

BHNFT Trust Business Plan 2012-15

Year Two 2013/14

Vision, Values and Behaviours

Vision: **Barnsley Hospital – providing the best healthcare for all**

Value: **We treat people how we would like to be treated ourselves**

Behaviours: We will: Show respect, courtesy and professionalism
Treat you with kindness, compassion and dignity
Communicate with you in a clear, honest and responsible manner

Value: **We work together to provide the best quality we can**

Behaviours: We will: Share the same goals: finding the answers together
Recognise your contribution by treating you fairly and equally
Constantly learn from you, so we share and develop together

Value: **We focus on your individual and diverse needs**

Behaviours: We will: Personalise the care we give you
Keep you informed and involve you in decisions
Take time to listen to you

The Trust has five agreed strategic aims; strategic objectives have been aligned to each one:

1. Provide high quality and safe services

We will do this by:

- Maintaining meeting and where agreed with commissioners exceeding national, regional and local regulatory and service standards
- Redesigning models of care in partnership with acute, community, primary care and social care providers in order to deliver care that is equitable and accessible by the appropriate professional in the right place. We will actively participate in the Working Together Programme
- Improving the overall patient experience
- Improving the health and wellbeing and independence of our patients
- Putting clinicians at the forefront of service innovation and development
- Continuing our commitment to relevant research and development

1	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
1a	Ensuring the delivery of high quality and safe services	Approval of a patient quality and safety strategy that supports the Clinical Service Units (CSU) to deliver zero avoidable harm	Developing the strategy and safety objectives with CSUs Strategy approved by Board of Directors Improved support to CSUs to enable delivery through the development of governance facilitators	CSU involvement in development Strategy approved CSU based Governance facilitators in place	September 2013 November 2013 July 2013	Director of Quality & Performance Director of Quality and Performance

1	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		Achievement of all (Commissioning for quality and innovation) CQUIN schemes	Operational delivery plans	Monitored in detail at(Clinical Governance Committee and Non Clinical Governance and Risk Committee) CGC and NCGRC	March 2014	Chief Nurse
		Achievement of Quality Account objectives	Operational delivery plans	Monthly review of milestones at Board	March 2014	Director of Quality & Performance
		Green Monitor risk rating for governance and quality	<p>Development of improved dashboard and reporting to Board of Directors</p> <p>Board development programme in place in response to learning from Real World and Patient Quality and Safety</p> <p>Understanding at Board and CSU level of the new Monitor Risk Assessment and enforcement regime</p>	Dashboard revised and agreed by Board of Directors	<p>Sept 2013</p> <p>June 2013</p> <p>May 2013</p>	<p>Director of Quality and Performance</p> <p>Chief Executive</p> <p>Director of Quality and Performance</p>

1	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		All applicable best practice tariffs are received and retained by demonstrating best practice service	Action plans agreed with commissioners for best practice tariff (further actions linked to objective 2f)	Best practice report to NCGRC	March 2014	Chief Operating Officer
		<p>Implementation of Compassion in Practice</p> <p>Each CSU can evidence improved practice based on patient experience feedback</p> <p>Improved quality and timeliness of response to complaints</p> <p>Healthwatch engagement in reporting patient safety and quality increased</p>	<p>Introduction of Friends and Family Test</p> <p>Patient Experience Strategy implementation</p> <p>To agree an approach to working together and sharing information</p>	Reporting of Experience and changes implemented at Board of Directors	<p>April 2013</p> <p>March 2014</p> <p>August 2013</p> <p>August 2013</p>	Chief Nurse
		<p>Zero avoidable harm through the identification and escalation of care for acutely unwell patients</p> <p>Continued improvement in mortality measures</p>	Development and implementation of a work programme and objectives to review serious incidents and use of early warning systems	Mortality review paper to Board of Directors quarterly	August 2013	Medical Director
		Improved levels of assurance and risks to compliance with appropriate regulators and bodies reported and controls in place	Report on compliance reviews regularly to Clinical Governance Committee (CGC)	Exceptions reported to Board of Directors	August 2013	Director of Quality and Performance

