

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT OF THE BOARD OF DIRECTORS

28 APRIL 2020

Subject:	Achievement of 2019/20 Corporate Objectives
Supporting TEG Member:	Anne Gibbs, Director of Strategy and Planning
Authors:	Paul Buckley, Deputy Director of Strategy and Planning Paulette Afflick-Anderson, Strategy and Planning Manager
Status¹	D & A

PURPOSE OF THE REPORT:

This report is intended to provide an assessment of the progress made on delivering the 2019/20 Corporate Objectives.

KEY POINTS:

Introduction

An end of year red, amber, green (RAG) progress report against the delivery of the 2019/20 corporate objectives is set out in **Appendix 1**. Out of the 58 measures that underpin these objectives, 41 were achieved leaving 17 as amber and none rated as red. A summary exception report for the amber measures is set out below.

Exception Report

- **To respond to the Care Quality Commission (CQC) and NHS Improvement (NHSI) reviews of Trust services**

Implement the CQC action plan for all 'must do' and 'should do' actions.

Considerable progress has been made on all CQC actions with 45 out of 51 actions have been completed. Of the 6 incomplete actions, one is a 'must do' action from the 2018 action plan, and one is a 'must do' action from the 2016 action plan.

- **To progress all quality report objectives for 2019/20**

Ensure the four quality report objectives covering patient safety, patient experience and clinical effectiveness are achieved within the agreed timescales

Two of the four objectives for 2019/20 are complete and two were progressed but did not fully complete. These are as follows:

- The referrals logged on Lorenzo objective has progressed but on-going work is required, which includes building a performance report to systematically drive up performance, automating retrospective recording in a timely way and auditing directorates whose processes are not achieving improvement. This work will continue and will be overseen by the Electronic Record System (ERS) Programme Board.
- Good progress has been made in relation to the inpatient and outpatient letter evaluation objective, which is currently in the pilot phase for the changes to letters. The results from the pilot will be evaluated by the end of March 2020 and built into the roll out plan, which is planned to be signed-off by the Change Control Board in 2020/21 Q1.

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

Implement actions based on lessons learned from serious incidents (SIs) and never events

Corporate action plans to address Trust-wide themes from serious incidents continue to be developed and have not been fully implemented, with current action plans as follows: Patient Pathway process; Management of Deteriorating Patients; Wrong Site Procedures; VTEs. This corporate approach ensures Trust-wide implementation of actions.

An audit of the implementation of actions from SIs (and other governance) action plans has been built into the Trust's Clinical Audit Plan for 2020-21. Work has commenced to mandate the use of the action plan module within Datix for all serious incidents. Programmes of work to share learning have continued with the quarterly governance newsletter and bi-annual learning fora for governance leads.

- **To meet the requirements of the Constitutional Standards**

A&E

The Trust has worked on stabilising the 4 hour standard throughout the year. An external partner has worked with the Trust since November 2019 and performance has improved in Q3 and early Q4.

Cancer

The delivery of cancer waiting times performance has been challenging during the year. Despite on-going delivery of the constitutional two week wait standard there have been significant challenges in relation to constitutional pledges, most notably 31 day first treatment, 31 day subsequent treatment surgery and more recently 31 day subsequent Radiotherapy. Most challenging has been GP 62 day performance and the difficulties presented by late inter-provider transfer of patients beyond day 38 of their pathway.

Plans are in place to mitigate the risks relating to radiotherapy and subsequent surgery whilst 31 day first treatment performance is also expected to move to a compliant position. We are assured that our cancer governance processes ensure that all cancer patient pathways are as effective and efficient as possible and in accordance with patient choice. Additionally we continue to engage proactively with the Cancer Alliance on their work programme in delivering cancer care across the ICS footprint.

- **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 A&E year to date positive score did not improve in 2019/20 and stood at 84.7%. This is below the Trust target of 86% and below the national average year to date score of 85.3%. The 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. An action plan to improve FFT scores was presented to the Patient Experience Committee in February 2020. Additionally, the recent refurbishment of the waiting area may impact positively on FFT scores and the FFT scores for A&E in January 2020 and February 2020 were above target at 87% and 86% respectively. Performance will continue to be monitored by the Patient Experience Committee.

Community FFT performance for 2019/20 was better than 2018/19. The inpatient performance in 2019/20 remained above target.

- **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

Within the 10 workstreams, there are a range of KPIs and 5 workstreams are not delivering as planned and all have recovery plans. Some of the agreed actions have had a dependency on the national People Plan, which is still yet to be launched.

Creation of a set of behavioural standards to underpin PROUD values

The behavioural standards have been developed and it has been agreed by the Board to align these with the timetable associated with the Trust's Corporate Strategy, which has now been paused. The development of the methodology and the plans for consultation and implementation has been done.

