £2.1m has been earned subject to the NHSI review process; and
- Forecast issues with cancer in July and August but otherwise £8.3m currently forecast for the year.

4.0 Corporate and Clinical division updates:

4.1 Corporate Objectives:

The Summary of the corporate objectives are:

Corporate Objectives		
1	Implement EPR	Firm Foundation
2	Expand Commercial Revenue <ul style="list-style-type: none">• Release for sale surplus land at St Peters and Ashford hospitals• Realise commercial opportunities• Together with RSCH explore private patient opportunities	Top Productivity
3	Develop plans for Ashford Hospital as an Ambulatory care centre	Excellent Experience
4	Implement year one of Better Health Better Care	Excellent Experience
5	Explore and if agreed bid with partners for the Community Services Contract	Best Outcomes
6	Maintain and expand relationships with the local GPs	Firm Foundation

Progress to date:

- With a 12-month implementation of eMR lead-in to the project, the first Early Adopter phase has gone according to plan, with the Breast Specialty (doctors, nurses and support staff) fully engaged and willing to try things out and deal with uncertainty. They have shown great willingness to adapt their processes and overall the outcomes are positive. All project actions are on target to be completed as per project plan.
- As part of the site development control plan a feasibility plan is being progressed, working with Surrey and Borders Partnership Trust to further investigate and review potentially surplus land.
- NERA has been commissioned to undertake work, taking into account the changing environment, to produce an options appraisal for Ashford Hospital. A number of options are under consideration and for each of these NERA are assessing demand and capacity requirements and the likely impact on finances and market share. The output of the STP is likely to play a significant role in assessing the strategic fit and viability of the options. The work is due for presentation at TEC on July 26th 2016.
- The Better Care, Better Health (BCBH) work was a locally commissioned review by NWS CCG and the Trust and sets out to answer the question whether there is a clinically and financially sustainable future for ASPH in the context of NWS. Work identified that there were significant changes which could be made to the pattern of acute services in North West Surrey but these were high risk and required work; not just on service models, but also on a number of enabling factors (e.g. contracting and payment mechanisms). The BCBH first phase report of October 2015 identified a number of areas of focus where clinical and financial savings could be found. The

priority areas which the review identified as being workable areas for 2016/17 and are being, or have been, progressed are consolidated outpatient appointments, GP advice and guidance, Urgent Care Centre and locality hubs.

- The GP Liaison Team continues to maintain and expand relationships with GP colleagues. The established a dedicated GP help line email address and receives in excess of 25 queries per month from local GPs and practices in relation to the Trust. The majority are satisfactorily resolved within 5 days with many on the day. The team provide advice and support to initiatives such as discharge information, operational processes and promote the GP practices as customers of the Trust. There continues to be a GP publication focussing on clinical information and used as the primary form of communication to the local GP population. A successful Practice Manager and Service Manager event held will now be a regular event promoting operational discussion. A large GP interface event is being planned for September 2016. Regular meetings with practices are ongoing to maintain communication at an individual practice level.

Risks and challenges:

- Due to the high workload recently experienced with the development of tender responses the number of GP visits has not been as high as desired although the relationship has been maintained primarily through responding to GP queries and meeting with key contacts within the local health economy.

4.2 Workforce Objectives:

The Summary of the workforce objectives are:

Workforce		
1	To oversee the workforce integration and culture plan for the transition to a new merged organisation	Skilled and motivated teams
2	Recruit, retain and develop the workforce	Skilled and motivated teams
3	Staff engagement and culture programme	Skilled and motivated teams
4	Promote staff wellbeing and team work	Skilled and motivated teams
5	Implement an integrated education and development strategy and programme to develop and retain staff	Skilled and motivated teams
6	Working collaboratively with partners in the local health economy to implement a pay and reward strategy for both permanent and temporary staff	Skilled and motivated teams

Progress to date:

- The objective to oversee workforce integration and culture plan for the transition to a new merged organisation is currently paused. The staff experience and culture activity has been reshaped and forms part of the ASPH plan for 2016/17.
- A detailed action plan has been developed and submitted to the CCG to deliver a Health and Well Being programme to meet CQUIN requirements – this includes a focus on a) introduction of a range of physical activities for staff, b) Improving access to physiotherapy services for staff, and c) Introducing a range of mental health initiatives for staff.
- An active forward looking recruitment plan is in place for nurses (UK and overseas), this has been supplemented by Skype interviewing to capture as many candidates as possible, with a target to recruit 200 Band 5 nurses in 2016/17. European campaigns include Italy in July and Poland in August, along with a separate trip to Italy in September specifically for midwives. The recent trip to the Philippines in June 2016 resulted in 52 offers being made and a third trip to the Philippines is scheduled for September 2016 with the aim of recruiting before the immigration surcharge of £1000 per nurse per year is introduced in April 2017.
- The Trust has been working with recruitment agencies to recruit to hard to fill medical positions, and this approach is having positive results in A&E, Medicine and TASC. A Medical Locum bank proposal is in early discussion stages with the aim of increasing locum bank fill and reducing medical agency cost. The Surrey Wide Temporary Staffing Group are drawing up proposals for endorsement by CEOs for four key work streams working across Surrey Trusts (support with NHS Improvement Agency Rules, operating as a region to drive agency rates down, streamlining recruitment and training, collaborative bank).
- Bank and agency expenditure is currently within target (based on May figures).
- The sickness rate remains consistently at, or better than, target.
- The proposal to create a new way of structuring and delivering integrated education has been developed and supported at TEC and with the Trust internal education leads. The appointment of a new director of education (late summer/ early autumn) will enable the Trust to improve its delivery of education and integrate more consistently with service delivery needs across the multi-disciplinary team.
- The apprenticeship policy was agreed at the June TEC and will be a key way in which we recruit to and develop our bands 1-4 going forward.
- A Leadership, Management and Talent Management strategy has been approved by the Board in April 2016. A leadership steering group has been established to enable implementation of strategy. A core component of this is the launch of a new managers toolkit programme, piloted in Q1 and officially launched in July 16.
- Included in the leadership strategy is a programme to deliver top team development and how this links with the Trust's transformation strategy. In Q1 this has included a leadership behaviours workshop for quality improvement for the Trust's Transformation Board and we will be delivering quarterly developmental Transformation Board sessions

Risks and challenges:

- The vacancy and staff turnover rate is currently above target at 10.5% and 16.3% respectively, however the turnover rate is comparable to 2015/16.
- There continues to be challenges in relation to recruitment of nursing and medical staff in particular.
- Medical agency has been a challenge as the number of shifts to be covered has increased, and rate escalations are increasing. Sourcing medical agency locums willing to work at the capped rate continues to be difficult.

4.3 Quality Objectives

The Summary of the Quality objectives are:

Quality and Medical Director		
1	Continue the Sign up to Safety falls trajectory with 20% reduction in falls compared to prior year	Best Outcomes
2	Medication safety thermometer data to be collected to enable performance against the national position to be baselined. Maternity and Classic safety thermometer performance to be better than the national average.	Best Outcomes
3	Implement the KSS AHSN safety culture and leadership and improvement capability test site pilot programme by Q4	Best Outcomes
4	Increase frontline staff capability to perform safety incident root cause analysis as evidenced by running 2 staff training workshops by end of Q4	Best Outcomes
5	Progress the Reducing Variation Programme including participating in the external data collection exercise based upon the Keogh Standards. This programme will continue throughout 2016/17.	Best Outcomes
6	Complete the implementation of the National Standards for Invasive Procedures by September 2016 (criteria as per the NHS England Safety Alert).	Best Outcomes
7	Implement monitoring and support for staff to ensure registered nurses and midwives comply with the timescales for nursing revalidation as set by the Nursing and Midwifery Council.	Best Outcomes
8	Evaluate the results of the pilot scheme 'Adopt a Grandparent' and determine if can roll out across the Trust. Evaluate by Q1, and if proceed, implement by Q4.	Excellent Experience
9	Undertake a review of the Fix Dementia Care report from the Alzheimers Society and formulate an action plan on this by Q2.	Excellent Experience
10	Implement a process to capture, publish and feedback clinician level patient experience data, including both outpatients and inpatients, by Q4.	Excellent Experience
11	Follow-up complaints < 10% of complaints received, on average. Root cause analysis and action plan if exceeded.	Excellent Experience

The objectives in this area are meeting expected targets against timelines at this point in the year.

