

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 16 MAY 2012**

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| Title: | ANNUAL PLAN 2011/12 PERFORMANCE UPDATE |
| Responsible Director: | Executive Director of Delivery |
| Contact: | Harvir Atkar, Head of Planning, ext 13684 |
| Purpose: | The purpose of this paper is to update the Council of Governors on full year performance against the agreed Annual Plan key tasks and strategic enablers for the year 2011/12. |
| Confidentiality Level & Reason: | Confidential – Commercial |
| Annual Plan Ref: | N/A |
| Key Issues Summary: | For the 2011/12 Annual Plan, 81% of key tasks have been fully completed or are demonstrating strong performance against the associated outcome measures, and 19% of key tasks have been partially completed or there is moderate underperformance against the outcome measures. No key tasks have shown significant underperformance or have been deferred to the following year. |
| Recommendations: | The Council of Governors is requested to: ACCEPT the performance update against the 2011/12 Trust Annual Plan. |
| Signed: | Date: 8 May 2012 |

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 16 MAY 2012
ANNUAL PLAN 2011/12 PERFORMANCE UPDATE**

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

The purpose of this paper is to update the Council of Governors (CoG) on year to date performance against the agreed Annual Plan key tasks and strategic enablers for the year 2011/12.

2. 2011/12 Annual Plan Progress to Date

An assessment of progress has been made against all key tasks using the following traffic light categories.

| | |
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| | No progress made/not able to achieve. Significant underperformance against outcome measure. |
| | Partially completed. Moderate underperformance against outcome measure. |
| | Task completed or strong performance against outcome measure. |
| | Task deferred to following year. |

| Progress | Number of key tasks | % |
|----------|---------------------|------|
| | 0 | 0% |
| | 12 | 19% |
| | 52 | 81% |
| | 0 | 0% |
| Total | 64 | 100% |

Year to date, 81% of key tasks have been fully completed or are demonstrating strong performance against the associated outcome measures, and 19% of key tasks have been partially completed or there is moderate underperformance against the outcome measures. No key tasks have shown significant underperformance or have been deferred to the following year. Appendix A details overall traffic light performance against each strategic enabler.

3. Risk Assessment of 2011/12 Annual Plan

The following key tasks have been assessed as amber as they are underperforming or at risk of not being delivered in 2011/12. A risk assessment of delivering the overall strategic enabler has been provided. To avoid duplication, the relevant CoG reports have been referred to for further detail and mitigating actions.

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Key Task 1.2: Deliver improvements against national and regulatory quality requirements

Outcome Measure: Delivery of indicators from the Operating Framework and other national measures applicable to the Trust.

Risk Assessment: Significant impact

Mitigating Actions: There are currently performance risks against the targets for Quality of Stroke Care, Delayed Transfers of Care, and A&E Clinical Quality Indicators. Please refer to the performance indicators report for mitigating actions.

Key Task 1.4: Undertake a review and improve the quality of urgent care services

Outcome Measure: National quality measures for A&E achieved.

Risk Assessment: Medium impact

Mitigating Actions: Performance against the indicators for A&E time to assessment and A&E unplanned reattendance were off target in March 2011. Please refer to the performance indicators report for mitigating actions.

Key Task 2.1: Develop and implement enhanced functionality of the Trust's Prescribing Information Communication System (PICS) and deliver improvements in data quality and completeness

Outcome Measure: a. An increase in patients receiving assessment for nutrition (MUST), pressure ulcers (Waterlow), falls, and height and weight.

Risk Assessment: Medium impact

Mitigating Actions: There continues to be a month on month increase in the percentage of assessments on PICS:

Nutrition - 68% in December to 75% in March.

Pressure Ulcers - 75% in December to 83% in March.

Falls - 75% in December to 80% in March.

Height - 87% in December to 90% in March.

Weight - 71% in December to 78% in March.

Performance continues to be addressed via the care rounds and regular progress updates are submitted to the Care Quality Group.