1	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		Agreed date identified for assessment for (NHS Litigation Authority) NHSLA level 2	Regular local audits of compliance with improvement actions	Plan for assessment agreed at CGC	Sept 2013	Director of Quality and Performance
		Agreed date identified for assessment for level 2 CNST (Clinical Negligence Scheme for Trusts) (Maternity)	Regular local audits of compliance with improvement actions	Plan for assessment agreed at CGC	Sept 2013	Director of Quality and Performance
1b	Redesigning services to provide safe sustainable models of care in line with the Clinical Service Review	Clear strategies for each service developed incorporating best practice, alternative service models and innovation	Strategic Service Review Transformation programme External challenge and engagement in place	Monthly report against milestones to Board of Directors	July 2013	Director of Transformation
1c	Re-designing services in partnership with other providers. Implementing the first phase of Working Together	The agreed first phase of Working Together Programme has been implemented. This will include a review of current provision and option appraisals for paediatric care, seven day working, and specialised services	Full participation in the Working Together Programme steering group	Reports to Board of Directors	March 2014	Chief Executive
1d	Deliver a successful research and development (R&D) programme within the Trust	A revised R&D strategy and delivery plan is in place	R&D Strategy reviewed and implemented	R&D strategy reviewed and approved at Board of Directors	Sept 2013	Medical Director

1	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
1e	Increase the level of innovation by working with external partners	<p>Evidence of implementation of schemes developed in partnership with the Academic Health Science Network (AHSN) including all five elements of</p> <p>Innovation Health and Wealth (CQUIN Prerequisite) are implemented</p>	<p>Agreement to participate in the has been formalised AHSN Continued involvement in the AHSN Innovation Tracker to act as evidence to achieve CQUIN</p>	<p>Formalised agreement signed</p> <p>Innovation Tracker in place and regularly reported</p>	March 2014	Medical Director
1f	Promoting a culture of innovation, improvement and change management to ensure optimum service quality and efficiency	NHS change framework adopted as the vehicle to support change	<p>Trust innovation strategy revised and actions updated</p> <p>NHS Change Model Framework applied to each transformational change programme</p>	NHS change framework used in key transformation programmes as reported to Board of Directors	<p>September 2013</p> <p>April 2013</p>	<p>Director of Transformation</p> <p>Director of Transformation</p>
1g	Maintaining, meeting and exceeding national, regional and local regulatory and service standards	<p>All national and local performance measures are met and exceeded</p> <p>Continuous delivery of the Urgent Care 95% target in each quarter</p> <p>Improved patient experience as measured by the Friends and Family Test</p>	<p>Implementation of the Urgent Care action plan and any new actions required to deliver operational performance</p> <p>Increased performance reporting on areas of variation</p>	Performance reporting at Board of Directors	March 2014	Chief Operating Officer

2. Design healthcare around the needs of our patients

We will do this by:

- Ensuring we deliver our services in the most appropriate environment
- Providing meaningful information to patients in order that they can make informed decisions about care
- Improving our engagement processes with patients regarding feedback on the services we provide and in designing services

2	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful ?	Who is responsible for this?
2a	Outpatients transformation programme designing outpatient services that meet the needs of our patients	Stretch targets that use benchmarks for: Appropriate new to follow-up ratio Reduced DNA rates Reduction in face-to-face contacts (as appropriate) linked to CQUIN Improved patient experience	Outpatients transformation programme Outpatients full review of practice Space utilisation survey complete Agreed outpatients model	Monthly report to Board of Directors	March 2014 Sept 2013 Sept 2013 Oct 2013	Medical Director

