

TRUST BOARD – 26 MARCH 2014

DEVELOPMENT OF THE TRUST'S OPERATING AND STRATEGIC PLANS

PURPOSE	To provide an update on the completion of the Two Year planning process and development of the Trust's Five Year Strategic Plan, gain approval of the Trust's Summary Two Year plan and obtain delegated authority to approve the remainder of the plan to enable submission by 4 April 2014.
PREVIOUSLY CONSIDERED BY	Finance & Performance Committee Risk & Quality Committee
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input checked="" type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input checked="" type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input checked="" type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input checked="" type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	The TDA will base their assessment of the Trust's future viability and readiness for development as an NHSFT on the basis of the plans submitted. The requirement to submit Board approved two and five year plans (by 4 April and 20 June respectively) will present an additional challenge on organisational capacity and levels of engagement during the final months of preparation to complete delivery of the OCH programme in 2014/15.
Healthcare/ National Policy (includes CQC/Monitor)	Securing Sustainability – Planning Guidance for NHS Trust Boards 2014/15 – 2018/19.
CRR/Board Assurance Framework *	<input checked="" type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input checked="" type="checkbox"/>
For discussion	<input type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
DIRECTOR:	Director of Strategic Development
PRESENTED BY:	Director of Strategic Development
AUTHOR:	Director of Business Development & Partnership
DATE:	20 March 2014

TRUST BOARD: 26 MARCH 2014

Development of the Trust's Two and Five Year Plans: 2014/15 – 2018/19

1. Introduction

1.1 The NHS is moving away from incremental one year planning and the TDA is requiring providers to develop five year strategic plans with the first two years (2014/15 and 2015/16) in the form of detailed operating plans.

1.2 A planning development and governance process was approved by FPC and RAQC in January 2014. Since then, the February meeting of the Trust Board approved Two Year objectives for the organisation which included Year 1 (2014/15) milestones. These were developed with input from the Divisional Executive Committee and FPC and RAQC and linked with the Trust's developing financial and workforce plans.

1.3 This paper summarises progress to date following the approval of Trust objectives by the Trust Board last month, key issues and next steps.

2. Two Year Operating Plan

2.1 Progress

Following approval by the chief executive, medical director and director of nursing, the Trust submitted a full draft Two Year Plan to the TDA on 5/6 March 2014 together with updated planning checklists. This comprised:

- Two year objectives
- Two year summary plan
- Planning checklists
- Activity plan and CDifficile trajectory
- Financial plan
- Workforce plan

As at 20 March, the Trust had not received any feedback from the Trust Development Agency following submission of the draft plan.

2.2 The internal (divisional and corporate directorate) objective setting process has now been launched internally. Final divisional and directorate objectives are scheduled to be approved by the Divisional Executive Committee on 17 April. Workshops are taking place during March to provide strategic and business development context to support divisions and their internal engagement.

2.3 The Finance & Performance Committee received and approved the 2014/15 Financial Plan at their meeting on 19 March. This included CIPS which have been reviewed and signed off by the Clinical Governance Committee.

2.2 Key issues

The Board is aware of the scale of workforce change that the Trust faces over the coming period as the final phase of the Our changing Hospitals is delivered. The Trust experienced considerable challenges in the submission of the 2 year workforce plan, in part due to formatting issues with the TDA proformas and in part due to the exceptional scale of change planned over the coming period. These issues have been discussed with the TDA by the Director of Workforce and Organisational Development. Further discussions will take place in order to mitigate against this being repeated when the Trust makes its final submission in early April.

Both the Finance & Performance Committee and Risk & Quality committee considered draft measures of success for the Two Year objectives at their meetings in March. It was agreed by both committees that these will be further refined in line with the development of the 2014/15 Floodlight Scorecard and considered by each committee in April.

2.3 Next Steps

The Trust is required to submit a final Board approved Two Year plan to the Trust Development Agency by 4 April 2014. This will comprise Trust objectives, a Two Year summary plan, planning checklists plus a refresh of the draft Finance, Workforce and Activity/CDifficile template, all of which will be consistent with the final approved 2014/15 financial plan.

Trust objectives will be shared with Trust staff in order to raise internal awareness and provide context to support individual objectives setting as part of the corporate appraisal process.

3. Five Year Strategic Plan

3.1 Progress

The Five Year strategic plan will encompass

- Narrative summary of the five year plan;
- Integrated Business Plan (IBP);
- Long Term Financial Model (LTFM);
- Activity plan
- Workforce plan.

The February Board Development session was attended by Chris Badger, Assistant Director for Health and Social Care Integration, Hertfordshire County Council, and focused on consideration of the potential strategic implications of closer integration between health and social care for the Trust's future model and services. The Trust recognises the importance of understanding our commissioners and has also engaged with Bedfordshire CCG, East & North Hertfordshire CCG and Central Bedfordshire council in order to understand their strategic aims and plans, including use of the Better Care Fund.

3.2 Next steps

Strategic development work will feed into on-going activities designed to develop and test the Trust's five year strategic objectives, aligned with our vision "To be amongst the best" with the Board, Trust senior leadership, staff and key partners.

4. Recommendations

The Trust Board is asked to:

4.1 Consider and approve the Two Year summary plan (attached) for submission

4.2 Delegate authority for the sign off of the final version of the plan (to be submitted to the TDA by 4 April 2014) including planning checklists, workforce plan and activity and CDiff template to the Chief Executive, Medical Director and Director of Nursing.

