

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

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REPORT OF THE BOARD OF DIRECTORS

29 OCTOBER 2019

Subject:	2019/20 Corporate Objectives – 6 month progress report
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Status¹	D

PURPOSE OF THE REPORT:

To present the 6 month progress report on the delivery of the Trust's corporate objectives.

KEY POINTS:

Introduction

A set of corporate objectives that monitor the annual delivery of the Trust's strategic priorities were agreed in May 2019. The objectives are directly linked to the Trust's Operational Plan 2019/20, the strategic priorities within the Trust's Corporate Strategy 'Making a Difference' and supporting strategies. A 6 month red, amber, green (RAG) progress report against the delivery of the corporate objectives is set out in **Appendix 1**. A summary exception report is set out below.

Exception Report

The following objective is currently rated as red.

To meet the requirements of the Constitutional Standards

- A&E

The Trust continues to observe performance issues with the delivery of this standard. Particular challenges have been observed with overnight consultant cover, the availability of Fellows at weekends and the reduced level of additional shifts picked up by consultants.

There is a current trial of the Same Day Emergency Care model and there are plans in place for single assessment from December to help achieve the standard. Ongoing work to improve the flow of patients within ED, assessment areas and base wards will contribute to this. In addition, work continues with partners to improve the processes associated with ambulance arrivals.

The following objectives are currently rated as amber.

To improve our approach to investigations, learning from incidents, deaths and reducing overall harm

- *Improve the turnaround time for responding to incidents*

Work in relation to improving turnaround times for responding to incidents (35 day target) has commenced. However, this is behind schedule. Whilst performance has continued to improve, there is further work to do. A review of the Incident Management Policy, including mapping of the process, commenced during September. Alongside this, Directorates who are not achieving the 35 day target are being asked to agree and submit improvement plans.

- *Implement actions based on lessons learned from serious incidents and never events, both organisation-wide themes and actions specific to the clinical environments in which the incidents occurred*

Three corporate action plans to address Trust-wide themes from serious incidents are currently underway (Patient Pathway Process; Management of Deteriorating Patients; Correct Patient, Correct Procedure, Correct Site). This corporate approach ensures Trust-wide implementation of actions.

An audit of the implementation of actions from serious incidents (and other governance) action plans has been built into the Trust's Clinical Audit Plan for 2019/20. New processes for sharing learning from incidents have also been put in place. These include a new quarterly governance newsletter and the development of bi-annual learning forums for governance leads.

To meet the requirements of the Constitutional Standards

- *Cancer*

This measure is rated overall as amber. However, there are a number of measures that are included when monitoring Cancer that have been assessed. The Two Week Wait and 31 day subsequent treatment for anti-cancer drug treatment measures are rated as green.

The following measures within the standard have been rated as amber.

- Breast symptomatic – Whilst the Trust is currently meeting standard, there are risks to maintaining it for the year due to staffing pressures.
- 31 day first definitive treatment - In July 2019, the Trust achieved this measure for the first time in 16 months. Focussed work is taking place with Head & Neck, Lower GI and Urology.
- 31 day subsequent treatment for radiotherapy – Whilst currently meeting standard, work is focussed on improving Head & Neck performance.
- 62 day screening – The Trust is currently meeting standard following improved performance but continues to fluctuate.

The following are rated as red:

- 31 day subsequent treatment(s) for surgery – The Trust is currently failing standard and has deteriorated significantly since September 2018. This was initially due to capacity issues (especially Urology) but poor performance is now a result of Urology treating backlog patients (all breaches).
- 62 day standard – The Trust continues to fail this standard in Head & Neck, Lower GI, Upper GI and Urology. STH provided 697 treatments against the 62 day standard in Q1 of which 45% were for patients beginning their pathway outside of STH. 62 day shared performance for pathways transferred to STH prior to day 38 was 87.8% compared to just 13.3% for pathways transferred after day 38.

Achieve high levels of patient satisfaction with our services

- *Maintain or improve the positive Friends and Family Test scores for inpatients, community, Accident and Emergency and outpatients at or above the levels set within the Integrated Performance Report*

The Accident and Emergency (A&E) 2019/20 year to date positive score is 84.5%. This is below the Trust target of 86% and below the national average year to date score of 85.3%. The main A&E Department at NGH receives the lowest positive FFT score, which impacts on the Trust's overall A&E positive score.

