

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

BOARD OF DIRECTORS

21 MAY 2019

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|-------------------------------|--|
| Subject: | Achievement of 2018/19 Corporate Objectives and Corporate Objectives for 2019/20 |
| Supporting TEG Member: | Anne Gibbs, Director of Strategy and Planning |
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| Status¹ | D & A* |

PURPOSE OF THE REPORT:

The purpose of this report is to provide an end of year assessment of the progress made on delivering the 2018/19 corporate objectives and to present the corporate objectives for 2019/20.

KEY POINTS:

Introduction

The 2018/19 corporate objectives were agreed in May 2018 and are directly linked to the delivery of the Trust's Operational Plan 2018/19 and the strategic priorities within the Trust's Corporate Strategy 'Making a Difference' and supporting strategies. The red, amber, green (RAG) progress report is set out in **Appendix 1**.

Exceptions

The following objective is rated as Red:

- **To work with the Cancer Alliance and improve early diagnosis, develop service pathways and improve outcomes for cancer patients**
 - Improve compliance with cancer waiting time targets in partnership with the Cancer Alliance

Cancer waiting times (CWT) performance continues to be a challenge, with performance remaining variable, in part driven by rising activity levels, our ability to adequately flex our available capacity and late transfers from DGH's. There are increasing demands from both cancer and non-cancer services with further impact caused by cancer awareness campaigns/celebrity storylines, some patients are more complex with multiple co-morbidities and, on occasions, having more than one cancer being diagnosed and treated. Treatment is becoming more complex and patient choice is influenced throughout the diagnostic and treatment phase of pathways. The Trust is engaged in a number of internal improvement activities and those across the Cancer Alliance to expedite pathways and improve patient experience.

The following objectives are rated as Amber:

- **To progress all the quality report objectives for 2018/19**
 - Ensure the 13 improvement goals covering patient safety, patient experience and effectiveness are achieved within the agreed timescales

Of the 13 objectives for 2018/19, eight are complete or on track to be completed in line with agreed timescales and five objectives were progressed but did not fully complete. These are as follows:

- *The Sepsis and Deteriorating Patient* objectives made progress and are now to be incorporated within an overarching objective, which is now being progressed through the newly formed Deteriorating Patient Committee.
- *The Procedure Safety Checklist* objective progressed and whilst a number of areas demonstrated improvements in compliance, further work is required. The audit will continue and monitoring of staff uptake of the PALMS online training programme will commence. The work will be overseen by the Safer Surgery Governance Group.
- The reduction in *Pressure Ulcers* objective made good progress during 2018/19 with the development of the pressure ulcer prevention annual work plan and education strategy. However it has not been possible to identify if there has been a 10% reduction in all avoidable patient harm associated with pressure ulcer prevention and management as the term “avoidable” harm relating to pressure ulcers has been withdrawn from use nationally.
- One objective, *Improving Communication with Patients* made good progress in improving and standardising patient letters, reducing the number of letter templates from 437 to 20. The next step is to test and evaluate the new letters and this work has been incorporated within a quality objective for 2019/20.

- **To progress the changes required for delivering seven day services**

- Maintain the achievement of the four required clinical standards

Significant inroads continue to be made with regards to clinical standards. This includes designing a Board assurance process in line with NHS England (NHSE) guidance for 2019/20. A further survey is to be completed for the spring of 2019 using a new template devised by NHSE.

Further work to improve this involves admitting directorates identifying and describing pathways that are safe and do not clinically indicate the need for a senior review. Once categorised, these pathways can be excluded and numbers will improve even further.

- Progress across all other clinical standards

With regards to the balance of the clinical standards, actions against these are still dependent upon national priorities.

- **To develop the use of Model Hospital throughout the Trust and incorporate into the Trust’s Performance Management Framework (PMF)**

- Utilisation of Model Hospital data in Board Committees

The Trust has embedded the use of Model Hospital in the performance management framework and also the Systematic Approach to Financial Improvement (SAFI). Where necessary model hospital data is used within Board and Committee papers as appropriate. A further piece of work will be carried out to set out how Model Hospital data is used within the main Board Committees.