Key Task 2.3: Develop a predictive risk management and quality governance framework to identify performance risks and take mitigating actions

Outcome Measure: Commissioner contractual agreements achieved.

Risk Assessment: Significant impact

Mitigating Actions: All performance requirements within the contract are being delivered with the exception of Quality of Stroke Care, Delayed Transfers of Care, and A&E Clinical Quality Indicators, slot unavailability, and cancelled operations. Please refer to the performance indicators report for mitigating actions.

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Key Task 3.1: Improve efficiency and productivity across the Trust

Outcome Measure: Meet targets for length of stay.

Risk Assessment: Significant impact

Mitigating Actions: A capacity update was presented to the Executive Directors and the Board of Directors Seminar in March/April 2012. Divisional action plans for further length of stay reductions are to be agreed with Chief Operating Officer by June 2012. An option appraisal concerning future capacity planning is to be presented at the BoD Seminar in May 2012.

Key Task 3.2: Work collaboratively with primary and social care to improve pathways and develop alternative methods of post-discharge care to reduce long term demands on acute services

Outcome Measure: c. Reduction in length of stay, and d. Reduction in delayed discharges.

Risk Assessment: Medium impact

Mitigating Actions: Please see Key Task 3.1 for length of stay reduction and the performance indicators report for delayed discharges.

Key Task 4.4: Work collaboratively with GP Consortia to ensure the latest drugs and technologies are adopted

Outcome Measure: Compliance with clinically agreed standards including NICE Guidance and Technology Appraisals.

Risk Assessment: Medium impact

Mitigating Actions: As reported in the quarter 3 paper, the Trust is non-compliant with the guidance for Myocardial Infarction (persistent ST-segment elevation) – bivalirudin which was published in July 2011. This was discussed again at the Cardiology Specialty Meeting on 7 March 2012. It was reported that clinical audit results show the anticoagulation regime used by the UHB Cardiology team compares favourably to the different regime recommended by NICE and therefore it is not considered cost effective to use the NICE recommended anticoagulant Bivalirudin. Only 10% of Cardiology Specialities across the Country are following NICE recommendations and understands that NICE are reviewing the guidance as a result. This non-compliance remains on the risk register for discussion at the Cardiology Speciality Meeting and is due for review on 2 May. The Chair of the Clinical Audit and Effectiveness Committee (CAEC) agreed non-compliance and agreed to discuss with the Medical Director. The Chair will also contact NICE directly regarding the guidance evidence base and non-compliance across the country and feedback at the next CAEC meeting on 25 May 2012.

The quarter 3 progress update reported that work was being undertaken to ensure compliance with the guidance for Hip Fracture. The service can now report compliance with this guidance.

Action plans are in place and progress is being made to work towards compliance for the NICE guidance for Hyperglycaemia in acute coronary syndromes and Diabetes (type 2) - exenatide (prolonged release) and compliance is expected in July and April 2012 respectively.

Work is underway to establish compliance against the guidance for Percutaneous transluminal radiofrequency sympathetic denervation of the renal artery for resistant hypertension which was published in January 2012. The specialty are about to start this procedure with Interventional Radiology and an audit of compliance will be undertaken in 12 months time.

Compliance performance continues to be regularly monitored by the Clinical Audit and Effectiveness Committee and any long term exceptions are escalated to the Clinical Quality Monitoring Group.

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Key Task 5.2: Deliver improvements in the fundamentals of care including nutrition, tissue viability, falls, and mixed sex accommodation

Outcome Measure: a. Increase in the proportion of patients receiving assessment for nutrition, tissue viability, and falls

Risk Assessment: Medium impact

Mitigating Actions: Please see Key Task 2.1 for further details.

Key Task 6.1: Improve the quality of patient administration processes

Outcome Measure: a. Reduction in turnaround time of clinical correspondence including outpatient clinic letters and inpatient discharge letters. b. Development and implementation of electronic delivery of clinical correspondence. c. Reduction in incidents and complaints relating to patient administration.

