

Meeting:	Brighton and Sussex University Hospitals NHS Trust, Board of Directors
Date:	4th November 2015
Board Sponsor:	Amanda Fadero, Deputy Chief Executive
Paper Author:	Oliver Phillips, Service Strategy Director
Subject:	Annual Plan – Quarter 2 Review

Executive summary

The purpose of this paper is to provide a progress update on the Trust Annual Plan Objectives for 2015/16 for Q2.

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	N/A for the purpose of this report
Report history	This is a follow-up report on Q1 update presented to the Board in August.
Appendices	None

Action required by the Board

The Board is invited 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, 4th November 2015 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 2 of the financial year.

2. Summary

2.1. Despite operational challenges and the renewed focus on the Internal Turnaround priority areas (unscheduled care, scheduled care and financial recovery) the Trust has achieved incremental progress against a selection of Trust Objectives. Of note are areas covering: (i) creating a learning and reporting culture; (ii) improvement in patient engagement; and (iii) delivery of greater integration for the frail and elderly.

2.2. The improvement in ratings for the highlighted areas reflects positive impact of actions undertaken following the Risk Summit and as part of the Internal Turnaround. There remains a risk that poor performance in key constitutional standards and the challenging financial position will hinder further advancements in the achievement of Trust Objectives.

2.3. 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
Excellent Outcomes	Reduce avoidable harm to patients	Amber	Amber
	Ensure safe staffing levels	Amber	Amber
	Creating a learning and reporting culture	Amber	Green
Great Experience	Meet the core standards of care including access targets	Red	Red
	Improve patient engagement and our responsiveness to their feedback	Amber	Green
	Improve staff experience of delivering care	Green	Green
Empowered and Skilled Staff	Support Directorates to deliver, integrating performance management and improve business planning	Amber	Amber
	Recruit, develop and retain motivated and engaged staff <i>and</i>	Amber	Amber
	Develop and modernise the workforce to deliver the Trust's Clinical Strategy	Amber	Amber
Top Productivity	Agree the priority investment and developments	Amber	Amber
	Deliver the financial plan	Red	Red
	Develop Service Line Reporting	Amber	Amber
	Deliver the long-term capital programme	Amber	Amber
Clinical Strategy	Deliver greater integration of services for the frail and elderly	Red	Amber
	Improve local hospital services	Amber	Amber
	Improve shared care with partner providers <i>and</i>	Green	Green
	Expand tertiary provision	Green	Green
	Enhance academic and research strength	Green	Green
			Green

Oliver Phillips
Service Strategy Director
21st October 2015

Objective 1 – Excellent Outcomes

Priorities 2015/16	Q1 Rating	Q2 Rating	Commentary
Reduce avoidable harm to patients	Amber	Amber	<p>Overall rated as Amber because:</p> <ul style="list-style-type: none"> - CQC Action Plan (2014) continues to progress but there remain areas of significant risk and poor compliance particularly around Unscheduled Care and Scheduled Care. This is reflected by poor performance in these two key areas. - CQC unannounced inspection of urgent and emergency services (2015 - RSCH) rated the Trust's Emergency Services as inadequate for safety and well led. - The number of Never Events in Q2 increased in comparison to the previous period. <p>Since April there has been:</p> <ul style="list-style-type: none"> - A slightly downward trend in number of incidents report externally as Serious Incidents. - An upward trend in the Safety Thermometer (Percentage of Harm Free Care).
Ensure safe staffing levels	Amber	Amber	<p>Overall rated as Amber:</p> <ul style="list-style-type: none"> - Although the percentage of unfilled shifts has been decreasing there remain areas where vacancy and turnover rates remain a concern (particularly across unscheduled care workforce with both rates above 10%). - The cap on the use of agency staff poses a significant risk to the safe staffing levels. This is being mitigated through continuing recruitment to substantive posts and to the bank and through senior nurses assisting on the wards where safe and appropriate to do so.
Creating a learning and reporting culture	Amber	Green	<p>Overall rated as Green in Q2 because:</p> <ul style="list-style-type: none"> - Refresh of Safety & Quality assurance structure and process (following Risk Summit in July). - Strengthened Safety & Quality support to directorates: Associate Medical Directors (AMD) and Senior Safety & Quality Facilitators aligned to each directorate - Quality Review Meetings and Quarterly Directorate Safety & Quality Fora covering: triangulation of qualitative and quantitative data; detailed review of directorate S&Q procedures; challenge and support from AMDs and S&Q facilitators. - Established system-wide governance with Monthly Quality Risk Meetings with CCGs. <p>There has been progress with Duty of Candour investigations – with the majority of conversations taking place within 10 days, and the majority of reports completed within 45 days.</p>