Summary of Two Year Plan 2014/15 to 2015/16

East & North Hertfordshire NHS Trust

<p>Strategic context and direction To include:</p>	
<p>Local health economy factors, competitive position, strategic developments, transactions and organisational sustainability</p>	<p>Five year plan only</p>
<p>Context of plan delivery in 2013/14 and narrative on the two years ahead in 2014/15 and 2015/16 including impact of strategic commissioning intentions and service changes</p>	<p>East & North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in east and north Hertfordshire as well as parts of south Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley.</p> <p>The Trust receives c67% of its clinical income from Hertfordshire, which is a relatively stable health economy, having agreed a programme of major strategic change in 2007. A key part of the strategy for Hertfordshire has been acute consolidation. The Trust is on schedule to conclude the Our Changing Hospital (OCH) programme in 2014/15, investing £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, reduction from 2 to 1 DGHs in east & north Hertfordshire and reduction from 570 beds currently to 455 by October 2014. Additional investment is also enabling the development of the New QEII, a local general hospital.</p> <p>The Trust is bordered by health economies which are currently less stable than Hertfordshire. We receive c7% of our clinical income from Bedfordshire. Bedfordshire CCG is currently reviewing future healthcare provision within the county and the Trust has seen increased activity from Bedfordshire during 2013/14 as a result. Future configuration of services to the west of the Trust, across Essex, are also under review and, to the south, changes have recently been implemented at Chase Farm Hospital.</p> <p>The remainder of the Trust's clinical income relates to specialised services. The Trust has extended this element of our service portfolio in 2013/14, with the opening of two new renal satellite dialysis units. We have plans and ambitions over the next two years to provide 24/7 PPCI and develop a hyper acute stroke unit.</p> <p>'The Trust's vision is "to be amongst the best" and our strategic aims spanning 2012/13 have been:</p> <ul style="list-style-type: none"> • To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services. • To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction. <p>To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and</p>

	<p>services.</p> <p>To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.</p> <p>To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services.</p> <p>To improve our staff engagement and organisational culture to be amongst the best nationally.</p> <p>The Trust Board has reviewed progress against 2013/14 objectives as part of the corporate planning process. They concluded that, whilst strong progress has been made against the majority of objectives, limited movement has been achieved in reaching agreement with Hillingdon Hospitals NHSFT regarding a means to address the Mount Vernon Cancer Centre infrastructure.</p> <p>Our two year objectives and milestones have been developed with and approved by the Board, and take into account the progress in 2013/14, local (both internal and external) and national priorities including the CQC domains of quality. Senior leaders from clinical and non clinical divisions, commissioners and local authority partners have also been engaged in this process. These objectives are in the process of being internally cascaded and linked to team and staff objectives.</p>
<p>Approach taken to improve quality and safety</p> <p>Including the approach to quality improvement, the methodology used and the key improvements to be delivered over the next two years across the five CQC domains of quality: safe, caring, effective, responsive and well-led. Consistent with information contained within the Trust's published Quality Account</p>	<p>In line with our ambition and vision 'to be amongst the best', the Trust is striving to achieve upper quartile performance in everything that we do, ensuring that this reflects our five organisational values.</p> <p>We have clear strategies and ambitions that support the continued improvement to the delivery of patient care and quality improvement. These include the Quality Governance and Risk Management Strategy, Nursing and Midwifery Strategy, Patient Experience and Carer Strategy, Improving Patient Outcomes Strategy and Engagement Strategy. We also have an organisational development programme (ARC) that supports staff engagement and the quality improvement agenda.</p> <p>Key highlights from quality improvement performance in 2013/14 include:</p> <ul style="list-style-type: none"> • Mortality - SHMI improved to within the 'as expected range' (111.8) and HSMR improved to the 'better than expected range' (92.5) • Inpatient falls reduced and is on track to deliver a 20% reduction. Areas identified with the highest number of falls have been given a challenge in February to reduce falls by 40% compared with January 2014. . • Hospital acquired Pressure Ulcers reduced and is on track to deliver a 20% reduction. There were no HAPU in December 2013 and there has not been a grade 4 HAPU since October 2011. • Patient Experience improvement demonstrated – we have exceeded the national average score each month for inpatients and in eight of 9 months for A&E. • CQC compliance maintained - positive Quality risk profile and now banded 5 under the new Intelligence Monitoring Report. Positive CQC inspections – Lister Hospital inspection, September 2013 – compliant with all outcomes

inspected. Dementia Care Inspection – positive feedback received; awaiting report.

- QEII Hospital – Improvements to Quality and safety outcomes (including mortality, falls and pressure ulcers) demonstrated during the pre consolidation of the 2 acute hospitals.
- Treatment Centre – safe transfer of services back to the Trust in October 2014 and improvements made and sustained to quality and safety.

The attached document (Appendix 1 – Trust Strategic Objectives) provides a comprehensive list of the Trust’s Two Year objectives and milestones which include:

- We will reduce patient mortality
- We will minimise hospital acquired infections in our patients
- We will further improve the safety and clinical outcomes for our patients by :
 - implementing the Improving Patient Outcomes strategy
 - planning (in 2014/15) for 7 day consultant delivered care for all specialities and provision (by 2015/16) for high risk specialities
 - reducing clinical variation in order to improve outcomes for our high risk patients
 - ensuring a zero tolerance approach to avoidable falls and hospital acquired pressure ulcers
 - delivering the Quality Account Key Priorities
- We will ensure the delivery of safe services at Lister & QEII during the final phase of the consolidation programme
- We will continuously improve and sustain high levels of operational performance across all Trust service
- We will build a reputation as a hospital which is “easy to use” and improve levels of patient, carer and customer satisfaction.
- We will provide development programmes that enable the organisation to become even more customer focused.
- We will improve patient, carer and customer satisfaction. Following completion of the Our Changing Hospitals Programme in 2014/15, we will evaluate and review our Patient and Carer Experience Strategy to ensure that it continues to support achievement of the Trust’s strategic aim.
- We will provide responsive specialist input to primary care, developing and embedding services and models which help GPs to provide high quality care for their patients in the community, reducing emergency admissions for patients with acute conditions and long term conditions.
- We will play a leading role in clinical and academic networks in order to develop innovative, effective ways of providing high quality integrated care.
- We will develop integrated care which support improved outcomes and quality of life for:
 - the frail elderly
 - people with dementia,
 - patients at the end of their lives

The delivery of the Two Year objectives will be monitored via the Board and Board Committee Structures and supported by the Board Assurance Framework, Floodlight scorecard (currently under review to reflect the 2 year operating plan), Divisional and Ward level Nursing Quality Indicators, Executive Director reports and their committee

