EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 22 MAY 2018

Subject	A review of progress against Corporate Objectives – 2017/18 and planned Corporate Objectives – 2018/19
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Status[1]	D&A*

PURPOSE OF THE REPORT

The purpose of this report is to provide an end of year report on the progress made on delivering the 2017/18 corporate objectives and to present the planned corporate objectives 2018/19.

KEY POINTS

Introduction

A set of corporate objectives that track the annual delivery of the Trust's strategic priorities were agreed in May 2017. These followed the refresh of the Trust's Corporate Strategy 'Making a Difference' and the updated strategic priorities for the organisation. Overall, good progress has been made across all of the Trust's strategic aims and a summary RAG rated year-end progress exception report against the delivery of the specific corporate objectives is set out in **Appendix 1.**

2017/18 Exception Report

Reporting by exception, the red RAG areas are as follows:

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

At the end of April 2018, consultancy on this area will look at the human element in relation to incidents. This will include reviewing the investigation process of serious incidents and the production of action plans for these incidents and never events. There is also the roll-out of the surgical safety checklist audit. Early outcomes of the first cycle show improvement.

- ***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. Planning approval has been granted for the new walkway, which will commence in the autumn of 2018. The next steps are for the aseptic suite and the overall business case for the outpatient redevelopment to be developed, which are expected during 2018 and commence during 2019. Ongoing discussions are taking place with the Charities to confirm the funding for the remaining elements.

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

16 Clinical and Corporate Directorates have not achieved their Productivity and Efficiency plans (P&E). Year-end forecast reveals an overall shortfall of 10.8% (£1.8m) compared against plan. This is largely arising because there are several schemes that have either been aborted or which have been delayed starting. The under-delivery is contributing to the increase in the operating deficit of directorates.

- ***To ensure access to the available Sustainability and Transformation Funding - To meet A&E performance trajectory***

The quarterly trajectory is based on the premise of the higher of achieved target in equivalent quarter in prior year or meeting 90% (95% in March). This year, we have achieved this in Q1 and Q2, but have failed this in Q3 and Q4 with each quarter presenting its own particular challenges.   This is a national picture however, we continue to invest and redesign the urgent and emergency care pathway to provide an optimal patient experience and to ensure patients are treated within the 4 hour standard where clinically appropriate.

The following corporate objectives are currently rated as Amber

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

Since November 2017, there has been more detailed reporting on the reason for delays in turnaround response times to incidents. The Patient Safety and Occupational Safety & Risk Committees (sub-groups of the Healthcare Governance Committee), have focussed on this as a priority, which has resulted in some improvements but operational measures due to winter pressures have meant these have yet to be sustained.

- ***To progress all the quality report objectives for 2017/18 - Progress the pilot and then complete the trust wide introduction of Electronic Care Planning***

Following the initial pilot, the full roll-out commenced in January 2017. To date 43 wards are live. The challenges for the project stem from the merging of resources to cover both the Electronic Care Plan and the E-prescribing (EPMA), which has stretched these resources and prioritisation of these two areas, has proved difficult with the staff available. Recruitment has not been as successful as the team would have liked, so with the staff available, the plan is that the full roll-out of Electronic Care Planning will be August 2018.

- ***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 continues to work to address 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 a South Yorkshire and Bassetlaw Cancer Alliance and Cancer Alliance level dashboard.

However, a significant number of recommendations have not been progressed nationally as further guidance is awaited. Our performance in relation to the 62 day cancer standard also remains challenged and will require recovery in 18/19 in partnership with local Trusts, the Cancer Management Executive will continue to ensure that progress with the recommendations once this is available and those specifically outlined in the 2018/19 planning guidance.

- ***To actively participate in, and lead where appropriate, the developments required within the Sustainability and Transformation footprint - Implementation of model for hyper-acute stroke; Completion of the Sustainable Hospital Services Review***

The business case for the Hyper Acute Stroke Unit (HASU) reconfiguration has been developed and signed off by commissioners but further work is required to finalise the activity levels and subsequent financial agreement before moving forward on the implementation. Agreement in principle has been reached on the capital scheme for the expanded HASU facility at the Royal Hallamshire Hospital and the Full Business Case for Board and NHS Improvement consideration is being developed.

