

Blackpool Teaching Hospitals NHS Foundation Trust

Corporate Objectives 2011/12 – Quarterly Review

Objective	Support Programme	Board Assurance	Key Measures	Lead Director	Completion Date	Annual Target	Progress Against Target																		
<p><b>Quality</b></p> <p>To provide Best in NHS Care for Our Patients.</p>	<p>Advancing Quality</p> <ul style="list-style-type: none"> <li>Lean Improvement/Productive Ward</li> <li>NHS LA Level 3*</li> <li>Research &amp; Development</li> <li>Quality Framework</li> <li>Nursing &amp; Midwifery Strategy</li> <li>Information to Assist with Clinical Performance</li> <li>Privacy &amp; Dignity Review</li> <li>Alert/Vision</li> <li>Patient Safety First Programme</li> </ul>	<p>Monthly Board Business Monitoring Report</p> <p>Quarterly report to the Board</p> <p>Healthcare Governance Committee</p> <p>Performance Monitoring Committee</p> <p>Patient Safety Walkabouts</p>	<ul style="list-style-type: none"> <li>Adherence to AQ Pathways – 95% compliance.</li> <li>All wards undertaking productive ward.</li> <li>Hospital Acquired Pressure Ulcers – 50% Reduction</li> <li>Privacy and Dignity (P&amp;D) questions on Patient Survey – Green Rating.</li> <li>Patient Experience/Local Inpatient Survey – Green Rating.</li> <li>Nursing Care Indicators – All Divisions Green.</li> <li>Health Care Associated Infections (HCAIs) MRSA below 3. C.Diff 86.</li> <li>Medication Errors = 30% reduction.</li> <li>End of Life Care – reduction in patients dying in hospital.</li> <li>Deaths in Hospital – 5% reduction on previous year.</li> <li>High Impact Actions – Nursing - implemented.</li> <li>Nurse Staffing Levels – 10 x 10 establishment.</li> <li>Achievement NHSLA Level 3.</li> <li>CNST Level 2.</li> </ul>	MT	31 March 2012	<p>95% compliance/top 25%.</p> <p>100% of wards.</p> <p>50% reduction.</p> <p>Green rating.</p> <p>Green rating.</p> <p>All Divisions green.</p> <p>MRSA below 3. C.Diff below 86.</p> <p>30% reduction.</p> <p>5% reduction on previous year.</p> <p>10 x 10 establishment.</p> <p>NHSLA 3 compliant.</p> <p>CNST Level 2 compliant</p>	<p>AQ Performance</p> <table border="1"> <thead> <tr> <th>Apr - Sept 2010</th> <th>Target</th> <th>Trust Score</th> </tr> </thead> <tbody> <tr> <td>MI</td> <td>95.00%</td> <td>96.93% G</td> </tr> <tr> <td>CABG</td> <td>95.00%</td> <td>96.22% G</td> </tr> <tr> <td>Heart Failure</td> <td>65.34%</td> <td>58.88% R</td> </tr> <tr> <td>Pneumonia</td> <td>78.41%</td> <td>87.72% G</td> </tr> <tr> <td>Hip/Knee</td> <td>95.00%</td> <td>97.36% G</td> </tr> </tbody> </table> <p>All wards involved in PW and progressing steadily to process modules</p> <p>Privacy &amp; Dignity questions been green since Feb 2011</p> <p>Overall trust rating &gt;90% (green) for last 3 months</p> <p>MRSA 1 C.Diff – April 2, May 10</p> <p>Nurse staffing dashboard developed.</p> <p>CNST 2 February 2012.</p>	Apr - Sept 2010	Target	Trust Score	MI	95.00%	96.93% G	CABG	95.00%	96.22% G	Heart Failure	65.34%	58.88% R	Pneumonia	78.41%	87.72% G	Hip/Knee	95.00%	97.36% G
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<p><b>People</b></p> <p>To realise the potential of our staff and be a great place to work.</p>	<ul style="list-style-type: none"> <li>QIPP Pay Bill Reduction Programme</li> <li>TCS post integration people plan</li> <li>Seven day working</li> <li>Trust restructuring</li> <li>Roll out of Vision and staff support for all displaced staff</li> <li>HR Policies and Terms and Conditions</li> <li>Introduction of new induction process</li> <li>Provide Updated Clinical Skills Programme</li> <li>Staff Engagement – The Blackpool Way</li> <li>Mandatory Training</li> <li>Workforce Benchmarking</li> <li>Financial staff briefings</li> </ul>	HR & OD Committee	<ul style="list-style-type: none"> <li>Number of staff in post</li> <li>Cost of Pay bill</li> <li>Number of Staff Re-deployed into new roles.