

## EXECUTIVE SUMMARY

## BOARD OF DIRECTORS

18 OCTOBER 2017

<b>Subject:</b>	2017/18 Corporate Objectives – 6 month progress report
<b>Supporting TEG Member:</b>	Kirsten Major, Deputy Chief Executive
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<b>Status<sup>1</sup></b>	A

**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 effectively track the annual delivery of the Trust's strategic priorities were agreed in May 2017 as a result of the refresh of the Trust's Corporate Strategy 'Making a Difference'. The objectives are directly linked to the Trust's Operational Plan 2017-19 and supporting documents such as the Next Steps on the Five Year Forward View, NHS Mandate and the Sheffield Place Based Plan. A 6 month red, amber, green (RAG) progress report against the delivery of the corporate objectives is set out in **Appendix 1**.

**Exception Report**

The following are currently rated as Red.

- ***To improve our approach to investigations and learning from incidents, including dissemination of shared learning - Improve the turnaround time for responding to incidents***

There is on-going work within Directorates to improve performance against the approval of incidents within 35 days. Directorates are provided with both weekly and monthly reports to assist them in monitoring their performance and developing improvement plans. Exception reports are included in the Trust's monthly Integrated Performance Report. The performance against the target has resulted in an increased focus at the monthly Safety and Risk Management Board meetings and is a key topic in the annual Directorate Reviews. Performance against the target has seen recent significant improvements, with a 16% reduction in the number of incidents approved after 35 days from the quarter January – March 2017 to the quarter April-June 2017.

- ***To improve our approach to investigations and learning from incidents, including dissemination of shared learning – Eliminate Never Events***

There are a number of areas of work focussed on mitigating clinical risk and ensuring safer clinical care. These include workstreams associated with Theatre Etiquette and the Surgical Safety Checklist as follows:

- The introduction in April 2017 of a structured programme of audit to measure compliance with the Trust's Safer Procedure Policy, to identify and address any compliance issues. The programme has to date covered main theatres, Oral Surgery and Cardiac Catheter Suite with planned roll out to other areas during 2017-18. Audits are undertaken jointly by the Directorates and the Trust's Clinical Effectiveness Unit with results reported to the Safer Surgery Steering Group.

- Workplace-based simulation training continues to support learning and improvement in clinical areas, with a focus on learning following serious incidents and Never Events. A recent example is a simulation exercise undertaken within Ophthalmology following a wrong site surgery Never Event.
- Detailed action plans are agreed and implemented following serious incidents and Never Events. The Chief Nurse and Medical Director have met Directorates where these have taken place to discuss the incidents and the actions required to mitigate contributory systemic risks. Recent actions implemented following Never Events include amendments and improvements to the Surgical Safety Checklist with the new checklist in place from 1 October 2017, and a review of practices within Oral Surgery including consideration of the introduction of surgical site marking.

The following are currently rated as Amber

- ***Work with the Cancer Alliance and improve early diagnosis, develop service pathways and improve outcomes for cancer patients - Meet the requirements within Achieving World Class Cancer Outcomes***

The Trust has reassessed the implications of Achieving World Class Outcomes and the 96 recommendations that had greatest potential impact on STH. A number of these key recommendations have been progressed, which include the establishment of Cancer Alliance and Cancer Alliance level dashboard. However a significant number of recommendations have either not been progressed nationally as further guidance is awaited. The Cancer Management Executive will continue to ensure that progress with the recommendations once this is available.

- ***To actively participate in, and lead where appropriate, the developments required within the Sustainability and Transformation footprint - Implementation of model for hyper-acute stroke.***

The business case for the Hyper Acute Stroke Unit reconfiguration has been developed and a programme for the implementation of the new model is being prepared. Further modelling of activity levels and subsequent agreement is required before moving forward on the implementation.

- ***To complete the business case for the ongoing development of Weston Park Hospital - Full Business Case approval by the Board***

Continued progress with the development of the Weston Park Hospital infrastructure has seen ward 2 and ward 3 being completed. The next step is for the other aspects of the development to be progressed. The overall business case for the redevelopment continues to be developed and it is expected that the Outline Business Case will be completed by December 2017. The Full Business Case will follow in mid 2018.

