

2014/15 Trust Objectives Quarter 3 Assessment

1) Culture of Quality

Delivery of the *safer BSUH* projects including work around falls, pressure damage, mortality and the safety thermometer
 Improving the patient experience through better communication and a reduction in unnecessary transfers
 Improve the process for and learning from complaints including developments with the patient safety ombudsman support system and processes.
 Creating a learning culture, developing leadership capacity and training in quality improvement
 Rolling out the Friends and Family Test widely across the organisation including a child friendly version in paediatrics.
 Allocating dedicated resources to improve the physical patient experience.
 Constructing and implementing the first phase of a 7 day working programme.
 Strengthening governance processes around quality and safety and learning from identified issues.
 Investment in nursing including the introduction of Supervisory 7s into all hospital wards together with transparent safe staffing levels.
 Improving the business processes that support clinical delivery.
 Service developments to improve the patient experience including Surgical Assessment and Midwifery projects.
 Reduce the level of avoidable Hospital Acquired Infections
 Safety and Quality Strategy published
 Reduce the number of falls resulting in harm
 Reduce the number of hospital acquired pressure sores
 Implement CQC recommendations following Quality Summit
 Improve performance of the booking hub

Exec Lead	KPI	Target
MD	Weekend mortality	Within 10% of weekday mortality
CN	Inter-site transfer rate	-10%
CN	% responses within target time	85%
S&C	Confirm to Board	Quarterly
CN	FFT completion + response rate	To national mean
CFO	£ Spend on reducing backlog maintenance	Spend to within 10% of allocation
MD	Plan in contract	All aspects of plan met
MD	QGF score	3.5
CN	1:8 and Super 7s	90% compliance
S&C	New governance and delegation introduced	Q3
S&C	Delivery of milestones	
CN	C.diff	National trajectory
MD	Approved by Trust Board	Q3
CN	Harmful falls	10 % reduction on 13/14 levels
CN	Number of reported grade 3 and 4	10 % reduction on 13/14 levels
CN	Report to Board	Quarterly
COO	O/P clinic utilisation	10 % increase on 13/14 levels

Assessment
Q2 Q3

Amber	Green
Red	Red
Amber	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Green	Green
Amber	Amber
Amber	Amber
Green	Green
Amber	Amber
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Amber	Amber

Comment
 Weekday/Weekend HSMR 91.4/95.4 - below expected
 Transfer group established and led by HON patient safety.
 all areas will be covered with FFT and teams encouraged to return surveys.
 Capital Programme behind profile but expected to recover
 On-going planning
 Reliant on S&Q Strategy implementation
 Major recruitment programme under way
 Progress made and on target for delivery
 Review of all programmes underway
 Discussed and actions agreed weekly
 Due end January 2015
 Focus on this with HON patient safety
 Scheduled into board meetings, regular reviews and assurance statements.
 Interviews for Clinical Lead (Oct) and Hub Service Manager (Nov)
 revised streamlined processes in place
 4-weekly forward look at outpatient clinic utilisation currently in place

2) Performance Targets

4 Hours Wait
 Re-engineer handover process with Ambulance Trust
 Reconfigure management of emergency pathway
 Improvements in length of stay to improve patient flow
 Implement ECIST supported action plan with partners across the local health economy.
 Increase the number of patients discharged by 12 noon.
 Working with partners to reduce the number of patients who are medically fit for discharge and require less support on discharge
Referral to Treat
 Redesign services to take out unnecessary steps to reduce the waiting times
 Ensure services agree and meet milestones in treatment pathways to deliver 18 weeks.
 Working with partners and stakeholders to reduce referrals into capacity restricted specialities.
 Reduce follow up activity to provide capacity that will reduce 18 week waits in line with best practice and commissioned ratios
Cancer Waits
 Ensure start to implementation of Sussex wide radiotherapy strategy
 Improving patient tracking
 Ensure urgent referrals treated appropriately
 Ensure patients are referred on cancer proformas appropriately, meeting locally set criteria
 Ensure services are aware of national and local campaigns that will impact on demand to ensure performance is maintained

