

# Trust control plan 2016/17

Our Aim  
for 2016/17

Aiming for **GOOD**. Aspiring to **OUTSTANDING**

## Context

- Inspection rating 'Inadequate'  
Worcestershire Acute Hospitals NHS Trust in special measures regime
- Future of Acute Hospital Services review
- Herefordshire & Worcestershire Five Year Sustainability & Transformation Plan



## Trust Priorities



**Investing  
in Staff**



**Delivering better  
performance and flow**



**Quality  
and Safety**



**Stabilising  
our finances**

Developing our 7 day services

## Patient Care Improvement Plan (PCIP)

- Organisational Development Plan
- Staff Engagement Programme

- Urgent Care and Patient Flow Programme

- Reducing Mortality Programme
- Governance and Safety Action Plan

- Medical Workforce Plan

## Other Improvement Plans/Major Projects

Listening into Action



- Acute Services Reconfiguration
- Commissioning for Quality & Innovation (CQUIN)
- Outpatient and Waiting Time Improvement Programme
- Elective Productivity Improvement

## In-Year Essentials

### Best Practice In

- Recruitment & retention
- Performance appraisal and personal development plans
- Mandatory training compliance

### Performance Improvement

- 4 hour emergency access standard
- 18 week referral to treatment standard
- 2 week suspect cancer referral standard
- 62 day cancer waiting time standard
- 6 week diagnostic waiting time standard

### Safety and Improvement Culture

- Build improvement capability
- Develop new patient and public engagement strategy
- Design & launch Trust Safety Campaign
- Improve Incidents and Complaints management
- Strengthen governance and assurance processes

### Restoring Controls

- Budgetary management
- Reducing agency staffing/expenditure
- Delivering the contract activity plan

## Strategic Developments

A countywide vision and strategy for Medicine  
Safe, sustainable countywide service strategies for Women and Children,  
Specialist Clinical Services and Surgery

Patients | Respect | Improve and innovate | Dependable | Empower

Taking **PRIDE** in our healthcare services

# Trust Performance Framework 2016/17

## Priorities

## Deliverables

## Measures



Investing  
in Staff

- Improved evidence of staff satisfaction as measured by the national staff opinion survey
- Reduction in staff turnover
- Reduction in sickness absence
- Mandatory training compliance
- Performance appraisal completion

- ChatBack survey results
- Staff turnover %
- Sickness absence %
- Training compliance %
- Appraisal rates %
- Staff Friends & Family Test scores



Delivering better  
performance  
and flow

- Start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions;
- Seen by a cancer specialist within a maximum of two weeks from urgent GP referral where cancer is suspected.
- A maximum four-hour wait in A&E from arrival to admission, transfer or discharge;
- Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral;
- A maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment
- All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant ASAP but at the latest within 14 hours from the time of arrival at hospital

- Referral to Treatment performance and backlog
- Cancer 2week wait performance
- Cancer 62 day performance
- Diagnostic waiting time by modality
- Time to specialty review in Emergency Dept.
- Trust Emergency Access Standard performance
- Time to first Consultant review – emergency admissions
- Patient Friends & Family Test
- Patients discharged before midday



Quality  
and Safety

- Build an internal programme of Quality Improvement approaches offering 4 levels of expertise
- A stronger dynamic collaboration with community we serve
- Transparent, efficient incident & complaints processes
- Evidence of co-production
- Targeted improvement:
  - “Safe 6” : Sepsis, Preventing Deterioration, Acute Kidney Injury, Falls, Pressure Ulcers, Fractured Hip
  - Prudent Antimicrobial prescribing
  - Device-related infections
  - Mortality Reviews & learning

- No. staff trained in improvement techniques
- Improvements in patient surveys/feedback
- Complaints compliance to 25 day standard and 100% acknowledgement in 3 days
- Improved HSMR & SHMI due to:
  - Sepsis – compliance to bundle
  - Reduction in cardiac arrests
  - NEWs documentation completed
  - Reduction in device related bacteraemia
  - All patients with Fractured Hip fit for surgery have their operation within 36hrs
- % reduction in falls with harm & overall rate
- Eliminate back-log of open incidents
- 90% Serious Incidents completed within timeframe
- Mortality reviews completed within agreed timeframes
- Patients: Friends & Family test (score)



Stabilising  
our finances

- Medical recruitment
- Agency expenditure
- Contract activity delivery
- CIP delivery / budgetary control

- Medical vacancy rates
- % Medical and Nursing agency expenditure
- Actual vs plan Budgetary expenditure
- Actual vs plan Outpatient activity
- Actual vs plan Day case elective activity
- Actual vs plan Inpatient elective activity
- Cost Improvement Programme Progress against plan