- **To meet the requirements of the Single Oversight Framework (SOF)**

- Achieve all relevant quality and performance metrics

The Trust has not met all the SOF metrics. Challenges were experienced in key target areas including HSMR, MSSA and MRSA bacteraemia.

Like the majority of providers, the Trust did not achieve the national standard of 95% 4 hour waiting time in Accident and Emergency, although on average did treat/discharge 87.41% who came to the emergency department within the required 4 hour timeframe.

The Trust met or exceeded the national standard for urgent cancer referrals being seen within two weeks but did not achieve the Cancer 62 day standard from a GP referral.

The Trust achieved the overall sickness absence target of 4% despite continued challenges and due to several retirements, the Executive Team turnover has not been maintained. However, appropriate, robust recruitment processes have filled all of the Executive Team posts on a substantive basis.

- **To implement the Trust's People Strategy**

- Improved Friends and Family Test (FFT) results in all Directorates

A sample of Directorates participate in FFT during the year with the exception of the quarter when the staff survey is carried out. Whilst there is an overall year on year increase in the Trust's FFT scores, there are some quarters when scores are often lower. All Directorates with poor staff engagement scores in the staff survey will continue to be encouraged to participate in FFT.

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

- Financial plans delivered

At Month 11 (M11), 23 out of 38 Directorates were performing better than their 2018/19 Year To Date (YTD) Financial Plan profile. In aggregate, the Directorates position was almost £2.5m worse than the YTD Financial plan (at M5 this underperformance was £3.0m, so for the last 6 months Directorates have performed better than Plan profile). The mitigation against this is that at M11, the Trust is forecasting that it will exceed its Control Total by £6.0m. This is £10.2m than its Financial Plan deficit of £0.7m.

- Productivity and Efficiency plans achieved

The reported aggregate underperformance against YTD Efficiency plans at M11 was £4.2m (29.2%). The mitigations against this are:

- At M11, directorates are only underperforming by £2.5m against YTD Plan. This tends to indicate that they have found other ways of delivering efficiency in-year (including margin on delivering additional activity), which have not been captured in the monthly efficiency reporting.
- The Trust overall is exceeding the total YTD plan at M11 by £1.5m (7.0%). This arises due to central schemes, mainly the site revaluation/asset re-living exercise.

- **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 made against in delivering the major IT schemes, which includes the Renal Information System, E-Prescribing and STH Telephony all being implemented. Progress has been made on the IT Infrastructure remediation programme and related infrastructure schemes, but continued challenges have impacted on their original timescales resulting in delays. This in particular relates to NHSmail and some aspects of the cyber security work programme.

- Progress approved Weston Park Hospital (WPH) refurbishment schemes and approval of the Full Business Case for the overall scheme

The Trust has successfully completed the scheme for an interim outpatients department in a converted facility on the 4th floor of WPH. Work has commenced on the linked walkway between WPH and the Royal Hallamshire Hospital and the refurbishment works to the brachytherapy suite. The Full Business Case for the upgrade of the pharmacy aseptic unit was approved by the Board of Directors in December 2018 and is now in progress.

The Trust is continuing to develop the proposal for a new outpatient department, which has been delayed further due to the difficulties in obtaining approval for the funding via the Integrated Care System bid submitted in 2018.

- **To ensure access to the available Provider Sustainability Funding (PSF)**

- To meet the financial control total as agreed with NHS Improvement

The M11 forecast to NHS Improvement (NHSI) is that the Trust will exceed its Financial Control Total by £6.0m. This will entitle the Trust to pound for pound PSF incentive funding of £6m and a share of the bonus and general unearned PSF distribution. The South Yorkshire and Bassetlaw ICS system Control Total is expected to be met. This will secure the remaining Q4 funding of £0.9m.

The Trust has failed to deliver against the A&E PSF target for all four Quarters. Hence £7.8m of available funding has not been earned. Out of the total Core PSF available of £26.1m; £18.3m is forecast to be earned. This shortfall should largely be offset by forecast Finance Incentive PSF (£6m). Any further share of the bonus and general unearned PSF distribution should at least eliminate the remaining shortfall.

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

The aggregate over-performance against YTD Efficiency plans at M11 was £1.5m (7.0%). At this stage some of the work streams are under-delivering in terms of both YTD and forecast outturn.

