

# 2 Year Operational Plan 2014-2016

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3<sup>rd</sup> April 2014

# Summary of the 14/16 Plan

## **Our Vision:**

*To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience*

## **Our Mission:**

*To improve the Health and Wellbeing of the population we serve, building a healthier future together*

## **Our values:**

*Safe, Compassion, Together, Right First Time, Responsible and Respect*

.....will underpin the way we work and define the culture we wish to build within the organisation

- 1 Develop high quality and safe services that effectively meet the changing healthcare needs of the population we serve
- 2 Achieve clinical and financial sustainability
- 3 Work with partners across the local health economy to ensure sustainability of wider healthcare provision
- 4 Ensure that we have the leadership capability and capacity to deliver our strategy and services
- 5 Ensure that our governance arrangements are fit for purpose and help shape the behaviours that will achieve our strategy
- 6 Meet our regulatory requirements
- 7 Develop and maintain an appropriately skilled and engaged workforce to meet service needs now and in the future
- 8 Develop a culture based on our values and behaviours



# Trust Key Priorities

The Rotherham NHS Foundation Trust

Theme	Key Priority	Actions	Accountability/ Assurance	Executive Lead	Milestones for Delivery
Strategy	Develop 5 Year Strategic Plan	<ul style="list-style-type: none"><li>• Liaise with key stakeholders to develop plan</li><li>• Clearly describe the 5 year strategy linked to financial planning</li><li>• Presentations to Finance Committee and Board</li><li>• Formal approval at Board</li></ul>	Board	Chief Executive	June 2014
Strategy	Transformation Programme Action Plan	<ul style="list-style-type: none"><li>• Accountability agreed &amp; Transformation Executive in place</li><li>• Accountability and performance framework established &amp; agreed</li><li>• PMO established</li><li>• Confirm workstreams &amp; agree targets and timescales</li><li>• Produce &amp; agree clinical engagement strategy</li></ul>	Finance Investment Committee/ Board	Interim Director of Transformation	PMO fully established with clear accountability & management structures in place
Strategy	Board Development Programme	<ul style="list-style-type: none"><li>• Board to consider indicative content of Board Development Programme</li><li>• Explore external support where appropriate</li><li>• Produce &amp; agree annual Board Development Programme</li></ul>	Finance Investment Committee/ Board	Company Secretary	May 2014 with development sessions ongoing



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Structure	Appointment of CEO & Executive Team	<ul style="list-style-type: none"><li>• Agree Executive Team Structure</li><li>• Commence recruitment process</li></ul>		Chair & Chief Executive	October 2014
Structure	Clinical Management Re-structuring	<ul style="list-style-type: none"><li>• Publish feedback and final structures following consultation</li><li>• Commence recruitment process</li></ul>	Workforce Committee / Board	Medical Director with HR Support	July 2014
Structure	Board Committee Structure	<ul style="list-style-type: none"><li>• Review Terms of Reference for all Board Committees</li><li>• Review scope and frequency of meetings</li><li>• Review effectiveness of operational committees</li><li>• Board Assurance Framework to be reviewed at each Board meeting</li></ul>	Board	Chief Executive	June 2014 for initial review with continuous cycle of review and updating to Board

<b>Structure</b>	<b>Assurance Framework</b>	<ul style="list-style-type: none"> <li>• Board agreement to format and content of BAF</li> <li>• Populated BAF approved by Audit Committee &amp; Board</li> <li>• Regular review and updating of BAF</li> <li>• BAF reviewed at every Board meeting</li> </ul>	<b>Audit Committee /Board</b>	<b>Company Secretary</b>	<b>May 2014 for review &amp; update of BAF with ongoing review</b>
<b>Structure</b>	<b>Risk Management</b>	<ul style="list-style-type: none"> <li>• Quality Assurance Committee to review draft Risk Management Strategy</li> <li>• Workshops re risk maps for clinical/corporate/Board</li> <li>• All areas to have functioning risk registers using risk maps</li> </ul>	<b>Quality Assurance Committee/ Board</b>	<b>Chief Nurse</b>	<b>June 2014 for up-dates with ongoing review</b>