- ***To progress the changes required for delivering seven day services - Maintain the achievement of the four required clinical standards; Progress across all other clinical standards***

The Trust has adopted a “business as usual” approach to incorporating the principles of 7 day services into the clinical operations. The national survey responses to our adherence to the 95% target for clinical standard 2: Time to 1<sup>st</sup> consultant review; 5: consultant directed diagnostics; 6: consultant directed interventions; and 8 ongoing review, have not significantly changed over the last four surveys. We are compliant with standards 5 and 6 and are making good progress with standard 8. Work on standard 2 will be needed, which also reflects the national position.

A significant portion of the problem lies in documentation issues, which are being addressed through the Excellent Emergency Care work within the Trust. A Trust engagement event in tandem with NHS Improvement is planned to re-engage at all levels within the organisation. A planned discussion at the Clinical Management Board and Trust Executive Group will consider an alternative approach to successful delivery of these priority standards. If needed, a proposal will be created for a more robust project management based approach.

- ***To meet the requirements of the Single Oversight Framework (SOF) - Achieve relevant quality and performance metrics***

The Trust is currently not meeting all the SOF metrics and this includes diagnostic waits, A&E performance and a number the finance metrics. Recovery plans are in place for these metrics and are reviewed regularly by the Board of Directors through the Integrated Performance Report.

- ***Ensure all Clinical and Corporate Directorates deliver their agreed financial plans – Financial plans delivered; Productivity and Efficiency plans achieved***

Overall, 23 Clinical and Corporate Directorates were performing worse than year to date plan. Significant performance management pressure is being applied to improve these positions by outturn.

The Trust's efficiency plan is overachieving on both year to date and forecast outturn. However, much of this over-performance is case-mix gains, which are still subject to considerable challenge by commissioners. At this stage, commissioners could end up not paying for some elements of this.

- ***To deliver the key priorities as set out in the 5 year capital plan - Completion of must do IT schemes***

There has been good progress to date with the key IT priorities for the year. However, there has been a slight delay on the delivery of the electronic prescribing system (EPMA), the new system within the Renal Directorate and required improvements to the IT infrastructure. Of importance is the ongoing impact of the additional requirements from NHS England in the wake of the recent cyber-attack, which are placing considerable operational pressure on the capacity to deliver all schemes and financial pressure due to the non-recurrent revenue over commitment. A re-planning exercise is taking place to ensure that agreed priorities are delivered within a revised timeframe.

- ***To ensure access to the available Sustainability and Transformation funding - To meet the financial control total as agreed with NHS Improvement***

The Trust was achieving the year to date plan however, the challenge still remains to deliver the full year plan position or better. Even after feeding in known contingencies, the year to date position was unfavourable compared to budget. The risks to full year delivery of plan have been assessed with actions in place to mitigate.

- ***Continue to drive efficiency and sustainability programme through the Making it Better programme - All workstreams to deliver against agreed plans***

Progress continues to be made on all workstreams within the Making It Better Programme but slower than anticipated. Within Excellent Emergency Care, ongoing work on acute assessment and have now accelerated their plans by driving forward the Ward Flow principles. The Seamless Surgery dashboard is now available and further work to integrate the Getting It Right First Time (GIRFT) is planned. Outstanding Outpatients has a launch event planned in November, which is aimed at improving the pace and engagement in the programme. Organisational Development is currently recruiting the Director of OD and once in place will progress this workstream. The 'People Strategy' within the Workforce programme has been discussed with TEG and a wider engagement and consultation process is being progressed.

- ***To progress the implementation of the Biomedical Research Centre Bid in partnership with The University of Sheffield - Approval of the joint business case and commencement of the development of the MRI-PET facility***

The Trust's Capital Investment Team and the University of Sheffield continue to work collaboratively to develop the MRI-PET facility. The project is now at the stage of developing the Outline Business Case, which will be presented in early 2018. This is a delay of approximately 6 months from the original plan and has occurred due to the complexity of project and the extent to the specific estate design and equipment requirements. A Memorandum of Understanding and Heads of Terms continue to be developed to underpin the future service arrangement.

## Corporate Objective Changes

There is a proposed change to two corporate objectives as currently written.

