

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY 12 MAY 2015

Title:	PERFORMANCE INDICATORS REPORT, 2014/15 ANNUAL PLAN QUARTER 4 UPDATE AND 2015/16 TRUST ANNUAL PLAN
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager Harvir Lawrence, Head of Strategy & Performance Daniel Ray, Director of Informatics

Purpose:	To update the Council of Governors on the Trust's performance against targets and indicators in Monitor's Risk Assessment Framework, contractual targets, internal targets and Commissioning for Quality and Innovation schemes (CQUINs). To provide Quarter 4 performance against the agreed Annual Plan key tasks and strategic enablers for 2014/15. To present the Trust Annual Plan for 2015/16
Confidentiality Level & Reason:	None
Annual Plan Ref:	Affects all strategic aims.
Key Issues Summary:	Exception reports have been provided where there are current or future risks to performance for targets and indicators included in Monitor's Risk Assessment Framework, national and contractual targets and internal indicators. An update is also included on the Trust's CQUINs. For the 2014/15 Annual Plan, 92.1% of key tasks ended on plan, with 7.9% of key tasks slightly below plan and there were no key tasks where remedial action is required.
Recommendations:	The Council of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions and risks. Accept the Quarter 4 2014/15 performance update against the Trust Annual Plan. Accept the report on the 2015/16 Trust Annual Plan.

Approved by :	Tim Jones	Date : 1 May 2015
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**PERFORMANCE INDICATORS REPORT,
2014/15 ANNUAL PLAN QUARTER 4 UPDATE AND
2015/16 TRUST ANNUAL PLAN**

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper summarises the Trust's performance against national indicators and targets, including those in Monitor's Risk Assessment Framework, as well as local priorities. Material risks to the Trust's Monitor Provider Licence or Governance Rating, finances, reputation or clinical quality resulting from performance against indicators including the Commissioning for Quality and Innovation (CQUIN) indicators are detailed below.

Quarter 4 performance against the agreed Annual Plan key tasks and strategic enablers for the year 2014/15 is also reported. A summary of the new Annual Plan for 2015/16 is also presented.

2. UHB Performance Framework

The Trust has a comprehensive performance framework that includes national targets set by the Department of Health (DH) and local indicators selected by the Trust as priority areas, some of which are jointly agreed with the Trust's commissioners. The Trust Performance Framework is agreed by the Board of Directors and is intended to give a view of overall performance of the organisation in a concise format and highlight key risks particularly around national and contractual targets as well as an overall indication of achievement of key objectives. Based on latest performance, targets are assessed as 'on target', 'on target but close to threshold', 'slightly below target', or 'remedial action required'. For national targets that fall into the latter three categories, these are reported in this paper as exceptions. Local targets are reported as exceptions where a remedial action plan is in place.

3. Material Risks

The DH sets out a number of national targets for the NHS each year which are priorities to improve quality and access to healthcare. Monitor tracks the Trust's performance against a subset of these targets under its Risk Assessment Framework. The remaining national targets that are part of the Everyone Counts document from the DH but not in Monitor's Risk Assessment Framework are included separately.

3.1 Monitor

Of the 14 indicators currently included in Monitor's Risk Assessment Framework (RAF), 9 were on target in the most recent month and 1 was on target but close to the threshold (however the RTT targets are not being achieved in every treatment function – see section 3.1.3 below). 4 national cancer targets were not achieved in February of which all have a remedial action plan in place, however the 62 day upgrade target is not included in the RAF. A further 2 cancer targets however remain below target for Quarter 4 as a whole. The A&E 4 hour wait target was slightly below target in March. Exception reports are contained below for those targets where a remedial action plan is in place:

3.1.1 A&E 4 hour waits

In March 94.1% of patients left the Emergency Department within 4 hours compared to the target of 95%. Performance over Quarter 4 as a whole was also below target at 94.96%. There was additional pressure on the department over the month with daily attendances 3.3% higher and ambulance arrivals 3.7% higher than February. The department had its second busiest month ever in terms of attendances, only exceeded by July 2014. Increased numbers of elderly patients, trauma alerts and GP referrals continue to contribute to the pressure on the Department.

