Chesterfield Royal Hospital NHS
NHS Foundation Trust

Board of Directors – 25 May 2011
Hospital Management Committee – 27 May 2011
JCC – 13 June 2011

REPORT OF THE CHIEF EXECUTIVE

1. Board of Directors Corporate Objectives outturn report – 2010/11

1.1 Board of Directors Corporate Objectives outturn report for 2010/11 is attached at **Appendix 1**.

2. 2011/12 Corporate Objectives

2.1 2011/12 Corporate Objectives report is attached at **Appendix 2**.

3. Darley Birth Centre

3.1 A verbal update will be given at the board meeting.

4. Strategic Directions

4.1 It has been agreed that a draft Strategic Directions will be prepared for the next joint meeting of the Board of Directors and Council of Governors in September 2011.

4.2 This will involve a considerable amount of work in terms of:-

- Revising current corporate strategies;
- Working with directorates to review prospects for existing and new services;
- Drawing together a coherent plan

4.3 Given the need for this to be a very focussed piece of work, within a very tight and challenging time frame, it is proposed to engage external support to manage this process, working to the chief executive.

4.4 Rachel Dockett of RAD Consulting has been identified who has worked on a consultancy basis with a number of different NHS Trusts and Foundation Trusts on such projects and a project plan prepared for this work at an initial estimate of £20,000 plus VAT and expenses.

4.5 However the work will inevitably evolve and additional analysis and liaison with directorates may be required as the issues emerge which may necessitate additional input.

4.6 It is therefore proposed that Rachel Duckett of RAD Consultancy Ltd be engaged to lead and co-ordinate the initial phase of the Strategic Directions in line with the attached paper **(Appendix 3)** at an initial cost of £20,000 plus VAT and expenses and up to a maximum cost of £40,000 plus VAT and expenses and that in view of the urgency of this work, standing orders be waived to allow the quotation to be accepted.

5. Care Quality Commission

5.1 On Tuesday 17 May 2011, the Care Quality Commission (CQC) arrived on site for an unannounced visit.

5.2 A formal report will be received from CQC in late June/early July. In the meantime an update from the initial feedback from the visit will be presented at the board meeting.

6. Recommendations

6.1 It is recommended that this report be received and the contents noted.

Eric J Morton
Chief Executive

Chesterfield Royal Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS
2010/11 CORPORATE OBJECTIVES
OUTTURN REPORT

Access

Strategic Objective	1. To achieve and exceed the national access standards		Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	1.1	98% of patients who attend A&E to be treated, admitted or discharged within 4 hours (CQC standard & Monitor compliance – 95%) Achieved 98.2%	Nikki Tucker	Performance Report
	1.2	90% admitted patients and 95% of non-admitted patients, by specialty, to receive first treatment within 18 weeks of referral (CQC standard & Monitor compliance) Achieved 99.7% for admitted patients and 99.9% for non admitted patients	Nikki Tucker	Performance Report
	1.2.1	Increase the proportion of patients treated within 10 weeks of referral in comparison to 73.2% for admitted patients and 93.2% for non-admitted patients in 2009/10 Achieved 75.2% for admitted patients and 90.5% for non-admitted patients	Nikki Tucker	Performance Report
	1.2.2	Achieve a 4 week maximum wait for elective inpatient and day care treatment in all specialties by 31 March 2011 (CQC standard – 26 weeks maximum wait) Due to a significant increase in referrals, and an agreement with the PCT to undertake the outstanding activity in 2011/12, achieved 4 weeks in urology, pain, gastroenterology, cardiology and dermatology, 5 weeks in ophthalmology and max fax, 6 weeks in general surgery, 8 weeks in gynaecology and 11 weeks in orthopaedics – national standard of 26 week wait achieved in all specialties	Nikki Tucker	Performance Report
	1.2.3	Achieve a 4 week maximum outpatient wait in all specialties by 31 March 2011 (CQC standard - 13 weeks maximum wait) 4 week standard only achieved in pain, haematology, dermatology, rheumatology, obstetrics, gynaecology, chemical pathology and therapies. Maximum waiting time of 9 weeks in orthopaedics and ENT with all specialties delivering maximum of 13 weeks throughout the year	Nikki Tucker	Performance Report
	1.2.4	Achieve a 3 week maximum wait for imaging tests and a 4 week maximum wait for all other diagnostic tests (CQC standard - 6 week maximum wait) Due to the significant increase in referrals above plan 4 weeks achieved in only paediatric audiology, barium, CT, echo, ECG, exercise tests, spirometry, and lung function. No patients had waited longer than 6 weeks at the end of March 2011	Nikki Tucker	Performance Report
	1.3	93% patients to wait maximum of 2 weeks from receipt of referral to first outpatient appointment for all urgent suspected cancer referrals, and 93% of all breast referrals to be seen within 2 weeks (CQC standard & Monitor compliance) Achieved 96.5% and 97% respectively	Nikki Tucker	Performance Report
	1.4	96% patients to wait maximum of 31 days from diagnosis to first treatment for all cancers , 94% to wait maximum of 31 days for subsequent surgical treatments , and 98% to wait maximum 31 days when receiving subsequent anti cancer drug treatment (CQC standard & Monitor compliance)	Nikki Tucker	Performance Report

	Achieved 99.9%, 100% and 100% respectively		
	1.5 85% patients wait maximum of 62 days from referral to treatment for all cancer referrals, and 90% to wait maximum 62 days before receiving their first definitive treatment for cancer following urgent referral from the national screening programme (CQC standard & Monitor compliance)	Nikki Tucker	Performance Report
	Achieved 93.2%, and 95.45 respectively		
	1.6 Maintain a 48 hour maximum wait, where clinically appropriate, for 1st outpatient attendance at GUM- 98% (CQC standard)	Nikki Tucker	Performance Report
	Achieved 100% patients offered appointment within 48 hours and 82.5% seen within 48 hours		
	1.7 98% patients to wait no more than a maximum 2 weeks for rapid access chest pain clinics (CQC standard 2008/9)	Nikki Tucker	Performance Report
	Achieved 100%		