Risk Assessment: Significant impact

Mitigating Actions:

a. Letters turned around within 10 days has improved from 58% in January 2012 to 65% in March 2012. This will be a core KPI as part of the monthly performance indicators report in 2012/13. Informatics are now producing regular reports for divisional management teams on letter turnaround performance and workflow management from May 2012 via the dashboard. Digital dictation systems will continue to be enhanced from a process and technical point of view to support performance improvement.

b. Electronic Document Transfer/Docman is now rolled out to 45 GP practices which is 66% of the total compared to 31% in quarter 3.

c. Patient admin related complaints have increased from 58 in 2010/11 to 75 in 2011/12 demonstrating a 29% increase. In 2011/12 there were 13 in Q1, 32, in Q2, 14 in Q3 and 16 in Q4. A full review of the Trust complaints process has taken place and as a result a restructuring of the complaints team is now in progress. The number of open complaints has reduced by 43% since November 2011 as a result of process improvement. Complaint response times have also improved. Datix web is now in the process of being rolled out during Q1, following a short delay while IT servers were upgraded. The Trust's Customer Care Facilitator sits on the Patient Letters Group and highlights issues raised in pertinent complaints where relevant.

Key Task 10.1: Deliver improvements in staff satisfaction

Outcome Measure: a. Increase in score against job satisfaction in the staff survey and b. Reduction in the proportion of staff reporting on incidents of violence and aggression in the staff survey.

Risk Assessment: Medium impact

Mitigating Actions: The score in the job satisfaction element of the staff survey reduced from 3.62 in 2010 to 3.49 in 2011 but remains above the national average of 3.47. There was a reduction in the overall number of findings in the top 20% of trusts from 22 in 2010 to 8 in 2011 with a greater number falling into the average category. However, analysis of peer trusts showed comparative results. A Trust action plan is in development focussing on the hot spot areas of equality and diversity, availability of hand washing materials, and prevention of discrimination (analysis shows that this relates to discrimination from patients). This will be supported by Divisional action plans focussing on hot spots in their specific areas.

Key Task 10.2: Ensure workforce continuity and availability

Outcome Measure: a. Reduction in sickness, vacancy rate, and agency usage, b. Increase in appraisal, mandatory training, and induction rate, d. Reduction in turnaround time for recruitment, and e. Reduction in time for case work management.

Risk Assessment: Significant impact

Mitigating Actions: Agency usage and mandatory training are exceptions and addressed in the performance indicators report.

In relation to the recruitment turnaround time performance, work on reducing recruitment timescales continues, with the START dashboard being reviewed at each me@qehb Project Board. Timescales for employment checking have reduced to 27 days in March which is a reduction from 31 days in previous months.

There continues to be a reduction in the turnaround time for case work from a median of 15 weeks in April, to 9 weeks in December, and to 5 weeks in March against a target of 10 weeks for closed cases. Casework for sickness absence is at 464 cases and therefore impacting on the average length of other employee relations case work which is at 11.5 weeks.

Key Task 12.1: Deliver improvements in the quality and performance of the organisation's education and training activity

Outcome Measure: Education and training performance indicator targets met.

Risk Assessment: Medium impact

Mitigating Actions: Although performance has improved since the last quarter, the indicator for Completion of Drug Assessments by New Starters remains above target. Please refer to the performance indicators report for mitigating actions.

4. **Recommendations**

The Council of Governors is requested to:

ACCEPT the performance update against the 2011/12 Trust Annual Plan.