2	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful ?	Who is responsible for this?
2b	Delivery of the consistency in care transformation programme to support the needs of our patients ensuring an equal quality of service regardless of the day of the week, or time of the day	<p>Stretch targets that use benchmarks for:</p> <p>Continued improvement in mortality and morbidity measures</p> <p>Improved patient experience</p> <p>Medicines management Innovation for Quality(QIPP) scheme implemented</p>	<p>Extended diagnostics fully implemented</p> <p>Affordable and sustainable 24/7 model developed and agreed for whole hospital</p> <p>Phase one AMU model 12/7</p> <p>Medicines management (QIPP) schemes implemented (See also 1c)</p>	Monthly report to Board of Directors	<p>October 2013</p> <p>Sept 2013</p> <p>July 2013</p> <p>March 2014</p>	Medical Director
2c	Implement the stakeholder communications and engagement strategy to improve patient care and experience	<p>Informed stakeholders, including commissioners, CCG, primary care, Health and Wellbeing Board members, local councillors, partner organisations (public, private and voluntary) patients and carers</p> <p>Partnership approach to strategic planning for clinical pathways and services</p> <p>Systematic improvement in our connections with the community</p>	<p>Implement the stakeholder database</p> <p>Develop stakeholder map</p> <p>Develop mechanism for aligning key leads for engagement and managing relationships</p>	<p>Stakeholder database used and informing discussions</p> <p>Stakeholder map agreed</p>	<p>July 2013</p> <p>September 2013</p> <p>March 2014</p>	Associate Director of Communications & Marketing

2	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful ?	Who is responsible for this?
		<p>Increased membership engagement contribution</p> <p>Alignment of all elements of engagement (e.g.diversity, fundraising, membership volunteers governors, Healthwatch)</p>	<p>Develop an alignment of all elements of engagement under one vision and strategy</p>	<p>Reports on engagement to the Board of Directors</p>	<p>Sept 2013</p>	
2d	<p>Improve availability of patient care information and transparency</p>	<p>A wide range of patient safety, outcomes and experience information is published on the internet and widely available to the public</p>	<p>Determine through the national publication scheme and locally those no harm safety metrics to make explicit on the website Board of Directors agreed safety metrics for publication</p>	<p>Website information current and maintained</p>	<p>July 2013</p>	<p>Associate Director of Communications & Marketing</p>
2e	<p>Re-design of urgent care pathways</p>	<p>Stretch targets that use benchmarks for:</p> <p>Reduced re-admissions</p> <p>Emergency admissions beneath the agreed threshold</p> <p>Improved patient experience: Satisfaction Survey</p>	<p>Virtual ward provided to a wider range of patients as part of the QIPP scheme modify re CCG offer</p> <p>Observation Unit operational with new ambulatory care pathways in place</p> <p>(Chronic Obstructive Pulmonary Disease) COPD pathway re-designed and changes in place as part of the QIPP scheme Emergency re-admissions review completed and actions</p>	<p>Transformation programme monthly report to Board of Directors</p>	<p>May 2013</p> <p>August 2013</p> <p>December 2013</p> <p>July 2013</p>	<p>Chief Nurse</p>

2	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful ?	Who is responsible for this?
			identified			
		Frail elderly pathway implemented (Kings Fund Project)	Kings Fund elderly care project recommendations implemented		December 2013	Director of Transformation
2f	Re-design of Elective Care pathways to increase productivity and improve patient experience	<p>Stretch targets that use benchmarks for:</p> <p>Improved patient experience</p> <p>Increased best practice tariff</p> <p>National access targets achieved and exceeded</p> <p>Theatre utilisation targets achieved</p>	<p>Productive operating theatre implementation including scheduling and pre-assessment</p> <p>Scoping of delivery of new best practice tariff</p> <p>Review of scheduling in endoscopy</p>	Transformation programme monthly report to Board of Directors	<p>March 2014</p> <p>March 2014</p> <p>June 2013</p>	Chief Operating Officer

3. Invest in our workforce and continue to develop them to provide high quality services

We will do this by:

- Providing appropriate training to deliver new models of service
- Engaging positively and promote the development of a mind-set and culture that advocates and leads improvement and innovation
- Developing and implementing our Service Leadership Model
- Supporting the local economy

3	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
3a	Workforce profile matches current needs of the Trust and identification of future needs based on Working Together and strategic review of services	Workforce profile matches current and future needs of the Trust	Revised reporting and monitoring arrangements from workforce board to NCGRC	Workforce Dashboard	June 2013	Director of HR & OD
		Skill-mix matches activity profile of the Trust and supports new ways of working which is affordable and leads to improved patient experience	Implement a Trust-wide review of: Medical, Nursing, Therapies, and admin and clerical workforce	Workforce Dashboard	March 2014	Director of HR & OD
		Job plans will be consistent, timely and accurately reflect the needs of the Trust	Implementation of e-job planning system, including a job plan panel	Job Planning panel	March 2014	Director of HR & OD

3	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		Review of future medical staffing requirements in relation to service needs and training/ development and workforce supply and substitution	Implement a Trust-wide workforce planning process	Workforce plan reported to NCGRC	September 2013	Director of HR & OD
		Trust engagement with Local Education and Training Board (LETB) results in timely availability of appropriate skills and capacity	Participation on regional LETB board	Exception report to NCGRC	March 2014	Director of HR & OD
		<p>Performance related reward structure for Trust. This leads to improved levels of motivation and performance in key roles as measured by success of staff progressing through reward structure</p> <p>Improved patient experience survey</p>	<p>Implementation of latest Agenda for Change terms and conditions</p> <p>Implementation of senior manger reward structure</p>	Workforce Board	<p>December 2013</p> <p>Sept 2013</p>	Director of HR & OD

3	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		Reduced sickness/absence target of 3.5% by 2014	<p>Complete absence management review</p> <p>Implementation of review outcomes</p> <p>Implementation of the health and well-being strategy</p>	Workforce Dashboard	<p>May 2013</p> <p>October 2013</p> <p>March 2014</p>	Director of HR & OD
3b	To create a culture where compassion, care and safety for our patients is at the centre of everything we do by embedding the agreed Trust values and behaviours, and ensuring that the Trust is compliant with national training and personal development standards	<p>Trust target of 90% for appraisal and mandatory training achieved</p> <p>Overall 5% improvement in personal development responses within the annual staff survey</p> <p>Overall 5% improvement in staff survey responses relating to raising concerns</p> <p>On-going improvement in positive response rate to survey questions relating to:</p> <ul style="list-style-type: none"> • Confidence in quality of care provided • Confidence to 	<p>Continued implementation of appraisal, mandatory training and staff survey/well-being survey action and improvement plans</p> <p>Implementation of the organisational development framework action plan</p> <p>Introduction of a continuous staff opinion collection system</p>	<p>Workforce Dashboard</p> <p>Workforce Dashboard</p>	<p>March 2014</p> <p>July 2013</p> <p>September 2013</p>	Director of HR & OD

3	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		<ul style="list-style-type: none"> • report a concern • Reporting stress related to work • Improvement in patient experience feedback relating to compassionate care 				
		<p>Overall 5% improvement in the staff survey responses relating to leadership, team working, staff engagement, care of patients and staff recommending the trust for the care of self or family</p> <p>Workforce plans include succession planning data as appropriate</p> <p>Reward relates to performance</p> <p>The introduction of a method of quality assurance for appraisals (i.e. grandparent model)</p>	<p>Review of Trust appraisal process to accommodate national changes to Agenda for Change, values and behaviours, succession planning and an approach to quality assurance</p>	<p>Revised approach approved at NCGRC</p>	<p>July 2013</p>	<p>Director of HR & OD</p>
		<p>Trust compliant with the medical revalidation process</p>		<p>Regular report to CGC</p>	<p>March 2014</p>	<p>Medical Director</p>
3c	<p>Health and well-being strategy ensuring staff are fit and well to care</p>	<p>Decrease in sickness absence rate to 3.5% by 2014</p>	<p>Workforce transformation programme plan - absence review</p>	<p>Workforce Dashboard</p>	<p>March 2014</p>	<p>Director of HR & OD</p>