Patient Experience

2

Strategic Objectives	**2.** To ensure that in all activities, the trust delivers high quality, safe and co-ordinated care, focused on the patient's best interests, making the patient experience as positive as possible To actively engage with users of the services to ensure they are planned and delivered to meet the needs of patients and carers, and use evidence and national standards available to deliver the services which patients require	**Exec. Lead**	**Board Monitoring Mechanism**

2010/11 Board Milestones	2.1 <u>Responsiveness</u>		
	2.1.1 68% of eligible heart attack patients to receive thrombolysis within one hour of calling for help (CQC standard & Monitor compliance)	Nikki Tucker	Performance Report
	Achieved but no longer applicable to this Trust as only 7 eligible patients attended		
	2.1.2 No more than 0.8% of patients to have their operation cancelled on the day of surgery and 95% of those patients cancelled on the day of surgery to be offered a date for re-admission within 28 days (CQC standard)	Nikki Tucker	Performance Report
	0.8% with 97.7% re-admitted within 28 days		
	2.2 <u>Environment</u>		
	2.2.1 MRSA - maximum of 4 reported bloodstream isolates over the year (CQC standard) and maximum of 6 (Monitor compliance)	Alfonzo Tramontano	Performance Report
	Achieved 3		
	2.2.2 C diff – 30% reduction over 3 years in hospital acquired infections (Monitor compliance) Year 3 (2010/11) equates to 110 hospital acquired isolates, and maximum of 50 (CQC standard)	Alfonzo Tramontano	Performance Report
	Achieved 51		
	2.2.3 100% non elective admissions to undergo MRSA screening throughout the year, and	Alfonzo Tramontano	Performance Report

	100% non elective from January 2011 (CQC standard & Monitor compliance) Achieved 119.8% for elective MRSA screening, and 78.07% in Q4 for non elective screening. MRSA screening will revert back to a risk based screening service from April and will no longer be a Monitor target.		
	2.2.4 Ensure that all areas meet the required levels of cleanliness – maintaining an average standard of 95% in clinical areas across the trust Achieved throughout year with 95.6% at end March 2011	Andrew Jones	Performance Report
	2.2.5 Ensure compliance with the definitions of mixed sex accommodation, any breaches recorded via clinical incident reports and ensure all ward upgrades are compliant with SSA with final design sign off being undertaken by the chief nurse and director of facilities Achieved throughout year	Alfonzo Tramontano	Quality Report
	2.3 Customer Care		
	2.3.1 Delayed transfers of care reduced to a minimal level (CQC standard) Achieved 2.41%	Alfonzo Tramontano	Performance Report
	2.3.2 Undertake the 2010 patient survey (CQC standard) Achieved	Alfonzo Tramontano	Quality Report
	2.3.3 Deliver the Care Quality Commission standard for smoking in pregnancy, breast feeding, collection of maternity hospital episode statistics and ensure participation in their 2010/11 clinical audits The smoking element of this objective has been achieved however the breast feeding objective has underachieved. It has been recognised by the PCT that this objective has a multitude of contributory factors that are outside of our control as a trust	Alfonzo Tramontano	Quality Report
	2.4 Ensure nursing metrics system and patient experience questionnaires are implemented as per trust wide plan and sustained improvement in results with action plans in place to support amber and red results Achieved	Alfonzo Tramontano	Quality Report
	2.5 Ensure 100% level 2 and 3 complaints are responded to within 26 days, 100% level 4 complaints responded to within 41 days and 100% of levels 2,3 and 4 totally resolved within 3 months Achieved 90% all levels resolved in 3 months and 100% levels 2 & 3 responded in 26 days	Eric Morton	Performance Report
	2.6 Ensure protected meal times continue to be imbedded within the Trusts working day and that the protected mealtimes policy is adhered to Achieved	Alfonzo Tramontano	Quality Report

Governance

3

Strategic Objective	3.	Conduct the stewardship of the trust so as to maximise its ability to use its resources to best effect while ensuring compliance with Monitor's terms of authorisation and compliance framework	Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	3.1	Maintain up to date register of, goods and services, research and assets and protected property Achieved	Paul Briddock	Quarterly Monitor submission
	3.2	Maintain compliance with Monitor's code of governance Achieved	Terry Alty	Annual Report
	3.3	Ensure that the completed quarterly/ monitoring returns are submitted to Monitor by their due date Achieved	Terry Alty	Quarterly Monitor submission
	3.4	Support continuing monitoring and assessment of performance against the Care Quality Commission's registration requirements Achieved	Terry Alty	BoD Report
	3.5	Ensure the preparation and submission of the 2009/10 annual report Achieved	Terry Alty	Annual Report
	3.6	Complete quality accounts for 2009/10, and agree objectives for 2010/11 Achieved	Ian Gell	Annual Report
	3.7	Ensure Trust's annual financial plan is submitted to Monitor by 31 May 2010 and is complete Achieved	Paul Briddock	Annual Plan