- **To progress the implication of the Biomedical Research Centre Bid in partnership with the University of Sheffield**
 - MRI PET facility completed and operational

The Trust and the University of Sheffield have now finalised the contractual arrangements and the scheme has now commenced. Whilst the original timescales have been changed, the facility is now expected to become operational in February 2020

Corporate Objective Changes

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

Strategic Aim 5 – Deliver excellent research, education and innovation

- Establish the new Clinical Research and Innovation Office (CRIO)

An adjustment the deadline from December 2018 to March 2019.

- Continue to improve the volume of patients recruited to NIHR research studies

Inclusion of YHCRN as part of the top 10 NHS organisations for recruitment volumes.

2019/20 Corporate Objectives

The 2019//20 corporate objectives (**Appendix 2**) have been developed using the priorities within the Trust’s Operational Plan, the NHS Long Term Plan, the NHS England Mandate 2019/20 and the current system wide priorities across Sheffield and South Yorkshire. As part of this process, corporate objectives have also been more closely aligned to the Board’s Assurance Framework.

IMPLICATIONS²:

| AIM OF THE STFT 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:

- a) Debate the progress made in delivering the corporate objectives for 2018/19 and approve the 2019/20 corporate objectives.

APPROVAL PROCESS:

| Meeting | Date | Approved Y/N |
|-----------------------|------------------------|--------------|
| Trust Executive Group | 17 April 2019 | Y |
| Board of Directors | 30 April & 21 May 2019 | |

APPENDIX I-CORPORATE OBJECTIVES – 2018/19

| Corporate Objective | Executive Lead(s) | Actions / Measure(s) of Success | Timescale | End of Year RAG progress |
|--|---------------------------------|---|---------------------------------|---|
| Strategic Aim - I Deliver the best clinical outcomes | | | | |
| Work with the Cancer Alliance and improve early diagnosis, develop service pathways and improve outcomes for cancer patients | Director of Strategy & Planning | <ul style="list-style-type: none"> – Meet the requirements within Achieving World Class Cancer Outcomes <ul style="list-style-type: none"> ○ Improve compliance with cancer waiting time targets in partnership with the Cancer Alliance. ○ Implementation rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, ○ Develop the 28 day Faster Diagnosis Standard for implementation in April 2020. ○ Support the rollout of Faecal Immunochemical Test (FIT) ○ All breast, prostate and colorectal cancer patients should have access to stratified follow up pathways of care. | March 2019 | <div style="background-color: red; height: 20px; width: 100%;"></div> <div style="background-color: #92d050; height: 20px; width: 100%;"></div> |
| To progress all the quality report objectives for 2018/19 | Medical Director / Chief Nurse | <ul style="list-style-type: none"> – Ensure the 13 improvement goals covering patient safety, patient experience and effectiveness are achieved within the agreed timescales | March 2019 | <div style="background-color: #ffcc00; height: 20px; width: 100%;"></div> |
| 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 – 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 | <div style="background-color: #92d050; height: 20px; width: 100%;"></div> |
| To respond to the Care Quality Commission (CQC) and NHS Improvement (NHSI) reviews of Trust services | Trust Executive Group | <ul style="list-style-type: none"> – 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 | <div style="background-color: #92d050; height: 20px; width: 100%;"></div> <div style="background-color: #92d050; height: 20px; width: 100%;"></div> |

| Corporate Objective | Executive Lead(s) | Measure(s) of Success | Timescale | End of Year RAG progress |
|---|--|--|------------------------------|--------------------------|
| Strategic Aim - 2 Provide patient centred services | | | | |
| To ensure patients are satisfied with the services they receive in key areas across the Trust and are involved in decision making | Chief Nurse | <ul style="list-style-type: none"> 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 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 | September 2018 March 2019 | |
| Work with our system partners to ensure all patients are discharged from hospital in a safe and effective manner | Chief Operating Officer | <ul style="list-style-type: none"> 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 | |
| To develop the use of Model Hospital throughout the Trust and incorporate into the Trust's Performance Management Framework | Chief Operating Officer | <ul style="list-style-type: none"> 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 / Chief Operating Officer / Director of Strategy and Planning | <ul style="list-style-type: none"> 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 meet the requirements of the Single Oversight Framework | Chief Operating Officer | <ul style="list-style-type: none"> Achieve all relevant quality and performance metrics Ensure monitoring against segment 1 or 2 | March 2019 | |