There continues to be a focus on time to initial assessment within the department which continues to show an improvement following the introduction of streaming within ED. The median time to assessment for ambulance attenders over the month was below the 15 minute target at 9 minutes. The median treatment time, however, was above the 60 minute target at 67 minutes.

Board rounds are now undertaken within ED at handover times seven days a week with additional ad-hoc rounds depending on the situation in the Department. Key triggers include an increase in the initial time to be seen, patients without plans and capacity problems.

There is also a focus on real time data capture using the Oceano system with the importance of discharging patients off the system being reinforced among junior doctors at induction and during training periods. Plans are being developed to implement an additional "free text" field within Oceano to highlight patients' plans and potential delays. This will ensure that support teams can expedite delays in bloods, imaging etc. in a timely manner.

The rectification action plan to recover performance was discussed at Division C's Performance Review meeting in April.

As part of the 2014/15 contract with Commissioners, the Trust will incur a financial penalty of £200 per breach under the 95% target. For March's performance a penalty of £15,800 will be applied giving a year to date total of £100,000. As the 4 hour target was not achieved

over Quarter 4 as a whole the Trust's rating with Monitor may be affected. A&E performance is published on a weekly basis by the Department of Health and there could be negative publicity associated with the Trust's failure to achieve this target, however the Trust continues to outperform all other local trusts and the majority of its peers.

3.1.2 Cancer Targets

In February the Trust did not achieve four of the national cancer targets: 31 day first treatment, 31 day subsequent surgery, 62 day GP and 62 day upgrade. Of these, three are included in Monitor's Risk Assessment Framework whilst the 62 day upgrade target is set contractually. The 31 day subsequent chemotherapy and 62 day screening targets were achieved in February but are unlikely to be achieved over Quarter 4 as a whole.

Performance for 31 day first treatments improved to 90.2% against the 96% target from 88.0% in January. 31 day subsequent surgery increased from 78.7% to 81.5% against the 94% target. 62 day GP increased from 68.7% to 72.7%. 62 day upgrade performance however fell from 86.8% in January to 85.7% in February against the 90% target.

A clinical review process is now in place for all backlog cases. The Cancer Services Team is now fully recruited with all new Pathway Coordinators in post by the beginning of April. In addition a new Head of Cancer Services has been recruited as well as a 3 month interim post to support the informatics work required to support the improved tracking of patients and monitoring of the target. Urology continues to see the highest number of breaches and a twice-weekly patient tracking list (PTL) meeting is in place to identify potential breaches and allow action to be taken to avoid them. In addition a workshop for Urology has also been agreed for 12 May to further refine pathways and gain clinical agreement on these.

Performance against the national cancer targets continues to be associated with a contractual penalty in 2014/15 if they are not achieved over the quarter, however this has yet to be applied. This equates to £1000 per additional patient below the 62 day and 31 day targets. As four of the targets were not achieved over Quarter 3 and the 62 day GP target has not been achieved for five consecutive quarters Monitor has now placed the Trusts' governance rating as being 'Under Review'. This means that Monitor are now carrying out further enquiries to determine whether or not to carry out a full investigation into whether the Trust has breached its provider licence. Monitor aims to conclude its review of the Trust by the end of April and has already requested a significant amount of additional information which has been submitted and met with members of the Board to gain assurance over the actions the Trust is taking in order to return to compliance with the targets.

3.1.3 Referral to Treatment Time – Admitted Patients – Treatment Functions

The Trust's performance for the Referral to Treatment Time (RTT) target for admitted patients was above target in February with performance of 90.9%. Performance is expected to be below target in March but the target is expected to be achieved sustainably from April. At treatment function level, four admitted, three non-admitted and two incomplete treatment functions were below target. Urology, Plastic Surgery and 'Other' were back above the admitted target and Oral and Plastic Surgery were achieved for non-admitted patients. All treatment functions are expected to be back above target from April apart from General Surgery and Neurosurgery and the subspecialty areas of Hepatobiliary Surgery and Colorectal Surgery.