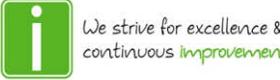
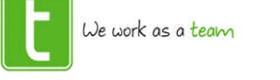
	<p>and assurance structures.</p> <p>We have also reviewed our methodology for gaining assurance against the new CQC requirements and the five domains and, in February 2014 we launched a new programme of quality and safety visits to clinical areas; led by the Corporate Governance Team and Head of Quality and Patient Safety. This will be supported by an internal review against the requirements of the quality governance assurance framework and the board governance assurance framework is planned to commence in April 2014. Areas identified for improvement will be monitored through our governance structures.</p> <p>We are a learning organisation and are able to demonstrate that we actively seek feedback from our patients, public and key partners and apply the lessons learnt. We also benchmark ourselves against the recommendations within national reports and take forward the key actions identified. Key examples include Keogh, CQC reports, Francis Report and National Audit Office report on waiting lists.</p>
<p>Clinical strategy Including service line management, clinical networks and clinical sustainability</p>	<p>Five year plan only</p>
<p>Service capacity and developments If a deficit is predicted in any year of the plan, identify additional and feasible mitigations that the Board would realistically enact, assuming no transitional, transformational support from commissioners is available, and for each mitigation identify and quantify the service impact</p>	<p>The Trust is not predicting a deficit in any year of the plan</p>
<p>Delivery of operational performance standards Including contractual and national targets and standards</p>	<p>The Trust has a strong history of delivery against operational performance standards and will strive for continuous improvement against contractual and local targets and standards during 2014/15 and 2015/16. These are monitored through the Board and Board Committees.</p> <ul style="list-style-type: none"> • A&E 95% - We expect to deliver 2013/14 end of year A&E standard – and continue to deliver this in 2014/15 and 2015/16. In January 2014 we ran the ‘Breaking the Cycle’ initiative to seek to combat winter pressures, improve patient flow within the Trust’s inpatient wards and enhance patient safety and outcomes. This was successful and we are looking to take forward key learning points to support sustainable change; including daily Consultant Ward rounds by 11am, role of the ward liaison officer and real time information. • 18 weeks – we expect to deliver the target for 2013/14 and continue to meet aggregated RTT target throughout 2014/15. ENHT expects to be meeting RTT at specialty level too from April 14. The primary risk in 2014/15 will be surgeon short term sickness, as has been the case in 2013/14, but this will be managed if it occurs. 2013/14 had the added complexity of re-absorbing the Surgicentre facility

	<p>and waiting lists, previously operated by Clinicenta, and uncovering a number of waiting list irregularities as well as some long waiting patients, which then had an adverse impact for a period on ENHT reported performance.</p> <ul style="list-style-type: none"> • Cancer targets have been met for each quarter in 2013/14 and this is expected to continue throughout 2014/15 and 2015/16. • The trust has experienced ambulance offload performance issues on occasion in 2013/14. We anticipate some occasional difficulties in 2014/15 at least until OCH acute consolidation in October 2014 and the completion of new full sized ED department. In addition, a whole system wide action plan that addresses the fundamental causes of such bottlenecks being developed by the Urgent Care Network Board. • Whilst stroke mortality has reduced, the Trust has continued to be challenged by stroke access metrics related to 4 hours transfer to Stroke ward and 90% of time on a Stroke ward. The key problem has been Stroke ward capacity being compromised by Intermediate and Social care delayed transfers of care. This is being discussed with system partners. From Oct 2014, OCH completion also enables an increase in Stroke beds that can compensate for the delayed transfers of care problem if it is not further addressed by then. • Infection Control standards – We have a zero tolerance approach to avoidable hospital acquired infections and continue to remain compliant with the requirements of the Hygiene Code. During 2014/15 we have had two cases of MRSA against a target of '0' and 15 cases of C difficile against a target of 14. Root cause analyses have been completed on all cases and actions taken. Of the C difficile cases, 6 community acquired cases were identified post 72 hours.
<p>Workforce plans Including proposed changes, quality impact, staff engagement and support</p>	<p>The Trust has made significant progress against 2013/14 objectives including;</p> <ul style="list-style-type: none"> • Reduction in Trust wide vacancies from 11% to 5.5%, although further focus is required on ward based nursing • Detailed workforce plans for divisions and corporate services, to support delivery of OCH workforce efficiencies and CIPS, have been agreed and consultations have commenced or are scheduled to commence in all areas by 3 April 2014. • HR re-boot commenced in 2013/14 with a new management team in place, systems and processes refreshed and with key performance indicators improving in all areas. Work will continue in this area as SLAs are developed with the business and the department further improves customer experience. • Implementation of a full suite of workforce information and indicators for all divisions and corporate areas delivered every month. This includes detailed information on the Workforce Assurance Tool (WAT) which has been used as part of our organisational design process for OCH. <p>Over and above progress against 2013/14 objectives there have been other developments including;</p> <ul style="list-style-type: none"> • Improvement in the governance around pre-employment checks. Including a full 'look back' exercise for over 1000 existing staff to assure the Board that appropriate checks were in place • Implementation of a new 'end to end' recruitment system to give visibility and

	<p>reporting on the recruitment pipeline</p> <ul style="list-style-type: none"> • Re-implementation of NHSP to ensure appropriate processes and systems are in place and value for money is achieved from the contract • Review of the HR advisory service with an overhaul of processes and management of cases • Implementation of a new appraisal system and model aligned to the new AfC nationally agreed terms • Customer service training delivered for over 2500 staff • ESR project commenced to embed a full 'establishment control' model which includes restricting the entire system to enable accurate reporting of vacancies and CIPs <p>The attached document provides a summary of the Two Year objectives; these span the conclusion of our major acute consolidation programme which has significant implications for our workforce and cost base. Final plans will be quality reviewed by the Medical Director and Director of Nursing before Board approval in March.</p> <p>Workforce elements of the Trust 2 Year objectives include:</p> <ul style="list-style-type: none"> • Significant work to embed the consolidation of services onto the Lister site and establish the new QE2 including 'ways of working', rotas, shifts, staffing models and numbers • Focusing on further improving all key operational workforce metrics including reducing vacancy rates and increasing the substantive mix, particularly for ward nurses to <5% vacancies • Continuing work on our Trust wide staff engagement and culture programme to focus on giving staff across the organisation new skills and a renewed focus on the customer experience • Establishing more robust processes and approaches for talent management and understanding retention issues across the organisation.
<p>Financial and investment strategy To include:</p>	
<p>Two year financial plans, financial sustainability, cost improvement programme, QIPP, capital and key risks and risk mitigation</p>	<p>The next 2 financial years are dominated by the Trust's acute consolidation programme (OCH) which culminates in the closure of a DGH during the period. As a result of this significant programme of change, the Trust has a lower than 1% surplus in 2014/15 and a higher efficiency programme (7%) in that year.</p> <p>Cash is also tight over the 24 months and consideration is currently being given to a working capital loan to improve liquidity. These changes will ensure the Trust is sustainable going forward both clinically and financially. However the next 2 years have a higher degree of risk given the scale of change and its impact on the level of savings required and the cash consequences.</p> <p>Regarding capacity, the business cases to reduce acute capacity in 2014/15 have the required approvals both locally and nationally (DH and HMT). The health economy QIPP plans match to the reduced level of beds in the Trust. Length of stay reductions, catchment changes and primary care led demand reductions will enable such capacity reductions to take place but clearly we will be carefully monitoring actual performance against our original assumptions throughout 2014/15.</p>

