

Annual Priorities 2018/19

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Trust Board paper G

Executive Summary

This paper presents the final draft of the Trust's longer term strategic objectives and annual priorities for 2018/19. The strategic objectives for the Trust remain as per those approved at Trust Board in 2017; however, the annual priorities have been re-developed as SMART priorities during the refresh process.

Questions

1. Do the draft priorities reflect those things which we consider to be 'mission critical' in 2017-18?
2. Do we have the capacity and capability to achieve them?
3. How will we know if we have achieved them?

Conclusion

1. The draft priorities have been developed following triangulation of patient and staff feedback, complaints, regulatory requirements and discussions with our Joint Patient Reference Group. The priorities also reflect our commitment to quality, with our refreshed Quality Commitment remaining central to the document. There is an additional section within this year's priorities covering our commitment to improving performance against national standards for emergency care and cancer. In total, these 25 priorities cover all mission critical actions this Trust must take through 18/19.
2. Each of the priorities has an agreed executive and delivery lead along with a named delivery team (where in place). Gaps in delivery resource have been mapped at both corporate and at CMG level, with plans to identify mitigations in train.
3. The priorities (both the Quality commitment and supporting priorities) will be run using a programme management approach. Each priority already has a set of draft metrics as outlined in Appendix A – the action through March is to ensure that these metrics are finalised and that baselines, trajectories and action plans are produced for each priority along with a streamlined governance process.

Input Sought

CONSIDER whether these are the right priorities for the Trust for 18/19

APPROVE the priorities for 18/19

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

- | | |
|---------------------------------|------------------|
| a. Organisational Risk Register | [Not applicable] |
| b. Board Assurance Framework | [Not applicable] |

3. Related **Patient and Public Involvement** actions taken, or to be taken:

The draft priorities have been formulated through triangulation of patient complaints/feedback, regulator feedback and feedback from our patient partners and reference groups. This draft has been shared with the Joint Patient Reference Group.

4. Results of any **Equality Impact Assessment**, relating to this matter:

To be completed once finalised

5. Scheduled date for the **next paper** on this topic: TBC

6. Executive Summaries should not exceed **4 sides** My paper does comply

7. Papers should not exceed **7 sides**. My paper does not comply

Annual Priorities 2018/19

Introduction

1. This paper presents the final draft of the Trust's longer term strategic objectives and annual priorities for 2018/19. The strategic objectives for the Trust remain as per those approved at Trust Board in 2017; however, the annual priorities have been re-developed as SMART priorities during the refresh process.

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2. The table in Appendix A outlines the Trust's priorities in 3 specific areas for ease of reference; our quality commitment, our plans to improve emergency care and cancer and the supporting objectives designed to support achievement of our overall vision as a Trust. In total, there are 25 priorities suggested for 2018/19.
3. The quality commitment remains at the heart of our priorities and the Trust will continue to focus on the delivery of this commitment. The priorities within this section have been drawn from a variety of sources but predominantly seek to address feedback from the CQC and/or other regulators, patient or stakeholder feedback or other soft intelligence from staff.
4. In terms of other priority areas, in 2017/18, the Trust agreed 25 priorities including an area of focus relating to 'organisation of care'. For 2018/19, many of the priorities within the organisation of care section have been absorbed within other areas. In its place, a new focus area has been added covering specific priorities relating to emergency care and cancer. Again, these are the areas upon which both our regulators and our patients & stakeholder groups have specifically focused upon.
5. The supportive objectives follow the same themes from 17/18 covering our people, education and research, partnerships & integration and key strategic enablers. These have been made more specific for 18/19.

Input Sought

CONSIDER whether these are the right priorities for the Trust for 18/19

APPROVE the priorities for 18/19

Appendix A – Draft Annual Priorities 2018/19 and associated measures

18/19 priority		Underlying measures
Our Quality Commitment: To deliver safe, high quality, patient-centred, efficient healthcare		
We will improve our clinical effectiveness:		
1	We will embed the use of Nervecentre for all medical handover, Board rounds and Escalation of Care in 18/19	<ol style="list-style-type: none"> 1. Nervecentre will be the primary tool used for all medical handover by March 2019 2. Nervecentre will be the primary tool used for all board rounds by March 2019 3. Nervecentre will be the primary tool used for Escalation of Care by March 2019
2	We will ensure senior clinician led daily board or ward rounds in clinical areas & fully implement our plans to embed a standardised red2green methodology	<ol style="list-style-type: none"> 1. 90% of clinical areas have a senior clinician led (ST4 above) daily ward or board round (through spot audit) 2. A standardised Red2green methodology will be implemented by March 2019
3	We will ensure that frail patients in our care have a Clinical Frailty Score whilst they are in our hospital	<ol style="list-style-type: none"> 1. 95% of 60+ patients will receive a clinical frailty score on admission by December 2019 2. Decrease inpatient mortality rates for CFS 7 or more (Baseline & trajectory to be set in Q1) 3. Decrease readmission rates within 7 and 30 days for CFS 7 or more (Baseline & trajectory to be set in Q1) 4. Decrease the rate of Bed days utilised by those with a CFS of 7 or more (Baseline & trajectory to be set in Q1)
We will improve patient safety:		
4	We will embed systems to ensure abnormal results are recognised and acted upon in a clinically appropriate time	<ol style="list-style-type: none"> 1. 85% of abnormal test results (outpatients) will be recognised and acted upon within 14 days. 2. 85% of clinically urgent abnormal test results (inpatients) will be recognised and acted upon within 24 hours
5	We will empower staff to 'Stop the Line' in all clinical areas	<ol style="list-style-type: none"> 1. Reduce the number of never events < 18/19 baseline 2. 'Stop the line' methodology embedded in all clinical areas by 30th Sept 2018