There continues to be a focus on reducing the inpatient backlog. This has reduced from its peak of over 1200 in June 2014 to 296 in April 2015. In addition the number of patients waiting over 35 weeks has reduced 147 in July 2014 to 37 in April 2015. Weekly patient tracking list (PTL) meetings are continuing to ensure performance is maintained. Planning continues with Division A to provide ongoing additional theatre capacity for both General/Colorectal Surgery and Hepatobiliary Surgery to ensure there is sufficient capacity to sustainably achieve the target. Plans are being developed to use IT trainers to provide training in RTT rules to ensure all staff fully understand these. Additional capacity continues to be provided in the private sector with five General Surgery and Colorectal Consultants now treating patients at the BMI Priory Hospital. An additional General Surgery consultant has also been appointed substantively to ensure that any potentially fallow theatre lists due to annual leave, etc., can be utilised.

This is a contractual target with an associated financial penalty which in 2014/15 is £400 per additional patient below target for the admitted target and £100 per patient for the non-admitted and unfinished targets. As part of the national initiative to reduce waiting times a further suspension in penalties was announced in February 2015. The penalty for February performance had it been applied would have been £45,600. Monitor includes overall achievement of the targets at Trust level in its Risk Assessment Framework. Monitor's Risk Assessment Framework considers a failure to achieve the target for a single month to be a failure for the entire quarter therefore the admitted target is considered failed for Quarter 4 due to January performance.

3.2 National Targets Monitored Locally Through CCG Contract

Of the 16 national targets that are not included in Monitor's Risk Assessment Framework but are included in the CCG contract the Trust is on target for 9, has a remedial action plan in place for 4 (Cancer 62 day upgrade, as mentioned above, cancelled operations not rearranged within 28 days, MRSA and Never Events), is slightly below target for 6 week diagnostic waits and fully validated data is not available for those relating to ambulance

handover (30 minute and 60 minute turnaround). In addition, although the Trust is above target for all referral to treatment time targets overall, it is not achieving the contractual requirement that all treatment functions (high-level specialties) should be above target, please see section 3.1.3 above for details. An update is also included on Safer Staffing as it is a national requirement for the Board to receive this.

3.2.1 Ambulance Handover

As detailed previously the Trust disputes the accuracy of the data reported by West Midlands Ambulance Service (WMAS). According to this data the percentage of handovers recorded in March fell to 90.6%. The number of 30-60 minute handovers increased to 136 in March from 98 in February and the number of over 60 minute handovers also increased from 5 to 12. All indicators however continue to show improved performance compared to previous quarters. The Trust is still in discussion with the CCG about a proposed target for these indicators for 2015/16. A validation process for over 60 minute handover breaches by a GP and an ED consultant has however been agreed.

A meeting has been held between the Chief Financial Officers of the Trust and the CCG where agreement was reached that financial penalties would not be applied for ambulance handover performance in 2014/15. Should the CCG have applied these, the penalty based on March's data would be £27,200 for handovers over 30 minutes and £12,000 for handovers over 60 minutes.

3.2.2 MRSA

In March there was a further Trust-apportioned MRSA bacteraemia. This is the sixth case in 2014/15 to date. The Trust had a total of five cases in the whole of 2013/14. Nationally there has been a zero tolerance approach to MRSA since April 2013 therefore the Trust's trajectory is zero cases. Each case is also associated with a financial penalty of £10,000, therefore the Trust's total penalty to date is £60,000. Please see the Executive Chief Nurse's Infection Prevention & Control Report for further details.

3.2.3 Never Events

In March there was a retained swab incident which meets the national criteria for a Never Event. The investigation into this is currently ongoing. This will be subject to a contractual penalty of the cost of both the initial and remedial procedures.

3.2.4 6 Week Diagnostics

In February the Trust's performance against the 6 week diagnostic target improved to 98.3% from 98.1% in January. This is the third consecutive month the Trust has not achieved this target. Improved performance was seen in Audiology and Urodynamics, however

Endoscopy had higher numbers of breaches compared to January. MRI had no breaches in February.

A trajectory has been developed for Urodynamics which would see the long-standing capacity issues resolved by October. This plan is contingent on the appointment of a Clinical Fellow and Band 5 nurse who are planned to be in post in August.

A detailed action plan to move Cystoscopy to East Block thereby freeing up additional capacity within the main Endoscopy Unit for the remaining endoscopy modalities has been developed. In addition the Endoscopy Team is out to advert to appoint 5 WTE Band 5 nurses and the Decontamination Team is out to advert to fill a post which was vacated by secondment. All physical space in Endoscopy is used with no lists being cancelled. All lists are backfilled and recycled. Endoscopy is also providing evening and routine Saturday sessions to maximise capacity.