- **Strategic Aim 2 – Provide patient centred services**

A revision to the description of the objective relating to the accountable care framework with our partners across both Sheffield (Accountable Care Partnership) and South Yorkshire & Bassetlaw (Accountable Care System)

- **Strategic Aim 3 – Employ caring and cared for staff**

A change of the measures of success relating to the implementation of the Trust's Health and Wellbeing Strategy; Improvement in RAND Health and Wellbeing Survey data. NHS England assessed each of the initial demonstrator sites and chose to reduce the agreed 12 sites down to 6. The Trust is no longer a demonstrator site and therefore does not have access to the RAND Health and Wellbeing Survey data. The Trust will be reviewing whether to undertake a local RAND survey to support the Health and Wellbeing Strategy.

### Next Steps

A final review of the progress against the delivery of the corporate objectives will be presented to the TEG and the Board in April 2018. During this final review process, a new set of corporate objectives will be developed for 2018/19 for consideration and approval.

### IMPLICATIONS<sup>2</sup>:

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 is asked to consider the progress made in delivering the corporate objectives for 2017/18.

### APPROVAL PROCESS:

Meeting	Date	Approved Y/N
Trust Executive Group	4 October 2017	Y
Board of Directors	18 October 2017	

**APPENDIX I - CORPORATE OBJECTIVES – 2017/18**

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6 month RAG progress
<b>Strategic Aim - I Deliver the best clinical outcomes</b>				
To work towards 'Outstanding' Care Quality Commission (CQC) compliance	Medical Director / Chief Nurse	<ul style="list-style-type: none"> <li>– Maintain areas rated as 'Outstanding' and achieve a minimum of 'Good', with identification of areas needing development to achieve Outstanding, across all other domains</li> <li>– All 'must do' actions completed within the CQC action plan</li> <li>– All 'should do' actions assessed and actioned where agreed</li> </ul>	March 2018	
			In line with the action plans	
To ensure patients are satisfied with the services they receive in key areas across the Trust	Chief Nurse	– To remain above the national average for patient satisfaction measures	March 2018	
To improve our approach to investigations and learning from incidents, including dissemination of shared learning	Medical Director	<ul style="list-style-type: none"> <li>– Improve the turnaround time for responding to incidents</li> <li>– Eliminate Never Events</li> </ul>	March 2018	
			March 2018	
To progress all the quality report objectives for 2017/18	Medical Director / Chief Nurse	<ul style="list-style-type: none"> <li>– Progress with Patient Safety Zone and Safety Huddles</li> <li>– Improvements to End of Life Care</li> <li>– Progress the pilot and then complete the trust wide introduction of Electronic Care Planning</li> </ul>	March 2018	
			March 2019	
			March 2018	
Work with the Cancer Alliance and improve early diagnosis, develop service pathways and improve outcomes for cancer patients	Deputy Chief Executive / Director of Strategy & Planning	<ul style="list-style-type: none"> <li>– Meet the requirements within Achieving World Class Cancer Outcomes</li> <li>– All breast cancer patients should have access to stratified follow up pathways of care</li> </ul>	March 2018	
			March 2018	

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6 month RAG progress
<b>Strategic Aim - 2 Provide patient centred services</b>				
Establish an accountable care framework with our partners across both Sheffield (Accountable Care Partnership) and South Yorkshire & Bassetlaw (Accountable Care System)	Chief Executive	<ul style="list-style-type: none"> <li>– Memorandum of Understanding signed</li> <li>– Governance structure and work programme in place</li> </ul>	July 2017	
To progress the programme of work to revisit Directorate and supporting strategies	Deputy Chief Executive / Director of Strategy & Planning	<ul style="list-style-type: none"> <li>– Clinical Directorate strategies agreed by the Executive Team</li> <li>– Supporting strategies agreed by the Board</li> </ul>	July 2017	
To actively participate in, and lead where appropriate, the developments required within the Accountable Care System.	Chief Executive / Medical Director / Deputy Chief Executive	<ul style="list-style-type: none"> <li>– Implementation of model for hyper-acute stroke.</li> <li>– Completion of the Sustainable Hospital Services Review</li> </ul>	December 2017 February 2018	
To complete the business case for the ongoing development of Weston Park Hospital	Deputy Chief Executive	<ul style="list-style-type: none"> <li>– Full Business Case approval by the Board</li> </ul>	December 2017	
To progress the changes required for delivering seven day services	Medical Director	<ul style="list-style-type: none"> <li>– Maintain the achievement of the four required clinical standards</li> <li>– Progress across all other clinical standards</li> </ul>	April 2017 March 2018	
To meet the requirements of the Single Oversight Framework	Deputy Chief Executive	<ul style="list-style-type: none"> <li>– Achieve relevant quality and performance metrics</li> <li>– Ensure monitoring against segment 1 or 2</li> </ul>	March 2018	
Work with our partners to ensure all patients are discharged from hospital in a safe and effective manner	Deputy Chief Executive	<ul style="list-style-type: none"> <li>– Reducing number of patients within the Trust that are medically fit for discharge</li> </ul>	March 2018	