Tim Jones
Executive Director of Delivery

CORE PURPOSE 1: CLINICAL QUALITY**Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking****Strategic Enabler 1: To strengthen the organisational systems and arrangements for the collection, access, use, and reporting of quality outcomes to key stakeholders**

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|---|--|------------------------|------------|
| 1.1 | Further develop PICS functionality. | a. Complete implementation of lab order comms in all disciplines. b. Continue integration of the Oceano system. c. Finalise plan and implement electronic ITU charts within agreed timescales. d. Finalise plan and implement a theatres prescribing system within agreed timescales. | | MD and DoD |
| 1.2 | Undertake work to move further towards an inpatient electronic patient record and increase the level of codified information. | a. Scope the requirements for contemporaneous inpatient noting. b. Scope the requirements for electronic clinical handover. c. Reduce requests for paper records for outpatient clinics to under 5%. d. Scope the requirements for moving to alternative coding systems. | | MD and DoD |
| 1.3 | Further develop functionality on the Healthcare Evaluation Data (HED) system. | a. Agree a HED development strategy with the user forum. b. Increase the proportion of NHS Trusts using the HED system by 10%. b. Provide a regular international benchmarking report to CEAG. c. Increase number of active UHB users on the HED system by 20%. | | MD |
| 1.4 | Further develop Clinical Portal functionality. | a. Integration with myhealth@qehb. b. Integration with Medisoft – Ophthalmology system. c. Integration with Somerset Cancer Registry. | | MD and DoD |

Strategic Enabler 2: To deliver and communicate the best in quality outcomes

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
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| 2.1 | Ensure an effective governance and assurance system is in place for clinical quality. | <ul style="list-style-type: none"> a. Implement statistical tolerances for the specialty quality indicators. b. Monitor performance against expected levels for the indicators. c. Regulatory requirements for Monitor, Care Quality Commission, and NHSLA are met. | | MD |
| 2.2 | Improve the use of existing information on the Clinical Portal to deliver quality improvements. | <ul style="list-style-type: none"> a. Post implementation review of the system. b. Identify what other information needs to be integrated. c. Results tracking and electronic sign off of results. d. Capture of electronic consent. | | MD and DoD |
| 2.3 | Deliver the infection control action plan. | <ul style="list-style-type: none"> a. MRSA (5 cases) and CDI (76 cases) trajectories delivered. b. Submission of MSSA, E. coli, and GRE incidence to Health Protection Agency in line with mandatory reporting requirements. c. Implementation of a strategy for insertion and management of invasive devices. d. Implementation of a two stage test for the identification of CDI e. Implementation of a routine surveillance programme for surgical site infection. f. Implementation of a routine surveillance programme for urethral catheter associated urinary tract infection. | | CN |
| 2.4 | Deliver CQUINS and the Quality Account Priorities. | <ul style="list-style-type: none"> a. TBC once CQUINS and Quality Account Priorities agreed. | | MD, CN, and COO |

Strategic Enabler 3: To improve quality and efficiency along the patient pathway working with local health economy partners

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|---|--|------------------------|------|
| 3.1 | Work collaboratively with commissioners and the Cluster to improve identified pathways. | <ul style="list-style-type: none"> a. Number of contractually agreed service redesign pathways developed, signed off, and implemented within agreed timescales. | | COO |

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| 3.2 | Deliver the key service developments and the associated business case outcomes. | Delivery of the business case outcomes for: a. Major Trauma Centre. b. Stone Centre. c. Vascular activity transfer from City Hospital. d. Stroke service review. e. Neuro expansion. | | COO |
| 3.3 | Improve the Trust's pre-op assessment. | a. Develop a Trust Strategy and Policy for pre-op assessment. b. Centralise the pre-op assessment service. c. Develop business case where gaps identified. d. Implement performance dashboard to report local performance. | | COO |
| 3.4 | Ensure the Trust maintains financial health. | a. Maintain and Monitor finance risk rating of at least 3. b. Deliver targets for cost improvement programmes, income, and cost control. | | DF |

Strategic Enabler 4: To ensure care is delivered using the best available treatment and technology that produces the best clinical outcomes

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|--|---|------------------------|-----------------|
| 4.1 | Implement new technologies as identified in specialty level strategies | Delivery of business case outcomes for: a. Cyberknife. b. Proton. c. Tomotherapy. d. Cardiac mri imaging, | | MD, CN, and COO |
| 4.2 | Work collaboratively with Clinical Commissioning Groups to ensure the latest drugs and technologies are adopted. | a. Compliance with clinically agreed standards including NICE Guidance and Technology. | | MD |
| 4.3 | Implement the Pathology Super Lab | a, Project plan delivered to agreed timescales. | | COO |
| 4.4 | Development of new services and technologies | a. Protocols developed for hand transplant and living donors. b. Number of novel technologies introduced. | | MD, CN, and COO |