COO	Contract handover target	25% reduction in patient delays
COO	ED 4-hour	95%
COO	LoS across all emergency admissions	-3%
COO	ECIST plan milestones	Met
COO	Numbers of discharged patients	20 % increase on 13/14 levels
COO	MFFD list	Under 40, 90% of time
COO	18w compliance	Deliver agreed TDA trajectory.
COO	18w compliance	Deliver agreed TDA trajectory.
S&C	18w compliance	Deliver agreed TDA trajectory.
COO	18w compliance	Deliver agreed TDA trajectory.
S&C	Opening of decant	Open in Q4
COO	62d waits	Compliant with national targets
COO	2 Week waits	Compliant with national targets
COO	Criteria Achieved	Monthly
S&C	Confirm to Board	Quarterly

Amber	Amber
Red	Red
Red	Red
Red	Red
Red	Red
Red	Red
Green	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Green	Green
Green	Green
Green	Green

Discussions commenced re. PAT Nurse and handover protocol times
 10 point high impact plan implemented
 Increase in therapy provision by 1.6 WTE physio - in place, actively looking for locum OT, in reach from SCT. Changes in provision of package of care for B&H patients. Currently discussing block contracts for community beds
 Focused plans for DTC management
 Daily meetings instigated and managed by Director of Operations
 Volumes of activity have increased although more urgent patient mix has caused a delay to the delivery of the target.
 Have used Independent Sector although not all providers have delivered on commitments given.
 Limited change to referral patterns
 Limited change to follow up patterns
 Delivery of the procurement timetable completed and contract discussions underway
 Additional outpatient capacity now in place to treat urgent 2ww referrals
 Additional outpatient capacity now in place to treat urgent 2ww referrals
 Updates provided

3) Financial Targets

Delivering the intended financial benefits of the 14/15 cost improvement plan.
 Develop detailed rolling 24 month CIP programme
 Working with commissioners and partners to ensure that the Trust is appropriately reimbursed for activities undertaken.
 Performing to agreed standards to avoid recourse to contractual fines and penalties.
 Empowering managers and budget holders to make informed decisions when allocating resources
 Oversight and assurance that plans are being delivered

CFO	CIP tracking	95% of plan
CN	3Ts FBC sign off	Q4
CFO	Income recovery	100% of internal income plan
COO	Leviable fines amount	25% less than 13/14
CFO	New governance and delegation introduced	Q3
CFO	Confirm to Board	Quarterly

Amber	Amber
Green	Green
Amber	Amber
Red	Amber
Green	Green
Green	Green

As at Q3 plan marginally off track with continued risk in Q4
 CIP Plan developed and submitted to TDA
 Income achieved for activity undertaken although volumes below plan
 Agreement from most CCG's to re-invest fines and penalties in BSUH services
 On track to deliver
 Financial report delivered

4) Organisational and Board Development

Delivering a Green Governance rating and an acceptable Continuity of Services Rating
 Working closely with the Trust Development Authority to ensure appropriate requirements are met.
 Ensuring the necessary work has been completed to make an FT application in line with the revised TFA date, to include implementing the actions from the board and quality governance assessments, Historical Due Diligence and a robust IBP and LTFM.
 Describing in detail the Trusts' clinical strategy and its implications and implement 14/15 deliverables.
 Implementing the Board development programme.
 Introducing a new performance management process for the organisation
 Ensuring that all staff receive appropriate and documented appraisals and are empowered, supported and led appropriately to their role and responsibilities
 Establishment of a Transformation Board to support innovation, redesign and improvement in systems and processes leading to higher quality, more effective and efficient services
 Ensure compliance with statutory obligations
 Developing the research and academic relationship with Brighton and Sussex Medical School

COO/CFO	GRR & CoSRR	Green & 3
S&C	Confirm to Board	Quarterly
S&C	Confirm to Board	Quarterly
S&C	IBP	Approval by Board
DCA	BGAF	No red flags
COO	Confirm to Board	Q2
S&C	% Staff annually appraised	90%
S&C	Confirm to Board	Quarterly
DCA	Confirm to Board	Quarterly
MD	Confirm to Board	Q3

