

TRUST BOARD
1st May 2014

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| TITLE | Quarter 4 review of 2013/14 Strategic Objectives |
| EXECUTIVE SUMMARY | The attached document highlights the Trust's performance at Quarter 4 against the objectives set for 2013/14. |
| BOARD ASSURANCE (RISK)/ IMPLICATIONS | <p>The document highlights the Trust's progress against the objectives set in the 2013/14 business plan. The achievement against the objectives is monitored through the monthly Specialty level performance meetings and the associated half yearly reviews.</p> <p>Our business plan for 2013/14 has a twin focus; achieving the highest possible quality standards and making substantial improvements to the experience of staff. We have achieved year on year improvements to patient surveys but our ambition is to make much more progress and will be using the introduction of the Friends and Family Test to act on what we learn.</p> |
| LINK TO STRATEGIC OBJECTIVES | The paper encompasses all the strategic objectives. |
| STAKEHOLDER/ PATIENT IMPACT AND VIEWS | Feedback on the patient experience is reported to the Board in the Quality Report, and improvements to the staff experience are reported via the Workforce and OD Committee. |
| EQUALITY AND DIVERSITY ISSUES | None known |
| LEGAL ISSUES | None known |
| The Trust Board is asked to: | Review, note and seek assurance from the report. |
| Submitted by: | Simon Marshall, Director of Finance and Information |
| Date: | 24 th April 2014 |
| Decision: | For Assurance. |

| Strategic Objective 1: To achieve the highest possible quality of care and treatment for our patients | | | |
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|  Priority 1: Improve Patient Experience in our hospitals |  Priority 2: Reduce In-Hospital Mortality by enabling and supporting front line clinical teams |  Priority 3: Eradicate Preventable Harm by supporting frontline clinical teams to review & discuss clinical outcomes |  Priority 4: Reduce Inappropriate Readmissions to achieve upper quartile performance |

| Actions completed during Q4 |
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| <ul style="list-style-type: none"> • The Releasing Time to Care (RTTC) project has been completed and its success acknowledged nationally by winning the 'Productive Series' award for England, at the 2014 Lean Healthcare Awards. • Friends and Family Test targets have all been achieved. • Internal complaints handling process has been redesigned and the complaints recovery action plan has been achieved. • End of Life Care CQUIN was fully achieved, and there has been agreement around palliative care provision going forward in 2014/15. • The Safety Thermometer CQUIN was fully achieved. • The Surrey and Sussex 'Proud to Care' Awards acknowledged Diane Lashbrook as the overall winner of the Individual Commitment Award, with two further finalists from the Trust receiving Runner-Up Awards – The Typhoon Hayian Appeal Team, led by Clinical Nurse Leader Romel Mendoza and Sister Rizelda Ramirez, for the Team Commitment Award; and Sarah Charlier, Senior Healthcare Assistant, for the Individual Communication Award. • Priority 4: Whilst all project work planned for the financial year has been completed, the full impact on the rate of admissions has not been realised. Work continues to evaluate the work undertaken. |
| Outstanding issues for the period |
| <ul style="list-style-type: none"> • Work continues to reduce hospital acquired pressure ulcers. |
| Actions to be completed during Q1 of 2014/15 |
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| Strategic Objective 2: To recruit, retain and develop a high performing workforce | | | |
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|  Priority 1: Ensuring the Trust has the right sized and shaped workforce to succeed |  Priority 2: Develop the skills of our people and teams |  Priority 3: Improve staff engagement and improve staff experience |  Priority 4: Implement a new devolved structure with a robust performance management culture |