CORE PURPOSE 2: PATIENT EXPERIENCE

Strategic Aim: To ensure shared decision making and enhanced engagement with patients

Strategic Enabler 1: To deliver improvements in the fundamental aspects of care and priority areas identified by patients

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
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| 5.1 | Ensure an effective governance and assurance system is in place for patient experience. | a. Delivery of Customer Care Strategy. b. Implementation of customer care standards in reception areas initially in 3 areas, then roll out across all reception areas, then we'll develop trustwide roll out plan, c. Reduction in staff attitude and communication complaints. d. Increase in positive feedback from Mystery Patient project. | | CN and COO |
| 5.2 | Deliver the Commissioning for Quality and Innovation Indicators (CQUINS) for Dementia and Tissue Viability. | a. X% reduction in hospital acquired grade 3 and 4 pressure ulcers (target TBC). B. 90% compliance against requirements screening, assessment, and onward referral for specialist diagnosis by quarter 4 2012/13. | | CN |
| 5.3 | Deliver the CQUIN for the national and local patient survey questions | a. Deliver X% improvement in the positive scores for the selected local survey questions by year end (target TBC). B. Deliver a score of XX for the selected national survey questions in the 2012 survey (target TBC). | | CN |
| 5.4 | Improve the quality of discharge processes at the Trust | a. Implement the policy and procedure and associated assurance process for Discharge and Transfer of Care. b. Clinical redesign of PICS process to facilitate earlier discharge and pilot in an identified area. c. Develop a Trustwide roll out plan. | | CN and DoP |

Strategic Enabler 2: To provide patients with high quality information and support to allow informed choice and shared decision making

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|---|--|------------------------|------|
| 6.1 | Expand the roll out of the myhealth@qehb system. | a. Patients from all phase 1 specialties enrolled and using myhealth@QEHB. b. Survey conducted on patients' experience using myhealth@QEHB. | | MD |
| 6.2 | Undertake a review of patient and public information on the Trust website and address areas for improvement identified in the survey. | a. Develop the information provided to patients on the external website in response to the survey. b. Review effectiveness of the changes made. | | DCOM |

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| 6.3 | Improve the quality of patient administration processes. | <p>a. Implement single point of contact for new and follow up outpatient appointments through relocation of Booking Centre to Melchett Rd.</p> <p>b. Improve process for booking elective inpatient activity.</p> <p>c. Adopt alternative ways for booking long term follow up appointments to reduce hospital initiated cancellations and reschedules identified via a pilot in Grown Up Congenital Heart Disease.</p> <p>d. Implement performance dashboard for workflow and turnaround of clinic letters to deliver a 10 day median.</p> | | COO |
| 6.4 | Undertake scoping work for the Diarising the Patient Day project. | <p>a. Establish a baseline of current processes and performance measures including length of stay, patient satisfaction, and compliance with planned inpatient interventions.</p> <p>b. Establish project board in quarter 2.</p> <p>c. Recruit patients onto pilot in quarter 3.</p> <p>d. Commence implementation in quarter 4.</p> | | DoD and COO |