Productivity and efficiency including benchmarked position and cost improvements	Five year plan only
Longer term financial sustainability, income, costs, activity, capital and risk mitigation.	Five year plan only
Organisational relationships and capability To include:	
Patient and public engagement, relationships with stakeholders and leadership development	Five year plan only
Development priorities and actions that the Trust is taking to meet its development needs	Development support plan only

EAST & NORTH HERTFORDSHIRE NHS TRUST 2 YEAR OBJECTIVES: 2014/15 – 2015/16

Our vision:		To be amongst the best	
Our values:			
    			
Strategic aim 1: To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services.			
2 year objective	2014/15 milestones	Measures of success (to be confirmed at committees in March)	Lead director(s)
1.1 We will reduce patient mortality	Achieve HSMR and SHMI within the 'as expected' range or better.	Achieve HSMR within the 'better than expected' range and further improve SHMI within the "as expected range".	Jane McCue

<p>1.2 We will minimise hospital acquired infections in our patients</p>	<p>1.2.1 Sustain a zero tolerance approach to hospital acquired avoidable infections. 1.2.2 Ensure full compliance with the hygiene code.</p>	<p>HCAIs < ceiling Audit evidence of full compliance</p>	<p>Angela Thompson</p>
<p>1.3 We will further improve the safety and clinical outcomes for our patients by :</p> <ul style="list-style-type: none"> ➤ Implementing the Improving Patient Outcomes strategy ➤ providing 7 day consultant delivered care for high risk specialties ➤ reducing clinical variation in order to improve outcomes for our high risk patients ➤ ensuring a zero tolerance approach to avoidable falls and hospital acquired pressure ulcers ➤ delivering the Quality Account Key Priorities 	<p>1.3.1 Implement the priorities set out in the Improving Patient Outcomes strategy 1.3.2 Develop plans for the delivery of 7 day Consultant working 1.3.3 Deliver agreed pathways to improve patient outcomes and ensure achievement of agreed CQUIN targets 1.3.4 Develop and implement plans to reduce clinical variation and improve outcomes for high risk patients (respiratory, genito-urinary and the frail elderly) 1.3.5 Ensure a zero-tolerance approach to avoidable falls 1.3.6 Ensure a zero tolerance approach to hospital acquired avoidable pressure ulcers 1.3.7 Develop and implement plans to promote clinical research across all our hospital sites 1.3.8 Design safe clinical processes</p>	<p>Implementation of the priorities set out in the Improving Patient Outcomes strategy Provision of emergency, urgent and diagnostic care delivered by consultants and their teams 7 days a week for the highest risk specialties CQUIN delivery Reduction in clinical variation and improvement in outcomes for respiratory, genito-urinary and frail elderly patients. Reduction in avoidable falls Reduction in hospital acquired avoidable pressure ulcers Expansion in clinical research across all hospital sites Evidence of safer clinical processes</p>	<p>Jane McCue Jane McCue Jane McCue, Angela Thompson & John Watson Jane McCue Angela Thompson Angela Thompson Jane McCue Jane McCue & Angela</p>

	1.3.9 Deliver key priorities agreed within the Quality Account.	Achievement of Quality Account key priorities	Thompson Jane McCue
1.4 We will implement an interim EPR , in line with the Trust's IM&T strategy, to allow modern safe clinical note taking and recording of clinical observations.	We will implement the EPR within the Emergency Department in 2014, and within the Trust's Acute Units - AAU, SSU, SAU within 2015.	Paper light functioning of our Emergency and Acute Medical units.	Paul Traynor & Jane McCue
1.5 We will ensure the delivery of safe services at Lister & QEII during the final phase of the consolidation programme	We will provide safe services at both the Lister and QEII hospitals before we consolidate acute services. We will identify and effectively manage any identified risks.	Demonstrate identification and effective management of any patient safety and clinical risks associated with prior delays to the Phase 4 programme	Jane McCue, Angela Thompson & John Watson
1.6 We will continuously improve and sustain high levels of operational performance across all Trust service.	We will demonstrate progress towards achieving upper quartile performance on national and contractual targets and maintain/achieve a governance rating of 'emerging concerns' or 'green'.	DH and Monitor performance indicators. Achieve upper quartile across Midlands & East and achieve a governance risk rating of 'emerging concerns' or green. Maintain CQC registration without compliance conditions Maintain a CQC banding of 5 or better in the Intelligence Monitoring Report.	John Watson & Jude Archer

		Achieve a 'good' CQC inspection rating (*subject to change as definitions not yet defined).	
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Strategic aim 2: To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction.

2 year objective	2014/15 milestones	Measures of success	Lead director(s)
<p>2.1 We will build a reputation as a hospital which is “easy to use” and improve levels of patient, carer and customer satisfaction.</p>	<p>We will improve the efficiency of outpatient services, improve levels of customer service and ensure that our patients receive their care and treatment more quickly.</p> <p>Priority areas in 2014/15 will include:</p> <p>2.1.1 outpatient services 2.1.2 outpatient pharmacy 2.1.3 communication with GPs incl. discharge summaries 2.1.4 front of house and signage</p>	<p>Achievement of year on year improvements in levels of patient and carer satisfaction, progressing towards upper quartile performance.</p> <p>Measures include; Patient surveys, Friends & Family Test, GP surveys.</p>	<p>John Watson</p>
<p>2.2 We will provide development programmes that enable the organisation to become even more customer focused.</p>	<p>We will develop a values based customer service programme and Charter that builds on the JUICE programme.</p>	<p>Development programme and Charter in place.</p>	<p>Tom Simons</p>
<p>2.3 We will continuously improve patient, carer and customer satisfaction.</p> <p>Following completion of the Our Changing Hospitals Programme in 2014/15, we will evaluate and review our Patient and Carer Experience to ensure that it continues to support achievement of the Trust’s strategic aim.</p>	<p>The Trust has a 3 year Patient and Carer Experience Strategy with 7 ambitions. In 2014/15 we will implement the year 3 priorities as detailed in the strategy with a particular emphasis on:</p> <p>2.3.1 Getting the administrative processes right to ensure a good patient experience from initial referral through to discharge from our care</p>	<p>Achievement of year on year improvements in levels of patient and carer satisfaction, progressing towards upper quartile performance.</p> <p>Measures include; Patient surveys, Friends & Family Test, GP surveys. Completion of review of Patient & Carer Experience Strategy in collaboration</p>	<p>Angela Thompson & John Watson</p>

