

Weston Area Health



NHS Trust

# Operational Plan 2016/17

Staff Summary

# To work in partnership to provide outstanding healthcare



## Our Values

People and Partnership – working together with colleagues, other organisations and agencies to achieve high care standards (Care and Commitment)  
 Reputation –actions which build and maintain the Trust’s good name in the community (Communication)  
 Innovation – demonstrating a fresh approach or finding new solutions to problems (Courage)  
 Dignity – Contributing to the Trust’s Dignity in Care priorities (Compassion)  
 Excellence and equality – demonstrating excellence in and equality of service provision (Competence)

## Our Key delivery priorities for 2016/17

- Improve the safety of patients
- Deliver constitutional standards
- Deliver our financial plan
- Develop and embed an improved organisational culture
- Improve our junior doctor training environment
- Embed strong governance throughout the Trust
- Develop patient care pathways and clinical and staffing solutions which improve the sustainability of the Trust and its services
- Deliver IM&T improvements

### Improving Health

#### HEALTH PROMOTION

Develop and deliver a health and well-being strategy to improve physical and mental health and avoid ill-health.



#### PATIENT EXPERIENCE,

Ensure dignified care and protection from harm.. Learn from the patient experience.



#### QUALITY AND SAFETY

Ensure clinically effective services. Focus on openness, best practice and reduced variation in clinical practice.

### Redesigning Care

#### PERFORMANCE

Meet and sustain the delivery of national performance standards



#### CLINICAL LEADERSHIP

Embed and ensure clear objectives and professional standards..



#### WORKFORCE

Invest in and develop, a safe and effective workforce. Strong communication and engagement both within and outside the organisation. Build service and staffing resilience.



### Whole System Change

#### PARTNERSHIPS

Develop and enable strong partnership and engagement to Deliver safe, sustainable and financially viable services



#### FINANCE

Achieve efficiency and savings schemes. All schemes tested for safety and quality impact. Target savings for 2016/17 £4.1m



### Foundations for Improvement

#### ESTATE

Deliver a safe estate that is used effectively. Planned Investment 2016/17 circa £2m



#### R&D AND INNOVATION

Support service transformation and ensure continual learning and knowledge transfer to front line practice



#### TECHNOLOGY

Support safe, effective and efficient service delivery, enabling service transformation. Planned investment 2016/17 circa £1.7m



### Our quality improvement priorities 2016/17

- Reduction in avoidable mortality
- Improved identification and management of patients with sepsis
- Reduction of hospital acquired pressure ulcers.
- Increased medicines reconciliation on admission.
- Implementing the SHINE checklist in the Emergency Department .
- Improved learning from incidents.
- Increased % of inpatients reporting involvement in discharge planning.
- Improved % of complainants satisfied with the complaints process.
- Reduction in incidents of failed discharge reported by partners
- Increased % of patients with fractured neck of femur reviewed in a timely manner by an ortho-geriatrician.
- Increased % of inpatients with dementia aged 65+ having a specialist assessment by our Mental Health Liaison Older Peoples Specialist.
- Reduction in the % of patients with mental ill health that re-attend the Emergency Department in 7 days

# ***Work in partnership to provide outstanding healthcare***

## **Our Aims for the Year**

- Improve the safety of patients and their experience
- Deliver constitutional standards
- Deliver our financial plan
- Develop and embed an improved organisational culture
- Improve our junior doctor training environment
- Embed strong governance throughout the Trust
- Develop improved patient care pathways and clinical and staffing solutions which improve the sustainability of the Trust and its services
- Deliver IM&T improvements

## **How we intend to achieve them**

- Focus on our Sign up to Safety pledges
- Focus on listening to patients and acting on feedback
- Work more closely with partners
- Focus on Professional standards, clinical leadership and team working
- Focus on Organisational Development
- Take opportunities presented by the Five Year Forward view including for example becoming an Acute Medical Model pilot site
- Develop and deliver the shared strategic vision for patient services