Strategic Enabler 3: To develop the Trust culture and staff behaviour to focus on the patient experience and ensure improved engagement with marginalised groups

| Ref | Objective | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|---|--|------------------------|-------------|
| 7.1 | Ensure staff are aware of and focussed on meeting patients needs. | <p>a. 1500 staff receiving customer care training.</p> <p>b. A 20% increase in staff receiving equality and diversity training.</p> | | DoP and DoD |
| 7.2 | Ensure that the Trust is compliant with equality and diversity requirements. | a. Implement the requirements of the Equality Delivery System. | | DoP |
| 7.3 | Improve care for hard to reach groups working collaboratively with the relevant groups and communities. | <p>a. Develop and implement plan for expanded working with the third sector for the exchange of expertise and skills.</p> <p>b. Increase in the number of third sector partners that the Trust has collaborated with.</p> <p>c. Compliance with the public sector equality duty.</p> | | DoP |

| 7.4 | Ensure that social inequality is included as part of the Trust's work on Equality and Diversity. | <ul style="list-style-type: none"> a. Incorporate a 9th local protected characteristic as part of the Equality Delivery System for social inequality. b. Increase in the number of refugees and people with HIV who receive basic numeracy and literacy skills via the Learning Hub as the initial phase of work. | | DoP |
|---|--|--|------------------------|------|
| Strategic Enabler 4: To strengthen cross-organisation partnerships with the new Clinical Commissioning Groups and other organisations within and outside the NHS | | | | |
| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
| 8.1 | Ensure effective short, medium, and long term capacity planning is in place. | <ul style="list-style-type: none"> a. Undertake strategic work on capacity requirements for key developments including Major Trauma Centre, Neuro expansion, and Vascular activity from City Hospital. b. Implement phase 2 of expansion of the Wellcome Short Stay Unit, reconfiguration of specialty beds in the New Hospital, and a refresh the plan for winter capacity c. Continue to review actual length of stay against target length of stay following adjustments for casemix and growth. d. Ensure growth business cases include a profile of usage and alignment across job planning, beds, theatres, ambulatory care, and other support services. | | COO |
| 8.2 | Ensure the Trust continues to engage with partners and remains prepared for the changes across the healthcare landscape. | <ul style="list-style-type: none"> a. Continue to revise and develop GP engagement approach and improved clinical and commissioning interfaces with all levels of the commissioning structure. | | DoP |
| 8.3 | Develop and deliver the Trust's International Strategy. | <ul style="list-style-type: none"> a. Implement the revised Private Patients Strategy including overseas activity and deliver agreed outputs. b. Develop relationships and opportunities in the Middle East. c. Identify opportunities for the Trust's specialist consultants to establish international links. d. Increase in number of European and International research trials. | | COO |

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| 8.4 | Ensure the Trust identifies areas for delivering its areas of social responsibility. | <p>a. Develop a carbon reduction performance framework for use both corporately and at divisional level.</p> <p>b. Review mixed-recycling pilot and roll-out across the Trust.</p> <p>c. Undertake review of “top 10” most procured items and understand their carbon footprint.</p> <p>d. Review public transport accessibility to the UHB / UoB complex bearing in mind the major changes along the A38 Corridor (Battery Park, Pebble Mill, Longbridge) and the future use of Selly Oak and Queen Elizabeth Hospitals.</p> | | DNHP |
|-----|--|---|--|------|

CORE PURPOSE 3: WORKFORCE MANAGEMENT

Strategic Aim: To create a fit for purpose workforce for today and tomorrow

Strategic Enabler 1: To strengthen the Trust’s capacity and capability for developing and managing the workforce

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|---|--|------------------------|------|
| 9.1 | Ensure an effective governance and assurance system is in place for workforce management. | <p>a. Delivery of the performance indicators for education and training.</p> <p>B. Delivery of performance indicators for workforce management.</p> | | DoD |
| 9.2 | Further develop automation processes for workforce management including me@qehb. | <p>a. Implement Learning Management System and deliver agreed outputs.</p> <p>b. Develop electronic personal files for staff.</p> <p>c. Develop casework tracking system.</p> <p>d. Develop health and well-being component.</p> | | DoD |
| 9.3 | Develop and deliver the Leadership and Talent Management Strategy. | a. Obtain strategy approval and implement agreed outputs. | | DoD |
| 9.4 | Undertake work to centralise the Trust’s workforce information systems. | a. Project delivered to agreed timescales. | | DoD |