The Hospital Services Review is nearing completion of the first phase and the recommendations will soon be debated across the system in advance of a programme of work being agreed for implementation, commencing in 2018/19.

- ***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 1st 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 challenge 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.

- ***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 transformation and improvement programme. Within the Excellent Emergency Care workstream work is ongoing on acute assessment and plans have been accelerated by driving forward the Ward Flow principles. The Seamless Surgery dashboard is now available and is being used to structure improvement work. Integration of the Getting It Right First Time (GIRFT) clinical variation work is with the Seamless Surgery workstream and is underway. The Outstanding Outpatients workstream was formally launched in November 2017 following a Trust wide consultation and a change in programme leadership. Two Trust wide enabling projects are underway alongside more targeted improvement work with particular outpatient services.

To add rigour to the directorates' delivery of the efficiency schemes linked to these programmes, a systematic approach to value for money has been developed. Each directorate will be supported to review all data and information sources to ensure that all opportunities are considered and that robust plans are developed which are linked to the Making It Better programmes. Work has commenced with the first cohort of 6 directorates and the outcomes will be assessed ahead of continued work with the remainder of the Trust's directorates. The key challenges for directorates and the Making It Better workstreams are balancing the demands and priorities of services alongside improvement and transformation work.

In recognition that Organisational Development (OD) is a significant area of work for STH and that this workstream is key to the transformation agenda, Paula Ward has started in a new OD Director post. Her OD directorate brings together the MCA and Service Improvement teams with the Listening into Action (LiA) and Leadership and Development teams. The aim of this new directorate is to provide a planned, systematic approach to improving organisational effectiveness – one that aligns strategy, people and processes. A 'People Strategy' has been developed and approved by TEG following a wide engagement and consultation process. The People Strategy will be formally launched alongside the NHS' 70th birthday this summer.

- ***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 on a monthly basis by the Trust Executive Group (TEG) and the Board of Directors through the Integrated Performance Report. Directorates who are not delivering against the relevant SOF metrics continue to be performance managed by the members of TEG as part of the Trust's Performance Management Framework.

- ***Work with our partners to ensure all patients are discharged from hospital in a safe and effective manner - Reducing number of patients within the Trust that are medically fit for discharge***

Following reductions in the number of patients within the Trust that were medically fit for discharge during the first part of 2017/18, this deteriorated recently due to winter pressures and the lack of capacity due to the festive season. There has been a great deal of pathway redesign, which has seen the phrase 'Why not home' for many of our patients. This has meant the system has worked together towards maintaining the wellbeing of patients in their usual place of residence, facilitated step down care where required and returned patients to their usual place of residence after admission. This has put an element of pressure on the home care teams as a result of the change in approach. There is now a need to rebalance efforts in order to ensure that all areas are able to manage the flow and impact of this.

- ***To improve recruitment and retention of staff - Implementation of targeted solutions by staff group to reduce vacancy rates***

The Trust has one of the highest retention rates in the NHS and is making steady progress with international overseas recruitment, which was approved in 2017. However, nursing recruitment remains a challenge and Directorate Nursing Teams have been tasked with coming up with a bespoke recruitment offer for nursing in order to maintain and ideally improve vacancy rates.

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

Overall, 23 Clinical and Corporate Directorates performed worse than their year to date plan. Significant performance management pressure was 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 relates to appropriate 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 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. Continued operational pressures, the capacity within Informatics to deliver all schemes and financial pressure due to the non-recurrent revenue over commitment have constrained overall progress.

- ***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 and the University of Sheffield continue to work collaboratively to develop the MRI-PET facility. The project is now at the stage of University developing the Full Business Case, which is a delay of approximately 9 months from the original plan. Practical completion is now estimated to be May 2019, subject to confirmation of the procurement route and operational at the end of the summer 2019. This 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 have been agreed and the lease is under development.