4

Finance

Strategic Objective	4.	To ensure that the trust is in a strong financial position in the short and medium term ensuring financial viability for the Foundation Trust and compliance with the financial framework set by Monitor including the Foundation Trust's terms of authorisation	Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	4.1	Achieve a minimum overall '4' score on Monitor's financial risk rating throughout 2010/11 Achieved score of 5	Paul Briddock	Finance Report
	4.2	Achieve a minimum £5.5 million planned I&E surplus, and breakeven on all directorate budgets Achieved £8.5 million surplus, directorate I&E positions in line with forecast	Paul Briddock	Finance Report
	4.3	Maintain a strong cash and liquidity position for the Trust ensuring that cash balances are in line with monthly projections set out in the 2010/11 financial plan, and that the Trust's liquidity financial rating is maintained at least a '4' rating throughout	Paul Briddock	Finance Report

	the year (CQC standard) Achieved		
	4.4 Ensure that the Trust stays within its prudential borrowing limit and that the Trust complies with Monitor's prudential borrowing code Achieved	Paul Briddock	Finance Report
	4.5 Ensure that the Trust's PDC is paid in full and on time Achieved	Paul Briddock	Finance Report
	4.6 Comply with Monitor's Manual of Accounts (FREM), 2010/11 Compliance Framework, Capital Accounting Manual and Audit Code and ensure that the Trust secures an unqualified audit opinion on its 2009/10 accounts Achieved	Paul Briddock	Finance Report
	4.7 Deliver the Trust's capital expenditure plan within the overall capital expenditure limit set within the Trust's 2010/11 financial plan Achieved	Paul Briddock	Finance Report
	4.8 Ensure that the Trust does not dispose of protected property and assets without prior approval by Monitor Achieved	Paul Briddock	Finance Report
	4.9 Ensure that the proportion of total income derived from private charges does not exceed 0.2% of patient income Achieved	Paul Briddock	Finance Report
	4.10 Ensure delivery of cost improvement programme Achieved	Paul Briddock	Finance Report

5

Information and IT

Strategic Objective	**5.** Participate in the national programme for IT, *Connecting for Health,* making all relevant clinical records available electronically, in order to deliver faster and more convenient services for patients	**Exec. Lead**	**Board Monitoring Mechanism**

2010/11 Board Milestones	5.1 Implement year 2 of the trust's IM&T strategy, and refresh years 3, 4 and 5 Achieved	Eric Morton	Chief Execs Report
	5.2 Ensure existing processes meet all necessary transitional clinical and business needs, and suitable preparation is undertaken for migration to new systems, including collection of appropriate ethnic and 18 week monitoring data (CQC standard) Achieved	Eric Morton	Chief Execs Report
	5.3 Complete the roll out of GP communications for discharge summaries, clinic letters and requests for diagnostic tests	Eric Morton	Chief Execs Report

	Achieved – clinic letters to be fully rolled out during 2011/12 due to software issues 5.4 Ensure revised information governance processes are fit for purpose Achieved	Alfonzo Tramontano	Annual IG Report

6

Risk

Strategic Objective	6. Develop and maintain a risk management and strategic reporting system for: operational risk, business risk, financial risk, clinical risk and corporate assurance	Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	6.1 Maintain overview of risk management via the risk committee Achieved	Eric Morton	Risk Man Com Minutes
	6.2 Maintain a system for monitoring and management of all matters of non clinical risk, including health and safety related issues Achieved	Andrew Jones	
	6.3 Maintain a performance reporting system which monitors and responds to the trust's level of compliance with external and contractual standards Achieved via monthly Board Performance Report	Nikki Tucker	HMC Minutes
	6.4 Maintain monitoring and reporting systems which detail the financial position and financial risks facing the trust Achieved – monthly Board Finance Report	Paul Briddock	Performance Report
	6.5 Ensure robust processes are in place for monitoring clinical risk Achieved	Alfonzo Tramontano	Finance Report
	6.6 Prepare for assessment and compliance with maternity CNST standards for June 2010 Achieved level 1	Ian Gell	Clinical Governance Committee Minutes

7

Capacity and capability

Strategic	7. Implement measures to ensure effective use of all available resources and match	Exec. Lead	Board Monitoring

Objective		capacity to actual demand		Mechanism
2010/11 Board Milestones	7.1	Deliver annual midnight in patient bed occupancy below 88%, and ensure effective use of beds across the hospital Achieved 90% due to increase in non elective admissions	Alfonzo Tramontano	Performance Report
	7.2	Ensure compliance with Care Quality Commission defined stroke standards for patients spending 90% of their stay in hospital on the stroke unit, % of high risk transient ischaemic attack (TIA) patients who are treated within 24 hours, and deliver other Sentinel Stroke Audit standards Achieved 83.3% and 100% respectively with performance against the Sentinel Stroke Audit standards being the highest in the East Midlands region	Ian Gell	Performance Report
	7.3	Deliver the contractual standards agreed with NHS Derbyshire County as part of the Quality Schedule of the 2010/11 contract, including the CQUIN scheme Achieved standards for: 12 week maternity appointment, MRSA screening for elective admissions, Time to surgery following # neck of femur, appointment slots on Choose and book system, breast cancer screening uptake rates, altered SUS data at month end, DSSA plan in place, Your welcome quality criteria in paediatrics, promotion of health promoting lifestyle services, vaginal birth after caesarean section, episiotomy rates, handover forms from midwives to health visitors, quarterly information regarding maternity services, baby friendly standards, newborn spot programme and same sex accommodation requirements Achieved CQUIN standards for: VTE risk assessment, procedures performed as day cases, < 17 year olds who are admitted from A&E within zero days stay, reduction in emergency medical length of stay, post stroke dependency rates at discharge, inpatient survey, end of life care, think glucose toolkit, safeguarding children training, safeguarding adults policy, patient safety first campaigns for reducing harm from high risk medicines and falls, implementation of patient safety improvement strategy, adjustments for people with disabilities and patient/family member/carer survey	Ian Gell/Alfonzo Tramontano	Performance Report Quality Report