Strategic Enabler 2: To ensure effective management of the workforce

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|-----|----------|------------------|------------------------|------|
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| 10.1 | Further develop the performance evidence framework and address individual performance outliers. | <ul style="list-style-type: none"> a. Establish the infrastructure for identifying and addressing individual outliers. b. Improve and embed the application of the junior doctor monitoring system. c. Expand the use of the nursing performance monitoring system. d. Implement the performance evidence framework for additional staff groups including porters, logistics, and housekeeping staff. | | MD, CN, and DoD |
| 10.2 | Ensure effective application of the Trust performance management policy. | <ul style="list-style-type: none"> a. Carry out awareness sessions for identified staff groups. b. Established data capture and reporting process for cases at Stage 1. c. Agree and deliver a performance target. | | DoD |
| 10.3 | Deliver improvements in staff health and well-being. | <ul style="list-style-type: none"> a. Increase in staff recruitment to Weight Watchers and total weight loss. b. Launch fruit and veg stall outside the Atrium and monitor throughput and volume of sales. c. Work with the Consultant in Sports and Exercise Medicine to identify and implement initiatives to increase staff physical activity and fitness. d. Implementation of health and well-being module on me@qehb for access to physio and dietetic services. | | DoP and DoD |
| 10.4 | Ensure workforce availability. | <ul style="list-style-type: none"> a. Identify sub-groups of staff with high sickness levels and deliver tailored sickness management processes. b. Deliver a reduction in sickness rates to 3%. | | DoD |

Strategic Enabler 3: To deliver learning and development programmes and career opportunities to meet the needs of patients, staff, and the organisation

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|------|---|--|------------------------|-----------------|
| 11.1 | Further develop the organisational leadership skills. | a. Increase in staff throughput on Aspiring Group Managers, Aspiring Matrons, and Consultant Leadership courses. | | DoD, MD, and CN |
| 11.2 | Expand and enhance new roles. | a. Increase in Physician's Assistants, Anaesthetic Practitioners, Research Administrators, and Annexe U Management Trainees. | | DoD and MD |

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| 11.3 | Maintain and develop the Learning Hub's success in broadening access for locally unemployed and disadvantaged people to the jobs and training healthcare offers. | a. 130 unemployed people taking up employment following training in 2012/13. b. 400 unemployed people receiving accredited qualifications through training in 2012/13. c. 150 patients receiving information, advice and guidance on education and employment through the Hub's Inspire programme (for patients with long-term or chronic conditions) and other programmes in 2012/13. | | DNHP |
| 11.4 | Undertake a review of the educational requirements of unregistered staff. | a. Agree a strategic plan for meeting the gap analysis. | | DoD |

Strategic Enabler 4: To strengthen the Trust's status as a leader in education and training

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|------|---|--|------------------------|----------------|
| 12.1 | Undertake work to secure accreditation for UHB educational programmes and courses. | a. 5 courses accredited in 2012/13. b. Establish Healthcare MBA with University of Birmingham. | | DoD |
| 12.2 | Ensure UHB is increasing the level of input and influence on educational programmes delivered with partner organisations. | a. Increase in the number of courses that UHB directly inputs. B. Develop strategy for maintenance of UHB/UoB undergraduate nursing course. | | DoD/DoF |
| 12.3 | Ensure UHB influences local education and training strategies and plans within the region, | a. UHB representatives on both the Local Education and Training Cluster and Education and Training Board. | | DoD/CE O |
| 12.4 | Work with international partners to deliver education and training programmes. | a. An additional 40 overseas doctors trained. b. Establishment of an overseas nursing training programme. | | DoD/CN/ DoF |

CORE PURPOSE 4: RESEARCH AND INNOVATION

Strategic Aim: To ensure UHB is recognised as a leader of research and innovation

Strategic Enabler 1: To strengthen and consolidate the Trust's capacity and capability to enable research and development

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
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| 13.1 | Ensure an effective governance and assurance system is in place for research and development. | a. Deliver the performance indicators for research and development. | | DoD |