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Amber	Amber
Amber	Amber
Green	Green
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Amber	Amber
Green	Green
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Green	Green
Green	Green

Financial rating close to a 2. A&E and RTT targets underperforming.
 TDA and Trust have shared understanding of current position and Trust is progressing against all assurance tests. No timescale agreed for progression to Monitor
 No revised TFA date however preparation work remains underway
 IBP approved by Board June 20th. Also see update on clinical strategy to Board September 2014
 Work on-going
 Meetings programmed for October/November
 Focused push on improvement planned
 Shadow Transformation Board in place
 Reported to Board regularly
 On going discussions and joint planning with Dean at BSUH/BSMS joint forum and 1:1 discussions

5) Clinical Strategy

Developing a detailed implementation plan for the clinical strategy with a 14/15 focus.
 Progress major capital and service changes including site reconfiguration, vascular, interventional radiology, cardiac and EPR developments.
 Progress with decant phase of 3Ts.
 Work with commissioner and local providers to ensure consistent and detail understanding of the service and business changes.
 Work with NHS England to ensure that BSUH remains a designated Specialist Centre.
 Continue to work through the TDA to secure treasury approval to move to FBC phase for 3Ts.
 Ensure that the Trust is fully engages with the Better Care Fund initiatives in Brighton & Hove and West Sussex and national initiatives including the Keogh review of emergency care and the Future Hospital Commission report

S&C	Confirm to Board	Q3
S&C	Confirm to Board	Q3
S&C	3Ts Programme metrics	Quarterly
S&C	FBC Endorsement	Q3
S&C	FBC Endorsement	Q3
S&C	3Ts FBC approval	Jan-15
S&C	Confirm to Board	Quarterly

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Covered by Board paper September 2014 presented by FT Programme Director
 Progress satisfactory against each area
 Initial stakeholder event established for 13th November, more formalised arrangements being agreed
 Meeting with AT on 4th November to discuss derogation progress
 National Programme Board meets monthly and helps support progress through
 Needs to be brought to Board for Q3 once Business and strategic planning process developed

6) Foundations for Success

We will deliver this commitment by:
 Progression and promotion of the Values and Behaviours initiative with full implementation of the blueprint and work to embed the agreed values and behaviours in all that we do
 Agreement and launch of the Clinical Strategy
 Develop further the organisation's academic links, by developing a research strategy, implementing the agreed Education and Learning strategy and through both strengthening our portfolio of joint clinical academic appointments with BSMS
 Introducing a new clinical management structure to reflect the changes required internally and externally
 Further develop improved strategic and tactical communication processes to improve communication from the board to front line staff and from front line staff to the board
 Introduce a new assurance and oversight regime to accompany all of the above.
 Introduce a staff recognition initiative to acknowledge the contributions made in challenging circumstances.
 Continue to improve rates for mandatory training.
 Improve participation and outputs from staff survey
 Progress on cultural improvement in challenged specialities

CEO	Confirm to Board	Quarterly
CEO	Confirm to Board	Q2
MD	Confirm to Board	Q3
CEO	Confirm to Board	Q2
CEO	Confirm to Board	Q3
S&C	Confirm to Board	Q2
S&C	Confirm to Board	Q2
S&C	% Staff trained in last 12 months	Half distance to 100% compliant
S&C	Staff survey participation	5% improvement on 13/14
S&C	Outstanding staff grievances	10% reduction on 13/14

Green	Green
Green	Green
Green	Green
Green	Green
Green	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Amber	Amber
Amber	Amber

Phase one of Leadership Development Programme Underway for senior leadership
 Completed
 On going discussions and joint planning with Dean at BSUH/BSMS joint forum and 1:1 discussions
 Completed. Minor number of vacant posts.
 Additional support seconded into the organisation to facilitate
 A considerable amount of work required to develop a People Strategy that builds on the V and B work. Staff survey action plan needs further review