| Actions completed during Q4 |
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| <p>Priority 1 – Workforce Size and Shape</p> <ul style="list-style-type: none"> • Launch of Permanent and Temporary Staffing Board. • Implementation of new controls and booking processes for all temporary staff. • Nursing bank rates agreed with Senior Nurse Leadership group. • The Division have commenced medical workforce planning for specific specialities. • Launch of annual Job planning round for Consultants. <p>Priority 2 – Developing Skills</p> <ul style="list-style-type: none"> • Completed the design and commissioning process for the new ILM management programmes and launch in April for band 5 and 6 (non-clinical staff) • QCF (the new NVQ) programme for HCAs has been launched. <p>Priority 3 – Improving Staff Experience and Engagement</p> <ul style="list-style-type: none"> • Feedback on the results of the National Staff Survey and development of action planning for hot spot areas. • Launch of sounding board for junior doctors led by the Medical Director and Chief Nurse. <p>Priority 4 – Devolved Structure & Performance Management Culture</p> <ul style="list-style-type: none"> • Discussions have taken place regarding the implementation of a new Clinical Excellence Awards Scheme. |
| Outstanding issues for the period |
| <ul style="list-style-type: none"> • Evaluation of rostering options for medical workforce. • New draft Appraisal policy and procedure to be developed • Implementation of new Agenda for Change (AfC) flexibilities |

Actions to be completed during Q1 of 2014/15**Priority 1 – Workforce Size and Shape**

- Portugal Overseas Nurse recruitment exercise planned for May.
- Develop a strategic plan for Nurse recruitment and retention.
- Completion of first phase of Medical Workforce planning for agreed specialities.

Priority 2 – Developing Skills

- Launch of ILM Leadership and Development training for Band 5 and 6 non-clinical staff.
- Development of a coaching & innovation virtual hub in order to learn from the current coaching investment (tools, techniques, case studies) and in order to establish a coaching legacy for the Trust.
- Promotion of Management and Leadership development programme for band 7 and 8 staff

Priority 3 – Improving Staff Experience and Engagement

- Launch of Trust Values Based Behaviours.
- First staff friends and Family test to be completed.
- Launch new appraisal documentation and process.
- Annual Staff Awards event to be held in April.
- Develop a new Rewards strategy framework with a range of benefits and options for staff as part of the Employee Promise.
- Implementation completed of salary sacrifice for car parking payments.

Priority 4 – Devolved Structure & Performance Management Culture

- Develop the framework and processes to implement the amendments to the new Agenda for Change flexibilities by end of June.
- Launch Trust Clinical Excellence Awards scheme

| Strategic Objective 3: To deliver the Trust's clinical strategy of joined up healthcare | | | |
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|  Priority 1: Delivering Integrated Care in NW Surrey |  Priority 2: Developing and Delivering specialist services |  Priority 3: Enhancing our elective services |  Priority 4: Enhancing services through Consultant delivered care, innovation and research |

| Actions completed during Q4 |
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| <ul style="list-style-type: none"> • We have reached a conclusion on the interim state of critical care and are now implementing this, whilst planning the long term model. • The Trust has made limited progress on vertical integration due to wider engagement across local health economy, but plans are in place to improve acute care through partnership with the RSCH. • The Birth Centre will open on 5th May 2014. • Recruitment continues into the key posts to support a hyper-acute stroke model. • The Trust was successful in 2 PQQ submissions for the provision of integrated diabetes services across surrey Downs CCG and Hounslow CCG. The ITT submissions are due in May and June. During the period an AQP response was submitted for ambulatory blood pressure monitoring for NW Surrey CCG. • Clinical Academic Groups have been formed through the partnership between RSCH/ASPH/University of Surrey/Royal Holloway University and a programme of work is being initiated. |
| Outstanding issues for the period |
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| Actions to be completed during Q1 of 2014/15 |
| <ul style="list-style-type: none"> • The production of a business case for the implementation of a new 24/7 PPCI service to commence in 2014/15. |

| Strategic Objective 4: To ensure financial sustainability of the Trust through business growth and efficiency gains | | |
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|  Priority 1: Deliver our cost improvement programme of £11.8m |  Priority 2: Driving clinical and corporate efficiencies |  Priority 3: Securing profitable activity growth as an alternative to cost cutting |
|  Priority 4: Review our long term capital plan | |  Priority 5: Using developments in technology to underpin clinical and business priorities |