2018/19 Corporate Objectives

The corporate objectives have been developed using the priorities within the Trust's Operational Plan, Next Steps on the Five Year Forward View, NHS England Mandate 2018/19 and the current system wide priorities across Sheffield and South Yorkshire.

IMPLICATIONS[2]

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	✓

RECOMMENDATIONS

The Board of Directors are asked to;
   a) Debate the progress made in delivering the corporate objectives for 2017/18.
   b) Approve the 2018/19 corporate objectives.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	11 April & 9 May 2018	Y
Board of Directors	22 May 2018	

[1] Status: A = Approval
          A* = Approval & Requiring Board Approval
          D = Debate
          N = Note
[2] Against the five aims of the STHFT Corporate Strategy 2017-20

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of Year RAG progress
Strategic Aim - 1 Deliver the best clinical outcomes				
To work towards 'Outstanding' Care Quality Commission (CQC) compliance	Medical Director / Chief Nurse	− Maintain areas rated as 'Outstanding' and achieve a minimum of 'Good', with identification of areas needing development to achieve Outstanding, across all other domains − All 'must do' actions completed within the CQC action plan − All 'should do' actions assessed and actioned where agreed	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	− Improve the turnaround time for responding to incidents − Minimise the risk of Never Events	March 2018 March 2018	■
To progress all the quality report objectives for 2017/18	Medical Director / Chief Nurse	− Progress with Patient Safety Zone and Safety Huddles − Improvements to End of Life Care − Progress the pilot and then complete the trust wide introduction of Electronic Care Planning	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	− Meet the requirements within Achieving World Class Cancer Outcomes − All breast cancer patients should have access to stratified follow up pathways of care	March 2018 March 2018	■ / ■

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of Year RAG progress
Strategic Aim - 2 Provide patient centred services				
Establish an accountable care framework with our partners across both Sheffield (Accountable Care Partnership) and South Yorkshire & Bassetlaw (Accountable Care System)	Chief Executive	− Memorandum of Understanding signed − Governance structure and work programme in place	July 2017	■ (Green)
To progress the programme of work to revisit Directorate and supporting strategies	Deputy Chief Executive / Director of Strategy & Planning	− Clinical Directorate strategies agreed by the Executive Team − Supporting strategies agreed by the Board	July 2017	■ (Green)
To actively participate in, and lead where appropriate, the developments required within the Accountable Care System.	Chief Executive / Medical Director / Deputy Chief Executive	− Implementation of model for hyper-acute stroke. − Completion of the Sustainable Hospital Services Review	December 2017 February 2018	■ (Amber) ■ (Amber)
To complete the business case for the ongoing development of Weston Park Hospital	Deputy Chief Executive	− Full Business Case approval by the Board	December 2017	■ (Red)
To progress the changes required for delivering seven day services	Medical Director	− Maintain the achievement of the four required clinical standards − Progress across all other clinical standards	April 2017 March 2018	■ (Amber) ■ (Amber)
To meet the requirements of the Single Oversight Framework	Deputy Chief Executive	− Achieve relevant quality and performance metrics − Ensure monitoring against segment 1 or 2	March 2018 March 2018	■ (Amber) ■ (Green)
Work with our partners to ensure all patients are discharged from hospital in a safe and effective manner	Deputy Chief Executive	− Reducing number of patients within the Trust that are medically fit for discharge	March 2018	■ (Amber)

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of Year RAG progress
Strategic Aim - 3 Employ caring and cared for staff				
To develop and implement the Trust's Staff Engagement Strategy	Director of Human Resources & Staff Development	– Improved Staff Survey results – Improved Friends and Family Test results in all Directorates	March 2018	
To implement the Trust's Health and Wellbeing Strategy	Director of Human Resources & Staff Development	– Signed Memorandum of Understanding with NHS England – Improvement in relevant Staff Survey data	June 2017 March 2018	
Develop new Workforce Strategy.	Deputy Chief Executive	– Strategy in place, including a monitoring dashboard – Progress made in meeting the Workforce Race Equality Standards	September 2017 March 2018	
To improve recruitment and retention of staff	Medical Director / Chief Nurse	– Implementation of targeted solutions by staff group to reduce vacancy rates	March 2018	