</li> <li>Skill &amp; Grade Mix</li> <li>Number of coaches/being coached</li> <li>Staff Survey/LMSQ</li> <li>Evaluation of Leadership Development programmes</li> <li>Reduce Number of Incidents</li> <li>Number of staff attending Mandatory Training</li> <li>Number of employee relations cases and formal concerns raised</li> </ul>	NG	31 March 2012	<p>Reduction in posts by value of up to 620 wte.</p> <p>New organisational structure implemented.</p> <p>Vision on track.</p> <p>Revised HR Policies in place.</p> <p>Appraisal rate above 90%.</p> <p>Re-training of Blackpool Way</p> <p>90% of staff compliant with Mandatory training</p>	<p>Workforce and paybill reductions on track.</p> <p>TCS people plan on track.</p> <p>7 day working discussion paper approved by EDs. Project plan to be produced by 31<sup>st</sup> July 2011.</p> <p>Appointments made to the senior posts within the new clinical management structure.</p> <p>Mandatory training compliance increasing. Proposals agreed by EDs to introduce risk based approach. Further update to EDs by 31<sup>st</sup> July 2011.</p>
	<ul style="list-style-type: none"> <li>Coaching and Mentoring</li> <li>Talent Management</li> <li>Clinical Leadership Development</li> <li>Customer Care – The Blackpool Patient</li> <li>IIP Gold Action Plan</li> <li>Staff Survey Action Plan</li> <li>Health Care 100 &amp; Sunday Times participation</li> </ul>	HR & OD Committee	<ul style="list-style-type: none"> <li>Number of Coaches/Coachers</li> <li>Number of mentors/mentees</li> <li>Number of Leadership programmes</li> <li>Scores in Sunday Times Best Place to Work and Healthcare 100</li> <li>Staff Survey Results</li> <li>Evaluation of Coaching impact</li> <li>In Patient Survey</li> </ul>	NG	31 March 2012	<p>Coaching % mentoring available to all staff.</p> <p>Talent management leadership programme in place.</p> <p>IIP 'Gold' retained.</p> <p>Staff Survey responses above 60%.</p>	<p>Increasing uptake of coaching and mentoring.</p> <p>Third clinical leadership programme underway and open to community health services.</p> <p>Staff survey action planning underway.</p> <p>Health Care 100 not being run this year.</p>
	<ul style="list-style-type: none"> <li>Staff Governor Involvement</li> <li>Health &amp; Well Being Agenda</li> <li>Sickness Absence Targets</li> <li>Electronic Staff Records</li> <li>Benefits Realisation</li> </ul>	HR & OD Committee	<ul style="list-style-type: none"> <li>Patient Survey: <ul style="list-style-type: none"> <li>Local &amp; National</li> </ul> </li> </ul>	NG	31 March 2012	<p>Sickness rate below 3.9%.</p> <p>Fully compliant with Equality Act</p>	<p>Sickness absence rates below target year to date.</p> <p>ESR benefits group meeting monthly.</p>
	<ul style="list-style-type: none"> <li>Equality and Diversity</li> <li>E-Rostering</li> <li>Knowledge Management</li> </ul>	HR & OD Committee	<ul style="list-style-type: none"> <li>Complaints: <ul style="list-style-type: none"> <li>Number</li> <li>% in &lt; 25 days</li> </ul> </li> <li>Sickness Absence</li> <li>Reduction in % of work related ill health cases (MSK &amp; Stress)</li> <li>Retention rates</li> </ul>	NG	31 March 2012		<p>E&amp;D complaints reducing.</p> <p>E-rostering roll out on track.</p> <p>Increased uptake of library services.</p> <p>Stress related occupational health counselling referrals information now produced routinely for Trust health and wellbeing group.</p>

Objective	Support Programme	Board Assurance	Key Measures	Lead Director	Completion Date	Annual Target	Progress Against Target
