

TRUST BOARD IN PUBLIC	Date: 28th March 2013	
	Agenda Item: 5.3	
REPORT TITLE:	Review of Corporate Priorities for 2012/13 & Corporate Objectives for 2013/14	
EXECUTIVE SPONSOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT AUTHOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Trust Board Seminar – Jan 13; Board - Jan 13 Executive Team & Management Board Strategy – Feb & March 13	
Purpose of the Report and Action Required: (√)		
This report provides the Board with review of achievements of corporate priorities for 2012/13 and outlines the core strategic objectives for 2013/14.	Approval	√
	Discussion	
	Information	
Summary of Key Issues		
<p>The overarching corporate objectives for the Trust along with our vision and values remain the same for the coming year. However these are now underpinned by the development of new actions and measures which are aligned to national standards and local priorities which have been developed by the Executive Team, senior clinicians and managers.</p> <p>Once approved these will inform development of the Board Assurance Framework, further development of the Integrated Business Plan and individual and team objectives throughout the year.</p>		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Objective 4 – Become a sustainable, effective organisation.		
Corporate Impact Assessment:		
Legal and regulatory implications	Achievement of our objectives meet our legal and regulatory requirements	
Financial implications	Objectives identify our plans to achieve financial balance	
Patient Experience/Engagement	Improving patient experience and engagement are integral to achieving our objectives	
Risk & Performance Management	These will be developed as part of the Board Assurance Framework	
NHS Constitution/Equality & Diversity/Communication	Meeting our objectives and priorities essential to meeting our obligations for equality, diversity, improving communication and compliance with the NHS Constitution	
Attachments: Paper		

Review of Strategic Priorities-2012/13 & Corporate Objectives - 2013/14



Putting people first
Delivering excellent, accessible healthcare

Our Vision and Values

Vision for the Future of Services

The Trust Board has expressed the vision for the services that it will deliver:

'Safe, High Quality Healthcare which puts our Community First'.

Our Values

What Surrey and Sussex Healthcare NHS Trust stands for:

- Dignity & Respect:** we value each person as an individual and will challenge disrespectful and inappropriate behaviour
- One Team:** we work together and have a 'can do' approach to all that we do recognising that we all add value with equal worth
- Compassion:** we respond with humanity and kindness and search for things we can do, however small; we do not wait to be asked, because we care
- Safety & Quality:** we take responsibility for our actions, decisions and behaviours in delivering Safe, High Quality Care

The Trust's Vision and Values continue to be embedded throughout the Trust and through our work with our local health and social care community and therefore have expanded the 'one team' value to include partners such as Clinical Commissioning Groups / GPs, other acute and community providers and social care teams.

1. Overview of Achievement of Objectives for 2012/13

During 2012/13 the Trust agreed the following four overarching corporate objectives shown in the diagram below. These objectives fit with the Trusts vision and values.



The corporate objectives were supported by priorities which were underpinned by detailed divisional and corporate plans in these specific areas:

- Operational and clinical approach
- Quality and safety approach
- Financial resources and savings plan
- Organisational development approach
- Workforce approach
- Capital and estates plan

1.1 As part of the ongoing review, corporate objectives have undergone local reviews through the Board Assurance Framework, monthly integrated performance and quality reports to the Board, individual clinical divisional reviews with additional presentations from clinical and corporate divisions as part of the business planning process.

The following is a summary review of achievements of the main strategic objectives for 2012/13.

Priority	Outcome/Achievements
Objective 1:	
Achievement of national best practice in clinical care	<ul style="list-style-type: none"> • Unqualified CQC registration • “Performing” on national performance standards • Maternity CNST Level 1 • Mortality data
Ensure patients are cared for in the right place at the right time	<ul style="list-style-type: none"> • Pre-winter, Norovirus and bed pressures; the Trust used extra capacity & achieved significantly better performance for admissions to ring fenced beds for stroke and #NOF beds. This has worsened across the whole health economy over winter
Develop clinical partnerships that provide safe and sustainable clinical services	<ul style="list-style-type: none"> • Trauma Unit Status • Network solutions in cancer services, cardiology, trauma, vascular care • King’s Fund supporting Frail Elderly pathway re-design • Work with health & social system to reduce inappropriate emergency admissions. This is ongoing.