Staffing

8

Strategic Objective	8.	Recruit, train, retain and deploy to best effect (in terms of number, cost and skill-mix) the right staff with the right skills at the right time to ensure the trust can achieve its service development strategy	Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	8.1	Facilitate the 2010/11 national staff survey (CQC standard) Undertaken between October and December 2010	Terry Alty	Chief Execs Report
	8.2	Maintain the proportion of the workforce who receive regular appraisal at 90% in corporate departments and 80% in all other directorates On plan	Alfonzo Tramontano	BoD Report
	8.3	Ensure compliance with clinical mandatory training (CQC standard) Achieved	Alfonzo Tramontano	Performance Report
	8.4	Implement a health and attendance management policy to manage sickness absence in the context of staff health and well-being and reduce the current rate to no more than the national average Achieved	Terry Alty	Chief Execs Report
	8.5	Implement and evaluate the pilot leadership and management development programme and identify the requirements for the future Achieved	Terry Alty	Chief Execs Report

9

Estate

Strategic Objective	9.	Develop the strategic management of the estate and ensure that it:- • complies with statutory requirements • keeps backlog maintenance to a minimum • meets the business and clinical aims of the Foundation Trust • delivers modern flexible buildings	Exec. Lead	Board Monitoring Mechanism
2010/11 Board Milestones	9.1	Deliver the capital programme of the NHS FT Achieved	Paul Briddock	Finance Report
	9.2	Implement the trust's Site Development Strategy Achieved	Andrew Jones	½ yearly update
	9.3	Deliver the trust's carbon reduction plan and strategy to deliver the NHS carbon reduction as required in 'saving carbon, improving health' and enrol the trust within the carbon trading scheme Achieved	Andrew Jones	Corp. Citizenship Committee
	9.4	Complete the 'improving quality through capacity' project to build 3 new wards Achieved – wards opened by Duchess of Cornwall 18 February 2011	Andrew Jones	Chief Execs Report
	9.5	Ensure successful implementation of the decontamination business case Achieved	Andrew Jones	Chief Execs Report

Partnerships

10

Strategic Objective		Exec Lead	Board Monitoring Mechanism
	10. To maintain and develop constructive working relationships with partner agencies, including those with statutory and regulatory responsibilities and those with socio-economic and educational responsibilities, including: • **bodies with statutory enforcement powers:** o Monitor o Care Quality Commission o Health & Safety Executive o Professional regulatory bodies o Fire Authority • **bodies with statutory role but no enforcement powers:** o PCT's o Practice based commissioners o SHA o Patient & Public Involvement Forum (PPI) o Local Authorities, including Overview & Scrutiny Committees o Derbyshire Police (protocols for vulnerable people) o Derbyshire Partnership Board o LINks o Health Protection Agency • **bodies with no statutory role but a legitimate interest:** o National Institute for Clinical Effectiveness (NICE) o National Patient Safety Agency (NPSA) o Medical Royal Colleges o Multi-professional Deanery (MPD) o Universities (Medical & Nursing Schools) • **bodies with opportunities for collaboration & joint working:** o NHS Foundation Trust Network (FTN) o Other NHS Foundation Trusts in South Yorkshire and East Midlands o Other NHS Trusts in the East Midlands o Clinical Networks, including Strategic Commissioning Groups in South Yorkshire/North Derbyshire/North Nottinghamshire and East Midlands o East Midlands Government Office (GOEM)		

2010/11 Board Milestones	**10.1 Whilst taking all opportunities to develop appropriate linkages with the above organisations, specifically target the following:** • **Monitor** o maintain current profile as a high achiever **- Achieved** o respond constructively to draft guidance etc **- Achieved** o establish relationships with the incoming senior management team **- Achieved** • **PCT's** o maintain good working relationships with Derbyshire County PCT on Next Steps Review proposals **- Achieved** o work with the PCT on Transforming Community Services and during 2010/11achieve a smooth bringing together of any services transferring from DCHS into the FT **– Not achieved** • **PBC** o develop links with the emerging local practice based commissioning consortia - **Achieved** • **SHA** o maintain working relationship with the East Midlands SHA **- Achieved** • **Derbyshire County Council** o contribute to regional emergency preparedness & contingency planning & membership of Partnership Board **- Achieved** o develop closer relationships with the new Improvement and Scrutiny Committee • **NHS Foundation Trust Network** o maintain our reputation within the FTN **- Achieved** o engage in events & working groups to influence future policy direction **- Achieved** • **Care Quality Commission** o develop working relationships with CQC **- Achieved** • **Incoming Government** o develop proposals and action plans to work within emerging themes and reforms initiated by an incoming government and ensure that any changes to services managed by the FT are introduced to best effect **- Achieved**	**Eric Morton**	**Chief Execs Report**