3	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
		Overall 5% improvement results within staff well-being survey achieved	Implementation of the health and well-being strategy Revised stress action plan implemented		March 2014 March 2014	
3d	Deliver Working Together workforce priorities	The agreed first phase of Working Together Programme has been implemented. This will include a review of current provision and option appraisals for seven day working, a shared approach to flexible working, options for occupational health and a shared approach to recruitment	Full participation in the Working Together Programme steering group	Reports to Board of Directors	March 2014	Chief Executive
	Create a workforce engagement plan that ensures that all members of our workforce are actively involved in the Trust development, delivery and learning	5% improvement on engagement related staff survey results 10% improvement in survey results relating to staff feeling able to raise concerns about patient safety or quality	Engagement plan developed and implemented OD framework implemented Implementation and launch of new incident reporting system	Workforce dashboard	June 2013 March 2014 April 2013	Director of HR & OD Director of HR & OD Director of Quality and Performance

4. To make the best use of our resources for the benefit of patients

We will do this by:

- Increasing efficiency and productivity across the Trust
- Increasing our effective use of technology
- Increasing efficiency through the use of sustainable resources
- Efficient and optimal use of the Trust's physical assets

4	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
4a	Develop and implement Information management and technology strategy that meets our current and future needs	An IM&T strategy that meets the current and future requirements of Trust services and patients, and that enables improved information flows with other service providers and commissioners	Implementation programme delivered	Strategy to be presented to Board	April 2013	Director of ICT
4b	Deliver the full benefits of investment in technology (Electronic Patient Record (EPR))	Full benefits realisation for each project	Phase one EPR implemented To explore the possibility of implementing a patient flow system in advance of the EPR PACS (Imaging) business case approved by Board of Directors PACs (Imaging) replacement implemented	EPR phase one live Proposal on a Patient Flow system agreed at Investment Board Business case approved by Board of Directors	April 2014 August 2013 July 2013 July 2014	Chief Operating Officer

4	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of success	When will we be successful?	Who is responsible for this?
4c	Five year capital programme. Investment linked to service need and Trust direction	<p>Delivery of the key development schemes of Urgent Care, EPR and O Block</p> <p>Further capital investment to support of backlog maintenance, including clinical environment refurbishment to enhance the patient experience, medical and surgical equipment and IT</p>	Delivery of the key development schemes of Urgent Care, EPR and O Block	The five year capital plan approved by the board will be reviewed on a regular basis	September 2013	Director of Finance and Information
4d	Optimise the use of the estate to drive efficient use and identify cost reductions	<p>An estates strategy that meets the current and future needs of the service</p> <p>Estates strategy applied Space utilisation optimised</p>	<p>Undertake Space Utilisation Survey</p> <p>Space utilisation report findings and recommendations agreed</p> <p>Establish the appropriate sized residential property to meet Trust requirements</p>	Estates strategy reported to Board of Directors	<p>July 2013</p> <p>December 2013</p> <p>December 2013</p>	Chief Operating Officer
4e	Non Clinical Support Services transformation programme to review all departments outside of CSUs	Each service operating at or above agreed quality metrics	<p>Non clinical support transformation programme</p> <p>Use “working together” programme to develop opportunities with partners</p> <p>Complete benchmarking review</p>	Monthly report to Board of Directors	<p>March 2014</p> <p>March 2014</p> <p>April 2013</p>	Director of Finance & Information

5. Maintain financial viability and sustainability

We will do this by:

- Securing new income streams through out-of-area work
- Improving relationships with Clinical Commissioning Group and other partnerships
- Maximising the benefits of providing the services for which we have distinctive capabilities
- Achieving best practice tariffs for relevant procedures
- Continuing to review operational efficiencies and costs to ensure most productive use of resources
- Developing new commercial ventures
- Exploring opportunities for securing non-NHS income

5	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful?	Who is responsible for this?
5a	Ensuring correct governance to maintain financial viability	<p>Achieving key metrics determined by Monitor: Confirmation of 'going concern'</p> <p>Financial risk rating of a minimum of 3 (or equivalent under new system)</p> <p>A 1% surplus plan will be delivered to Monitor</p> <p>An internal stretch target of</p>	<p>Monitoring and managing of underlying performance, achievement of plan, financial efficiency and liquidity</p> <p>Understanding at Board and CSU level of the new Monitor Risk Assessment and enforcement regime (see also 1a)</p> <p>Re-investment strategy developed</p>	<p>Monthly Board of Directors reports</p> <p>Re-investment strategy approved</p>	<p>June 2013</p> <p>May 2013</p> <p>October 2013</p>	<p>Director of Finance and Information</p> <p>Director of Finance and Information</p>

5	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful?	Who is responsible for this?
		a further £3million will be set to ensure the receipt of CQUIN's funding is treated as rewarding quality performance rather than being seen as a financial penalty for failing to achieve targets. Subject to CCG settlement		by Board of Directors		
5b	Secure the most cost effective goods and services through efficient and planned procurement activity	Achievement of targeted spend reduction across all areas of procurement in 2013/14 as compared to 2012/13	<p>Continue to monitor and review key significant contracts to ensure best value for money</p> <p>Ensure robust local contracting and contract management arrangements are in place and adhered to</p> <p>Ensure key stakeholders within the organisation receive training on the 2013–2016 Procurement Strategy and the Trusts Standing Financial Instructions</p> <p>Roll out e-Tendering and e-Requisitioning across the organisation to streamline procurement</p>	Report to Board of Directors and NCGRC	March 2014	Director of Finance and Information

5	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful?	Who is responsible for this?
			<p>processes and improve efficiency</p> <p>Develop an Annual Procurement work plan in conjunction with the Procurement Strategy Group and key stakeholders which supports planned strategic procurement activity</p>			
5c	Implement first phase of Working Together Programme to ensure improved alignment and partnership working	Procurement aligned to Working Together priorities	<p>Review current arrangements, evaluate opportunity for price matching or negotiating</p> <p>Define best practice and potential options</p>	Report to Board of Directors monthly (Working Together)	March 2014	Chief Executive
5d	Development of commercial partnerships	<p>All appropriate service opportunities are reviewed to identify additional long-term contribution to the Trust from non-NHS sources</p> <p>Formal agreements in place with identified partners</p>	<p>Development of year two strategy for (Barnsley Hospital Support Services LTD))BHSS</p> <p>Programme Board in place to develop further strategies including pharmacy shop, CSSD, IT and facilities</p> <p>Review of retail environment to maximise commercial and quality</p>	Report from BHSS to Board of Directors	<p>May 2013</p> <p>March 2014</p> <p>June 2013</p>	Director of Finance and Information

5	Strategic Objective	What will success look like?	How will we achieve it?	Evidence of Success	When will we be successful?	Who is responsible for this?
			opportunities			
5e	To run our organisation economically and complying with principles of sustainability with our local partners	<p>Installation of new technology to generate energy and reduce carbon emissions</p> <p>10% reduction in carbon footprint of Trust</p> <p>15% reduction in energy costs</p> <p>Sustainable future environment for patients and staff</p>	<p>Completion of CHP unit</p> <p>Delivery of the Trust Sustainable management development plan and targets</p>	<p>Report to Board of Directors</p> <p>Target achieved</p> <p>Target achieved</p> <p>Report to NCRGC</p>	<p>May 2013</p> <p>March 2014</p> <p>March 2014</p>	Chief Operating Officer