This is a contractual target with an associated financial penalty which in 2014/15 is £200 per additional patient below target. The penalty associated with February performance will be £8,800. Monitor does not include this target in its Risk Assessment Framework but did enquire about the Trust's performance for Quarter 3 in its quarterly survey of all trusts that is used for sector surveillance.

3.2.5 Operations Cancelled on the Day of Surgery Not Rearranged Within 28 Days

Data for this indicator is submitted quarterly and fully validated data for Quarter 4 is not yet available. The revised tracking system and weekly review of cancellations continue to be in place and are expected to lead to a reduced number of breaches compared to Quarter 3.

3.2.6 Safer Staffing

Table 2 below shows the Divisional break down for the March 2015 monthly nurse staffing level information for adult inpatient ward areas, including critical care. This information is published on the NHS Choices website for all Trusts with adult inpatient services.

Table 2: Divisional Breakdown of Staffing Levels

	% fill rate RN Days	% fill rate NA Days	% fill rate RN Nights	% fill rate NA Nights
Div A	118%	100%	103%	100%
Div B	102%	112%	91%	131%
Div C	93%	144%	93%	156%
Div D	102%	141%	96%	152%

RN – Registered Nurse, NA – Nursing Assistant

Overall staffing levels are within the expected levels planned. In relation to the above table, the key points to note are:

- a) Figures for Registered Nurses have increased due to a significant intake of newly-qualified nurses starting their preceptorship on completion of their university course.
- b) The Trust continues to be over recruited on Nursing Assistants which has resulted in figures showing above 100%.
- c) In relation to Registered Nurses at night, our wards are planned to have a fairly high level of Registered Nurses on duty at night (at least 4). At times of short term sickness, for example, when one Registered Nurse has reported sick, the Trust may, after reviewing the acuity and dependency of the ward, alter the skill mix and replace the shift with a Nursing Assistant, this is why the overall data for nights can be below 100% for Registered Nurses and over 100% for Nursing Assistants.

No other exceptions are noted. This information is now available on the NHS Choices website. NICE has now published a draft of its guidance for safe staffing of A&E departments.

4. **Early Warnings**

Latest performance for the following national targets is achieving the target but close to the threshold for the latest month. These indicators are therefore currently early warnings:

- a) Referral to Treatment Time - Non-Admitted Patients

Performance against these targets will continue to be monitored closely and any potential underperformance addressed to ensure that it continues to be achieved on an ongoing basis.

5. **Local Indicators**

Local indicators continue to be monitored that reflect the Trust's priorities and contractual obligations. Of the Trust's 53 local indicators 30 (56.6%) are currently on target, 14 (26.4%) are slightly below target and 9 (17.0%) have remedial action plans in place. Details of those indicators where remedial action plans are in place are contained below:

5.1 External Agency & Bank Spend

External agency spend in February increased to 4.17% as a percentage of total staff spend. The percentage spent on bank staff however fell from 2.82% in January to 2.71% in February. High levels of activity and increased patient acuity, including increased specialising of patients and higher levels of sickness continues to drive the bank and agency requirement.

The Trust continues to actively recruit to fill vacancies which minimises agency and bank spend. Sickness also continues to be actively managed to reduce both short and long term sickness absence.

5.2 Staff Sickness

In February total staff sickness was above target at 4.06% against the 3.60% target. Short term sickness was 2.07% and long term 1.99%. Coughs, colds and flu continues to be the most common cause of sickness overall with anxiety and stress causing the greatest number of days lost.

Sickness continues to be actively managed in line with Trust policy. As of 28 February Human Resources was managing 614 live sickness cases with a further 330 cases under review. Of the live cases 517 relate to short term and 97 to long term sickness. There have been 14 dismissals for sickness in 2014/15 to the end of February.

5.3 Complaint Responses

Performance against the target of a complaint response being produced in 40 days showed a significant improvement from 61.8% in January to 75.3% in February. A complaint procedure flow chart setting out timescales for each step is now sent out with the initial request for a response to a complaint. The Head of Patient Experience also now requests a management plan for all complaints that are overdue and also sets out trigger dates for escalation to the Executive Chief Nurse and Chief Executive if no response is received. The revised complaints policy and procedure were agreed at the Trust's Policy Review Group in April.