Objective 2:	
Be recommended on the basis of “customer care”	<ul style="list-style-type: none"> • “Your Care Matters” pilots including “friends and family” test • Improved “Patient Opinion” feedback • Reduction in numbers of complaints • Increased positive news & media coverage
Treat all patients and their families/carers with compassion, courtesy. Privacy and dignity	<ul style="list-style-type: none"> • Preparatory workshops to develop nursing and midwifery strategy incorporating the principles of the Six “Cs” • Revitalised Patient Experience Committee • Embedding patient feedback from “Your Care Matters – addressing behaviours as well as competence
Objective 3:	
Work with our patients and partners to develop services that meet the needs of our community	<ul style="list-style-type: none"> • Joint work with health and social care partners for winter plan • Patient engagement & work with LiNKs • Development of Clinical Strategy & Integrated Business Plan shared with partners
Improve the way people see and talk about SaSH	<ul style="list-style-type: none"> • Positive patient feedback • Major patient focused capital developments (main entrance, emergency department, Boots & WH Smith’s)
Objective 4:	
Live within our means both in year and sustainably into the future	<ul style="list-style-type: none"> • Delivery of financial targets • Financial and governance assurance • Effective stewardship of Trusts resources • Well managed acute care contract with PCTs

	<ul style="list-style-type: none"> • Long Term Financial Model
Listen to, value and develop our workforce	<ul style="list-style-type: none"> • Staff engagement programme • Improved staff survey results • Workforce development and training programmes • Consultant job planning • 3 year workforce strategy

- 1.2 It has been recognized that the Trust has made significant progress throughout 2012/13. These achievements will be further consolidated in the development of corporate objectives and priorities in 2013/14.

2. Strategic Objectives and related priorities for 2013/14

As part of the Annual Business Planning process and to aid further development of the Trusts five year Integrated Business Plan and Long Term Financial Model, the Trust has undertaken a detailed assessment of its strengths, weaknesses, opportunities and threats as well as the external environment. This has informed confirmation by the Board of four strategic objectives for the Trust for the coming year:

1. **Deliver Safe, High Quality, Coordinated Care**
2. **Ensure Patients Are Cared For and Cared About**
3. **Work in Partnership With Our Community**
4. **Become a Sustainable, Effective Organisation**

The priorities, actions and measures have been developed by the Executive, Clinical Chiefs and senior management teams and will be supported by divisional and corporate business plans and objectives, individual and team objectives. Progress against objectives will be reported to the board in a variety of ways throughout the year through the Board Assurance Framework, individual strategies, reports and plans and through a six monthly progress report to the board.

2.1 Additional Plans

In addition to our strategic objectives the following vehicles support the delivery of our corporate priorities:

- Strategic Operational Plan 2013/14
- Clinical Strategy
- Quality & Safety Strategy
- Quality Account

- Financial Resources & Savings Plan
- IT Strategy
- Capital & Estates Plan
- Workforce Strategy & OD Plan
- Integrated Business Plan and LTFM

Objective 1:

Deliver Safe, High Quality, Coordinated care

The safety and quality of the services we provide is at the centre of everything the Trust does and we will deliver the care that our local population deserves. The priorities relating to this strategic objective are:

- Achievement of national best practice in clinical care
- Ensure patients are cared for in the right place at the right time
- Develop clinical partnerships that provides safe and sustainable clinical services

The table below outlines the actions, how the priorities are measured and the lead director.

Priority	Actions	Measure	Lead Director
Achievement of national best practice in clinical care.	<p>Meet all national priorities and best practice in high quality clinical care</p> <p>Align with local strategies (Clinical, Quality & Safety, Effectiveness & CQUINs, Nursing & Midwifery)</p>	<p>Core Standards</p> <ul style="list-style-type: none"> • Maintain unqualified CQC registration <p>Patient Safety</p> <ul style="list-style-type: none"> • Number of Never Events – zero tolerance • Rate of patient safety incidents per 100 admissions • Rate of “Serious Harm” patient harm incidents reported per 100 admissions • Percentage of all admissions who have a VTE risk assessment >95% • Safety thermometer 95% of patients with harm free care • Pressure damage – zero tolerance to grade 3 and 4 / incidence per 1000 admissions. • Incidence of Medication errors causing serious harm / medication errors per 1,000 bed days. • Rate of surgical site infections per 10,000 specified orthopaedic operations • Percentage of planned day case procedures which convert to inpatients on the day • Reduction of falls (draft strategy out to consultation final to confirm measure in Q1) • Nutrition – MUST (Malnutrition Universal Screening Tool) assessment 	Chief Nurse/ Medical Director /Chief Operating Officer

