

Annual Operational Plan 2016/17: Objectives and KPIs

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
1. Pursuing Quality Improvement to become the safest, highest quality health and care service					
1.1 Save & Improve lives through reliable and safe care	Safe				
		Maintain the Trusts position in the top 10% of NHS organisations with the lowest risk adjusted mortality Implement the new Mortality review Board requirements Publish annual avoidable deaths	<ul style="list-style-type: none"> • HSMR Relative risk – top 10% • SHMI • Mortality Reviews 	From 1st April 2016	Executive Nurse
		Reduce Harm	<p>95% of patients receive harm free care</p> <ul style="list-style-type: none"> • Pressure ulcers • Catheter associated urinary tract infection • Venous thromboembolism • Harm from falls • Unexpected cardiac arrests • Medication errors 	From 1st April 2016	Executive Nurse
		Improve reliability over 7 days working to agreed Standards	<p>Salford Standard</p> <ul style="list-style-type: none"> • Patients seen & clerked < 1 hr in ED & PANDA • NE admissions reviewed by Consultant <12 hrs • Radiology specials staff, resident with further on-call tier • Neurosurgery to lead & deliver emergency list • Mandatory PTWR document utilisation 	From 1st April 2016	Executive Nurse
	Improve reliability of care - Standards	<p>Improve compliance with local standards</p> <ul style="list-style-type: none"> • NAAS • CAAS • OPASS 	From 1st April 2016	Executive Nurse	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
1.1 Save & Improve lives through reliable and safe care		Improve reliability of care - Care Bundles	95%reliability in the delivery of care bundles <ul style="list-style-type: none"> • Community acquired pneumonia care bundle • Heart failure care bundle • Hip and knee care bundle • Myocardial infarction care bundle • Stroke care bundle • Intentional rounding • Structured ward rounds • Surgical site infection care bundle • Sepsis 6 intervention bundles • WHO Checklist 	From 1st April 2016	Executive Nurse
		Ensure compliance with and learning from Governance Processes	<ul style="list-style-type: none"> • Clinical Negligence, Litigation, Claims • RIDDOR incidents • AIR's/SUI's & RCA • Executive safety walkround • National Safety standards for invasive procedures (NatSSIPs) 	From 1st April 2016	Executive Nurse
		Deliver a portfolio of projects to meet contractual requirements and commissioner priorities <ul style="list-style-type: none"> • Sepsis, acute kidney injury and anticoagulation safety CQUINs. • Integrated Care Programme for older people – person experience. • Management of patients with diabetes. 	CQUINs (see section 5.1) <ul style="list-style-type: none"> • Sepsis • AKI • Anticoagulation ICO (see section 4.1)	From 1st April 2016	Executive Nurse

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
1.1 Save & Improve lives through reliable and safe care		<p>Deliver a portfolio of projects to support strategic objectives</p> <ul style="list-style-type: none"> • The patient flow collaborative. • Implementation of 7 day working across the health economy, with a focus on supporting the emergency village and community based out of hours care, moving towards the standards set out for Major Trauma and Healthier Together (Emergency and Acute Medicine, Surgery), diagnostic services and critical care. • Demand and capacity matching through time and to meet the acuity needs of the patient. • Development of a 'control room'. • Admissions avoidance. • Responding to adverse incidents and complaints. • Responding to divisional requirements with microsystem support. • Supporting staff transformation work associated with the adoption of new technologies. • Supporting the ICO Vanguard, widening the scope of work from older people to adults • Supporting the reliability work stream within the Group/Acute Care Collaborative Vanguard. 	<ul style="list-style-type: none"> • Reduced LOS • Delayed discharges • Compliance against 7 day working standards • Admission rates 	From 1st April 2016	Executive Nurse
		<p>Deliver the Making Safety Visible Programme across the health economy. Improved and shared understanding and capability for measuring and monitoring safety linked to Sign up to Safety.</p> <ul style="list-style-type: none"> • Medicines management/optimisation • Clinical communication, with a focus on transfers of care • Building capability • System wide culture • Implementing the productive community 		From 1st April 2016	Executive Nurse