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People	Staff Communication & Engagement	<ul style="list-style-type: none"> <li>• Development of content</li> <li>• Implementation of agreed strategy and plan</li> </ul>	Workforce Committee	Chief Executive	Strategy agreed end April 2014 with quarterly ongoing review
People	People Performance Management	<ul style="list-style-type: none"> <li>• Develop revised Appraisal &amp; Personal Development Plan (non-medical)</li> <li>• Briefing of Appraisers and Appraisees</li> <li>• New system go-live</li> <li>• Continuous cycle of review &amp; revise</li> <li>• Scope potential to align medical appraisal</li> </ul>	Workforce Committee/ Board	Chief Executive/ HR	June 2014 for implementation with ongoing review
People	Performance Management Framework	<ul style="list-style-type: none"> <li>• Establish &amp; agree clear goals and objectives</li> <li>• Set measurements to monitor performance against agreed standards</li> <li>• Agree consequences relating to performance (good and bad)</li> <li>• Agree effective escalation</li> </ul>	Board	Director of Informatics	July 2014 with continuous review and revision
People	Stakeholder Engagement Plan	<ul style="list-style-type: none"> <li>• Strengthen communications team to deliver objectives</li> <li>• Review current arrangements</li> <li>• Develop &amp; implement plans</li> </ul>		Chair & Chief Executive	June 2014 with ongoing review and refinement
People	Governor Engagement	<ul style="list-style-type: none"> <li>• Review current Governor Development programme &amp; seek Governor feedback</li> <li>• Refine, develop &amp; agree Governor Development Programme</li> <li>• Implement Governor Development Programme</li> </ul>		Chair & Company Secretary	June 2014 for review with development programme ongoing

1	To provide quality and safe health services
2	To address the underlying financial deficit
3	To successfully implement a £22m Cost Improvement Programme
4	To produce and implement Clinical Strategies which: <ul style="list-style-type: none"><li>• Identify those services that sustain a stand-alone Trust</li><li>• Identify those services for increased collaboration</li><li>• Identify those services to be provided by other providers</li></ul>
5	Deliver a Board Development programme
6	Establish the Executive Team
7	Implement Clinical Re-structuring
8	Embed and sustain new Board and Committee structures
9	Introduce and embed the Board Assurance Framework & Risk Management Strategy
10	Develop a staff communication & engagement process
11	Introduce the Trust Performance Management Corporate Report & monitor performance throughout the plan period
12	Undertake performance Appraisal for all staff by Q1
13	Develop Stakeholder Engagement Plans
14	Agree a Forward Work Plan with Governors