5.4 Pre-assessment

Work continues to produce accurate data on pre-assessment. A meeting is scheduled for mid-April between Informatics and the Pre-Assessment Service to review the data and validation produced to date to allow accurate reporting in future.

5.5 Omitted Drugs – Antibiotics & Non-Antibiotics

In February 4.08% of antibiotic drug doses were not administered. Over the month 10.93% of non-antibiotic doses were not also administered. Critical Care and Clinical Haematology met the 2% target for antibiotics in March however no specialties achieved the 7.5% target for non-antibiotics.

As detailed previously it has been agreed that reducing non-antibiotic omitted doses will remain one of the Trust's quality priorities. A detailed report on progress in 2014/15 and plans for driving a further performance improvement in 2015/16 will be included in the Trust's Quality Account for 2015/16.

6. **CQUINs**

Ten out of eleven CQUIN schemes for 2014/15 are now reported as having been fully achieved. Issues of note are:

6.1 Discharge

March data has been validated. The weekday performance target has been met and over-performed by 14 cases. Weekend performance fell under target by 3 cases. A report has been submitted to the CCG to request consideration of performance combined for weekdays and weekends in the context of:

- a) A 7.5% increase in overall activity in March 2015 compared to March 2014.
- b) A 2.9% increase in patients discharged by 1pm compared to the baseline period combined over weekdays and weekends.
- c) A 10% increase in the % of patients discharged before 3pm compared to 2012/13.
- d) Increasing levels of activity going through the discharge lounge.
- e) Delivery of a 1.3% increase in the proportion of patients discharged by 1pm at the weekend despite the discharge lounge being operational on weekdays only.
- f) Over-performance against the weekday target which more than accounts for the under-performance for the weekend target.

7. **2014/15 Annual Plan Progress at Quarter 4**

An assessment of progress has been made against all key tasks using the following categories, shown in Table 3 below.

Table 3: 2014/15 Annual Plan Progress

Progress	Qtr 1	Qtr 2	Qtr 3	Qtr 4
On plan	61 (95.3%)	61 (95.3%)	60 (93.7%)	59 (92.1%)
Slightly below plan	3 (4.7%)	3 (4.7%)	4 (6.3%)	5 (7.9%)
Remedial action required	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	64 (100%)	64 (100%)	64 (100%)	64 (100%)

Year to date, 92.1% of key tasks are on plan, 7.9% of key tasks are slightly below plan, and there are no key tasks where remedial action is required. The 5 key tasks that are slightly below plan are detailed in the following table with an explanation of the actions being taken to bring performance back in line. Of these key tasks, none have been identified as risking the delivery of the overall strategic aim or enabler.

7.1 Develop PICS-Lite for deployment in other NHS trusts for commercial deployment (ref 1.1)

This development is still subject to commercial discussions with NHS England.

7.2 Implement the internal plans for PICS expansion and enhancement (ref 1.2)

The projected go-live date for PAS is now November 2015. The work to integrate PICS with ED will take place post PAS implementation. The status of this item has not changed and it is still dependent upon PAS going live to deliver integration with ED. Resource constraints have resulted in the implementation of consent work being halted. The requirements will be re-

evaluated and work will commence in Q3 of 2015 with a potential delivery date of January 2016.

7.3 Further enhance the Electronic Patient Record (ref 1.3)

PAS Project Board in March 2015 agreed to focus on a go-live of November 2015 following a re-planning exercise by Servelec.

7.4 Ensure a fit for purpose model of care for hyper acute stroke (ref 3.4)

The Clinical Advisory Panel have further delayed making the decision about the configuration of hyper-acute stroke services. A full business case will be presented to CEAG ahead of any submission to any tender process. The full tendering process is likely to commence in the summer of 2015 following the General Election. The go-live date for the new service model is currently expected to be April 2016 but this may be further delayed dependent upon the timeline of the tender process.

7.5 Formulate the Trust's strategy for Worcester (ref 4.3)

Options around Worcester are being held until after the election.