	<p>2.3.2 Improve the way we communicate with patients and users of our services throughout their pathway</p> <p>2.3.3 Review our food service to ensure that patients are happy with the quality and quantity of food provided</p> <p>2.3.4 Minimise the impact of noise at night to promote sleep</p> <p>2.3.5 Ensure our patients understand the plan at discharge, including the use and possible side effects of medications</p> <p>2.3.6 Engage with our patients and users to inform service improvements which will impact on patient experience and outcomes</p> <p>2.3.7 Keep patients and visitors informed about our patient experience feedback through the use of 'You said, We did' boards and through the use of Safe staffing boards.</p>	<p>with patients and users of our services and in line with the latest national guidance.</p>	
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Strategic aim 3: To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services.

2 year objective	2014/15 milestones	Measures of success	Lead director(s)
<p>3.1 We will provide responsive specialist input to primary care, developing and embedding services and models which help GPs to provide high quality care for their patients in the community, reducing emergency admissions for patients with acute conditions and long term conditions.</p>	<p>3.1.1 We will confirm priority pathways with commissioners for integration by March 2016 and support delivery of Better Care Fund plans.</p> <p>3.1.2 We will pilot alternative models of care for patients with respiratory conditions</p> <p>3.1.3 We will develop and assess rapid access services</p>	<p>Pathways identified and agreed.</p> <p>Pilots designed, implemented and evaluated.</p> <p>Services piloted and assessed.</p>	<p>John Watson</p> <p>Jane McCue</p> <p>John Watson</p>
<p>3.2 We will play a leading role in clinical and academic networks in order to develop innovative, effective ways of providing high quality integrated care.</p>	<p>3.1.4 We will seek to develop and implement discharge to assess models with partner organisations.</p> <p>3.1.5 We will develop integrated care pathways which support improved outcomes and quality of life for:</p> <ul style="list-style-type: none"> a) the frail elderly b) people with dementia, c) patients at the end of their lives. 	<p>Model considered and outcome agreed.</p> <p>Integrated pathways designed and implemented to support frail elderly and end of life care. Evidence of improved patient outcomes/quality of life.</p>	<p>John Watson</p> <p>Jane McCue</p>

Strategic aim 4: To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.

2 year objective	2014/15 milestones	Measures of success	Lead director(s)
<p>4.1 We will complete our programme of acute consolidation and achieve the clinical and efficiency benefits expected from the Our Changing Hospitals (OCH) programme of investment.</p>	<p>We will complete delivery of all elements of the OCH Phase 4 programme including :</p> <ul style="list-style-type: none"> a) Chemotherapy Unit b) Pathology Hot Lab c) Health Records d) Emergency Department e) New Ward Block f) New Theatre Block 	<p>Phase 4 completed on time and on budget.</p> <p>Quality and efficiency benefits achieved.</p>	<p>Stephen Posey</p> <p>John Watson</p>
<p>4.2 We will enhance the provision of a range of specialist and hyper acute services:</p> <ul style="list-style-type: none"> ➤ Robotic surgery ➤ Cardiology (PPCI) ➤ Renal services ➤ Stroke care (Hyper Acute) ➤ Vascular surgery ➤ Paediatrics 	<p>We will successfully provide and expand our robotic surgery service.</p> <p>We will extend provision of our PPCI (Primary Percutaneous Coronary Intervention) service to be provided on a 24/7 basis.</p> <p>We will develop and deliver strategies which support the further development of renal services and paediatrics.</p> <p>We will achieve further improvements in our acute stroke service and make progress towards the development of a Hyper Acute Stroke Unit at the Lister.</p>	<p>Assumptions within robotic surgery business case achieved.</p> <p>24/7 PPCI service commenced.</p> <p>Renal services and paediatric development strategies approved and implemented.</p> <p>Further improvements in stroke care quality and efficiency measures. Identification of Lister as a HASU.</p>	<p>John Watson</p> <p>John Watson</p> <p>Stephen Posey</p> <p>John Watson</p>

	We will work with partners to implement the outcomes of the review of vascular surgery, maintaining the quality of local services.	Clinical assurance received to ensure quality of local services will be maintained. Outcomes of vascular surgery review implemented.	John Watson
4.3 We will provide and enhance local access to specialist services within the New QEII and Hertford County Hospital, developing services which support local access to specialist care.	We will reach agreement with commissioners and conclude the design of pathways for services to be provided from the New QEII including children's services, local A&E and rapid assessment.	New QEII pathways agreed with commissioners. Pathways designed and implemented.	John Watson
4.4 We will positively promote the Trust's maternity service and be increasingly chosen by local women as the provider that they choose to care for them and their babies.	We will work with women and their partners to identify and prioritise areas for further service and quality development. We will raise awareness amongst women and GPs of the high quality of maternity services provided by the Trust.	We will achieve xxxx births in 2014/15 and xxxx births in 2015/16 Over x% women having one baby at the Trust will choose to have a subsequent baby at the Trust.	John Watson
4.5 We will improve the financial efficiency and sustainability of the Trust.	We will implement Service Line Reporting, ensuring that it is used to inform decision making at all levels of the Trust and support service improvements. We will deliver the financial forecast and the cost improvement programme across the Trust for 2014/15.	Service Line Reporting implemented and in use by operational and clinical teams to identify service improvements. Financial forecast and CIPs achieved. We will achieve continuity of services risk rating of 2	Paul Traynor Paul Traynor