<p><b>Safety</b></p> <p>To reduce avoidable harms to patients.</p>	<ul style="list-style-type: none"> <li>Care of the Critically Ill</li> <li>Falls</li> <li>VTE</li> <li>Pressure Ulcers</li> <li>Infection Prevention Programme</li> <li>Safety Walkabouts</li> <li>Global Trigger Tool</li> </ul>	<p>Monthly Board Business Monitoring Report</p> <p>Quarterly Safety Walkabout report to the Board</p> <p>Care of the Acutely Ill Group</p> <p>Health &amp; Safety Committee</p>	<ul style="list-style-type: none"> <li>VTE Risk Assessment</li> <li>Cardiac Arrest Rate</li> <li>Formal Patient Safety Walkabouts</li> <li>Sickness absence</li> <li>Turnover</li> <li>Slips, Trips, Falls</li> <li>Achieve Health &amp; Safety Targets</li> </ul>	PK	31 March 2012	<ul style="list-style-type: none"> <li>90% compliant</li> <li>Target 0.45% of total inpatients in year</li> <li>6 ad hoc per week and 2 structured per month</li> <li>Reduce by 30%</li> <li>5% reduction in avoidable incidents</li> </ul>	<ul style="list-style-type: none"> <li>Currently 58%</li> <li>Using the latest data (March 10-Feb 11) currently averaging 0.43%</li> <li>4 ad hoc per week (8 EDs) 1 structured per month (2 EDs)</li> <li>We are working with the Divisions to see reductions in all H&amp;S related injuries and incidents, including reductions in Needlestick injuries, slips, trips and falls, manual handling and violence and aggression. Individual Managers are being helped with these targets in the areas of their responsibility.</li> </ul>
	<ul style="list-style-type: none"> <li>Evidence Centre Partnership</li> <li>Mortality Collaborative</li> <li>Nursing &amp; Midwifery Strategy – Transparency Project</li> </ul>	<p>Monthly Board Business Monitoring Report</p> <p>Quarterly Infection Control report to the Board</p>	<ul style="list-style-type: none"> <li>Pressure Ulcers</li> <li>HCAIs</li> <li>HSMR</li> <li>Global Trigger Tool (GTT) – Patient Harms</li> <li>Readmission rates</li> <li>Hand Hygiene Audits</li> <li>Medication Errors</li> </ul>	PK	31 March 2012	<ul style="list-style-type: none"> <li>50% reduction in hospital acquired pressure ulcers</li> <li>MRSA 3 or fewer CDiff 86 or fewer</li> <li>HSMR: <ul style="list-style-type: none"> <li>a) Within expected range for HSMR (Dr Foster)</li> <li>b) Within expected range for SHMI (new DH measure when announced)</li> <li>c) RAMI (CHKS) &lt; 90</li> </ul> </li> <li>205 reduction in number of harms per 1000 bed days</li> <li>100% compliance with all markers <ul style="list-style-type: none"> <li>30% reduction</li> </ul> </li> </ul>	<p>Pressure Ulcers: 10/11 total = 123 2011 Target = 62/pa = 5.125/month. YTD: Apr = 4, May = 6, June =13 Average: 7.7 month, total 23 thus far = 50% outside trajectory</p> <p>1 this year. Recent increase. New actions implemented.</p> <p>Within expected range.</p> <p>09/10 harms per 1000 bed days = 440 total</p> <p>10/11 harms per 1000 bed days = 355 total</p> <p>Reduction of 19.93%.</p> <p>Review of Hand Hygiene Audit Programme. June 2011 Covert Audits undertaken.</p> <p>Not achieved.</p>

Objective	Support Programme	Board Assurance	Key Measures	Lead Director	Completion Date	Annual Target	Progress Against Target
<p><b>Cost</b></p> <p>To achieve Best in NHS Care at the lowest cost.</p>	<ul style="list-style-type: none"> <li>• Vacancy Control</li> <li>• Value for Money – Better Care Better Value</li> <li>• Energy/Waste Programme</li> <li>• Job Planning Process</li> <li>• QuIPP Project</li> <li>• Review of on site/off site services</li> <li>• Review Clinical/General waste</li> </ul>	<p>Monthly Board Business Monitoring Report</p> <p>QuIPP Programme Board</p>	<ul style="list-style-type: none"> <li>• Whole Time Equivalent (WTE)</li> <li>• Better Care Better Value: Length of Stay (LoS)</li> <li>• Did Not Attend (DNA)</li> <li>• Readmission rates</li> <li>• New to follow up ratio</li> <li>• Energy Usages</li> <li>• Finances</li> <li>• EBITDA</li> <li>• Sickness absence</li> <li>• Bank expenditure</li> <li>• Locum Expenditure</li> </ul>	TW	31 March 2012	<p>Reduce WTE by 386</p> <p>Achievement of financial targets as agreed in the Annual Plan</p> <p>Delivery of Financial Risk Rating of 3</p>	<p>As at the end of May the Trust was £0.4m ahead of its I&amp;E target for the year to date. Month end was behind plan but before the drawdown of the loan agreed with the FTFF.</p> <p>WTE reduction of 38.72 at the end of April.</p>