Chesterfield Royal Hospital NHS
NHS Foundation Trust

2011/12 CORPORATE OBJECTIVES

Access

1

Strategic Objective	1. To deliver safe, first rate and timely health care - achieve and where possible exceed the national access standards	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	1.1 Delivery of the A&E standards (Monitor compliance & Operating Framework)	Nikki Tucker	Performance Report
	1.1.1 95% of patients to spend less than 4 hours in the department		
	1.1.2 Left department without being seen rate of <5%		
	1.1.3 95% of patients to be initially assessed within 15 minutes		
	1.1.4 Median time to treatment in department <60 minutes		
	1.1.5 Unplanned re-attendances of < 5% at A&E within 7 days of original attendance		
	1.1.6 A&E ambulance handover <= 15 minutes	Alfonzo Tramontano	
	1.1.7 Delivery of quality indicators for cellulitis and DVT admissions, consultant sign off and service experience	Ian Gell	Quality Report
	1.2 Delivery of the referral to treatment standards (Monitor compliance & Operating Framework)	Nikki Tucker	Performance Report
	1.2.1 Referral to treatment median rate for admitted patients of <11.1 weeks, and 95% to be treated within 23 weeks of referral		
	1.2.2 Referral to treatment median rate for non-admitted patients of <6.6 weeks, and 95% to be treated within 18.3 weeks of referral		
	1.2.3 Referral to treatment median rate for incomplete episodes of <7.2 weeks, and 95% to be treated within 28 weeks of referral		
	1.2.4 Maintain the number of patients waiting on an incomplete referral to treatment pathway at the 2010/11 level		
	1.3 Delivery of the Cancer standards (Monitor compliance & Operating Framework)	Nikki Tucker	Performance Report
	1.3.1 93% patients of patients seen within 2 weeks of an urgent GP referral for suspected cancer		
	1.3.2 93% of patients seen within 2 weeks of an urgent referral for breast symptoms where cancer is not initially suspected		
	1.3.3 85% of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer		
	1.3.4 90% of patients receiving first definitive treatment for cancer within 62 days of referral from an NHS Cancer Screening Service		
	1.3.5 90% of patients receiving first definitive treatment for cancer within 62 days of a consultant decision to upgrade their priority status		
	1.3.6 96% of patients receiving first definitive treatment within one month of a cancer diagnosis		
	1.3.7 94% of patients receiving subsequent treatment for cancer within 31 days where		

	that treatment is surgery		
	1.3.8 98% of patients receiving subsequent treatment for cancer within 31 days where that treatment is an Anti-cancer drug regime		
	1.4 Delivery of the stroke standards	Nikki Tucker	Performance Report
	1.4.1 80% of patients who have had a stroke to spend at least 90% of their time in hospital on a stroke unit (Operating Framework)		
	1.4.2 71% of patients at high risk of stroke who experience a TIA to be assessed and treated within 24 hours (Operating Framework)		
	1.4.3 Deliver Sentinel Stroke Audit standards	Ian Gell	Performance Report
	1.4.4 Ensure prompt transfer of the stroke rehabilitation service onto the Royal Hospital site.	Nikki Tucker	Performance Report
	1.5 Delivery of contractual and other waiting time standards	Nikki Tucker	Performance Report
	1.5.1 90% of women to have seen a midwife by 12 weeks and 6 days of pregnancy (Operating Framework)		
	1.5.2 Achieve a 4 week maximum outpatient wait in all specialties by 31 March 2012 and no patients to wait longer than 13 weeks during the year		
	1.5.3 Achieve a 4 week maximum wait for elective inpatient and day care treatment in all specialties by 31 March 2012 , and no patients to wait longer than 26 weeks during the year		
	1.5.4 90% admitted and 95% of non-admitted patients, by specialty, to receive first treatment within 18 weeks of referral, and maintain the proportion of patients treated within 10 weeks of referral in comparison to 75.2% for admitted patients and 90.5% for non-admitted patients in 2010/11		
	1.5.5 Achieve a 4 week maximum wait for imaging tests and a 4 week maximum wait for all other diagnostic tests		
	1.5.6 Achieve time to surgery for # NoF - 45% within 24 hours, and 80% within 48 hours		

Patient Experience

2

Strategic Objective	2. To reflect national quality standards and demonstrate a positive 'customer focus' …delivering patient focussed, seamless, high-quality care - in all activities, deliver high quality, safe and co-ordinated care, focused on the patient's best interests, making the patient experience as positive as possible	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	2.1 <u>Responsiveness</u>	Nikki Tucker	Performance Report
	2.1.1 No more than 0.8% of patients to have their operation cancelled on the day of surgery and 95% of those patients cancelled on the day of surgery to be offered a date for re-admission within 28 days		
	2.1.2 Roll out the implementation of the national Patient Prescription Programme for cancer patients		
	2.2 <u>Infection control</u>		
	2.2.1 MRSA - maximum of 4 reported bloodstream isolates (Monitor compliance <=6, Operating Framework <=2)	Alfonzo Tramontano	Performance Report
	2.2.2 C diff – maximum of 50 hospital acquired infections (Monitor compliance and Operating Framework <= 48)		
	2.2.3 100% eligible admissions to undergo MRSA screening (Operating Framework)	Alfonzo Tramontano	Performance Report
	2.3 <u>Customer Care</u>	Alfonzo Tramontano	Quality Report
	2.3.1 Ensure delayed transfers of care are <= 3%	Alfonzo Tramontano	Quality Report
	2.3.2 Undertake the 2012 patient survey (Operating Framework)		
	2.3.3 Ensure FLIP information (including nursing metrics and patient experience questionnaires) continue to be used by directorate management teams as per trust wide plan and sustained improvement in results with action plans in place to support amber and red results to be achieved	Eric Morton	Performance Report
	2.3.4 Ensure that 100% of complaints are responded to as follows: Level 2 and 3 complaints within 26 days (or on an exception basis within the extended timescale agreed with the complainant) Level 4 complaints within 41 days (or on an exception basis within the extended timescale agreed with the complainant) Levels 2,3 and 4 are totally resolved within three months (or on an exception basis within the extended timescale agreed with the complainant)	Ian Gell	Quality Report
	2.4 <u>Improving mortality rates</u> Target improvement in mortality rates in key diagnostic groups by proactively reviewing diagnoses with higher death rates at directorate level thus improving individual survival rates and the trusts HSMR		

3

Governance

Strategic Objective	**3. Maintain robust, strong governance and management arrangements that can rapidly react to the changing NHS environment** **- conduct the stewardship of the trust so as to maximise its ability to use its resources to best effect while ensuring compliance with Monitor's terms of authorisation and compliance framework**	**Exec. Lead**	**Monitoring Mechanism**