A review of negative comments from NGH A&E has highlighted two main themes: staff attitude and waiting time. The current refurbishment of the waiting area may impact positively on FFT scores. Performance will continue to be monitored by the Patient Experience Committee.

Continue to embed the Trust's People Strategy across the organisation

- *Delivery of the agreed People Strategy objectives with green KPIs for all 10 workstreams.*

The People Strategy Programme Board has been established and first met in May 2019 to oversee the programme of work across all workstreams. The Board provides challenge and support to enable the effective delivery of workstreams, oversees recovery plans and monitors the key metrics for the programme. In addition, the workstreams provide monthly deep dive reports to the HR and OD Committee for Board level assurance.

- *Progress made in meeting the Workforce Race Equality Standards (WRES) and Workforce Disability Standards (WDES)*

An operational working group has been set up and their remit will be to look at employee data and develop an action plan to encompass improvement activities in support of achieving the WRES and WDES.

To implement Key Performance Indicators for improved organisational HR performance

- *Reduction in Agency spend in line with NHSI agency control total.*

At month 5, the Trust is exceeding the agency control total by 7.1% (annual ceiling £11.261m; month 5 control total £4.69m and actual £5.02m giving an unfavourable variance £0.33m). Increased spend is particularly associated with Vascular Services. This has been reviewed with TEG and confirmed as essential.

Agency spend across all areas and staff groups has been reviewed with CEO PMO and virtually all of it judged to be appropriate to serve patients. As such, it is likely that the full-year NHS Improvement ceiling will be exceeded.

From 16th September, any use of agency for Admin & Clerical and Estates is subject to higher authorisation (by the Director of Finance) and staff banks are being established with NHS-P for these staff groups. This has the potential to reduce some agency spend in the second half of the financial year.

In addition, there is continual focus on minimising agency spend through recruitment & retention, use of fixed term contracts, managing sickness absence, the agency control process and identifying opportunities for improvement.

- *Improvement in Recruitment times*

The recruitment times are showing as amber due to the recent implementation of TRAC and increased recruitment activity. Regularly monthly meetings are now taking place between the Director of HR & Staff Development and the recruitment team to address this issue. Additionally, a microsystem has been established involving a representation of management groups from across the Trust and recruitment colleagues with the intention of identifying improvements in the recruitment process.

Ensure that the Trust delivers the Financial Plan

- *Productivity and Efficiency plans achieved.*

The aggregate underperformance against year to date efficiency plans was £1.3m (15.8%). The current forecast is that this under-delivery against plan will improve to £0.5m (2.5%). However, experience over the last few years has been that performance at this point is generally the most reliable indicator of outturn. As such, there is a significant risk that in aggregate, Directorates will underperform against their efficiency plans at outturn.

To deliver the key priorities as set out in the 5 year capital plan

- Progress the Chesterfield Renal Satellite Unit development.

The Trust is progressing this scheme but will now commence the development from April 2020 onwards.

Continue to drive efficiency and sustainability programme through the Making it Better programme

- All workstreams to deliver against agreed plans.

The aggregate underperformance against year to date efficiency plans at month 5 was £1.3m (15.8%). The forecast outturn underperformance is 2.5%. At this stage some of the workstreams are under-delivering in terms of both year to date and forecast outturn.

Next Steps

A final review of the progress against the delivery of the corporate objectives will be presented to TEG and the Board of Directors in April 2020. During this final review process, a new set of corporate objectives will be developed for 2020/21 for consideration and approval.

As part of this work, corporate objectives will be more closely aligned to the revised Board's Assurance Framework along with the recommendations within the final 2019 audit report on Governance in STH. These include:

- To review actions/measures of success for corporate objectives to ensure that all are sufficiently specific and measurable.
- To review corporate objectives to ensure a clear link to the NHS well-led guidance in respect of "sustainable development in relation to the environment".

IMPLICATIONS²:

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATION(S):

The Board of Directors are asked to debate the progress made in delivering the corporate objectives for 2019/20.