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| 13.2 | Establish clinical academic groups. | a. Appoint 4 Heads of Clinical Academic Groups. b. Implement a Clinical Academic Group strategy. c. Increased activity in Clinical Academic Group's compared to 2011-12. | | DoD |
| 13.3 | Develop a central database of research data and activity. | a. Implementation and use of the research tab on PICS. b. Increase in the volume of research activity recorded. | | DoD |
| 13.4 | Improve the capacity available to undertake high quality research. | a. Increase in the number of research roles in place. b. Delivery of associated benefits of roles in place. | | DoD |

Strategic Enabler 2: To strengthen the Trust's capacity and capability for innovation

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|------|--|--|------------------------|------|
| 14.1 | Ensure an effective governance and assurance system is in place for innovation. | a. Achieve MHRA 2 year approval. b. Review 10% of all current research trials for governance probity. | | DoD |
| 14.2 | Lead on the development of Academic Health Science Networks. | a. Work collaboratively with UoB to establish an AHSN. | | DoD |
| 14.3 | Improve external partnerships with organisations to maximise the Trust's opportunities for innovation. | a. Maintain links with Birmingham Science City and the Local Enterprise Partnership Board. b. Number of UHB innovation proposals supported by Science City and the LEP. | | DoD |
| 14.4 | Work collaboratively with small, medium, and large enterprises. | a. Increase in the number of joint collaborations with small, medium, and large enterprises. b. Delivery of agreed outputs. | | DoD |

Strategic Enabler 3: To maximise the opportunities for the commercialisation of Trust services

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|------|--|--|------------------------|------|
| 15.1 | Use intellectual property advice to help identify potential innovation opportunities to commercialise and then help bring these to market. | a. Increase in the number of opportunities identified using intellectual property services. b. Increase in the value of revenue identified. | | DF |
| 15.2 | Identify commercialisation projects to increase commercial income. | a. Increase in the number of commercialisation projects identified. B. Delivery of contribution for each scheme. | | DF |

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|------|--|--|--|-----------------|
| 15.3 | Identify in house services that provide potential for commercial income. | a. Explore the potential for increased commercial income from services such as catering and the Education Centre and measure the planned contribution. | | CN, DoD, and DF |
| 15.4 | Identify opportunities to increase private patient income focussing on high end tertiary activity. | a. Scope the potential to broaden the Trust's private patient activity working with private insurers. b. Explore the potential to develop cosmetic surgery. | | COO |

Strategic Enabler 4: To undertake and be recognised for high quality research and innovation

| Ref | Key Task | Outcome Measures | Qtr 1 2012/13 Progress | Lead |
|------|--|---|------------------------|--------------|
| 16.1 | Maximise on the opportunities for attracting research funding to the Trust. | Submit bids for: a. NIHR Healthcare Technology Cooperation. b. Wellcome Trust Health Innovation Challenge Fund. c. Marie Curie Industry-Academia Partnerships and Pathways – renal dialysis d. NIHR HTA - lymphoedema e. NIHR HS&DR Research to improve knowledge transfer and innovation in healthcare delivery and organisation. | | DoD |
| 16.2 | Improve the Trust's research profile at a national and international level. | a. Develop and deliver a Communications and Marketing Strategy for research. b. Hold dissemination events and activities. c. Undertake a lecture series for NIHR research family centres. | | DoD |
| 16.3 | Improve the quality of research information available to the patients, the public, and Trust partners. | a. Develop and implement the Trust's research website. b. Increase in the number of hits on the website. | | DoD and DCOM |

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| 16.4 | Develop Birmingham as an international Centre for Life Sciences. | <p>a. Work with Government to develop collaborative links and export opportunities in translational medicine, health informatics and hospital design between Birmingham and key markets such as China, India and the Middle East.</p> <p>b. Work with Government, local partners and the private sector to provide capital investment in an Institute of Translational Medicine.</p> <p>c. The development of a collaborative translational medicine network in Birmingham and the surrounding area.</p> | | DoD and DNHP |
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