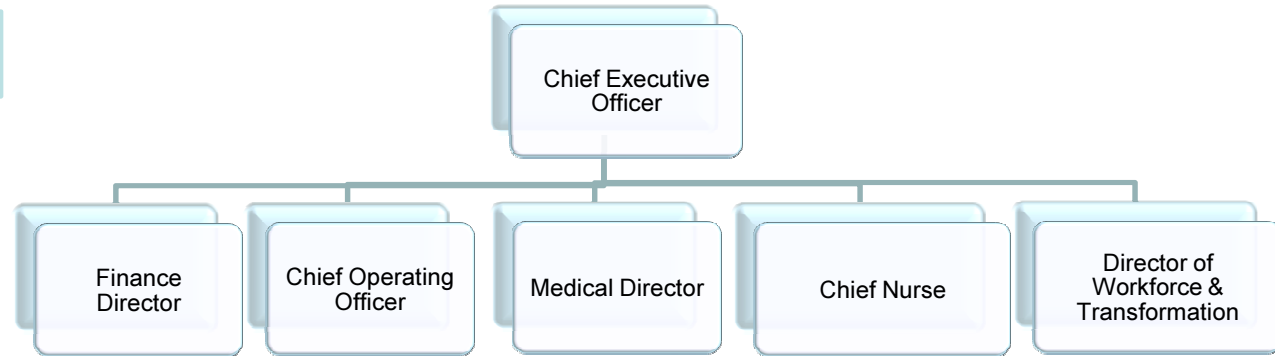


# Quality Objectives

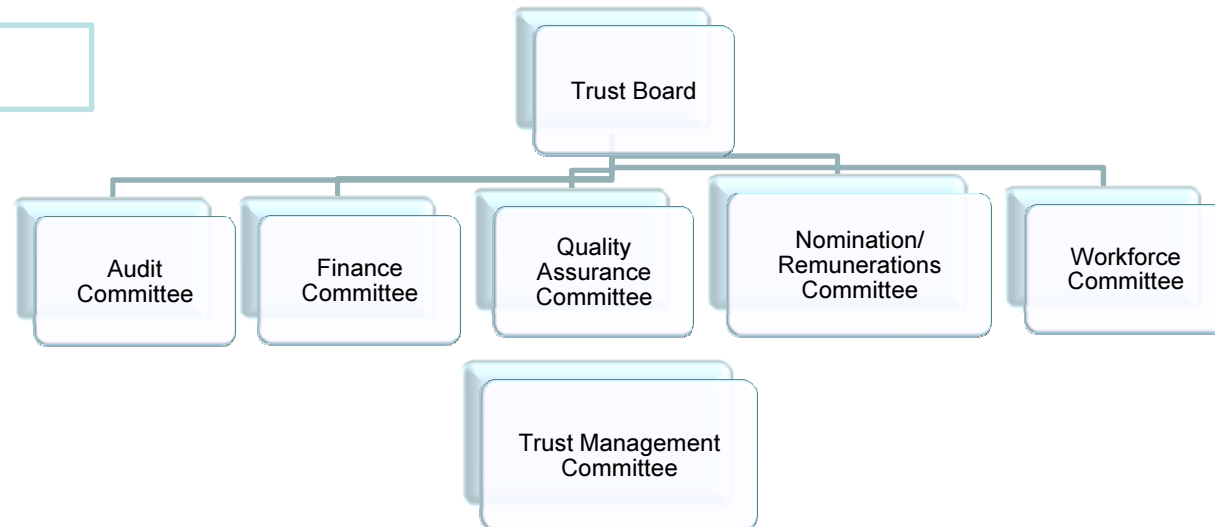
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Domain	Focus Area	Goal
Safe	Mortality	<ul style="list-style-type: none"><li>• Deliver a 4 point reduction in HSMR</li></ul>
Safe	Harm Free Care	<ul style="list-style-type: none"><li>• Achieve a minimum of 96% of Harm Free Care across the Trust (if using the NHS Safety Thermometer we will need to report with and without community pressure ulcer prevalence)</li><li>• Achieve zero avoidable grade 3 and 4 pressure ulcers</li><li>• Achieve a zero avoidable falls with harm</li></ul>
Reliable	Waiting Times	<ul style="list-style-type: none"><li>• Achieve all national waiting time targets in:</li><li>• Cancer</li><li>• A&amp;E</li><li>• 18 week pathways</li><li>• 6 week diagnostic waits</li></ul>
Caring	Friends & Family Test	<ul style="list-style-type: none"><li>• Achieve a 3 point increase in the overall in-patient, maternity and A&amp;E NPS</li><li>• Achieve a 3 point increase in A&amp;E NPS</li><li>• Achieve a 3 point increase in IP NPS</li><li>• Achieve a 40% response rate for A&amp;E, inpatients and maternity combined</li></ul>
All Domains	Nationally and Locally Mandated Quality Requirements	<ul style="list-style-type: none"><li>• As detailed within the contract</li></ul>
CQUIN	9 focus areas	<ul style="list-style-type: none"><li>• As detailed within the contract</li></ul>