Align with local strategies (Clinical, Quality & Safety, Effectiveness & CQUINs, Nursing & Midwifery)

Mortality

- HSMR score of 100 or less
- SHMI of 100 or less
- HSMR and SHMI for #NOF of 100 or less
- HSMR and SHMI for Stroke of 100 or less
- HSMR and SHMI for COPD of 100 or less

Readmission rates

- Emergency readmissions within 2 and 30 days following elective admission
- Emergency readmissions within 2 and 30 days following non-elective admission

Infection Control

- MRSA (Trust acquired) – zero tolerance / rate per 1m occupied bed days
- C Difficile – plan of 31 / rate per 100,000 bed days
- MSSA – rate per 100,000 bed days

Emergency Department

- Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95%
- No of 12 hour trolley waits
- Percentage ambulance handover within 15 mins
- Percentage ambulance handover within 30 mins
- No of handovers over 1 hour
- Re-attendance rate

18 Weeks

- Admitted patients to start treatment within a maximum of 18 weeks from referral – 90%
- Non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%
- Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%
- No patients waiting over 52 weeks for treatment
- No of patients cancelled on day who breach 28 day

Medical Director

Chief Operating Officer

Align with local strategies (Clinical, Quality & Safety, Effectiveness & CQUINs, Nursing & Midwifery)

guarantee

- No of patients who have urgent operations cancelled twice
- Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%

Cancer

- Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%
- Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
- Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%
- Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%
- Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%
- Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%
- Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%

Stroke Care

- Stroke patients scanned within 1 hour of hospital arrival
- 80% of patients achieving all criteria of best practice
- >50% of stroke patients scanned within 1 hour of hospital arrival
- 100% of stroke patients scanned within 24 hour of Hospital Arrival
- >90% of patients admitted directly to a ASU within 4 hours of arrival
- >80% of stroke patients spending 90% or more on stroke unit
- >60% of patients with high risk TIA treated within 24 hours

	Align with local strategies (Clinical, Quality & Safety, Effectiveness & CQUINs, Nursing & Midwifery)	<p>#NOF Care</p> <ul style="list-style-type: none"> • 85% of patients admitted to #NOF ward within 4 hours • 85% of patients receive operation within 36 hours <p>Maternity Care</p> <ul style="list-style-type: none"> • Women booked before 12(+6) complete weeks • Weekly hours of dedicated consultant presence on labour ward • 1:1 Care in Labour • Breastfeeding at Initiation • CNST level 2 achievement • Neonatal deaths / still births per 1000 births • Admission of full term babies to neonatal care • Enhanced labour ward consultant presence to support patient choice <p>Dementia Care</p> <ul style="list-style-type: none"> • Dementia: screening, risk assessment and specialist referral for diagnosis – 90% of all eligible patients aged 75 and over <p>Other</p> <ul style="list-style-type: none"> • BADS (British Association of Day Surgery) - Rates for Day case / Outpatient procedures • Ambulatory Care - % of admissions with zero LOS for emergency ambulatory care conditions 	
Achieve best practice in the use of quality & patient safety indicators	Use quality & patient indicators as agreed and monitored in national Quality Dashboard and internal quality monitoring tools	Adopt the National Quality dashboard, monitor and benchmark progress against the KPIs	Chief Nurse
Ensure patients are cared for in the right place at the right time	Work with health and social care partners to agree definition for an “acute bed”	<p>Bed Occupancy Average Daily Percentage of 90% beds in use to flow from bed modelling work</p> <p>Reduce the number of inappropriate ward moves</p> <p>Audit the number of patients in the right bed determined by clinical need</p>	Medical Director

Work well within clinical networks and develop clinical partnerships.	Continue work within clinical networks and develop clinical partnerships (e.g. AHSN)	Delivery of Vascular Network changes Sustain high performing trauma unit standards Active participation in other clinical networks Cancer strategy	Medical Director
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Objective 2:

Ensure Patients Are Cared For and Cared About

The provision of safe, high quality care has to be tailored to each individual's needs and the objective of ensuring patients are "cared for and cared about" reflects the human nature of the services SaSH provides. This objective reflects both the values that SaSH is built on and is key to improving patient experience and being the provider of choice for healthcare services in our local area.

The priorities relating to this strategic objective are:

- Be recommended on the basis of "customer care"
- Treat all patients and their families/carers with compassion, courtesy, privacy and dignity.