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of Year RAG progress
Strategic Aim - 4 Spend public money wisely				
Ensure all Clinical and Corporate Directorates deliver their agreed financial plans	Director of Finance	– Financial plans delivered – Productivity and Efficiency plans achieved	March 2018	🟧 🟥
To deliver the key priorities as set out in the 5 year capital plan	Director of Finance	– Completion of the Cataract Unit – Completion of Q Floor Theatres – Frailty Unit – Planned refurbishment of RHH main lifts – Completion of must do IT schemes	February 2018 February 2018 November 2017 March 2018 March 2018	🟩 🟩 🟩 🟩 🟧
To ensure access to the available Sustainability and Transformation funding	Director of Finance / Deputy Chief Executive	– To meet the financial control total as agreed with NHS Improvement – To meet A&E performance trajectory	March 2018	🟩 🟥
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	🟧

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of Year RAG progress
Strategic Aim - 5 Deliver excellent research, education and innovation				
Ensure compliance with the Human Tissue Act 2004, Medicines for Human Use Regulations 2004 and other relevant UK Frameworks and Regulations.	Medical Director	– Ongoing compliance with Human Tissue Authority (HTA) requirements – Ongoing compliance with MHRA Statutory requirements	April 2017	🟩
To progress the implementation of the Biomedical Research Centre Bid in partnership with The University of Sheffield	Medical Director	– Approval of the joint business case and commencement of the development of the MRI-PET facility – Progress against each of the research themes	September 2017 March 2018	🟧 🟩
Continue to improve volume of patients recruited to NIHR research studies	Medical Director	– To be one of NIHR's top 10 NHS organisations for recruitment volumes	March 2018	🟩
To actively participate in the Sheffield City Region innovations	Chief Executive	– Progress the perfect patient pathway test bed project – Advance the health and wellbeing programme of work	March 2018	🟩

APPENDIX 2 – CORPORATE OBJECTIVES – 2018/19

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale
Strategic Aim - 1 Deliver the best clinical outcomes			
To respond to the Care Quality Commission (CQC) and NHS Improvement (NHSI) reviews of Trust services	Trust Executive Group	− Maintain areas rated as 'Outstanding' and identify areas needing development to achieve Outstanding, across all other domains − Develop an action plan setting out all 'must do' actions, all 'should do' actions and action where agreed.	March 2019
To improve our approach to investigations, learning from incidents, deaths and reducing overall harm	Medical Director	− Improve the turnaround time for responding to incidents − Minimise the risk of Never Events − Reduce avoidable harm from falls and pressure ulcers − Implementation of e-prescribing to all clinical areas	March 2019 December 2018
To progress all the quality report objectives for 2018/19	Medical Director / Chief Nurse	− Ensure the 13 improvement goals covering patient safety, patient experience and effectiveness are achieved within the agreed timescales	March 2019

Work with the Cancer Alliance and improve early diagnosis, develop service pathways and improve outcomes for cancer patients	Director of Strategy & Planning	− Meet the requirements within Achieving World Class Cancer Outcomes
		   o Improve compliance with cancer waiting time targets in partnership with the Cancer Alliance.
		   o Implementation rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers,
		   o Develop the 28 day Faster Diagnosis Standard for implementation in April 2020.
		   o Support the rollout of Faecal Immunochemical Test (FIT)
		   o All breast, prostate and colorectal cancer patients should have access to stratified follow up pathways of care.
			March 2019