## Operational Plan Key areas of focus 2016/17

Trust Objective	Trust-wide indicators	Trust-wide standards	Directorate indicators	Directorate standards
Reduce levels of avoidable harm to our patients	Operate systematic Mortality and Morbidity reviews of in-hospital deaths Reduce hospital acquired pressure ulcers Operate Sepsis 6 care bundle	100% of non-palliative care, in-hospital deaths to be subject to peer review using Global Trigger Tool and reported back to clinical team for learning No grade 3 or 4 hospital acquired pressure ulcers 100% compliance with care bundle for all patients admitted via Emergency Department March 2017	Reduction in falls (ward) Compliance with best practice tariff for fractured neck of femur (Trauma & Orthopaedics ) Reduce missed doses for patients with diabetes and Parkinson's disease Venous Thrombo embolus compliance	No falls with moderate/severe harm No falls overnight/during afternoon (focused on when highest risk time is for specific ward) 90% of patients with fractured neck of femur to theatre within 24 hours, Review by ortho-geriatrician (or alternate responsible lead clinician) Reduction of 75% in drug incidents relating to missed doses for insulin and Parkinson's medication Achieve at least 95% compliance with national standard for both Venous Thrombo embolus risk assessment and prophylaxis
Reduce patient waits and delays	Delivery of NHS constitutional standards	Achieve: 95% 4 hour max wait in Emergency Dept. 92% Referral to Treatment 18 weeks (96% stretch) 99% diagnostic 6 weeks 95% Referral to Treatment cancer 31 days 85% Referral to Treatment cancer 62 days Deliver max 90% bed occupancy	Compliance with the SAFER care patient flow bundle Compliance with best practice ECIP Emergency Dept. flow processes Reduce avoidable admissions	Senior daily review by 11am All patients to have Expected Date of Discharge and Confirmed Date of Discharge set by a lead clinician within 12 hrs maximum (80% < 4 hrs, last 20% in <12 hrs). 35% patients discharged in the morning Reduce over 10 day Length of Stay to 10% Arrival time to 'commence treatment' in Emergency Dept. 15 mins 150 minutes to definitive decision + 30 minutes to dispersal from decision (unless continuous instability) from arrival in Emergency Dept..
Support every member of staff to do their best	Reduce use of agency and locum staffing Our staff don't leave Our staff recommend the organization as a place to work or receive treatment	Compliance or better with agency and locum spend ceiling of £6.9m Reduce staff turnover to no more than 12% Meet or exceed national average (3.76% 15/16)	Reduce sickness absence Ensure staff have frequent one-to-ones and year end appraisals Increase attendance at mandatory training	Reduce sickness absence to 3% Deliver appraisal compliance at 85% Ensure min 90% compliance with mandatory training attendance

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Trust Objective	Trust-wide indicators	Trust-wide standards	Directorate indicators	Directorate standards
Work with other health and social care organisations to improve care and services for our patients	<p>Commitment to partnership working</p> <p>Ensure that partnership working delivers intended outcomes and learn from those times it might not</p>	<p>Leaders actively promote the shared vision and sense of purpose</p> <p>Key stakeholders acknowledge joint involvement and delivery of partnership outcomes</p> <p>Deliver a sustainable portfolio of services for Weston General Hospital</p> <p>Maintain a financially viable position for the organisation</p> <p>Governance arrangements including shared risk management are regularly evaluated for effectiveness</p>	Compliance with agreed pathways of care	<p>Implementation of SAFER bundle across all inpatient wards</p> <p>Reduction in over 10 day Length of Stay to 10%</p>
Deliver our financial plan	<p>Achievement of planned year-end deficit</p> <p>Achievement of External Financing Limit</p> <p>Achievement of capital Resource Limit</p>	<p>Deliver Control Total</p> <p>Deliver External Financing Limit</p> <p>Deliver Capital Resource Limit</p>	<p>Deliver activity within agreed budget</p> <p>Deliver agreed cost improvements</p>	<p>Deliver budget balance</p> <p>Deliver 4.2% cost improvements</p> <p>Deliver planned activity</p>