Progress to date:

- The monthly falls limit is 30.5 per month (365 per year) reflecting a 20% reduction on 2015/16 falls of 457. In Q1 the 88 falls is thus below the target of 91.5 per quarter, which is a significant achievement. The ongoing falls corporate prevention strategy uses an improvement methodology model and includes training, engagement, sensor alarms and other clinical improvements. Data is being collected and baselined in Q1.
- The Pharmacy service redesign will be implemented by December 2016 to include 7 day medicines reconciliation at key admission points and minimising removal of charts from wards to improve missed doses. Inpatient chart redesign to promote improved documentation is under consideration.
- In Q1, the Trust has achieved Safety Thermometer performance better than the national average apart from an incorrect submission in May for a new CAUTI. This will be re-classified in the next submission and will take the Trust to above national average for all months and measures.
- The Trust has attended MaPSaF training and development events to progress the implementation of the KSS AHSN safety culture and leadership pilot programme and therefore this is on track for achievement in Q4.
- All relevant revalidation applications have been submitted to date complying with the timescales for nursing revalidation as set by the Nursing and Midwifery Council.
- Implementation underway for the 'Adopt a Grandparent' project with 5 wards officially participating with the programme and further development planned for Q2.
- Rollout of the project to capture patient experience is underway with a steering group set up to monitor progress. Q1 achieved below the threshold of 10% for follow-up of complaints.

Risks and Challenges:

- Q1 performance for the maternity safety thermometer dipped slightly below national average, performance was better than the national average for April, lower in May and almost the same as the national average in June.
- The Division is reviewing the submission process and the Maternity Governance Team is reviewing cases for improvement actions where applicable.

4.4 Estates and Facilities Objectives:

Estates and Facilities Objectives		
1	Prepare for soft FM tenders of Hotel services and Linen services	Firm Foundation
2	Deliver year one of the Development control plan	Firm Foundation
3	Develop plans to ensure a sustainable sterile services department	Firm Foundation
4	Support 24/7 working through developing plans for full	Firm

	coverage of estates and medical engineering	Foundation
5	Ensure plans for SPH electrical infrastructure are implemented including the commencement of a three year rolling programme of resilient electrical supplies to Ashford operating theatres	Firm Foundation
6	To continue to undertake energy and energy cost reductions and Sustainability schemes to achieve CIPS and CO2 targets	Firm Foundation
7	Undertake backlog maintenance programme	Firm Foundation

Progress to Date:

- Catering contract extension option taken for a further 1 year contract will run until April 2018. Linen specification to be developed to be developed in the autumn for a new contract due in August 2017.
- Cross site working in place with estates operating a 24/7 emergency service and shift rota at St Peter's with the ability to be altered to suit any increases in clinical activity. An aim to introduce an on-call system for Medical Engineering will also be introduced following staff consultation. Currently the possibility of a medical engineering merger or outsourcing option is being considered.
- Reviewing the options to extend the endoscopy reprocessing facilities to cater for new SPH Endoscopy Room that will come on line in April 2017.
- Changing priorities and initiatives including Stroke and STP have led to a review of the Development Control Plan and potential re-prioritisation of timescales and funding.
- A SPH site wide Combined Heat and Power scheme is in development which will reduce our reliance on expensive mains electricity and reduce CO2 emissions allowing efficient generation of heat and hot water for the current and future site footprint. Demolition of more of the Ramp and disposal of the West site will also reduce the burden of our requirements for heat and power. Replacement of lighting, calorifiers and upgrading of boilers are underway at the Ashford site.
- The 5 year Backlog maintenance programme is underway with some of the high and significant risk areas addressed, e.g. electric sub-mains and Abbey Wing lifts.