8. **Annual Plan Gap Analysis**

A gap analysis has been undertaken for the above key tasks where there is underperformance at year end and plans for reporting compliance for these areas in 2015/16 to ensure tracking of performance continues. The 2015/16 Trust Annual Plan includes key tasks relating to further development of PICS functionality and further enhancement of the electronic patient record so performance will continue to be reported via this route. Performance against the hyper-acute stroke service key task will be addressed in the 2016/17 plan. With regards to formulating a strategy for Worcester, inclusion of this within the annual plan will be deferred until a decision has been reached around proposed options.

9. **2015/16 Trust Annual Plan**

The 2015/16 Trust Annual Plan has been developed in order to support delivery of the Trust 5 Year Strategy. As part of the development of the Plan, the Head of Strategy and Performance met with the Directors and the Management Leads for each area over quarters 3 and 4 2014/15 to agree the key tasks to ensure the organisational priorities were effectively captured within the planning document. The key tasks developed for the plan build upon the progress made through implementation of the 2014/15 plan. As part of the development process it was agreed that the Trust vision 'to deliver the best in care' remains the focus of organisational strategic plans. The framework of the four core purposes has been maintained as these were still considered fit for purpose. The plan has been developed in tandem with the Monitor Operational Plan therefore the detail is consistent.

Appendix A sets out the 2015/16 Annual Plan and shows the Trust's Strategic Aims and Enablers with underpinning key tasks. The key tasks have been identified so that their achievement contributes to the delivery of the accompanying Strategic

Enabler, Strategic Aim, Core Purpose and, ultimately, the Trust Vision. The proposed plan was presented to the Joint Board of Directors/Council of Governors Seminar in December 2014 where approval in principle was obtained. Consultation was also undertaken with the Patient and Carer Council and the Trust Partnership Team. The final plan was approved by the Board of Directors and the Governor's Annual Plan and Strategy Reference Group in April 2015. The Board of Directors and Council of Governors will continue to receive quarterly progress updates to assure of delivery of the key tasks and associated outcome measures.

10. **Recommendations**

The Council of Governors is requested to:

- 10.1) **Accept** the report on progress made towards achieving performance targets and associated actions and risks.
- 10.2) **Accept** the Quarter 4 2014/15 performance update against the Trust Annual Plan.
- 10.3) **Accept** the report on the 2015/16 Trust Annual Plan.

Tim Jones
Executive Director of Delivery

Appendix A – 2015/16 Trust Annual Plan

Core Purpose 1:	Clinical Quality
Strategic Aim:	To deliver and be recognised for the highest levels of quality
Strategic Enabler 1:	To strengthen the organisational systems and arrangements for the collection, access, use, and reporting of quality outcomes to key stakeholders
Key Task 1.1	Further enhance the electronic patient record
Key Task 1.2	Implement the internal plans for PICS expansion and enhancement
Key Task 1.3	Implement the external plans for PICS expansion and enhancement
Key Task 1.4	Expand and enhance the functionality of myhealth@qehb
Strategic Enabler 2:	To deliver and communicate the best in quality outcomes
Key Task 2.1	Deliver the infection prevention and control plan
Key Task 2.2	Improve processes for medicines management and storage
Key Task 2.3	Enhance the Trust's processes for regulation, compliance, and governance
Key Task 2.4	Enhance the Trust's dashboards and quality improvement systems
Strategic Enabler 3:	To improve quality and efficiency along the patient pathway working with local health economy partners
Key Task 3.1	Work with partners to delivery joined up emergency care services
Key Task 3.2	Improve the flow of patients out of hospital
Key Task 3.3	Improve the pathway for transfers into UHB
Key Task 3.4	Work with partners to deliver the Better Care Fund
Strategic Enabler 4:	To provide a strategic response to local, regional, and national health economy activity drivers
Key Task 4.1	Further improve internal processes for patient flow management
Key Task 4.2	Deliver higher levels of efficiency and productivity
Key Task 4.3	Undertake a refresh of the Trust 5 Year Strategy
Key Task 4.4	Maintain and develop the Trust's specialist and tertiary services in line with the Trust Strategy