Objective 2 – Great Experience

Priorities 2015/16	Q1 Rating	Q2 Rating	Commentary
Meet the core standards of care including access targets	Red	Red	<p>Continues to be rated as Red because of poor performance in the achievement of constitutional access standards across emergency care, scheduled care, cancer standards and diagnostics waiting times. Trajectories for core standards have now been agreed with the commissioners and with the TDA, and the Trust continues to work to a system-wide plan to improve performance.</p> <p>The key projects are aimed at improving flow and delivery additional capacity:</p> <ul style="list-style-type: none"> - Right Care, Right Place, Each Time - pilot already started and full roll-out by December - Level 5 reconfiguration and implementation of assessment pathways – go-live w/commencing 19th October - Additional capacity at Plumpton Ward (up to 21 beds) – go-live w/commencing 12th October - Additional capacity Newhaven beds (20 beds) – go-live by end of October/November <p>The growing size of the MRRD list is a significant risk to the achievement of the 4-hr trajectory and work is being undertaken through the SRG to address this.</p> <p>The diagnostics trajectory remains at risk due to volume of the echocardiograms backlog. This is being mitigated internally and through additional capacity in the independent sector.</p> <p>The principal risk for the RTT trajectory is around CCG affordability to fund additional activity.</p>
Improve patient engagement and our responsiveness to their feedback	Amber	Green	<p>Overall rated as Green in Q2 because:</p> <ul style="list-style-type: none"> - significant increase in the Friends and Family Test scoring, and particularly at RSCH and PRH emergency departments – overall A&E satisfaction rate is circa 87%. The improvements are due to the use of a new company who are collecting live FFT data. The data is available to view online and in addition to the quantifiable scores, it includes comments and sound-bites from those who complete the survey - The rate of received complaints showing a slightly downward trend <p>The key risks around patient experience are due to ongoing challenges in unscheduled and scheduled care.</p>
Improve staff experience of delivering care	Green	Green	<p>Overall rated as Green in Q2 because of progress made with the implementation of the People and Well-being strategy, and ongoing engagement around Nursing and Midwifery Strategy.</p> <p>A number of staff engagement events has taken place in Q2, including Band 7 away day for nursing leaders. Further engagements are now planned for October, including SHINE – designed to Support, Inspire, Nurture and Encourage our staff, and the start of the Leading the Way Too programme across the Trust.</p>

Objective 3 – Empowered and Skilled Staff

Priorities 2015/16	Q1 Rating	Q2 Rating	Commentary
<p>Support Directorates to deliver, integrating performance management and improve business planning</p>	Amber	Amber	<p>Overall rated as Amber – while a single business team supporting directorates in delivering performance has not been established, progress has been made in setting up an Internal Turnaround Programme addressing key areas of risk in the Trust: unscheduled care, scheduled care and financial performance.</p> <p>The principal risk around this objective is the operational capacity within directorates to deliver the Turnaround. This is being mitigated by implementing a revised governance structures and by aligning existing corporate structures more closely with directorates.</p> <p>A process for consolidated business planning has been discussed at the Change Initiative Assessment Group early September and will formally commence formally once activity baselines and capacity plans for 2016/17 are fully prepared. The business planning process will carry forward the Turnaround objectives for 2016/17.</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	<p>Overall rated as Amber in the main due to key metric for Appraisal rates still below the 75% threshold. However, there has been a consistent upward trend in appraisal rates month on month since December 2014. At the end of September all directorates (clinical and non-clinical) achieved appraisal rates of above 50%.</p> <p>Throughout Q2 there have been meetings with all 12 Directorate Management Teams to identify priorities for workforce modernisation, education and education business development priorities. The discussions led to development of an integrated programme for workforce modernisation which will support immediate work to support the financial recovery, preparation for delivery of CIPs in 16/17 and going forward, and medium-term structural workforce developments in line with 3Ts and the LTFM. Work is underway to define specific schemes in the integrated programme.</p>