2011/12 Trust Milestones	**3.1** Maintain up to date register of, goods and services, research and assets and protected property	**Paul Briddock**	**Quarterly Monitor submission**
	3.2 Maintain compliance with Monitor's code of governance	**Terry Alty**	**Annual Report**
	3.3 Undertake a review of the constitution	**Terry Alty**	**Quarterly Monitor**
	3.4 Ensure that the completed quarterly/six-monthly monitoring returns are submitted to Monitor by their due date	**Terry Alty**	**submission** **BoD Report**
	3.5 Support continuing monitoring and assessment of performance against the Care Quality Commission's registration requirements	**Terry Alty**	**BoD report**
	3.6 Ensure the preparation and submission of the 2010/11 annual report	**Terry Alty**	**Annual Report**
	3.7 Complete quality accounts for 2010/11, and agree key quality objectives for 2011/12	**Ian Gell**	**Annual Report**
	3.8 Ensure Trust's annual financial plan is submitted to Monitor by 31 May 2011 and is complete	**Paul Briddock**	**Annual Plan**

4

Finance

Strategic Objective	4.	Strengthen the organisation with a strong financial framework, ensuring that the foundation trust is financially viable (in the short and medium term) - ensure compliance with the financial framework set by Monitor including the Foundation Trust's terms of authorisation	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	4.1	Achieve a minimum overall '4' score on Monitor's financial risk rating throughout 2011/12	Paul Briddock	Finance Report
	4.2	Achieve a minimum £5 million planned I&E surplus, and breakeven on all directorate budgets	Paul Briddock	Finance Report
	4.3	Maintain a strong cash and liquidity position for the Trust ensuring that cash balances are in line with monthly projections set out in the 2011/12 financial plan, and that the Trust's liquidity financial rating is maintained at least a '4' rating throughout the year	Paul Briddock	Finance Report
	4.4	Ensure that the Trust stays within its prudential borrowing limit and that the Trust complies with Monitor's prudential borrowing code	Paul Briddock	Finance Report
	4.5	Ensure that the Trust's PDC is paid in full and on time	Paul Briddock	Finance Report
	4.6	Comply with Monitor's Manual of Accounts (FREM), 2011/12 Compliance Framework, Capital Accounting Manual and Audit Code and ensure that the Trust secures an unqualified audit opinion on its 2010/11 accounts	Paul Briddock	Finance Report
	4.7	Deliver the Trust's capital expenditure plan within the overall capital expenditure limit set within the Trust's 2011/12 financial plan	Paul Briddock	Finance Report
	4.8	Ensure that the Trust does not dispose of protected property and assets without prior approval by Monitor	Paul Briddock	Finance Report
	4.9	Ensure that the proportion of total income derived from private charges does not exceed 0.99% of patient income	Paul Briddock	Finance Report
	4.10	Ensure delivery of the cost improvement programme	Paul Briddock	Finance Report

5

Information and IT

Strategic Objective	5. Develop and use the most appropriate technology - implement and maintain appropriate IT systems to support the effective management of Trust business including the efficiency agenda	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	5.1 Implement the revised IM&T strategy, including deployment of new systems for maternity and A&E	Eric Morton	Chief Execs Report
	5.2 Review and implement cost effective alternative arrangements for e-mail, Office and operating system software with a view to improving the efficiency of non-clinical services ie. voice recognition, document management, improved workflow	Nikki Tucker	Chief Execs Report
	5.3 Develop and extend the concept of a 'paperlight' clinical record	Ian Gell	Chief Execs Report
	5.4 Complete roll out of the electronic prescribing and drug administration system	Andrew Jones	Chief Execs Report
	5.5 Ensure all wards and departments are using the Electronic Whiteboards as part of every day practice with comprehensive completion of all sections, especially estimated date of discharge and to use the system to aid clinical handover	Alfonzo Tramontano	Chief Execs Report
	5.6 Implement e-rostering across all areas of the hospital as per the project plan, ensuring benefits realisation is undertaken by directorate management teams	Alfonzo Tramontano	Chief Execs Report
	5.7 Successfully implement new financial system software	Paul Briddock	Finance Report

6

Risk

Strategic Objective	6. Mitigate any potential risks - maintain a risk management and strategic reporting system for: operational risk, business risk, financial risk, clinical risk and corporate assurance	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	6.1 Maintain overview of risk management via the risk committee	Eric Morton	Risk Man Com Mins
	6.2 Maintain a system for monitoring and management of all matters of non clinical risk, including health and safety related issues	Andrew Jones	HMC Minutes
	6.3 Maintain a performance reporting system which monitors and responds to the trust's level of compliance with external and contractual standards	Nikki Tucker	Performance Report
	6.4 Maintain monitoring and reporting systems which detail the financial position and financial risks facing the trust	Paul Briddock	Finance Report
	6.5 Ensure robust processes are in place for monitoring clinical risk	Alfonzo Tramontano	Clinical Governance Committee Minutes
	6.6 Prepare for assessment and compliance with maternity CNST standards for June 2012 with the aim of increasing compliance to at least level 2	Ian Gell	
	6.7 Ensure that the trust meets the required standards for Information Governance as detailed in the IG toolkit	Ian Gell	BoD Report