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
Key Task 5.1	Improve the management of falls, with a particular focus on falls with harm
Key Task 5.2	Improve management and prevention of pressure ulcers
Key Task 5.3	Ensure patients receive appropriate nutrition and hydration during their care at UHB
Key Task 5.4	Improve the management of pain
Strategic Enabler 2:	To provide patients with high quality information and support to allow informed choice and shared decision making
Key Task 6.1	Ensure the Trust meet equality and diversity requirements
Key Task 6.2	Support the delivery of the Your Care Connected initiative
Key Task 6.3	Improve the quality and completeness of nursing documentation
Key Task 6.4	Further develop the myday@qehb system
Strategic Enabler 3:	To ensure the needs of vulnerable patients are met
Key Task 7.1	Improve the awareness and processes for ensuring safeguarding for our patients and staff
Key Task 7.2	Work with partners to ensure a streamlined service for mental healthcare
Key Task 7.3	Improve standards for end of life care for patients and families
Key Task 7.4	Develop UHB services to make them more appropriate to young people aged 16-25
Strategic Enabler 4:	To deliver improvements in patient experience outcomes
Key Task 8.1	Review and improve complaints process including action and learning
Key Task 8.2	Develop UHB's homecare service
Key Task 8.3	Ensure an effective system is in place for the integration and analysis of patient feedback information
Key Task 8.4	Deliver improvements in the top 3 areas of patient feedback

Appendix A – 2015/16 Trust Annual Plan

Core Purpose 3:	Workforce
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 strategic workforce planning
Key Task 9.1	Ensure effective assurance processes for workforce planning and performance issues
Key Task 9.2	Develop and deliver the Trust's Leadership Strategy
Key Task 9.3	Develop and deliver the Trust's junior doctor strategy
Key Task 9.4	Deliver the Trust 5 Year Workforce Plan
Strategic Enabler 2:	To ensure effective management of the workforce
Key Task 10.1	Review and further improve staff communications mechanisms
Key Task 10.2	Deliver a Time & Attendance Management system allowing staff to update their shift availability and review their own attendance
Key Task 10.3	Strengthen the quality of staff appraisal across all disciplines
Key Task 10.4	Provide a front line managers development programme
Strategic Enabler 3:	To deliver high quality education and training to meet the needs of patients, staff, and the organisation
Key Task 11.1	Develop a more strategic approach to Education and Training
Key Task 11.2	Ensure provision of high quality education and training
Key Task 11.3	Implement the recommendations of the nursing review
Key Task 11.4	Deliver widening participation
Strategic Enabler 4:	To enable the health and well-being of the Trust's workforce
Key Task 12.1	Develop and deliver health and well-being initiatives for the workforce
Key Task 12.2	Overall staff satisfaction as measured by National Staff Survey
Key Task 12.3	Deliver the Trust's Green Travel Plan to reduce the number of staff parking on site
Key Task 12.4	Undertake a review of work related sickness due to anxiety and stress

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 deliver research
Key Task 13.1	Deliver the Institute for Translational Medicine
Key Task 13.2	Deliver growth in research activity
Key Task 13.3	Build academic capability and capacity
Key Task 13.4	Identify alternative routes to drive research activity
Strategic Enabler 2:	To strengthen the Trust's capacity and capability for innovation
Key Task 14.1	Develop and implement a Genomics Strategy
Key Task 14.2	Implement the Rare Diseases Centre
Key Task 14.3	Use big data to improve research and patient care
Key Task 14.4	Work with Monitor and the Trust Development Authority to provide buddying/support for identified trusts
Strategic Enabler 3:	To maximise the opportunities for the commercialisation of Trust services
Key Task 15.1	Expand UHB's product and service commercialisation activities
Key Task 15.2	Work with overseas partners in the development of healthcare facilities
Key Task 15.3	Deliver the Trust's private patients strategy
Key Task 15.4	Embed West Midlands Academic Health Science Network (AHSN) within the ITM to provide commercial hub activities
Strategic Enabler 4:	To strengthen the Trust's international reputation and profile
Key Task 16.1	Ensure a consistent supply of junior medical staff through overseas relations
Key Task 16.2	Provide UHB expertise in new hospital commissioning overseas
Key Task 16.3	Expand national and international Informatics products and services
Key Task 16.4	Expand the Trust's reputation for providing clinical and non-clinical training to overseas partners