Objective 4 – Top Productivity

Priorities 2015/16	Q1 Rating	Q2 Rating	Commentary
Agree the priority investment and developments	Amber	Amber	Overall rates as Amber because the focus now remains on delivery of the three Turnaround objectives and individual discussions are being undertaken with Directorates to identify priority efficiency and savings areas that could support the financial recovery.
Deliver the financial plan	Red	Red	Overall rated as Red because of the poor financial position with Q2 reported deficit of £20m. The Internal Turnaround Programme has been revised to set out clear priorities required to deliver the now forecast FYE deficit of £27.7m.
Develop Service Line Reporting	Amber	Amber	SLR continues to be produced quarterly with updated provided to the Chief Financial Officer and Deputy Chief Financial Officer. The Service Line Management Team has held a number of meetings with directorates to review the latest SLR position and to identify opportunities to improve financial and operational performance. The SLM team has now established a range of workshops between directorates and Civil Eyes to benchmark available staff resources and activity against best practice from 23 other teaching hospitals. The outcome of the workshops will be used to inform business planning for next year.
Deliver the long-term capital programme	Amber	Amber	Overall rated as Amber – the programme continues to be under review to ensure closer alignment with the Internal Turnaround and the business planning process for 2016/17. Significant progress has been made with two new radiotherapy centres (at Preston Park and in East Sussex) and the units are planned to achieve full operational by the Q1 of the next financial year.

Objective 5 – Clinical Strategy

Priorities 2015/16	Q1 Rating	Q2 Rating	Commentary
Deliver greater integration of services for the frail and elderly	Red	Amber	<p>Overall rated as Amber for Q2 because:</p> <ul style="list-style-type: none"> - Following the Risk Summit the Trust has been working with the community trust and commissioners to deliver improvements through the system-wide PMO. - There has been significant progress made with joint BSUH-SCT plans to open Newhaven beds, which will provide additional capacity from Q3. - Once Newhaven beds are open both organisations will start piloting a Hospital at Home service on a patient by patient basis so that a full roll-out could be achieved next financial year. - There has been strong engagement between SCT and BSUH around the model for Community Short Term Services beds and work is underway to set-up a joint project structure to take the project forward (and in line with the commissioning timescales which are yet to be confirmed).
Improve local hospital services	Amber	Amber	<p>The Trust has developed a proposal for future model for acute stroke service which was presented to the Sussex Collaborative and the South East Coast Clinical Senate – awaiting feedback (due to be received in November).</p> <p>Delivery of the integrated laparoscopic theatre facility has been delayed due to the Internal Turnaround priorities however business case is being developed with planned implementation timescales next financial year.</p>
Improve shared care with partner providers and Expand tertiary provision	Green	Green	<p>Overall rated as Green with all key developments around shared care showing good progress.</p> <p>The Steering Group for tertiary burns care across Sussex has been established and is working on the implementation plan for the new model of care.</p> <p>2nd Sussex-wide Cancer Forum is planned for Q3 to follow-up on specific actions and recommendations from the first meeting that took place in September.</p> <p>In line with the 5YFV the Trust is also in discussions with SCT around joined-up working in areas covering community services for High Weald Lewes and Havens CCG and community diabetes provision (both contract recently awarded to the community trust).</p> <p>Significant progress has been achieved around new MSK pathways – with project for new MSK pathways in Brighton & Hove and Mid Sussex progressing and a contract for MSK pathways in East Sussex recently signed.</p>
Enhance academic and research strength	Green	Green	<p>Overall rated as Green because of:</p> <ul style="list-style-type: none"> - Visual Learning Environment (<i>iris</i>) on-track with a planned launched date 26th October 2015 - Secured additional HEKSS funding to support workforce modernisation programme particularly around shaping existing and commissioning new educational programmes. - Secured £200k innovation funds from KSS Academic Health Sciences Network to implement “innovation acceleration” software platform to elicit and foster staff innovations.