

Meeting:	Brighton and Sussex University Hospitals NHS Trust, Board of Directors
Date:	25th January 2016
Board Sponsor:	Brendan Ward, Director of Change
Paper Author:	Oliver Phillips, Service Strategy Director
Subject:	Trust Objectives 2015/16

Executive summary

The purpose of this paper is to provide a progress update on the Trust Objectives for 2015/16 for Q3.

The table on page 2 of the report provides a RAG rated assessment against the priorities within the overarching Trust objectives contained within the Annual Plan.

Two priorities are rated red for Quarter 3:

- Meet the core standards of care including access targets
- Deliver the financial plan

Links to corporate objectives	Implicitly linked to all objectives
Identified risks and risk management actions	<p>The high level risks to achievement of the Trust Objectives are described in the Board Assurance Framework (BAF)</p> <p>There is a risk that continuing operational pressures and the challenging financial position will impact the progress against individual Trust Objectives</p>
Resource implications	None for the purpose of this report
Report history	This is a follow-up report on Q1 and Q2 update presented to the Board in August and October.
Appendices	None

Action required by the Board

The Board is asked to:

- Note and discuss the progress against the Trust Objectives for 2015/16 and highlight any areas of concern and further scrutiny.

Report to the Board of Directors, 25th January 2016 Trust Objectives 2015/16

1. Introduction/purpose

- 1.1. The purpose of this paper is to provide a progress update on the Trust Objectives for 2015/16 in quarter 3 of the financial year.

2. Summary

- 2.1. The Trust is making incremental progress against its Trust Objectives for 2015/16 however operational pressure and the financial recovery are having significant impact on some of the objectives. Overall, two priorities have been rated as Red for Q3 which is a fair reflection of the current performance.
- 2.2. Despite positive improvements in the A&E trajectory, the RTT position has deteriorated. Because of that the “Meet the core standards of care” priority has been rated as Red.
- 2.3. The priorities around investment and developments, the financial plan and the clinical strategy have been rated as Red because of internal reviews currently being undertaken to ensure they support the recovery in the financial position of the Trust.
- 2.4. Detailed commentary for each of the operational priorities is provided in the subsequent sections with the overall Red-Amber-Green summary as follows:

Trust Objective	Priorities	Q1 Rating	Q2 Rating	Q3 Rating
Excellent Outcomes	Reduce avoidable harm to patients	Amber	Amber	Amber
	Ensure safe staffing levels	Amber	Amber	Amber
	Creating a learning and reporting culture	Amber	Green	Amber
Great Experience	Meet the core standards of care including access targets	Red	Red	Red
	Improve patient engagement and our responsiveness to their feedback	Amber	Green	Green
	Improve staff experience of delivering care	Green	Green	Amber
Empowered and Skilled Staff	Support Directorates to deliver, integrating performance management and improve business planning	Amber	Amber	Amber
	Recruit, develop and retain motivated and engaged staff <i>and</i>	Amber	Amber	Amber
	Develop and modernise the workforce to deliver the Trust's Clinical Strategy	Amber	Amber	Amber
Top Productivity	Agree the priority investment and developments	Amber	Amber	Amber
	Deliver the financial plan	Red	Red	Red
	Develop Service Line Reporting	Amber	Amber	Amber
	Deliver the long-term capital programme	Amber	Amber	Amber
Clinical Strategy	Deliver greater integration of services for the frail and elderly	Red	Amber	Amber
	Improve local hospital services	Amber	Amber	Amber
	Improve shared care with partner providers <i>and</i>	Green	Green	Green
	Expand tertiary provision	Green	Green	Green
	Enhance academic and research strength	Green	Green	Green