Priority	Actions	Measure	Lead Director
Be recommended on the basis of "customer care"	Full implementation of "Your Care Matters" and use patient family to improve patient experience	A score greater than 70 for the Friends & Family Test in Emergency Department and Adult Inpatient areas	Director of IT & Estates
		Improvement in patient feedback scores for inpatient food with increase in percentage of patients who rate hospital food positively. Improved patient feedback score for patient communications based on national measures Number of complaints, time to resolution and reduced number of re-opened complaints	Chief Nurse

Always treat all patients and their families/carers with compassion, courtesy and privacy and dignity	Ensuring that staff at all levels have the necessary knowledge, skills and attitudes related to caring for those at the end of their life to provide optimal care	Provide 100% of patients requiring End of Life Care that is planned, well co-ordinated, compassionate and cantered on the individual requiring that care.	Chief Nurse
	Provide personalised care planning to assess, the needs and wishes of the individual included in a care plan	Evidence of patients being actively involved in their treatment and care plans	Chief Nurse /Medical Director
	If individuals wish to make an advanced decision to refuse treatment; advance care planning discussion is undertaken; including setting out the relevant choices, such as the Liverpool Care Pathway	Evidence of consent and patients being actively involved in their treatment and care plans	
		Any plans, whether advanced care plans or contemporaneous, are regularly subjected to review by the multi-professional team, the individual and when appropriate, carers.	Medical Director
		Mixed Sex Breaches: Target of 0 breaches	Chief Nurse
	Patient feedback score for Compassion, Courtesy, Privacy and Dignity: national measure plus 90% of patients feel they are treated with dignity and respect at all times during their stay	Chief Nurse	

Objective 3:

Work in Partnership with Our Community

As stated in our vision, the Trust wants to provide services that “put our community first”. Our third objective therefore is to work in partnership as we seek to provide the services that best suit the needs of our community, our first priority under this objective. The second priority reflects some of the issues around perceptions of SaSH in the past. We therefore aim to see an improvement in how our stakeholders perceive the Trust.

	Active partnership engagement	Engagement of key stakeholders and positive relationships across health and social care system	Chief Executive
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Objective 4:

Become a Sustainable, Effective Organisation

Like any NHS Trust, we have a financial duty to break even and must reach foundation trust status or seek alternative solutions for the future of the Trust. This drives the first two priorities in this domain which are to live within our means financially and to agree an organisational form that will allow us to be a foundation trust. While financial expenditure is one element of a sustainable and effective organisation, another key element, and building block for the delivery of the other Trust objectives, is our workforce. The second priority under this objective is therefore to listen to, value and develop our workforce through a comprehensive system of objective setting and appraisal.

The priorities relating to this strategic objective are:

- Live within our means both in year and sustainably into the future
- Provide core acute services with a focus on emergency and trauma services that allow us to be a clinically and financially sustainable organisation
- Listen to, value and develop our workforce
- Implement our plans to become a Foundation Trust by 2014
- Ensure that the estate and infrastructure supports our sustainability

Priority	Actions	Measure	Lead Director
Live within our means both in year and sustainably into the future	Provide core acute services with a focus on emergency and trauma services that allow us to be a clinically and financially sustainable organisation to build an	Delivery of agreed financial budget Achievement of efficiency gains in line with the Long Term Financial Model (LTFM) Delivery of activity plans and income targets	Chief Financial Officer

	elective base	Establishment of sustainable long terms partnerships	
Listen to, value and develop our workforce	<p>Ensure effective and appropriate feedback mechanisms are in place</p> <p>Implementation of training & development strategy including clinical leadership development programme</p>	<p>Staff feedback scores for four staff pledges as outlined in National Staff Survey</p> <ul style="list-style-type: none"> To provide all staff with clear roles, responsibilities and rewarding jobs. To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed. To provide support and opportunities for staff to maintain their health, well-being and safety. To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services. Staff to recommend SaSH as an employer of choice 90% of staff having an annual appraisal 	Director of Human Resources
Implement our plans to become a Foundation Trust by 2014	Develop and implement FT project plan to achieve FT by 2014	<ul style="list-style-type: none"> Achieve all milestones within realigned TFA Achieve outputs agreed by FT Project Board Formal commissioner support for IBP, LTFM and FT application TDA Support for FT application to Monitor 	Chief Executive/ Director of Corporate Affairs
Ensure that the estate and infrastructure supports our sustainability	Capital & IT plans to support delivery of required infrastructure	<ul style="list-style-type: none"> Implementation of agreed capital plans Implementation of IT strategy and infrastructure to support delivery of strategic priorities 	Director of IT & Estates