	<p>We will ensure the provision of accurate, clear and visible workforce reporting from all workforce systems.</p> <p>We will control pay spend through the clear identification of flexible and permanent budget and associated resourcing plans and controls.</p>	<p>Accurate, clear and visible workforce reporting in place covering; ward/department/role level information on vacancy, sickness, attrition rate, rostering performance & sign off, auto roster, personalised shifts, accuracy levels between ledger and ESR . Pay expenditure controlled.</p>	<p>Tom Simons, Paul Traynor & Angela Thompson</p>
<p>4.6 We will make progress towards becoming an NHS Foundation Trust.</p>	<p>We will agree and progress along a pathway for the Trust to achieve authorisation as an NHS Foundation Trust.</p>	<p>Agreement of pathway reached with TDA.</p> <p>Trust 5 year strategic plan (IBP), BGAF, QGAF and HDD1 completed in line with pathway timescales.</p>	<p>Stephen Posey</p>

Strategic aim 5: We will provide leading local and tertiary cancer services and support the continued development of the Mount Vernon Cancer Centre.			
2 year objective	2014/15 milestones	Measures of success	Lead director(s)
5.1 We will develop a medium-long term vision for cancer services including the Mount Vernon Cancer Centre (MVCC) and a supporting strategy to achieve delivery.	5.1.1 We will engage with staff and stakeholders in order to develop and agree the future vision and strategy for tertiary cancer services provided by the Mount Vernon Cancer Centre.	Stakeholder engagement and support for MVCC vision. MVCC strategy agreed.	Stephen Posey
	5.1.2 We will agree a Memorandum of Understanding with Hillingdon Hospital NHSFT regarding the Mount Vernon site development plan which will enable the development of a business case to address the cancer centre infrastructure including re-provision of the wards and clinical areas.	Memorandum of Understanding agreed.	
5.2 We will further improve the quality and efficiency of cancer services provided by the Trust.	5.2.1 We will assess services provided by the Cancer Centre against the new cancer commissioning specification and develop, agree and progress delivery of an action plan to support delivery of the specification.	Progress towards compliance with commissioning specification.	John Watson
	5.2.2 We will relocate Lister chemotherapy services into the new Lister Cancer Unit in order to further improve patient and carer satisfaction with cancer services provided at the Lister.	Relocation of Lister chemotherapy service. Increase in patient and carer satisfaction.	Stephen Posey

	<p>5.2.3 We will develop stratified follow up care for cancer patients.</p> <p>5.2.4 We will develop clear pathways for integration/in reach across Trust sites.</p>		John Watson & Jane McCue
<p>5.3 We will support the development of the Cancer Centre including research and innovation.</p>	<p>5.3.1 We will effectively engage with clinical commissioners, academic partners and cancer systems to support and expand research and innovation within the Mount Vernon Cancer Centre.</p>	<p>Successful engagement.</p> <p>Increase in research and innovation at MVCC.</p>	Jane McCue

Strategic aim 6: To improve our staff engagement and organisational culture to be amongst the best nationally.

2 year objective	2014/15 milestones	Measures of success	Lead director(s)
<p>6.1 We will embed an organisational culture that embraces innovation, lean systems and ways of working and is customer focused</p>	<p>6.1.1 We will develop a performance culture, where staff are clear about their objectives, appraised regularly and performance is linked to the reward systems in the organisation.</p> <p>6.1.2 We will evolve the ARC programme to ensure it remains relevant and meaningful to all our people as our new organisation takes shape and to develop new strategies to improve staff engagement</p>	<p>Appraisal rate > 85% Lean development programme launched Customer service programme launched Customer service charter in place</p> <p>Revamped ARC programme in place Min 90% participants evaluate the programme content as being relevant and meaningful.</p>	<p>Tom Simons</p>
<p>6.2 We will develop strategies which support effective staff recruitment, retention and development.</p>	<p>6.2.1 We will deliver the key operational performance requirements in relation to vacancy management, rostering, sickness absence, temporary staffing efficiency, job planning (electronic) and employee relations management as set out in the FY14/15 annual priorities.</p>	<p>Vacancy rate - <5% Sickness rate < 3.3% 85% consultants job planned Employee Relations cases (excluding sickness) completed - 90% at < 90 days Number of rosters completed 6 weeks in advance Roll out of interface with NHSP to all relevant clinical areas Clinical areas will request known vacant shifts 30 days in advance</p>	<p>Tom Simons</p>

	<p>6.2.2 We will develop strategies to retain staff, ensure effective recruitment, induction, training and exit management.</p> <p>6.2.3 We will develop and deliver a robust talent management and succession planning process, giving opportunities for staff development and progression.</p>	<p>New induction programme in place Exit management system and reporting in place</p> <p>Talent management & succession planning systems in place. Proactive measures to retain identified individuals</p>	
<p>6.3 We will have a zero tolerance attitude to bullying and harassment.</p>	<p>We will ensure that we have clearly understood and firmly established processes for staff to raise concerns about bullying and/or harassment and that concerns are dealt with quickly and effectively.</p>	<p>Reduction in reports and indicators of harassment and bullying</p>	<p>Tom Simons</p>
<p>6.4 We will support increased engagement between operational and corporate areas across the Trust.</p>	<p>We will increase the visibility of the Board and senior teams in the organisation (clinical areas) to help provide strong and inspirational leadership.</p> <p>We will communicate, openly, honestly, regularly and with authenticity to our staff carry out the staff consultation process.</p> <p>We will identify and test ways for corporate areas to support operational teams during periods of acute organisational pressure and change including working outside their discipline.</p>	<p>‘Back to floor’ sessions completed by all Trust Board members `</p> <p>Completion of patient stories and consideration by Trust Board.</p> <p>Executive directors to attend at least 90% ARC events.</p> <p>All staff briefings during consultation and consolidation to be attended by an executive director</p> <p>Training and culture change programme for Corporate staff</p>	<p>John Watson</p>

<p>6.5 We will become the rotation of choice for trainee doctors and develop excellent multi-professional training facilities.</p>	<p>We will listen and respond to feedback from trainee doctors.</p> <p>We will co-locate the Lister/QE2 Education Centres and Libraries.</p>	<p>Improved National Trainee survey results</p> <p>Library co-location completed.</p>	<p>Jane McCue</p>
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EAST & NORTH HERTFORDSHIRE NHS TRUST 2 YEAR OBJECTIVES: 2014/15 – 2015/16