| Actions completed during Q4 |
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| <ul style="list-style-type: none"> Surplus of £1.4m and CIPS of £10.1m delivered in 14/15. According to our most recent year on year CHKS data our Average Length of Stay reduced from 2.6 days to 2.3 days (11.5%), New to follow up ratios reduced from 1:2.2 to 1:2.0 (9%), Readmission rates reduced from 6.6% to 5.9% (10.6%) and Did Not Attends reduced from 7.5% to 6.8% (9%). |
| Outstanding issues for the period |
| <ul style="list-style-type: none"> A way forward for the Realtime ED project is still under discussion with the department and the supplier. |
| Actions to be completed during Q1 of 2014/15 |
| <ul style="list-style-type: none"> Work plan to improve theatre utilisation rolled over into 14/15. Detailed work around the A&E expansion, critical care co-location and additional ward capacity major development is now underway but has rolled over into 14/15. |

Annex – Detailed Objectives

Objective 1: To achieve the highest possible quality of care and treatment for our patients

| Priority | Action and timescales | Lead Director |
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| 1. Improve Patient Experience in our hospitals | a) Improve the way we empower and involve patients in decision making about their care and treatment, through the implementation of the Shared Decision Making project (Q1). b) Continue to implement the Releasing Time to Care project (Q1), enabling ward staff to make improvements through simple but effective techniques, resulting in a measurable and demonstrable increase in the amount of time nurses spend delivering care to patients. c) Implement the use of the Friends and Family Test question in acute inpatient wards, A&E (Q1) and maternity (Q3), publishing ward level feedback and using this feedback to listen and respond to the issues raised by patients and their families. d) Develop a Trust response to the Francis report building on existing work to improve the quality of care and compassion (Q1) and implementing approaches which enable clinicians to more effectively consider and share the emotional burden of care (Q2). e) | Suzanne Rankin |
| 2. Reduce in-Hospital Mortality by enabling and supporting front line clinical teams | a) Through Divisional Mortality Review meetings and Quality & Safety Half-days, review every death that occurs in the hospital, enabling & supporting front line clinicians to act to reduce future risks (Q1) b) Use the Outcomes Steering Group to target specialty pathways to be supported via specialty level Quality Improvement Discussions (QIDs) that will support specialty and divisional teams to take improvement action (Q1). c) Support clinical teams to enable choice of place of death for all those at end of life by establishing secure pathways out of hospital that meet patient and family's needs (Q4). | David Fluck |
| 3. Eradicate Preventable Harm by supporting frontline clinical teams to review and discuss clinical outcomes | a) 5% Reduction in the number of falls and pressure ulcers by working with clinical teams to agree improvement trajectories supported by quality improvement programmes such as Leading Improvements in Patient Safety (LIPS), the High Impact Actions and implementing standardised pathways of care arising from the Advancing Quality and Enhanced Recovery Programmes (Q2). b) Improve the management of patients with diabetes by implementing Phase 1 of the Think Glucose Project to all in-patients (Q2). | Suzanne Rankin |
| 4. Reduce Inappropriate Re-admissions to achieve upper quartile performance | a) Agree and implement a programme of action for a 5% reduction in readmissions across the Trust, focussed initially on colorectal, respiratory and heart failure patients (Q1). b) Improve the emergency surgery pathway , developing a clear operational policy for the Surgical Assessment Unit, introducing ambulatory emergency care pathways for surgical conditions (Q2) c) Agree with commissioners investment and support from reablement and readmission funding to deliver service changes which lead to reduced readmissions (Q1). | Suzanne Rankin Valerie Bartlett |