6	We will improve the management of diabetic patients who are treated with insulin in all areas of the Trust	<ol style="list-style-type: none"> 1. 100% of patients with diabetes who are treated with insulin who are self-administering insulin will have a competency assessment (spot audit) through 18/19 2. Development of a Diabetes Assessment tool on Nerve Centre to support a Diabetic Patient At Risk (DPAR) scoring system by end of Q1 2018 with all clinical areas to be using DPAR by end of Q3 2018 3. Reduce insulin-specific incidents that result in severe/moderate harm by March 2019 (Baseline & trajectory to be set in Q1)
We will improve our patient experience:		
7	We will improve the patient experience in our current outpatients' service & begin work to transform the outpatient model of care in ENT & cardiology	<ol style="list-style-type: none"> 1. Increase % of patients reporting a positive patient experience via the FFT from 95% to 97% 2. Reduce the % of hospital cancellations for ENT from 21% to 16% by March 2019 3. Improve waiting times in ENT & cardiology clinics measured by the numbers of patients seen within 30mins and 15mins of their appointment times 4. Improve the quality of letters to patients by ensuring 97% of letters are sent via an outsourced provider 5. Train 95% of staff with patient contact in customer care by March 2019
8	We will improve patient involvement in care and decision making, focusing on cancer and emergency medicine	<ol style="list-style-type: none"> 1. Reduction in formal complaints and concerns related to communication/management of care (Baseline & trajectory to be set in Q1) 2. Improve patient perceptions of their involvement in care and decision making from 82.4% to 85% in CHUGGS by the end of 2018/19 3. Improve patient perceptions of their involvement in care and decision making from 84% to 87% in Emergency medicine by the end of 2018/19
We will improve our Emergency Care & Cancer performance:		
9	We will eliminate all but clinical 4 hour breaches for non-admitted patients in ED	<ol style="list-style-type: none"> 1. Increase our 4 hour performance for non-admitted patients to 98% in 18/19

10	We will resolve the problem of evening & overnight deterioration in ED performance	<ol style="list-style-type: none"> 1. Decrease the difference between 4 hour performance at 5pm and 4am (end of previous day's count) to < 5%
11	We will ensure timely 7 days a week availability of medical beds for emergency admissions	<ol style="list-style-type: none"> 1. 80% of patients will be allocated a bed within 60 minutes from decision to admit
12	We will deliver the 62 day standard for cancer during 18/19	<ol style="list-style-type: none"> 1. All eight waiting time targets for cancer will be met 62 day cancer target met during 18/19
SUPPORTING OBJECTIVES		
Priorities that will allow the trust to meet our strategic objectives & quality commitment		
We will have the right people with the right skills in the right numbers in order to deliver the most effective care:		
13	We will develop a sustainable 5 year workforce plan by the end of Q1 18/19, with a delivery plan to reduce our nursing and medical vacancy rates and reduce time to hire	<ol style="list-style-type: none"> 1. Develop a 2018-2023 strategic workforce plan by June 2018 2. Finalise the 18/19 workforce plan by April 2018 3. Reduce our Trust nursing vacancy rate from 7.5% to 6% in 18/19, with targets agreed for specific staff groups by April 30th 2018 4. Reduce time to hire from an average of 67 to 47 days (time to offer)
14	We will launch our People Strategy in April 2018 to attract, recruit & retain a workforce that reflects our local communities across all levels of the Trust, with a specific focus on meeting the Workforce Race Equality Standards	<ol style="list-style-type: none"> 1. People Strategy launched in April 2018 2. Increase the % of leaders from BME backgrounds from 13% to 28% within the organisation by the end of 18/19 (exc. consultants) 3. Improve levels of employment from distinct populations/communities to all levels of the Trust e.g. MOD veterans, disabled people, women, BAME, LGBT so they are representative of LLR population. Targets for each to be agreed by 30 April 2018 by new Diversity Board
To deliver high quality, relevant education and research:		
15	We will improve the experience of medical students at UHL and address specialty-specific shortcomings in	<ol style="list-style-type: none"> 1. Increase the retention rate of Leicester students within LNR from 24% to 28% in 18/19 for medical students