7

Capacity and capability

Strategic Objective	7.	Examine the potential for developing the services offered whilst extending choice and implementing measures to ensure effective use of all available resources and matching capacity to actual demand	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	7.1	Ensure effective use of beds across the hospital with flexibility to allow for spikes in activity	Alfonzo Tramontano	Performance Report
	7.2	Deliver the contractual standards agreed with NHS Derbyshire County as part of the Quality Schedule of the 2011/12 contract, including the CQUIN scheme	Ian Gell/Alfonzo Tramontano	Performance Report Quality Report
	7.3	Engage with emerging GP consortia to re-design and redevelop services	Ian Gell	Chief Execs Report
	7.4	Implement named consultant team functionality on Choose and Book	Nikki Tucker	Chief Execs Report
	7.5	Improve preparedness in the event of a Major Incident, including; completion of the Business Continuity and CBRN plans with subsequent training and participation in a live simulated event	Nikki Tucker	Chief Execs Report
	7.6	Review eligibility for access to patient transport services with a view to reducing journeys	Nikki Tucker	Chief Execs Report
	7.7	Explore opportunities to develop Any Qualified Provider status for appropriate services and develop a business case to establish inpatient rehabilitation services to offer choice to appropriate patients as an alternative to discharge to community hospitals	Eric Morton	Chief executive report

Staffing

8

Strategic Objective	8.	Seek to develop, support, value and retain exceptional staff who can contribute to and engage with the organisation's plans, decisions and developments Actively promote healthy lifestyles, good health and wellbeing initiative alongside the treatment of ill-health	Exec. Lead	Monitoring Mechanism
2011/12 Trust Milestones	8.1	Facilitate the 2011/12 national staff survey (Operating Framework)	Terry Alty	Chief Execs Report
	8.2	Ensure the proportion of the workforce who receive regular appraisal is at least 90% in corporate departments and 80% in all other directorates	Alfonzo Tramontano	BoD Report
	8.3	Ensure compliance with clinical mandatory training (CQC standard)	Alfonzo Tramontano	Performance Report
	8.4	Through the health and attendance management policy, maintain the rate of sickness absence at no more than the national average	Terry Alty	Chief Execs Report
	8.5	Produce a concise overarching organisational development strategy in accordance with the agreed Tripartite Committee action plan	Terry Alty	BoD Report
	8.6	Assess the priority need for management development over the following 18 to 24 months and commission a programme to address this via competitive procurement	Terry Alty	BoD report
	8.7	Develop a new narrative for the strategic direction of the Foundation Trust and share this with staff and key partners across the health community	Eric Morton/Richard Gregory	Chief Execs Report
	8.8	Hold directorate visits to discuss the Trust's recent organisational journey and its current and future challenges	Eric Morton/Richard Gregory	Chief Execs Report
	8.9	Reconvene the former 'professional forum' but with a new name and a wider membership to bring people together for discussion and feedback	Eric Morton	Board report/Annual Plan
	8.10	Ensure Trust's permanent medical staff participate in structured appraisal process that will enable a smooth introduction of Revalidation	Ian Gell	BoD Report

9

Estate

Strategic Objective	**9. Present services and facilities in a contemporary, welcoming estate – making sure environmental standards are continually maintained, are fit for purpose and meet all legislative requirements by** **- keeping backlog maintenance to a minimum** **- meeting the business and clinical aims of the Foundation Trust** **- delivering modern flexible buildings**	**Exec. Lead**	**Monitoring Mechanism**

2011/12 Trust Milestones	**9.1 Deliver the capital programme of the NHS FT** **9.2 Implement the trust's 2011/12 Site Development Plan** **9.3 Deliver the trust's carbon reduction plan and prepare for the introduction of the carbon reduction tax in 2012**	**Paul Briddock** **Andrew Jones** **Andrew Jones**	**Finance Report** **BoD report** **Corp. Citizenship Committee**

Partnerships

10

Strategic Objective		Exec Lead	Monitoring Mechanism
	10. To maintain and develop constructive working relationships with partner agencies, including those with statutory and regulatory responsibilities and those with socio-economic and educational responsibilities, including: • **bodies with statutory enforcement powers:** o Monitor o Care Quality Commission o Health & Safety Executive o Professional regulatory bodies o Fire Authority • **bodies with statutory role but no enforcement powers:** o PCT's and PCT Clusters o GP consortia o SHA and the successor National Commissioning Board and its local office o Patient & Public Involvement Forum (PPI) o Local Authorities, including Overview & Scrutiny Committees o Health & Well Being Boards o Derbyshire Police (protocols for vulnerable people) o Derbyshire Partnership Board o Health Protection Agency and its successor body • **bodies with no statutory role but a legitimate interest:** o National Institute for Clinical Effectiveness (NICE) o National Patient Safety Agency (NPSA) o Medical Royal Colleges o Multi-professional Deanery (MPD) and their successor organisation o Universities (Medical & Nursing Schools) • **bodies with opportunities for collaboration & joint working:** o NHS Foundation Trust Network (FTN) o Other NHS Foundation Trusts in South Yorkshire and East Midlands o Other NHS Trusts in the East Midlands o Clinical Networks, including Strategic Commissioning Groups in South Yorkshire/North Derbyshire/North Nottinghamshire and East Midlands o East Midlands Government Office (GOEM)		

2011/12 Trust Milestones	**10.1 Exploit all opportunities to develop appropriate linkages with the above organisations, specifically target the following:** • **Monitor** o maintain current profile as a high achiever o respond constructively to draft guidance etc o continue to strengthen relationships with the senior management team • **PCT's & PCT Cluster** o maintain good working relationships with Derbyshire County PCT and develop relationships with the emerging PCT Cluster for Derbyshire • **GP Consortia** o develop links with the emerging practice based commissioning consortia • **SHA and the National Commissioning Board** o maintain working relationship with the East Midlands SHA during their last year and contribute to work to ensure continuity of appropriate functions o maintain relationships with multi-disciplinary workforce deanery and ensure appropriate links are forged with developing educational structures o establish working relationships with the emerging National Commissioning Board and its local office • **Derbyshire County Council** o contribute to regional emergency preparedness & contingency planning o contribute to the working of the Derbyshire Partnership Board o develop closer relationships with the Improvement and Scrutiny Committee o establish a relationship with the new Health & Well Being Board • **NHS Foundation Trust Network** o maintain our reputation within the FTN o engage in events & working groups to influence future policy direction o contribute to the future governance structure of an independent Foundation Trust Network • **Care Quality Commission** o maintain good working relationships with CQC • **Coalition Government** o take all opportunities to contribute towards the developing thinking of how the element s of the published health bill will be operationalised, working with the FTN, Monitor, Department of Health and the Co-operation & Competition Panel	**Eric Morton** **Ian Gell** **Ian Gell** **Janet Birkin** **Richard Gregory**	**Chief executive report & specific board updates**

Chesterfield Royal Hospital NHS Foundation Trust

Process: Strategy Development

Introduction and background

Since becoming a foundation trust in 2005 Chesterfield Royal Hospital has achieved the best possible ratings with its regulator, Monitor, for both finance and governance.