Objective 2: To recruit, retain and develop a high performing workforce

| Priority | Action and timescales | Lead Director |
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| 1. Ensuring that the Trust has the right sized and shaped workforce to succeed | <ul style="list-style-type: none"> a) Develop and implement a workforce plan to support the workforce changes required to implement the clinical services strategy, in line with the delivery of CIP programme and supports programmes of work for example seven day services Ⓟ, through role redesign (medical, nursing, support and therapy) and new ways of working (Q2). b) Address vacancy hotspots through effective and innovative recruitment campaigns (Q2). c) Develop retention strategies for areas with high turnover and national skill shortages (Q3). d) Design and implement a unified temporary staffing solution to address areas of high demand, and reduce agency spend Ⓟ (Q3). | Louise McKenzie |
| 2. Develop the skills of our people & teams | <ul style="list-style-type: none"> a) Develop and deliver a learning, education and development plan to underpin delivery of the annual plan (Q1). b) Consolidate compliance with mandatory training through effective recording and reporting (ongoing). c) Through Team ASPH, embed the values, and culture of continuous service improvement and team working (ongoing). d) Maximise learning opportunities through the new education and training architecture (HEE, LETB and county forum) and investment (Q4). | Louise McKenzie Louise McKenzie / Valerie Bartlett |
| 3. Improve staff engagement and improve staff experience Ⓟ | <ul style="list-style-type: none"> a) Design and implement a refreshed organisational development programme, including tailored support packages for local leadership teams, to improve the staff experience in response to feedback (Q1). b) Implement a regular listening and monitoring tool to consider “live” views from staff about their experience and act on the feedback (Q2). c) Provide a dedicated SEQOHS accredited Occupational Health Service to support and improve the health, safety and wellbeing of staff, including a calendar of health and wellbeing events (ongoing). d) Maximise opportunities for reward and appreciation at an individual and team level, both locally and nationally (ongoing). | Louise McKenzie |
| 4. Implement a new devolved organisational structure with a robust performance management culture | <ul style="list-style-type: none"> a) Implement enhanced corporate and individual performance management processes across the organisation, including strengthening the appraisal process (Q4). b) Agree and implement a comprehensive programme of development and coaching for divisional management leadership teams (Q2). c) Implement new pay, terms and conditions for staff (Q4). | Louise McKenzie / Valerie Bartlett |

Objective 3: To deliver the Trust's clinical strategy of joined up healthcare

| Priority | Action and timescales | Lead Director |
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| 1. Delivering Integrated Care in NW Surrey | <ul style="list-style-type: none"> a) Implement workforce model to deliver AE Consultant on-site care 0800- 2400 hrs (Q3), & develop a plan for further enhancing coverage in future years (Q4); Improve surgical & orthopaedic emergency pathways to deliver upper quartile performance on LOS and quality metrics (Q4). b) Review the Care of Older Persons Model , improving quality of care & delivering upper quartile LOS, and improving the outreach service (Q1) c) Working in 'vertical' partnership with partners in community health services, mental health services and social care – seek to deliver improved whole systems care pathways, with particular emphasis on Delivering the Stroke Services Strategy  & the fractured NOF pathways. (Q3) d) Review provision of 'rehabilitation' by ASPH – focus on Stroke and Neck of Femur pathways and ensuring that patient's mental health as well as physical health needs are met. (Q3) | <p>Valerie Bartlett</p> <p>David Fluck</p> |
| 2. Developing and Delivering specialist services | <ul style="list-style-type: none"> a) In collaboration with other providers secure catchment area for vascular services in excess of 800,000; Build Hybrid Theatre; and implement 24/7 Interventional Radiology rota (Q2) b) Gain commissioner support for extending the range of cardiac services provided, with repatriation of activity from tertiary centres (Q4), Refurbish Cath Labs (Q3) c) Appoint a Clinical Lead for Stroke (Q1); In collaboration with other providers, implement local 7 day consultant rota for Stroke Care (Q3); Scope Business Case for full implementation of full Hyper-Acute Stroke Centre (Q4) d) In collaboration with RSCH, develop Business Case for implementation of Surrey Renal Service (Q2); Gain Commissioner agreement for implementation (Q3) e) Improve how we deliver Critical Care, through the Integrating Critical Care project  . (Q3) | David Fluck |
| 3. Enhancing our elective services | <ul style="list-style-type: none"> a) Rationalise all clinically feasible inpatient surgery to Ashford. (Q4) b) Protect market share and compete where appropriate for new markets in AQP market place. (Q4) c) Establish orthopaedic elective centre of excellence at Ashford. (Q4) d) Drive efficiencies on the Ashford Hospital site in terms of theatre utilisation and length of stay (Q4) | Valerie Bartlett |
| 4. Enhancing services through Consultant delivered care, innovation and research | <ul style="list-style-type: none"> a) Implement workforce model to deliver A&E consultant on-site care 0800- 2400 hrs, and to develop a business plan for further enhancing coverage in subsequent years (Q3) b) Deliver 96 hrs per week Consultant labour ward presence (Q4); Implement Midwife Led Birthing Unit (Q4) c) Deliver improved Paediatric and Neonatal Unit Consultant coverage; Implement Paediatric Assessment Unit Model of Care; Scope future strategy for Paediatric HDU & Surgery in-reach (Q4). d) Enhance clinical innovation through the use of telemedicine and the development of a business case to move to a paper-lite hospital (Q3) e) Pursue a clinical research programme in collaboration with the University of Surrey and Royal Surrey County Hospital (Q4). | David Fluck |