Objective	Support Programme	Board Assurance	Key Measures	Lead Director	Completion Date	Annual Target	Progress Against Target
<b>Environment</b> To deliver the Best Environment for our Patients, Staff and the wider Community	<b>PHYSICAL</b> Completion of Surgical Centre <ul style="list-style-type: none"> <li>Development of multi-storey car park and main entrance</li> <li>Strategy for Estate</li> <li>Condition Review of all Community Services Properties</li> </ul>	<ul style="list-style-type: none"> <li>Regular Board Update</li> <li>Regular Board Update</li> <li>Board Paper</li> <li>Risk Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Programme &amp; Costs</li> <li>Agreement for Preferred Contractor &amp; Off Balance sheet solution</li> <li>Programme &amp; Cost</li> <li>Utilisation &amp; Costs</li> </ul>	RB	June 2011 June 2011 April 2011 June 2011	Complete on July at cost of £38.5m Sign agreement June 2011 Board paper to April Board Meeting Complete review by June 2011	On programme for completion and handover in July 2011 Board Paper for preferred option at June Board Presented, agreed in principle update to Board Completed
	<b>ECONOMIC</b> <ul style="list-style-type: none"> <li>Rationalisation of estate &amp; Support Services</li> <li>Asset Management (Buildings &amp; Equipment)</li> <li>Energy Strategy &amp; deployment</li> <li>Rating reviews</li> </ul>	<ul style="list-style-type: none"> <li>Board Update</li> <li>Board Update</li> <li>Board Update</li> <li>Board Update</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in properties &amp; square metres</li> <li>Improvement in Space utilisation</li> <li>Reduction in suppliers &amp; costs</li> <li>Use by major areas and processes</li> <li>Reduction in costs</li> <li>Number of appeals and rebates</li> </ul>	RB	October 2011 Aug 2011 June 2011 Various	Reduce space by 5.% Reduce costs by 5.% Reduce supplies & costs by 5% Board paper to June Board meeting Reduction in energy by 5% Active rebates up to £100k	Ongoing, sale of houses in progress Plan for rationalisation of BVH space, post Surgical Centre completion (Aus 2011) Papers to EDs in June for approval In progress
	<b>SOCIAL</b> Public Health, Healthy Transport & Green Agenda <ul style="list-style-type: none"> <li>Waste reduction and recycling</li> <li>Carbon Management &amp; Reduction</li> <li>Blackpool Council Schools Project</li> </ul>	<ul style="list-style-type: none"> <li>Board Update</li> <li>Board Update</li> <li>Board Update</li> <li>Board Update</li> </ul>	<ul style="list-style-type: none"> <li>Schemes &amp; initiatives implemented</li> <li>Reduction in Clinical Waste</li> <li>Tonnes waste by category &amp; % recycled</li> <li>Progress on Carbon Management Plan</li> <li>Progress on Carbon Reduction Commitment</li> <li>Schemes Implemented</li> </ul>	RB	Various Various March 2012 Various	N/A Reduce waste by 150 tonnes Increase recycling by 15% Reduce carbon by 1000 tonnes N/A	In progress In progress Committed to support 'Investing in Youth 2012"

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<b>Delivery</b>  To exceed all National and local standards of service delivery.	<ul style="list-style-type: none"> <li>Access Targets</li> <li>Development of Business Metrics – Medeanalytics</li> <li>CQC Targets</li> <li>7 Day Hospital</li> <li>Visual Management / Display Boards</li> <li>Control Rooms</li> <li>Scorecards</li> <li>Own KPIs for their Services</li> <li>CHKS</li> <li>CQC Registration</li> </ul>		<ul style="list-style-type: none"> <li><b>A&amp;E 4 hour</b></li> </ul>	PO	31-Mar-12		As at May 2011