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6 month RAG progress
<b>Strategic Aim - 3 Employ caring and cared for staff</b>				
To develop and implement the Trust's Staff Engagement Strategy	Director of Human Resources & Staff Development	<ul style="list-style-type: none"> <li>- Improved Staff Survey results</li> <li>- Improved Friends and Family Test results in all Directorates</li> </ul>	March 2018	
To implement the Trust's Health and Wellbeing Strategy	Director of Human Resources & Staff Development	<ul style="list-style-type: none"> <li>- Signed Memorandum of Understanding with NHS England</li> <li>- Improvement in relevant Staff Survey data</li> </ul>	June 2017 March 2018	
Develop new Workforce Strategy.	Deputy Chief Executive	<ul style="list-style-type: none"> <li>- Strategy in place, including a monitoring dashboard</li> <li>- Progress made in meeting the Workforce Race Equality Standards</li> </ul>	September 2017 March 2018	
To improve recruitment and retention of staff	Medical Director / Chief Nurse	<ul style="list-style-type: none"> <li>- Implementation of targeted solutions by staff group to reduce vacancy rates</li> </ul>	March 2018	

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6 month RAG progress
<b>Strategic Aim - 4 Spend public money wisely</b>				
Ensure all Clinical and Corporate Directorates deliver their agreed financial plans	Director of Finance	<ul style="list-style-type: none"> <li>- Financial plans delivered</li> <li>- Productivity and Efficiency plans achieved</li> </ul>	March 2018	Yellow
To deliver the key priorities as set out in the 5 year capital plan	Director of Finance	- Completion of the Cataract Unit	February 2018	Green
		- Completion of Q Floor Theatres	February 2018	Green
		- Frailty Unit	November 2017	Green
		- Planned refurbishment of RHH main lifts	March 2018	Green
		- Completion of must do IT schemes	March 2018	Yellow
To ensure access to the available Sustainability and Transformation funding	Director of Finance / Deputy Chief Executive	<ul style="list-style-type: none"> <li>- To meet the financial control total as agreed with NHS Improvement</li> <li>- To meet A&amp;E performance trajectory</li> </ul>	March 2018	Yellow
Continue to drive efficiency and sustainability programme through the Making it Better programme	Director of Finance	- All workstreams to deliver against agreed plans	March 2018	Yellow



Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	6 month RAG progress
<b>Strategic Aim - 5 Deliver excellent research, education and innovation</b>				
Ensure compliance with the Human Tissue Act 2004, Medicines for Human Use Regulations 2004 and other relevant UK Frameworks and Regulations.	Medical Director	<ul style="list-style-type: none"> <li>– Ongoing compliance with Human Tissue Authority (HTA) requirements</li> <li>– Ongoing compliance with MHRA Statutory requirements</li> </ul>	April 2017	
To progress the implementation of the Biomedical Research Centre Bid in partnership with The University of Sheffield	Medical Director	<ul style="list-style-type: none"> <li>– Approval of the joint business case and commencement of the development of the MRI-PET facility</li> <li>– Progress against each of the research themes</li> </ul>	September 2017	
			March 2018	
Continue to improve volume of patients recruited to NIHR research studies	Medical Director	<ul style="list-style-type: none"> <li>– To be one of NIHR's top 10 NHS organisations for recruitment volumes</li> </ul>	March 2018	
To actively participate in the Sheffield City Region innovations	Chief Executive	<ul style="list-style-type: none"> <li>– Progress the perfect patient pathway test bed project</li> <li>– Advance the health and wellbeing programme of work</li> </ul>	March 2018	