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
1.1 Save & Improve lives through reliable and safe care	Clean	Reduce hospital acquired infections	<ul style="list-style-type: none"> ● MRSA ● C difficile ● MSSA ● E Coli ● Catheter UTI ● Central Line Bloodstream infections ● EVD Infections ● Hip Replacement Infections ● Knee replacement infections ● Long Bone Infections ● Repair to neck of femur infections ● Surgical site infections 	From 1st April 2016	Executive Medical Director
Personal					
1.2 Delivering personalised care	Maintain patient experience indicators in top 20% nationally	<ul style="list-style-type: none"> ● Patient Survey ● Inpatient Questionnaire ● % of patients rating overall care as excellent ● % of patients involved in decisions about care ● Family & Friends Test ● 'Did we deliver what matters most to you?' ● 'How likely are you to recommend?' (Outpatients) ● Courtesy of receptionist (Outpatients) ● 90% of Complaints responded within timescale agreed ● Patient Experience trackers ● Patient Reported Experience Measures ● PALs feedback ● HELP system to inpatients 	From 1st April 2016	Executive Nurse	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
1.2 Delivering personalised care	Inpatient patient experience	<ul style="list-style-type: none"> • Doctors always giving understandable answers to important questions • Always have confidence and trust in doctors • Nurses always giving understandable answers to important questions • Always have confidence and trust in nurses • Definitely involved in decisions about care and treatment • Definitely delivered what mattered most to the patient • Care received on ward rated as excellent or very good 			
	Community Patient Experience	<ul style="list-style-type: none"> • Care received on ward rated as excellent or very good • Was visited at home on the expected day • Staff always were respectful of home and belongings • Staff always supported the patient during the appointment or visit • Able to get through to service by phone most of the time • Seen on time, early or waited up to 15 minutes • Treatment room in the clinic very/fairly clean • A carer or family member was involved in the decisions as much as wanted • Definitely involved as much as wanted to be in decisions about care/treatment • Healthcare professional definitely listened carefully to patient • Definitely given enough information about care and treatment • Main reason for the visit was dealt with to complete satisfaction • Treated with respect and dignity all the time during to the appointment • Staff always treated the patient with kindness and empathy • Completely told about the medication side effects completely when discharge 			