APPROVAL PROCESS:

Meeting	Date	Approved Y/N
Trust Executive Group	16 October 2019	Y
Board of Directors	29 October 2019	

APPENDIX I

CORPORATE OBJECTIVES – 2019/20

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	6-month RAG Progress
Strategic Aim - I Deliver the best clinical outcomes				
To respond to the Care Quality Commission (CQC) and NHS Improvement (NHSI) reviews of Trust services	Medical Director / Chief Nurse	<ul style="list-style-type: none"> – Maintain areas rated as 'Outstanding' and develop areas to achieve 'Outstanding' across other domains. – Implement the CQC action plan for all 'must do' and 'should do' actions. 	March 2020	
To progress the changes required for delivering seven day services	Medical Director	<ul style="list-style-type: none"> – Maintain the achievement of the four required clinical standards. – Progress across all other clinical standards. 	May 2019 March 2020	
Compliance with the Local Maternity System (LMS) targets	Chief Nurse	<ul style="list-style-type: none"> – Ensure 27% of the women in Sheffield are booked into the continuity of care model. – Increase the number of women who receive care on a continuity model on a monthly basis and progress against national/LMS targets. 	September 2019	
To progress all quality report objectives for 2019/20	Medical Director / Chief Nurse	<ul style="list-style-type: none"> – Ensure the four quality report objectives covering patient safety, patient experience and clinical effectiveness are achieved within the agreed timescales. 	March 2020	
To improve our approach to investigations, learning from incidents, deaths and reducing overall harm	Medical Director	<ul style="list-style-type: none"> – Improve the turnaround time for responding to incidents. – Implement actions based on lessons learned from serious incidents and never events, both organisation-wide themes and actions specific to the clinical environments in which the incidents occurred. 	March 2020	

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	6-month RAG Progress
Strategic Aim - 2 Provide patient centred services				
To meet the requirements of the Constitutional Standards	Chief Operating Officer	– RTT	March 2020	Green
	Chief Operating Officer	– A&E		Red
	Director Strategy and Planning	– Cancer		Yellow
	Chief Operating Officer	– To work with system partners in exploring the consultation into proposed new Access Standards.		Green
Increase the scale of patient engagement and consultation Achieve high levels of patient satisfaction with our services	Chief Nurse	– Use the Trust's new engagement hub to consult on new inpatient and outpatient patient letters	March 2020	Green
		– Maintain or improve the positive Friends and Family Test scores for inpatients, community, Accident and Emergency and outpatients at or above the levels set within the Integrated Performance Report		Yellow
To work in partnership, engage with key stakeholders and lead where appropriate, system wide developments	Chief Executive / Medical Director / Director of Strategy and Planning	– To ensure progress within each of the agreed system wide work programmes.	March 2020	Green
		– To contribute to the outcome of the Hospital Services Review.		Green
To review the Trust's Corporate Strategy	Director of Strategy & Planning	– To develop a framework for undertaking the review for completion in 2020/21.	March 2020	Green

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	6-month RAG Progress
Strategic Aim - 3 Employ caring and cared for staff				
Address the significant workforce challenges and risks across the organisation	Organisational Development Director	<ul style="list-style-type: none"> – Create and embed an approach to planning and redesigning our workforce. – Plan and deliver a Workforce Summit. 	March 2020	
			May 2019	
Continue to embed the Trust's People Strategy across the organisation	Director of Human Resources & Staff Development / Organisational Development Director	<ul style="list-style-type: none"> – Delivery of the agreed People Strategy objectives with green KPIs for all 10 workstreams. – Creation of a set of behavioural standards to underpin PROUD values. – Create and implement of a robust approach to undertaking Equality Impact Analysis in all service developments and change programmes. – Progress made in meeting the Workforce Race Equality Standards and Workforce Disability Standards. – Improved Friends and Family Test results in all Directorates. 	March 2020	
To implement Key Performance Indicators for improved organisational HR performance	Director of Human Resources & Staff Development	<ul style="list-style-type: none"> – Reduction in Agency spend in line with NHSI agency control total. – Ensure a staff retention rate over 80%. – Sickness absence improvement based on agreed performance targets. – Year on year improvement in Staff Survey Results. – Improvement in Recruitment times – Commencement of Value Based Recruitment. 	March 2020	
To improve recruitment and retention of staff	Medical Director / Chief Nurse / Director of Human Resources & Staff Development	<ul style="list-style-type: none"> – Implementation of targeted solutions by staff group to reduce vacancy rates. 	March 2020	