Objective 1 – Excellent Outcomes

Priorities 2015/16	Q1 Rating	Q2 Rating		Commentary
Reduce avoidable harm to patients	Amber	Amber	Amber	<p>Overall rated as Amber because:</p> <ul style="list-style-type: none"> - Report from the CQC July's visit highlighted key areas for concern within the emergency department: inconsistent cleaning between patients in cubicles and close proximity of trolleys in the cohort area and not always sufficient numbers of staff with appropriate skill-mix. These are being addressed through the Level 5 improvement plan. - There were over 30 12-hr breaches reported in Q3. No harm was identified and all breaches were reported via Datix as Serious Incidents. - There were two Never Events reported in Q3 – both in the Perioperative Directorate. These have been reported as per the required policy and are currently being investigated. - There has been a slightly downward trend in reporting Safety Thermometer in December 2015 – 91.9% from 95% month before. - Rate of inpatient falls per 1,000 bed days increased at the end of Q3 to 4.31 (at the end of Q2 3.10).
Ensure safe staffing levels	Amber	Amber	Amber	<p>Overall rated as Amber:</p> <ul style="list-style-type: none"> - Rate of unfilled shifts continues to decrease but pressure points remain – primarily due to short-term sickness, vacancies and maternity leave and seasonal pressures in December (Christmas period). - Good progress with international recruitment and it is expected that almost 100 further international nurses will have started by March 2014. - The agency cap continues to be a significant risk to the safe staffing levels. Directorate Lead Nurses follow safe staffing escalation process and actively use the Roster-pro to ensure rotas are safe and robust.
Creating a learning and reporting culture	Amber	Green	Amber	<p>Overall rated as Amber in Q3 because:</p> <ul style="list-style-type: none"> - Patient Safety incidents open for more than 45 days increased to over 1,200 at the end of December 2015 (from below 900 in Q2). - Increased number of Duty of Candour investigations (total of 27 in Q3) – but with the majority of conversations taking place within 10 days, and the majority of reports completed within 45 days. <p>As part of the preparation for the planned CQC visit in April 2016 an Internal CQC Data Group has been established to respond to CQC queries ahead of the visit. Drop-in sessions for staff have also been organised for staff to provide feedback and report any issues impacting the quality and safety of services.</p> <p>After Action Review training sessions have now been scheduled for 2016 to give staff skills in investigating and review incidents.</p>

Objective 2 – Great Experience

Priorities 2015/16	Q1 Rating	Q2 Rating	Q3 Rating	Commentary
Meet the core standards of care including access targets	Red	Red	Red	<p>Overall rated as Red because:</p> <ul style="list-style-type: none"> - Despite improvements in the 4-hr standard performance, there continue to be pressures with the unscheduled care flow. - RTT performance continues to be poor with serious pressures particularly in the spinal and digestive diseases specialties. <p>Q3 improvements in unscheduled care include:</p> <ul style="list-style-type: none"> - Further roll out of the Right Care, Right Place, Each Time – roll-out to all wards at RSCH and PRH by the end of January 2016 - Newhaven Community Ward – opened on 5th November – 20 beds - Plumpton Ward – opened w/commencing 12th October – 21 beds <p>RTT risks are being mitigated with additional support from the commissioners – this includes review of internal processes and additional external capacity.</p> <p>62-day Cancer Waiting Times target was achieved in November 2015. The CWT standards remain at risk due to pressures within unscheduled care.</p>
Improve patient engagement and our responsiveness to their feedback	Amber	Green	Green	<p>Overall rated as Green in Q2 because:</p> <ul style="list-style-type: none"> - Despite pressures with the unscheduled care Friends and Family Test scores c. 90% for emergency departments. - Percentage of patients not recommending the hospital below 6% (for emergency care). - Percentage of patients not recommending their inpatient ward – 0.24% in December 2015 <p>Poor RTT performance is currently one of the most significant risks around patient experience.</p>
Improve staff experience of delivering care	Green	Green	Amber	<p>Overall rated as Amber:</p> <ul style="list-style-type: none"> - SHINE events took place in Q3 – focused on empowering and coaching of staff – particularly in addressing bad behaviours and culture through feedback. - Leading the Way Too programme continues to be rolled-out to managers across the Trust. - Strong engagement of staff in internal improvement programmes, and in particular those focused on unscheduled care (Level 5 and RCRPET) with both programmes clinically led by clinical directors and directorate lead nurses. - Medical Engagement Scores (MES) illustrate improvement required

Objective 3 – Empowered and Skilled Staff

Priorities 2015/16	Q1 Rating	Q2 Rating	Q3 Rating	Commentary
<p>Support Directorates to deliver, integrating performance management and improve business planning</p>	Amber	Amber	Amber	<p>Operational capacity and capability within clinical directorates continue to be the principal risk. Operational Support Unit has now been established and consolidated corporate support functions. The OSU is co-ordinated business management support across directorates and provides dedicated resourced to target key areas of risk in the Trust: unscheduled care, scheduled care and financial performance.</p> <p>NHS England, NHS TDA and Monitor published their operational planning guidance at the end of December. The Trust is currently reviewing its business planning process to ensure it is aligned with the published planning guidance.</p> <p>The first draft of the 16/17 Operational Plan will be prepared for submission to regulatory bodies by February 2016.</p> <p>Contracting round of commissioning negotiations for 16/17 is planned to commence in early January 2016.</p>
<p>Recruit, develop and retain motivated and engaged staff</p> <p>and</p> <p>Develop and modernise the workforce to deliver the Trust's Clinical Strategy</p>	Amber	Amber	Amber	<p>Overall rated as Amber because:</p> <ul style="list-style-type: none"> - The Appraisal rate continue to be below the 75% target – at 68.3% in December 2015 - However, all directorates (clinical and non-clinical) achieved rates above 50% - There has been reduction in the Trust's vacancy rate in Q3 – 5.9% vs. 7.8% in Q2. This is, however, higher than at the beginning of the year (c. 5%). <p>Appraisal Training for Managers and Appraisers as well as Appraisal Training for Staff have been developed and a number of dates have been offered to all staff to attend between January and March 2016.</p> <p>Work continues to be undertaken to defined specific schemes in the integrated programme for workforce modernisation. This will support delivery of CIPs in 16/17 and will be aligned with the business planning process for the next financial year.</p>