			Total time in A&E (95th Percentile)			4 hours	240 minutes
			Time to initial assessment (95th Percentile)			15 minutes	51 minutes
			Time to treatment decision (median)			60 minutes	73 minutes
			Unplanned reattendance rate			5%	4.33%
			Left without being seen			5%	1.98%
			<ul style="list-style-type: none"> <li><b>cancer targets</b></li> </ul>				
			31 day subsequent treatment drugs			98%	100%
			31 day subsequent treatment surgery			94%	100%
			62 day urgent GP - Treatment			85%	91.50%
			consultant screening service to treatment			90%	100%
			consultant upgrade			85% (tbc)	90%
			2 week wait - all cancers			93%	93.50%
			2 week wait symptomatic breast (cancer not initially suspected)			93%	96.10%
			<ul style="list-style-type: none"> <li>18/52 targets admitted (95th Percentile)</li> <li>admitted (median)</li> <li>Non-admitted (95th Percentile)</li> <li>Non-admitted (median)</li> </ul>			<=23weeks <=11.1wks (tbc) <=18.3wks <=6.6wks (tbc)	20.58 weeks 7.29 weeks 17.86 weeks 6.43 weeks
			<ul style="list-style-type: none"> <li>LoS</li> </ul>			Based on CHKS Peer average Apr-Nov 2010	
			all admissions (exc day case)			<=3.3	5.03
			elective admissions (exc day case)			<=3.2	3.83
			Non-elective			<=3.3	5.21
			<ul style="list-style-type: none"> <li>Cancelled Operations</li> <li>Theatre utilisation</li> <li>Number of beds:</li> <li>Ratio of beds to admissions</li> </ul>			<=0.8% >=95%	0.69% 97.76%
<ul style="list-style-type: none"> <li>Complaints:</li> <li>Number</li> <li>% in&lt; 25 days</li> <li>% of Patients with Expected Date of Discharge (EDD) - variation against EDD</li> </ul>	<=285 (tbc by MT) 100% (tbc by MT) Unsure if recorded to enable collection/monitoring						

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			<ul style="list-style-type: none"> <li><b>PEAT</b> Environment Food Privacy &amp; Dignity</li> </ul>			Monitored by site: Excellent>=96%; Good 75% - 95%; Acceptable 60%-74%; Poor 50%-59%; Unacceptable 0%-49%	BVH - Good Clifton – Excellent Rossall - Excellent Nurse Led Unit - Excellent
			<ul style="list-style-type: none"> <li><b>Pre-op bed days</b>  Pre-op Bed Days - Number of patients admitted &gt;1 day pre-op (based on National Standard Methodology) All Admissions  number of bed days - all admissions  Elective Pre-op Bed Days Number of patients admitted &gt;1 day pre-op (based on National Standard Methodology)  Number of Elective Bed Days  Non - Elective Pre-op Bed Days Number of patients admitted &gt;1 day pre-op (based on National Standard Methodology)  Number of Non - Elective Bed Days</li> </ul>			Average per month (YTD April - Dec10) 554  Average per month (YTD April - Dec10) 4953  Average per month (YTD April - Dec10) 36  Average per month (YTD April - Dec10) 375  Average per month (YTD April - Dec10) 518  Average per month (YTD April - Dec10) 4578	655  5530  28  172  627  5358
			<ul style="list-style-type: none"> <li><b>Readmission rates</b> <b>Readmissions Same Specialty</b> - Readmissions following Daycase and Elective  - Readmissions following Non-Elective  - Readmissions following Non-Elective Non-Emergency <b>Readmissions Different Specialty</b> - Readmissions following Daycase and Elective  - Readmissions following Non-Elective  - Readmissions following Non-Elective Non-Emergency   <ul style="list-style-type: none"> <li>• Patient Survey</li> <li>• NCIs</li> <li>• Smoking in Pregnancy</li> <li>• Breastfeeding</li> <li>• % Discharge summary &lt; 24 hours.</li> </ul> </li> </ul>			75% reduction  25% reduction  25% reduction  25% reduction  25% reduction  25% reduction  Performance measured against national average for 5 domains - the Trust received slightly worse than national average scores for 2 domains, overall the Trust was scored within the expected range.	Smoking – 19.48% Breastfeeding – 61.57%