## Executive Team



## Committee Structure





# Organisational Risk

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Risk Type	Nature of Risk	Potential Mitigation
Quality of Care	Failure to deliver high quality patient care, leading to poor patient outcome, reputational damage, increased regulator involvement, financial penalties and reduced staff satisfaction. Impact of national requirements, royal college guidelines and other initiatives e.g. 7 days working	Continue to strengthen quality governance arrangements at corporate and divisional levels. Implement revised risk management arrangements and sound accountability and performance framework for new directorates. Implement transformational pathway changes.
Commissioning and competition	Income reduction arising from reduced contract activity driven by patient choice or loss of services through competition, and/or increased contractual penalties/non-achievement of CQUIN schemes. Lack of support from commissioners to progress service redesign and community integration. Inability to provide services in collaboration with other providers due to legislative restriction.	Maintain open and transparent relationship with commissioners, engagement strategy in plan delivery. Delivery of high quality patient care to ensure brand reputation. Reduction in cost base to ensure value for money.
Operational Delivery	Failure to achieve local and national quality and operational targets, leading to poor patient experience and outcomes, increased financial penalties and reduced staff satisfaction. Lack of continuity and focus due to directorate restructure and transition arrangements affecting key personnel.	Introduce a sound accountability and performance framework for new directorates. Sustain performance against A&E action plan and further enhancement through Emergency Care Intensive Support Team visit.
Cost Improvement Programme	Failure to deliver planned CIP, creating liquidity pressure and reputational damage. Non-delivery of schemes due to lack of clinical feasibility, unforeseen operational and implementation challenges. Poor governance of programme delivery.	Implementation of PMO approach with capability and capacity to support plan delivery. Oversight by Transformation Steering Executive, Finance and Investment Committee and Trust Board. QIA process and oversight by Quality Assurance Committee and identification of additional CIPs to mitigate. 0.9% contingency. Cash management strategies to improve liquidity and use of FTFF loans as appropriate.
Workforce	Failure to secure and/or develop a workforce with appropriate capacity and capability to deliver the activity plans and alternative ways of working required in revised clinical pathways. Industrial actions arising from local and/or national changes.	Revision of organisational 'people' strategy in light of revised Trust strategy. Continued focus on national and international recruitment campaigns. Workforce design and planning to support the transformation programme. Stakeholder engagement including staff side and staff governors.

- 1 Unscheduled Care – in particular ageing population and increase in frail elderly demand for care
- 2 Managing Long Term Conditions in non-acute settings
- 3 Clinical Referrals Management – delivering outpatient efficiencies
- 4 Service Transformation
- 5 Delivering 7 Day Working
- 6 Commissioning Intentions
- 7 Better Care Fund
- 8 Any Qualified Provider
- 9 Co-operation and Competition
- 10 Collaboration and Integration
- 11 Service Specification Development
- 12 Clinical Service Sustainability
- 13 Recruitment of Registered Nurses
- 14 Development of motivated, engaged workforce

- Delivery of our financial & operational plans is critical to ensure sustainability
- Engaging our workforce at all levels will be critical to delivery
- Effective leadership & ownership is required to challenge progress and performance
- Clinical Strategies will drive changes to deliver improved pathways for our patients and subsequently improve efficiency
- Ongoing engagement with other local providers to explore opportunities for collaboration and partnership working is vital



# Financial Plan on a Page

The Rotherham NHS Foundation Trust

## Key Metrics:

	FY14-15	FY15-16
	£m	£m
Turnover	231.8	224.5
EBITDA	10.3	11.5
EBITDA %	4.4	5.1
Surplus / (Deficit)	0.7	2.2
Recurrent Surplus / (Deficit)	(3.5)	2.1
CIP	10.9	10.8
CIP %	5.0	4.9
COSR	2	3
Cash	10.6	10.6

## FY14-15

R&D (£780k) released  
 Other income per FY13-14 FOT  
 1% pay inflation (£1.5m)  
 Incremental drift (£1.4m)  
 Non-pay inflation (£0.8m)  
 1% contingency (£2.3m)  
 Restructuring provision (£1.5m)  
 CAPEX £7.6m  
 New loan £5m - FTFF

## FY15-16

Removal of £5m N/R support  
 Pay inflation at FY14-15 level  
 Non-pay at FY14-15 level  
 Contingency at FY14-15 level  
 Restructuring provision (£1.2m)  
 CAPEX £5.9m

## Key Risks:

Deliver CIP's  
 Contract penalties  
 Receipt of N/R funding  
 Unplanned CAPEX  
 Emergency centre  
 Winter pressures  
 Political landscape

## Mitigations:

On-going CIP  
 Retraction of N/R  
 Contingency  
 "Working Together"  
 RCCG support