The Trust is now in a position to revise its strategic ambition, setting out its goals and for the next five years and possibly beyond in a significantly changed landscape since becoming a foundation trust in 2005. This document sets out the scope, process, fees and timescales for consideration by the Trust.

Scope

To determine the Trust's five year strategy by:

1) Supporting the development of directorate strategies, specialty by specialty, including:
    a. Analysis of the market
    b. SWOT analysis
    c. Clarification of key drivers and opportunities
    d. Time-line to develop and/or achieve opportunities
    e. Activity and financial implications over a five year period

Each directorate strategy should be capable of being described in terms of 'their story', building on their strengths and market opportunities. This will include areas for reduction and cost improvement as well as further expansion and partnership/acquisition opportunities.

2) Summarising all partnership opportunities across the healthcare and non healthcare markets. For example, working with housing companies and/or social enterprises to develop sheltered housing which includes access to healthcare for elderly residents

3) Further developing a suite of supporting corporate strategies for finance, HR, IT etc. which will ensure the appropriate support to deliver the clinical directorate strategies.

4) Provide a summary Trust strategy which is capable of being monitored by the Board and out of which the annual plan can be extracted.

Process

Stage 1
Working with the Executive Directors, templates for the clinical strategies, supporting corporate strategies and trust-wide strategy will be designed which meets the needs of the board

1) Submission of draft proposed templates as a straw man to allow consideration by the Board for final templates: 16th May

2) Meeting with Directors to agree process and provide finalised templates for the output: 20th May

Stage 2
Review of existing strategies, savings plans, principle contracts with commissioners and views from the corporate team. Meetings with key external stakeholders to establish their views of the organisation, opportunities and potential developments

1) Meetings arranged by prepared by the Trust for 27th May and 17th June with key stakeholders
2) Document review carried out by 17th June, with output of key risks and issues to be addressed and included in the Trust strategy
3) Instruction to Trust corporate team on 17th June in order that they are able to prepare an information pack for each division to include activity and financial historic position, service line management information, future projections based on contract values, significant change programmes currently taking place and those planned, workforce plan, market analysis and tenders (historic, current and likely future tender opportunities)

Stage 3
Communications with the senior management team of each division will establish the programme of work, listen to comments from the divisional teams and refine the process.

1) Up to 3 workshops with divisional teams of approx half day each to formally kick off the work, establish process and gain feedback from the teams – 24th and 27th June
2) Communications bulletin drafted and programme of regular communications developed with Trust comms team

Stage 4
Development of core information for each division and specialty. This information will include competitors, position in the market, financial position, service level information where available and current performance metrics

1) Share packs produced by corporate teams with the divisional leaders to assess their place in the market and identify the potential areas for growth, disinvestment etc. via challenge meetings with each of the leaders of key clinical divisions on 1st July
2) Produce first cut of overall market analysis and opportunities in strategy format to share with Executive leads by 11th July

Stage 5
Workshops with operational teams and clinical leaders to develop their aspirations for the future of their specialty and division, how it will be delivered and how they will measure success

1) Development and agreement of areas for growth, reduction and assess how this will be achieved – partnerships, acquisitions for example, and timeframe within the context of understanding and assessing commissioner requirements. Up to 3 workshops with clinical leaders 15th and 18th July and instruction to corporate teams re development of activity and financial forecasts

Stage 6
Presentation of clinical strategies/stories to the corporate team

1) By 25th July to ensure all clinical strategies are completed in the agreed format and issued to Trust Executive for consideration

Stage 7
Refinement of the strategies and further development of supporting corporate strategies

1) Meeting with executives to understand output from first cut of clinical strategies and determine future progression and number of iterations and amendment as a result – 5th August.
2) Revise clinical strategies with clinical teams – 19th August
3) Finalise the Trust corporate objectives with the executive – 5th August
4) First stage of overall trust strategy for consideration by the executives – to be produced by 29th August

Stage 8
Iterations and finalisation of the Trust strategy to be agreed following the comments on the strategy produced to date. Corporate strategies will be developed via workshops with corporate teams following agreement of the clinical strategies. It would be planned that these will take place in September over 2/3 days with the output from each being outline strategies to be completed by each of the corporate teams.

Methodology

Communication on progress and sharing outputs for comment at each stage of the process will take place with the Executive Directors to ensure that the process is completed according the requirements of Directors from the outset.

It is recommended that governance arrangements include either presentation on progress at an appropriate existing meeting of executives or a specific meeting is established.

Information required will be provided by the Trust and the drive will be to ensure that the clinical and corporate teams deliver as much of the input to the strategies as possible and in the case of the corporate teams, the content of the strategies will be delivered by them with consultancy and review from Rachel Duckett.

Costs

Depending on the work required, costs will only change subject to agreement with the Chief Executive. Costs may be lower if a reduced level of input is required than set out in this document. Reasonable expenses will also be charged with mileage at Inland Revenue rates and if hotel accommodation is required, capped at £60 per night.