Objective 4: to ensure financial sustainability of the Trust through business growth and efficiency gains

| Priority | Action and timescales | Lead Director |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Deliver our cost improvement programme of £11.8m | <ul style="list-style-type: none"> a) Put in place a rigorous project management office approach to CIPS and strong internal financial control (Q1) b) Benchmarking our financial performance and develop an action plan to move towards upper quartile (Q2) c) Work with the CCG to respond data challenges, reduce financial penalties, deliver required pathway changes and to improve the quality of our underlying data (Q2) | Valerie Bartlett / Simon Marshall |
| 2. Driving clinical and corporate efficiencies | <ul style="list-style-type: none"> a) Deliver a 5% improvement in theatre utilisation, outpatient utilisation and length of stay (Q3) b) Release the excess capacity and staffing costs as a result of efficiency improvements (Q3) c) Increase commerciality by improving clinicians understanding of their service lines financial performance (Specialty review meetings, commencing (Q1) d) Identify and deliver opportunities to reduce corporate overheads, including through partnership with RSCH (Q2) | Valerie Bartlett / Simon Marshall |
| 3. Securing profitable activity growth as an alternative to cost cutting | <ul style="list-style-type: none"> a) Developing specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy (Q2) b) Work in partnership with other providers, our CCGs and GPs to develop growth opportunities (Q3) c) Negotiate with commissioners a plan for reinvestment of re-ablement and emergency admission avoidance funding into the health economy (Q1) | Simon Marshall |
| 4. Review our long term capital plan | <ul style="list-style-type: none"> a) Review our long term estate plan to support delivery of our clinical strategy (Q2) b) Identify our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q1) | Simon Marshall |
| 5. Using developments in technology to underpin clinical and business priorities | <ul style="list-style-type: none"> a) Upgrade, modernise and automate our switchboard, and identify an alternative to the bleep system (Q2) b) Transform our informatics service by improving staffing, processes and outputs, in partnership with clinical divisions (Q2) c) Replace our finance and e-procurement systems, exploit the benefits and review the underpinning procedures (Q3) d) Deliver the RealTime , E-Prescribing , Capacity Allocation Programme , Improving Patient-Facing Communications  and 'Ready to Go' – No Delays  programmes (Q3-4) | Simon Marshall / Valerie Bartlett Valerie Bartlett |