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Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale
Strategic Aim - 2 Provide patient centred services			
To develop the use of Model Hospital throughout the Trust and incorporate into the Trust's Performance Management Framework	Deputy Chief Executive	− Revised Integrated Performance Report for Board and Directorate Dashboards − Utilisation of Model Hospital data in Board Committees	March 2019 October 2018
To actively participate in, and lead where appropriate, the system wide developments required within the Accountable Care Partnership (ACP) and proposed Integrated Care System	Chief Executive / Medical Director / Deputy Chief Executive / Director of Strategy and Planning	− Implementation of the new governance arrangements underpinning the new system wide working − Demonstrable progress within each of the ACP work programmes − Demonstrable engagement in the Integrated Care System work programmes − Action plan in place and progress made with the outcome of the Sustainable Hospital Services Review	March 2019 October 2018
To progress the changes required for delivering seven day services	Medical Director	− Maintain the achievement of the four required clinical standards − Progress across all other clinical standards	September 2018 March 2019
To ensure patients are satisfied with the services they receive in key areas across the Trust and are involved in decision making	Chief Nurse	− To remain above the national average and peers for patient satisfaction measures − Increased scale of patient engagement and demonstrable patient involvement in decision making processes	March 2019
To meet the requirements of the Single Oversight Framework	Deputy Chief Executive	− Achieve all relevant quality and performance metrics − Ensure monitoring against segment 1 or 2	March 2019
Work with our system partners to ensure all patients are discharged from hospital in a safe and effective manner	Deputy Chief Executive	− Reducing number of patients within the Trust that are medically fit for discharge – included those described as stranded and super stranded − Implement the actions outlined within the Local System Review	March 2019

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale
Strategic Aim - 3 Employ caring and cared for staff			
To implement the Trust's People Strategy	Director of Human Resources & Staff Development / Deputy Chief Executive	− People Strategy formally launched including a monitoring dashboard − Progress made in meeting the Workforce Race Equality Standards and Workforce Disability Standards − Improved Friends and Family Test results in all Directorates	September 2018 March 2019
To implement Key Performance Indicators for improved organisational HR performance	Director of Human Resources & Staff Development	− Reduction in Agency spend − Staff retention over 80% − Sickness absence improvement − Year on year improvement in Staff Survey Results,	March 2019
To improve recruitment and retention of staff	Medical Director / Chief Nurse / Director of Human Resources & Staff Development	− Implementation of targeted solutions by staff group to reduce vacancy rates	March 2019

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale
Strategic Aim - 4 Spend public money wisely			
Ensure all Clinical and Corporate Directorates deliver their agreed financial plans	Director of Finance	− Financial plans delivered − Productivity and Efficiency plans achieved	March 2019
To deliver the key priorities as set out in the 5 year capital plan	Director of Finance / Director of Strategy & Planning	− Progress A Floor and Northern General theatre refurbishment programme − Progress refurbishment of RHH main lifts − Completion of must do IT schemes − Progress approved WPH refurbishment schemes and approval of the Full Business Case for the overall scheme − Hyper Acute Stroke Unit development − Northern General Hospital Radiology department refurbishment	March 2019 December 2018
To ensure access to the available Provider Sustainability Funding	Director of Finance / Deputy Chief Executive	− To meet the financial control total as agreed with NHS Improvement	March 2019
Continue to drive efficiency and sustainability programme through the Making it Better programme	Director of Finance	− All workstreams to deliver against agreed plans − Systematic reviews are completed within agreed timescales	March 2019

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale
Strategic Aim - 5 Deliver excellent research, education and innovation			
Establish the new Clinical Research and Innovation Office (CRIO)	Medical Director	− Development of the Clinical Research Patient and Public Involvement (PPI) Strategy − Complete the review of the Trust's research infrastructure and implement revised governance arrangements − Development of the Innovation Strategy	March 2019 December 2018 March 2019
To progress the implementation of the Biomedical Research Centre Bid in partnership with The University of Sheffield	Medical Director	− MRI-PET facility completed and operational − Progress against each of the research themes	March 2019
Continue to improve volume of patients recruited to NIHR research studies	Medical Director	− To maintain the position of one of NIHR's top 10 NHS organisations for recruitment volumes − Increased involvement of patients in all parts of the research process and of individuals that are harder to reach	March 2019
To actively participate in the Sheffield City Region innovations	Chief Executive	− Implement a plan for maximising the opportunities arising within the Life Sciences Industrial Strategy	October 2018