	postgraduate medical education, improving our local retention rate and the UHL medical student satisfaction score	<ol style="list-style-type: none"> 2. Work with Leicester University to improve the NSS student overall satisfaction score from 28/33 into the 3rd quartile by March 2020 3. Improve the number of UHL “overall satisfaction” score in the GMC National Trainee Survey from 76% to >80% by March 2019 4. Maintain the number of trainees and trust grade doctors reporting satisfaction with their post in UHL survey at 80%
16	We will explore the model for an Academic Health Sciences Partnership as part of our 5 Year Research Strategy and align priorities with our local universities	<ol style="list-style-type: none"> 1. An Academic Health Sciences Partnership will be modelled by June 2018, with an implementation plan agreed 2. Ensure UHL and UoL priorities are aligned in Quarter 1 of 2018/19
To develop more integrated care in partnership with others:		
17	We will integrate the new model of care for frail people with partners in other parts of health and social care in order to deliver an end to end pathway by the end of 18/19	<ol style="list-style-type: none"> 1. Pathway created across LLR by Sept 2018 2. Pathway implemented by Dec 2018
18	We will increase the support, education and specialist advice we offer to our patients and our partners to help them receive/deliver care in the community in order to reduce demand on our hospitals	<ol style="list-style-type: none"> 1. Design & implement a ‘professional advice and guidance’ service with our partners by December 2018 2. Reduction in overall LLR acute demand to meet the LLR contract plan in 18/19
19	We will lead the development of a 5 year regional Specialist Services Strategy which will place UHL at the heart of a regional network and supporting local DGH services	<ol style="list-style-type: none"> 1. Specialist Services Strategy and associated action plan completed & agreed at Trust Board by 30th June 2018 2. Year 1 action plan implemented by 30th March 2019 3. Monitor tertiary flows into UHL on a monthly basis
To progress our key strategic enablers:		
20	We will progress our hospital reconfiguration plans by developing our plans for PACH & the maternity hospital and finalising plans to relocate Level 3 ICU and dependant services at the LRI/Glenfield	<ol style="list-style-type: none"> 1. Business cases for PACH, maternity hospital, ICU expansions at the LRI completed by March 2019 2. EMCHC Full business case to be approved by December 2018, to ensure delivery of project to meet NHSE deadline

		<ol style="list-style-type: none"> 3. Plans finalised to enable the move of L3 ICU and associated dependant services from the LGH to the LRI and GH by March 2019 4. Commence supporting projects to enable expansion of Paed EMCHC services by March 2019
21	<p>We will make progress towards a paperless hospital with user-friendly systems by replacing all computers over 5 years old, computerising services to outpatient clinics, using technology to support Quality Commitment objectives and implementing an in-house digital imaging solution in 18/19</p>	<ol style="list-style-type: none"> 1. Overarching IMT strategy communicated to staff and stakeholders in April 2018 2. 100% of all computers over 5+ years old will be replaced by March 2019 3. 100% of outpatient clinics will have the capability to access computerised services (letters, orders, results, images) by December 2018 4. Deliver support to the quality commitment by identifying priority work that can be undertaken on existing systems, i.e. Nervecentre or ICE 5. Have an eMPA solution identified and delivery plan in place capable of supporting the Optimed programme in place by Jun 18 6. Improve outpatient clinic noting through the use of Nervecentre by July 2018 7. Remove 95% of paper based nursing forms by March 2019 8. Improve digital imaging solution by bringing GE solution in-house in June 18
22	<p>We will deliver the year 3 implementation plan for the 'UHL Way' to support & develop staff, (medical and non-medical) and offer tailored education programmes focussing on key areas</p>	<ol style="list-style-type: none"> 1. Develop & launch the UHL People Capability Framework by the end of Q1 2. Develop and roll out of Lean methodology training programme across UHL by end of Q1
23	<p>We will implement Y2 of our Commercial Strategy in order to exploit commercial opportunities available to the Trust</p>	TBC

24	We will improve the efficiency & effectiveness of our key services and our operating theatres and implement our Carter-based LLR corporate consolidation programme	<ol style="list-style-type: none"> 1. Deliver a theatre productivity programme of £2.3m in 18/19 2. Achieve 6.5% spend of turnover on back office by March 2019 3. Benchmarked Trust productivity will improve to the next quartile by the end of 18/19 4. Deliver a CIP programme of £32m in 18/19
25	We will continue on our journey towards financial stability as a consequence of the priorities described here, aiming to deliver our financial target of £Xm in 18/19 as part of a move towards an LLR Integrated Care System model	<ol style="list-style-type: none"> 1. 0% variance to financial control total and plan