Objective 4 – Top Productivity

Priorities 2015/16	Q1 Rating	Q2 Rating	Q3 Rating	Commentary
Agree the priority investment and developments	Amber	Amber	Amber	Overall rated as Amber in Q3: all investments and developments identified as priorities in the 15/16 Annual Plan have been reviewed through the Change Initiative Assessment Process in the light of the Trust's financial position to confirm they support recovery in the financial position of the Trust.
Deliver the financial plan	Red	Red	Red	<p>Continue to be rated as Red because of deteriorating financial position in comparison with Q2 forecast deficit – now £37.7m</p> <p>Financial recovery is the key focus of weekly “cadence” calls with clinical directorates – monitoring their run-rate and achievement of identified saving targets.</p> <p>The Trust continues to engage with the commissioners to secure the planned income. Cash-flow issues are being managed through discussions with NHS TDA</p>
Develop Service Line Reporting	Amber	Amber	Amber	Overall rates as Amber – the SLR continues to be produced and reviewed with clinical directorates but further work is being undertaken to ensure it is being used as a performance management and planning tool for the new financial year and going forward.
Deliver the long-term capital programme	Amber	Amber	Amber	<p>Continues to be rated as Amber: all developments identified as priorities in the 15/16 Annual Plan continue to be reviewed by the Capital Review Group to confirm they support recovery in the financial position of the Trust.</p> <p>Significant progress made with the radiotherapy centre at Preston Park – on track to open in Q1 of 2016/17.</p> <p>3Ts final business case was approved and work on the main scheme has commenced on site.</p>

Objective 5 – Clinical Strategy

Priorities 2015/16	Q1 Rating	Q2 Rating	Q3 Rating	Commentary
Deliver greater integration of services for the frail and elderly	Red	Amber	Amber	<p>Overall rated as Amber for Q3 because:</p> <ul style="list-style-type: none"> - Work continues to be undertaken to better define the Hospital at Home model. BSUH and SCT are now working together on a joint business case to be presented to the commissioners to secure transitional funding that will keep Newhaven Community Ward open while Hospital at Home is being incrementally rolled-out. - Discharge 2 Assess roll-out continues to progress – with full Phase 1 (therapy only) and 15 D2A per week to be achieved by January 2016. - Hospital Rapid Discharge Team at RSCH and PRH has been expanded. The team is working closely with expanded Community Rapid Response Service in Brighton (extended opening hours to cover 20:00 – 22:00 over winter).
Improve local hospital services	Amber	Amber	Amber	<p>Continues to be rated as Amber: all developments identified as priorities in the 15/16 Annual Plan continue to be reviewed by the Change Initiative Assessment Group and the Capital Review Group to confirm they support recovery in the financial position of the Trust.</p> <p>As part of the 16/17 business planning process a refresh of operational priorities and clinical strategy will be undertaken.</p>
Improve shared care with partner providers and Expand tertiary provision	Green	Green	Green	<p>Continues to be rated as Green because:</p> <ul style="list-style-type: none"> - Good progress with the development of new MSK pathways – plan to transition to a new community hub model at the Amex Stadium by March 2016; plus a pilot of new rheumatology model planned for February 2016. - Agreement reached with SCT on the operating model for community diabetes service in Brighton (with Trust providing medical workforce). - Discussions are progressing with Queen Victoria Hospital on shared appointments of consultants. - Exploratory discussions with CISC (University of Sussex) on how to approach the expected PET-CT tender.
Enhance academic and research strength	Green	Green	Green	<p>Overall rated as Green because of:</p> <ul style="list-style-type: none"> - Virtual Learning Environment (iris) was launched across the Trust. - Successful Human Factors Workshop took place and further dates have now been published for 2016. - Exploratory discussions with CISC (University of Sussex) on how to approach the anticipated PET-CT tender – to secure tertiary service provision and expand research & development portfolio.