Risks and challenges:

- The scope of the work for ensuring resilient SPH electrical supplies has been tendered but has come in significantly over budget, and the scheme is currently being value engineered accordingly to bring it back into the funding level. This means that the Trust will be required to accept a higher possibility of mains failure and a higher reliance on on-site generation. At Ashford, the majority of Operating Theatres do not have Uninterruptible Power Supplies (UPS) and are reliant on the on-site generators to provide back-up. There is therefore a time delay between mains failure and power being restored by the generators. A capital bid of UPS at Ashford Theatres will be prepared and submitted to Capital Control Group for 2017/18.

- Work is being undertaken by the PMO to review the sustainability of sterile services has established issues with large heavy loan sets ordered by consultant surgeons affecting turnaround times.
- The 5 year Backlog maintenance programme some significant issues have been delayed primarily because of lack of access due to high clinical activity, financial constraints and revised Trust priorities.

5 Clinical Divisional Objectives

5.1 Acute Medicine and Emergency Services

Acute Medicine and Emergency Services		
1	Delivering seven day services	Best Outcomes
2	Reduce demand and length of stay by establishing community based interventions and locality hubs	Top Productivity
3	Deliver the emergency care 4 hour standard recovery plan	Excellent Experience
4	Improving profitability of our services	Top Productivity
5	Developing a cancer strategy	Excellent Experience
6	Stroke	Best Outcomes
7	Achievement of Best Practice tariffs	Top Productivity

Overall the Division is on track to deliver the objectives, in line with the initial or revised target dates.

Progress to date:

- The business case for the expansion of the endoscopy service has been approved with the build works out to tender with plans for completion in 2017.
- Cancer services have successfully delivered the chemo closer to home project in breast and lung cancer and the team are have also been shortlisted for national NHSE pilot looking at the 28 day faster diagnosis pathway. An outline cancer strategy is in place aligned with national guidance.
- Detailed plans are being developed in partnership with the local health economy for the delivery of a high dependency acute stroke unit with the preferred site as St Peter's Hospital. All plans have been submitted, but the costs of delivering the service are in excess of the Commissioners funding envelope.

Risks & Challenges:

- Delivery of objectives has relied on the ability to recruit to Consultant and Registrar posts and this has proved challenging with some target dates adjusted due to recruitment issues.
- The Urgent Care Centre is running but there remains challenges in the delivery of the emergency care 4 hour standard recovery plan and there is ongoing work with partners in this area.

5.2 Women's Health, Paediatrics and Sexual Health

Women's Health, Paediatrics and Sexual Health		
1	Reducing length of stay for Obstetric / Maternity pathways	Top Productivity
2	Developing a future strategy for Paediatric Services	Best Outcomes
3	Improving the profitability of our services (predominantly NICU, Maternity and Gynaecology)	Top Productivity
4	Delivering our Sexual Health Strategy for 2016/17 – 2019/20, including the tendering of a Surrey-wide service	Best Outcomes

The division are on target to deliver the objectives.

Progress to date:

- The division has achieved a number of actions that contribute towards the reduction in the length of stay and maternity pathways including midwife examination of the newborn, care bundle implementation for reducing stillbirth, and the recruitment of a High Risk Intrapartum Care lead.
- The development of a future strategy for paediatric services is on track. A business case has been submitted for the expansion of the NICU with the local price of NICU increased to reflect the costs of the service.
- The delivery of the new sacral nerve stimulation service is currently being mobilised.
- A robust monthly process is now in place for income recovery from Maternity pathways.

