

TRUST BOARD IN PUBLIC		Date: 21 July 2017																
		Agenda Item: 5.1																
REPORT TITLE:		Annual plan 2017/18 Q1 Update																
EXECUTIVE SPONSOR:		Anouska Adamson-Parks Head of Strategy																
REPORT AUTHOR (s):		Anouska Adamson-Parks Head of Strategy																
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee																
Action Required:																		
Approval	Discussion	Assurance (√)																
Purpose of Report:																		
The purpose of this report is to provide assurance to the Board that the annual operating plan for 2017/18 is on track and being managed by the Executive leads.																		
Summary of key issues																		
This report provides progress against each of the Annual Delivery Plan actions for Quarter 1, April to June 2017.																		
Of the 67 actions the status for the quarter is reported as follows:-																		
	<table border="1"> <thead> <tr> <th>Status</th> <th colspan="2">Q1 – April to June 2017</th> </tr> </thead> <tbody> <tr> <td>Red</td> <td>2</td> <td>3%</td> </tr> <tr> <td>Amber</td> <td>10</td> <td>15%</td> </tr> <tr> <td>Green</td> <td>54</td> <td>81%</td> </tr> <tr> <td>Blue</td> <td>1</td> <td>1%</td> </tr> </tbody> </table>			Status	Q1 – April to June 2017		Red	2	3%	Amber	10	15%	Green	54	81%	Blue	1	1%
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The completed action relates to the opening of the day surgery unit.																		
Most actions are on track for delivery with a small number rated as amber and red. These are provided in the following table for information. All slippage is being managed via appropriate governance groups and actions are in place to recover. Where appropriate additional scrutiny is being taken forward via the Executive Committee.																		

Ref	Action	Q1 update	RAG	
1.8	Monitor and work towards compliance with national midwifery staffing guidance	Annual review undertaken and board agreement/funding allocated to improve ratio to 1:32. New guidance confirms existing approach to workforce planning	A	
1.10	Healthcare acquired infection	Meet the DH central infection control targets of ≤ 15 Cdiff cases and no preventable MRSA blood stream infections	A	
2.1	Achieve top 25% performance in benchmarked clinical outcomes	9 Trust-apportioned Cdiff (1 lapse) Zero MRSA Blood stream infections	A	
2.1	Achieve top 25% performance in benchmarked clinical outcomes	For the Effectiveness indicators we are in the Upper Quartile for 4 of the 7 indicators. Bed Occupancy for Critical Care remain on the lower quartile	A	
2.6	Implement a managed equipment service which is supported by a rolling equipment replacement schedule	12 year plan to be managed in-house	A	
2.9	Aim for an 'A' rating for SSNAP with a minimum delivery of 'B' in year to ensure ongoing improvements	Presently rated as C - actions to improve are underway and will be kept under review by Clinical Effectiveness Committee	A	
2.12	#NOF	Maintain BPT > 75% Improve % patients on a hip fracture ward < 4 hours Strengthen links with community providers	A	
4.3	Complete Frontier pathology services joint venture implementation and delivery	Performance continues to be a challenge for the 4 hour target when peaks in demand. However majority do get to a bed in 6 hours.	A	
4.3	Complete Frontier pathology services joint venture implementation and delivery	Year 2 I&E plan agreed. Programme timelines for MLSC, New build and LIMS to be adjusted due to BSUH Exec management changes & subsequent approval from NHSi. Plans still have support & credibility	A	
4.4	Ensure patients receive the right care, in the right bed, at the right time, every time	Work towards achieving 85% bed utilisation	Bed occupancy continues to be above 85% despite LOS improvements. Activity growth exceeds plan driving increased bed requirements.	R
4.5		Work towards LOS being in top 20%	LOS trend continues to benchmark in lower quartile despite improvements since last year.	R
4.60		Deliver all elective plans	Elective activity as a whole is adverse to plan, now reporting at (£1.4m) for Q1. Both daycase and elective inpatient categories are adverse to plan and this is largely due to bed challenges. Daycase activity is adverse mainly due to a less rich casemix resulting in lower productivity levels. Both elements are being managed within the Directorates as well as the Productivity Programme.	A
5.10	Provide upgraded email solution	Technical problems with the suppliers migration tools have led to a delay in the project. This has now been corrected and the pilot will recommence early August with roll-out starting immediately afterwards	A	
5.11	Complete Network Upgrade	Paper for costs of out-of-hours support being taken to execs 26th July. OBC for network upgrade still under review	A	

Recommendation:

The Committee are asked to note progress against the delivery of the action plan and areas of challenge.

Relationship to Trust Strategic Objectives & Assurance Framework:

SO1: Safe – Deliver safe, high quality care *and improving* services which pursue perfection and be in the top **25% of** our peers

<p>SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy</p> <p>SO3: Caring – Work with compassion in partnership with patients, staff, families, carers and community partners</p> <p>SO4: Responsive – To continue to be the secondary care provider of choice for the people of our community</p> <p>SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model</p>	
Corporate Impact Assessment:	
Legal and regulatory impact	The annual plan demonstrates delivery of key actions to support the strategic objectives
Financial impact	Business cases will be developed for any significant resource developments.
Patient Experience/Engagement	The annual plan includes a number of objectives linking to patient experience and engagement
Risk & Performance Management	Delivery of the annual plan is monitored by the executive Committee and reported to the Trust Board
NHS Constitution/Equality & Diversity/Communication	The annual plan demonstrates delivery of the organisations strategic objectives
Attachment:	
Annual plan 2017/18 Q1 update	