Our vision: To be amongst the best		
Our values: 		
Strategic aim 1: To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services.		
2 year objective	2014/15 milestones	Lead director(s)
1.1 We will reduce patient mortality	Achieve HSMR and SHMI within the <i>'as expected' range or better.</i>	Jane McCue
1.2 We will minimise hospital acquired infections in our patients	1.2.1 Sustain a zero tolerance approach to hospital acquired avoidable infections. 1.2.2 Ensure full compliance with the hygiene code.	Angela Thompson

<p>1.3 We will further improve the safety and clinical outcomes for our patients by :</p> <ul style="list-style-type: none"> ➤ Implementing the Improving Patient Outcomes strategy ➤ providing 7 day consultant delivered care for high risk specialties ➤ reducing clinical variation in order to improve outcomes for our high risk patients ➤ ensuring a zero tolerance approach to avoidable falls and hospital acquired pressure ulcers ➤ delivering the Quality Account Key Priorities 	<p>1.3.1 Implement the priorities set out in the Improving Patient Outcomes strategy</p> <p>1.3.2 Develop plans for the delivery of 7 day Consultant working</p> <p>1.3.3 Deliver agreed pathways to improve patient outcomes and ensure achievement of agreed CQUIN targets</p> <p>1.3.4 Develop and implement plans to reduce clinical variation and improve outcomes for high risk patients (respiratory, genito-urinary and the frail elderly)</p> <p>1.3.5 Ensure a zero-tolerance approach to avoidable falls</p> <p>1.3.6 Ensure a zero tolerance approach to hospital acquired avoidable pressure ulcers</p> <p>1.3.7 Develop and implement plans to promote clinical research across all our hospital sites</p> <p>1.3.8 Design safe clinical processes</p> <p>1.3.9 Deliver key priorities agreed within the Quality Account.</p>	<p>Jane McCue</p> <p>Jane McCue</p> <p>Jane McCue, Angela Thompson & John Watson</p> <p>Jane McCue</p> <p>Angela Thompson</p> <p>Angela Thompson</p> <p>Jane McCue</p> <p>Jane McCue & Angela Thompson</p> <p>Jane McCue</p>
<p>1.4 We will implement an interim EPR , in line with the Trust's IM&T strategy, to allow modern safe clinical note taking and recording of clinical observations.</p>	<p>We will implement the EPR within the Emergency Department in 2014, and within the Trust's Acute Units - AAU, SSU, SAU within 2015.</p>	<p>Paul Traynor & Jane McCue</p>

<p>1.5 We will ensure the delivery of safe services at Lister & QEII during the final phase of the consolidation programme</p>	<p>We will provide safe services at both the Lister and QEII hospitals before we consolidate acute services.</p> <p>We will identify and effectively manage any identified risks.</p>	<p>Jane McCue, Angela Thompson & John Watson</p>
<p>1.6 We will continuously improve and sustain high levels of operational performance across all Trust service.</p>	<p>We will demonstrate progress towards achieving upper quartile performance on national and contractual targets and maintain/achieve a governance rating of 'emerging concerns' or 'green'.</p>	<p>John Watson & Jude Archer</p>

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Strategic aim 2: To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction.		
2 year objective	2014/15 milestones	Lead director(s)
<p>2.1 We will build a reputation as a hospital which is “easy to use” and improve levels of patient, carer and customer satisfaction.</p>	<p>We will improve the efficiency of outpatient services, improve levels of customer service and ensure that our patients receive their care and treatment more quickly.</p> <p>Priority areas in 2014/15 will include:</p> <ul style="list-style-type: none"> 2.1.1 outpatient services 2.1.2 outpatient pharmacy 2.1.3 communication with GPs incl. discharge summaries 2.1.4 front of house and signage 	John Watson
<p>2.2 We will provide development programmes that enable the organisation to become even more customer focused.</p>	<p>We will develop a values based customer service programme and Charter that builds on the JUICE programme.</p>	Tom Simons
<p>2.3 We will continuously improve patient, carer and customer satisfaction.</p> <p>Following completion of the Our Changing Hospitals Programme in 2014/15, we will evaluate and review our Patient and Carer Experience to ensure that it continues to support achievement of the Trust’s strategic aim.</p>	<p>The Trust has a 3 year Patient and Carer Experience Strategy with 7 ambitions. In 2014/15 we will implement the year 3 priorities as detailed in the strategy with a particular emphasis on:</p> <ul style="list-style-type: none"> 2.3.1 Getting the administrative processes right to ensure a good patient experience from initial referral through to discharge from our care 2.3.2 Improve the way we communicate with patients and users of our services throughout their pathway 2.3.3 Review our food service to ensure that patients 	Angela Thompson & John Watson

	<p>are happy with the quality and quantity of food provided</p> <p>2.3.4 Minimise the impact of noise at night to promote sleep</p> <p>2.3.5 Ensure our patients understand the plan at discharge, including the use and possible side effects of medications</p> <p>2.3.6 Engage with our patients and users to inform service improvements which will impact on patient experience and outcomes</p> <p>2.3.7 Keep patients and visitors informed about our patient experience feedback through the use of 'You said, We did' boards and through the use of Safe staffing boards.</p>	
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Strategic aim 3: To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services.

2 year objective	2014/15 milestones	Lead director(s)
<p>3.1 We will provide responsive specialist input to primary care, developing and embedding services and models which help GPs to provide high quality care for their patients in the community, reducing emergency admissions for patients with acute conditions and long term conditions.</p> <p>3.2 We will play a leading role in clinical and academic networks in order to develop innovative, effective ways of providing high quality integrated care.</p>	3.1.1 We will confirm priority pathways with commissioners for integration by March 2016 and support delivery of Better Care Fund plans.	John Watson
	3.1.2 We will pilot alternative models of care for patients with respiratory conditions	Jane McCue
	3.1.3 We will develop and assess rapid access services	John Watson
	3.1.4 We will seek to develop and implement discharge to assess models with partner organisations.	John Watson
	3.1.5 We will develop integrated care pathways which support improved outcomes and quality of life for: a) the frail elderly b) people with dementia, c) patients at the end of their lives.	Jane McCue

Strategic aim 4: To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable.