Risks and Challenges:

- The tender for sexual health services within Surrey has closed with the Trust, after careful consideration, withdrawing from the bidding process due to the financial modelling showing that a robust service could not be delivered within the proposed envelope.
- The delivery of a functioning Gynaecology Assessment Unit has been delayed.

5.3 Theatres, Anaesthetics, Surgery and Critical Care

Theatres, Anaesthetics, Surgery and Critical Care		
1	Theatre productivity and efficiencies	Top Productivity
2	Anaesthetic workforce review and recruitment	Skilled and motivated teams
3	Reduction in LOS	Top Productivity
4	Bariatric expansion (year 2)	Excellent Experience
5	Improvements to Vascular SLR position (pathways / catchment)	Top Productivity
6	Create new Short Stay unit	Excellent Experience

The TASCC division is in line to deliver objectives in line with the target or revised target dates for most objectives.

Progress to date:

- Within the division there has been a number of workforce objectives to recruit to posts, embed or develop consultant job plans in areas including bariatrics and anaesthetics.
- Plans are on track to transfer urology outpatient clinics to the urology unit and to repatriate lithotripsy activity from the Royal Surrey.
- There are meetings with clinicians to introduce open access for breast follow-up appointments.

Risks and challenges:

- There has been a challenge in the reduction of waiting times for urology TWR referrals due to the 33% increase in TWR referrals to the service, a new demand and capacity analysis is being undertaken in this area.
- The plans to establish a Tier 3 bariatric service within the Guildford area has been postponed to 2017/18 however the activity for the 2 existing services is providing sufficient activity. A new solution is being developed relating to the objective to create additional bariatric beds and a revised target date will be agreed.

5.4 MSK, Diagnostics and Therapies

MSK, Diagnostics and Therapies		
1	Reducing Length of stay for both elective Orthopaedic and Trauma pathways	Top Productivity
2	Develop a proposal that retains MSK services and promotes service redesign that supports enhanced Theatre utilisation, workforce distribution and reduced activity levels across the health care economy	Best Outcomes
3	Support the implement of 7/7 services: <ul style="list-style-type: none"> • Orthopaedic Junior doctor workforce strategy to manage long term deficit • Develop and implement therapies 7/7 working • Continue and make permanent 7 day working in selected modalities e.g. CT / US at weekends 	Best Outcomes
4	Implement comprehensive Surgical Appliances review , to meet Carter procurement objectives	Top Productivity
5	Prepare for community services tender for paediatric and adult therapy services	Best Outcomes
6	Therapies to Support reduction in length of stay plans across all divisions through development of new ways of working – stroke working hours, A and E working hours, risk feeding improvement work.	Excellent Experience
7	Demand control – <ul style="list-style-type: none"> • Aim to reduce inappropriate Radiological requests from Clinicians by implementing control processes • Facilitate the use of ‘Order Comms’ for requesting Imaging examinations for OP as well as IP. • Reduce waiting times to less than 4 weeks in Radiology 	Top Productivity

The MSK, diagnostics and therapies has had a challenging period with the MSK tender. Despite the workload this added to the division other objectives continued to be worked on in tandem with the procurement process.

Progress to date:

- The MSK tender result has been announced with the result to be formally announced following the contract signature. The Trust was successful in its bid and are currently working closely with the CCG to mobilise the service for October 2016.
- A plan is being developed with TASC to develop a case for a 23 hour stay unit.
- The ‘consultant of the week’ rota is expected to commence in October with interviews for additional trauma consultants to support this and a redesigned junior doctor rota expected to start in August 2016.

Risks and challenges:

- In line with other divisions the challenges and risks include the recruitment of skilled staff, and in particular consultants, to meet the demands of the division and the aspirations.
- There is risk moving forward with the MSK mobilisation due to the wide scale changes in operational process and clinical pathways required.

6.0 Summary

Quarter 1 has seen good progress towards the delivery of the Trusts and Divisions 2016/17 goals. To date the approach taken this year to focus on fewer objectives focused through the Divisional Management structure has proved effective.

The Board is asked to **NOTE** the progress year to date.