| 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 implement the Trust's People Strategy | Director of Human Resources & Staff Development / Chief Operating Officer | <ul style="list-style-type: none"> – 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 | <ul style="list-style-type: none"> – Reduction in Agency spend – Staff retention over 80% – Sickness absence improvement – Year on year improvement in Staff Survey Results, | March 2019 | |
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| | | | | |
| 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 2019 | |

| Corporate Objective | Executive Lead(s) | Measure(s) of Success | Timescale | End of Year RAG progress |
|--|-------------------|---|--------------|--------------------------|
| Strategic Aim - 5 Deliver excellent research, education and innovation | | | | |
| Establish the new Clinical Research and Innovation Office (CRIO) | Medical Director | <ul style="list-style-type: none"> – Development of the Clinical Research Patient and Public Involvement (PPI) Strategy – Undertake the review of the Trust’s research infrastructure and implement revised governance arrangements – Development of the Innovation Strategy | March 2019 | |
| | | | March 2019 | |
| | | | March 2019 | |
| 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"> – MRI-PET facility completed and operational – Progress against each of the research themes | March 2019 | |
| Maintain volume of patients recruited to NIHR research studies | Medical Director | <ul style="list-style-type: none"> – To maintain the position of one of NIHR YHCRN’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 | <ul style="list-style-type: none"> – Implement a plan for maximising the opportunities arising within the Life Sciences Industrial Strategy | October 2018 | |

APPENDIX 2 - CORPORATE OBJECTIVES – 2019/20

| Corporate Objective | Executive Lead(s) | Actions / Measure(s) of Success | Timescale |
|--|--------------------------------|--|------------------------|
| 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 |
|--|---|--|------------|
| Strategic Aim - 2 Provide patient centred services | | | |
| To meet the requirements of the Constitutional Standards | Chief Operating Officer Chief Operating Officer Director Strategy and Planning Chief Operating Officer | <ul style="list-style-type: none"> - RTT - A&E - Cancer - To work with system partners in exploring the consultation into proposed new Access Standards. | March 2020 |
| Increase the scale of patient engagement and consultation Achieve high levels of patient satisfaction with our services | Chief Nurse | <ul style="list-style-type: none"> - Use the Trust's new engagement hub to consult on new inpatient and outpatient patient letters - 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 | March 2020 |
| To work in partnership, engage with key stakeholders and lead where appropriate, system wide developments | Chief Executive / Medical Director / Director of Strategy and Planning | <ul style="list-style-type: none"> - To ensure progress within each of the agreed system wide work programmes. - To contribute to the outcome of the Hospital Services Review. | March 2020 |
| To review of the Trust's Corporate Strategy | Director of Strategy & Planning | <ul style="list-style-type: none"> - To develop a framework for undertaking the review for completion in 2020/21. | March 2020 |

| Corporate Objective | Executive Lead(s) | Actions / Measure(s) of Success | Timescale |
|---|---|--|-----------------------------------|
| 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. | <p>March 2020</p> <p>May 2019</p> |
| 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. | <p>March 2020</p> |
| 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 2018/19 performance. – Year on year improvement in Staff Survey Results. – Improvement in Recruitment times. | <p>March 2020</p> |
| 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. | <p>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 | Chief Nurse | <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> |

| Corporate Objective | Executive Lead(s) | Measure(s) of Success | Timescale |
|--|---|--|------------|
| 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 |
| 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 |
| 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 |
| To deliver the IT plan and pledges | Medical Director | <ul style="list-style-type: none"> – Delivery of core objectives/pledges | March 2020 |

| Corporate Objective | Executive Lead(s) | Actions / Measure(s) of Success | Timescale |
|---|-------------------|--|------------|
| Strategic Aim - 5 Deliver excellent research, education and innovation | | | |
| Ensure effective and congruent clinical research delivery infrastructure across the Trust | Medical Director | <ul style="list-style-type: none"> – 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 | <ul style="list-style-type: none"> – 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 | <ul style="list-style-type: none"> – 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 | <ul style="list-style-type: none"> – 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 | <ul style="list-style-type: none"> – 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 |