2 year objective	2014/15 milestones	Lead director(s)
<p>4.1 We will complete our programme of acute consolidation and achieve the clinical and efficiency benefits expected from the Our Changing Hospitals (OCH) programme of investment.</p>	<p>We will complete delivery of all elements of the OCH Phase 4 programme including :</p> <ul style="list-style-type: none"> a) Chemotherapy Unit b) Pathology Hot Lab c) Health Records d) Emergency Department e) New Ward Block f) New Theatre Block 	<p>Stephen Posey</p> <p>John Watson</p>
<p>4.2 We will enhance the provision of a range of specialist and hyper acute services:</p> <ul style="list-style-type: none"> ➤ Robotic surgery ➤ Cardiology (PPCI) ➤ Renal services ➤ Stroke care (Hyper Acute) ➤ Vascular surgery ➤ Paediatrics 	<p>We will successfully provide and expand our robotic surgery service.</p> <p>We will extend provision of our PPCI (Primary Percutaneous Coronary Intervention) service to be provided on a 24/7 basis.</p> <p>We will develop and deliver strategies which support the further development of renal services and paediatrics.</p> <p>We will achieve further improvements in our acute stroke service and make progress towards the development of a Hyper Acute Stroke Unit at the Lister.</p> <p>We will work with partners to implement the outcomes of the review of vascular surgery, maintaining the quality of local services.</p>	<p>John Watson</p> <p>John Watson</p> <p>Stephen Posey</p> <p>John Watson</p> <p>John Watson</p>

4.3 We will provide and enhance local access to specialist services within the New QEII and Hertford County Hospital, developing services which support local access to specialist care.	We will reach agreement with commissioners and conclude the design of pathways for services to be provided from the New QEII including children's services, local A&E and rapid assessment.	John Watson
4.4 We will positively promote the Trust's maternity service and be increasingly chosen by local women as the provider that they choose to care for them and their babies.	We will work with women and their partners to identify and prioritise areas for further service and quality development. We will raise awareness amongst women and GPs of the high quality of maternity services provided by the Trust.	John Watson
4.5 We will improve the financial efficiency and sustainability of the Trust.	We will implement Service Line Reporting, ensuring that it is used to inform decision making at all levels of the Trust and support service improvements. We will deliver the financial forecast and the cost improvement programme across the Trust for 2014/15. We will ensure the provision of accurate, clear and visible workforce reporting from all workforce systems. We will control pay spend through the clear identification of flexible and permanent budget and associated resourcing plans and controls.	Paul Traynor Paul Traynor Tom Simons, Paul Traynor & Angela Thompson
4.6 We will make progress towards becoming an NHS Foundation Trust.	We will agree and progress along a pathway for the Trust to achieve authorisation as an NHS Foundation Trust.	Stephen Posey

Strategic aim 5: We will provide leading local and tertiary cancer services and support the continued development of the Mount Vernon Cancer Centre.

2 year objective	2014/15 milestones	Lead director(s)
<p>5.1 We will develop a medium-long term vision for cancer services including the Mount Vernon Cancer Centre (MVCC) and a supporting strategy to achieve delivery.</p>	<p>5.1.1 We will engage with staff and stakeholders in order to develop and agree the future vision and strategy for tertiary cancer services provided by the Mount Vernon Cancer Centre.</p> <p>5.1.2 We will agree a Memorandum of Understanding with Hillingdon Hospital NHSFT regarding the Mount Vernon site development plan which will enable the development of a business case to address the cancer centre infrastructure including re-provision of the wards and clinical areas.</p>	<p>Stephen Posey</p>
<p>5.2 We will further improve the quality and efficiency of cancer services provided by the Trust.</p>	<p>5.2.1 We will assess services provided by the Cancer Centre against the new cancer commissioning specification and develop, agree and progress delivery of an action plan to support delivery of the specification.</p> <p>5.2.2 We will relocate Lister chemotherapy services into the new Lister Cancer Unit in order to further improve patient and carer satisfaction with cancer services provided at the Lister.</p> <p>5.2.3 We will develop stratified follow up care for cancer patients.</p>	<p>John Watson</p> <p>Stephen Posey</p> <p>John Watson & Jane McCue</p>

	5.2.4 We will develop clear pathways for integration/in reach across Trust sites.	John Watson
5.3 We will support the development of the Cancer Centre including research and innovation.	5.3.1 We will effectively engage with clinical commissioners, academic partners and cancer systems to support and expand research and innovation within the Mount Vernon Cancer Centre.	Jane McCue

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Strategic aim 6: To improve our staff engagement and organisational culture to be amongst the best nationally.

2 year objective	2014/15 milestones	Lead director(s)
<p>6.1 We will embed an organisational culture that embraces innovation, lean systems and ways of working and is customer focused</p>	<p>6.1.1 We will develop a performance culture, where staff are clear about their objectives, appraised regularly and performance is linked to the reward systems in the organisation.</p> <p>6.1.2 We will evolve the ARC programme to ensure it remains relevant and meaningful to all our people as our new organisation takes shape and to develop new strategies to improve staff engagement</p>	<p>Tom Simons</p>
<p>6.2 We will develop strategies which support effective staff recruitment, retention and development.</p>	<p>6.2.1 We will deliver the key operational performance requirements in relation to vacancy management, rostering, sickness absence, temporary staffing efficiency, job planning (electronic) and employee relations management as set out in the FY14/15 annual priorities.</p> <p>6.2.2 We will develop strategies to retain staff, ensure effective recruitment, induction, training and exit management.</p> <p>6.2.3 We will develop and deliver a robust talent management and succession planning process, giving opportunities for staff development and progression.</p>	<p>Tom Simons</p>
<p>6.3 We will have a zero tolerance attitude to bullying and harassment.</p>	<p>We will ensure that we have clearly understood and firmly established processes for staff to raise concerns about bullying and/or harassment and that concerns are dealt with</p>	<p>Tom Simons</p>

	quickly and effectively.	
6.4 We will support increased engagement between operational and corporate areas across the Trust.	<p>We will increase the visibility of the Board and senior teams in the organisation (clinical areas) to help provide strong and inspirational leadership.</p> <p>We will communicate, openly, honestly, regularly and with authenticity to our staff carry out the staff consultation process.</p> <p>We will identify and test ways for corporate areas to support operational teams during periods of acute organisational pressure and change including working outside their discipline.</p>	John Watson
6.5 We will become the rotation of choice for trainee doctors and develop excellent multi-professional training facilities.	<p>We will listen and respond to feedback from trainee doctors.</p> <p>We will co-locate the Lister/QE2 Education Centres and Libraries.</p>	Jane McCue