<p>To ensure that the Registered Nurse (RN) staffing resource is effectively utilised in the context of national and local recruitment position, to deliver high quality safe and effective care</p>	<p>Chief Nurse</p>	<ul style="list-style-type: none"> – Develop a strategic approach to nursing and midwifery workforce modelling and implement a workforce modelling tool. – Develop specific proposals to address the findings of workforce modelling for inclusion in the 2020/21 business planning process. – Evaluate current nursing and midwifery staffing Board reporting mechanisms and implement changes. 	<p>March 2020</p>	
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Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6-month RAG Progress
Strategic Aim - 4 Spend public money wisely				
Ensure that the Trust delivers the Financial Plan	Director of Finance	<ul style="list-style-type: none"> – Financial plans delivered. – Productivity and Efficiency plans achieved. – Secure PSF aligned to the Trusts agreed financial control total 	March 2020	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%; background-color: green; height: 10px;"></div> <div style="width: 20%; background-color: yellow; height: 10px;"></div> <div style="width: 20%; background-color: green; height: 10px;"></div> <div style="width: 20%; background-color: green; height: 10px;"></div> </div>
To deliver the key priorities as set out in the 5 year capital plan	Director of Finance / Director of Strategy & Planning	<ul style="list-style-type: none"> – Progress A Floor and Northern General theatre refurbishment programme. – Progress refurbishment of RHH main lifts. – Completion of MSK Outpatient Hub. – Progress approved WPH refurbishment schemes and approval of the Full Business Case for the overall scheme. – Completion of the Hyper Acute Stroke Unit development. – Completion of the Northern General Hospital Radiology department refurbishment. – Introduction of Modular Wards and development of 5 Beech Hill Road. – Complete the Full Business Case and progress the expansion of the Clinical Immunology and Allergy Department. – Progress the Chesterfield Renal Satellite Unit development. 	March 2020	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%; background-color: green; height: 10px;"></div> <div style="width: 20%; background-color: yellow; height: 10px;"></div> </div>
Continue to drive efficiency and sustainability programme through the Making it Better programme	Director of Finance	<ul style="list-style-type: none"> – All workstreams to deliver against agreed plans. – Systematic reviews are completed within agreed timescales. 	March 2020	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%; background-color: yellow; height: 10px;"></div> <div style="width: 20%; background-color: green; height: 10px;"></div> </div>
To deliver the IT plan and pledges	Medical Director	<ul style="list-style-type: none"> – Delivery of core objectives/pledges 	March 2020	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%; background-color: green; height: 10px;"></div> </div>

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	6-month RAG Progress
Strategic Aim - 5 Deliver excellent research, education and innovation				
Ensure effective and congruent clinical research delivery infrastructure across the Trust	Medical Director	– Undertake review of the Trust’s clinical research delivery infrastructure and implement revised governance and working arrangements.	March 2020	
Maintain volume of patients recruited to NIHR research studies	Medical Director	– Maintain the position of one of NIHR YH CRN’s top 10 NHS organisations for recruitment volumes. – Increased involvement of patients in all parts of the research process and for individuals that are harder to reach.	March 2020	
Ensure the Trust is well placed in relation to research and the CQC assessment questions	Medical Director	– Continue to review our position and explore further opportunities for more visibility of research across the Trust.	March 2020	
Gain a comprehensive understanding of the Trust’s innovative capacity and capability and to realise the opportunities therein	Medical Director	– Identify Innovation Leads for each Directorate. – Undertake a baseline assessment of the innovation activities underway to better understand the priorities for innovation, adoption and implementation into clinical practice.	March 2020	
Continue with the engagement with the implementation of the Life Sciences Industrial Strategy	Chief Executive	– Senior leadership will continue to be involved in the local and national relevant Research Forums to inform consultations and explore opportunities for the Trust as the Life Sciences Industrial Strategy evolves. – Actively explore the opportunities for greater industry engagement, subject to approval and the implementation of governance frameworks to support this	March 2020	