Progress made in meeting the Workforce Race Equality Standards and Workforce Disability Standards

Some progress has been made in terms of setting up Staff Networks and the Strategy but not all of the data is available yet. Therefore, the Trust is not in a position yet of being able to prove that these actions have made a difference. Plans are in place to progress this.

Improved Staff Friends and Family Test results in all Directorates

Improvements have been made across many clinical Directorates but not in all or in a consistent way. Directorates continue to focus on making improvements using the feedback received.

- **To implement Key Performance Indicators for improved organisational HR performance**

Year on year improvement in Staff Survey Results

The Trust achieved and maintained a good performance of 7.1 for the last 2 years with more Directorates achieving an overall improvement in their 10 themes, although this was not significant enough to improve the overall Trust result.

Improvement in Recruitment times

A new automated recruitment management system was implemented in 2019, to improve candidate experience. Further work is required to ensure the current performance of 10.80 weeks is improved to 8 weeks or less.

- **To improve recruitment and retention of staff**

Implementation of targeted solutions by staff group to reduce vacancy rates

Identification of the hotspots has been achieved and there is an agreed process and tools. The next step is the implementation to realise the outcome of reduced vacancies. Work is ongoing to achieve this.

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

Progress approved WPH refurbishment schemes and approval of the Full Business Case for the overall scheme.

Good progress has been made in the development of WPH with the new walkway and Brachytherapy facilities being completed. The approval of the Outline Business Case for the overall scheme has enabled an agreement with the University of Sheffield to be reached, which will now support the development of the final design and the Full Business Case.

Progress the Chesterfield Renal Satellite Unit

The enabling works is now underway, which will then allow the satellite unit at Chesterfield to commence. This is expected to now commence later in 2020.

- **To continue to drive efficiency and sustainability programme through the Making it Better programme**

All workstreams to deliver against agreed plans

The Trust has delivered higher than planned efficiency savings during the year. However, at a Making It Better Programme level, some workstreams have not met plan. Original plans were ambitious, and whilst much progress has been made against all, some individual schemes have not delivered in full. To address this next year, the MIB Programme Leads are developing comprehensive plans which will increase the scale and spread of existing best practice across the organisation, supported with up to date, robust data and benchmarking.

- **To deliver the IT plan and pledges**

Delivery of core objectives/pledges

The pledge to launch the new intranet was not completed due to the altered priorities since early March. This will now be progressed later in 2020.

2020/21 Corporate Objectives

TEG are considering how to approach this and will report back to the Board of Directors in May.

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 is asked to approve the progress with 2019/20 Corporate Objectives.

APPROVAL PROCESS:

Meeting	Date	Approved Y/N
Trust Executive Group	22 April 2020	Y
Board of Directors	28 April 2020	

APPENDIX I

CORPORATE OBJECTIVES – 2019/20

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	End of year RAG Rating
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: orange; height: 15px; width: 100%;"></div>
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: green; height: 15px; width: 100%;"></div>
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: green; height: 15px; width: 100%;"></div>
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	<div style="background-color: orange; height: 15px; 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. – 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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: orange; height: 15px; width: 100%;"></div>

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	End of year RAG Rating
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: yellow; height: 15px; width: 100%;"></div> <div style="background-color: yellow; height: 15px; width: 100%;"></div> <div style="background-color: green; height: 15px; width: 100%;"></div>
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: yellow; height: 15px; width: 100%;"></div>
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	<div style="background-color: green; height: 15px; width: 100%;"></div> <div style="background-color: green; height: 15px; width: 100%;"></div>
To review 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	<div style="background-color: green; height: 15px; width: 100%;"></div>

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	End of year RAG Rating
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	Green
			May 2019	Green
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 Staff Friends and Family Test results in all Directorates. 	March 2020	Yellow
				Yellow
				Green
				Yellow
				Yellow
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	Green
				Green
				Green
				Yellow
				Green
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	Yellow
				Yellow

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	End of year RAG Rating
Strategic Aim - 3 Employ caring and cared for staff				
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. 	March 2020	

Corporate Objective	Executive Lead(s)	Measure(s) of Success	Timescale	End of year RAG Rating
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;"> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: green;"></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;"> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: yellow;"></div> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: yellow;"></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;"> <div style="width: 20px; height: 20px; background-color: yellow;"></div> <div style="width: 20px; height: 20px; background-color: green;"></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;"> <div style="width: 20px; height: 20px; background-color: yellow;"></div> </div>

Corporate Objective	Executive Lead(s)	Actions / Measure(s) of Success	Timescale	End of year RAG Rating
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	