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
2. Better Care @ Lower Cost					
2.1 Drive efficiency & sustain financial performance, reducing costs by £20m	Better Care @ Lower Cost £30m full year effect savings	<ul style="list-style-type: none"> • Delivery of £20m savings in year 	From 1st April 2016	Executive Director of Finance	
	Patient Flow Focus on admissions avoidance, bed reconfiguration, reducing length of stay, improving discharge processes and meeting the Carter challenges with a focus on Emergency medicine	<ul style="list-style-type: none"> • Elective & Non Elective Length of stay • Number of beds liberated • Delayed discharges • Virtual ward activity • Increased daycase rates • Hospital at home activity 	From 1st April 2016	Executive Nurse	
	Workforce Focus on reducing locum and WLI volume, Skill mix reviews and role substitution, vacancy reviews, centralisation of some functions	<ul style="list-style-type: none"> • Pay spend as a % of clinical income • % non-frontline staff • Premium non-contracted pay spend at or below control total 	From 1st April 2016	Executive Director of Organisational Development & Corporate Affairs	
	Outpatients Focus on improving slot utilisation, improved booking and scheduling, reduced DNA rates	<ul style="list-style-type: none"> • Outpatient WLI Spend • DNA Rates • New:FU rate • Telemedicine activity • Self-serve activity 	From 1st April 2016	Executive Director of Corporate Strategy	
	Diagnostics & Prescribing Focus on reducing demand and departmental productivity schemes	<ul style="list-style-type: none"> • Number of Radiology requests • Number of Pathology requests • Drugs in tariff spend • Outpatient drug spend 	From 1st April 2016	Executive Director of Corporate Strategy	
	Corporate Focus in shared working , vacancy review, technical solutions, hosting services	<ul style="list-style-type: none"> • Corporate pay costs • Corporate costs 	From 1st April 2016	Executive Director of Finance	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
2.1 Drive efficiency & sustain financial performance, reducing costs by £20m		Procurement Focus on review of contracts and tenders, review of medical and non-medical products and associated controls, reduced energy costs, managed print.	<ul style="list-style-type: none"> • Non pay spend as a percentage of income • Purchase Order Usage 	From 1st April 2016	Executive Medical Director
		Space Utilisation Focus on Renegotiation of SLA's, rationalisation of buildings/estate, reduced energy costs, car park income, reduced costs of contracts and materials, reduced costs of capital and estates	<ul style="list-style-type: none"> • Lease costs • Car Park income 	From 1st April 2016	Executive Director of Service Strategy & Development
		TASR (Technology Assisted Service Redesign) Focus on realising the benefits of Community EPR, Standardising pathways, theatre utilisation, hub to hub communication, technology assisted communication, improved data quality	<ul style="list-style-type: none"> • Telehealth/medicine (IFU/Preop/Dermatology - including images/ Metabolic medicine/Rapid response • Review technological opportunities for patients with LOS over trim points • Theatre Utilisation 	From 1st April 2016	Executive Director of Finance

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
3. Supporting high performance and improvement					
3.1 Deliver the Workforce Strategy	Focus on <ul style="list-style-type: none"> • Addressing gaps in workforce • Meeting the needs of service developments and strategic changes • Creating greater flexibility of working hours and practices • Reduces the needs for premium rate workforce • Significant skill mix changes • Role substitution • Creation of roles across health and social care • Aligning capacity and demand including implementation of Trendcare • Increased productivity and reduction in non-clinical workforce • Succession planning and career progression opportunities • Anticipating the benefits of technology for role redesign • Increasing the role of apprenticeships and volunteers • Identify Learning and development needs. 	<ul style="list-style-type: none"> • Workforce costs as % clinical income • Premium non-contracted pay spend at or below control total • % of non-frontline staff • Increase number of Trust grade doctors, advanced practitioners, assistant practitioners • Training numbers • Recruitment and retention • Apprenticeship numbers • Volunteer numbers 	From April 2016	Executive Director of Organisational Development & Corporate Affairs	
3.2 Support and develop our people to deliver Safe, Clean and Personal Care	Deliver through the Quality Improvement team courses to develop capability in QI methodology	Number of staff undertaking the following courses <ul style="list-style-type: none"> • Lean methods & tools • QI improvement statistical measurement tools • Micro-system coaches • the Clinical Quality Academy /Fellowships and engagement with trainees • an e course on quality improvement 	From 1st April 2016	Executive Nurse	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
3.3 Improve Engagement with & Well Being of our People	Deliver the Health and Well Being Strategy <ul style="list-style-type: none"> • Promote healthy lifestyles and working practices • Improving staff well being • Reducing staff absence through sickness • Supporting staff to return to work following periods of sickness • Improving the management processes of sickness and absence • Further work to eliminate harassment and bullying 	<ul style="list-style-type: none"> • Sickness absence • Bullying and Harassment reducing • Return to work interviews 	From 1 st April 2016	Executive Director of Organisational Development & Corporate Affairs	
	Improve Staff engagement <ul style="list-style-type: none"> • Establish a baseline of current performance against Friends and Family and Annual Staff Survey measures • Develop departmental and Divisional actions plans • Identify engagement activity in Leaders Goals and Objectives 	<ul style="list-style-type: none"> • Family & Friends Survey - achieve upper quartile performance • Annual Staff Survey – achieve top 20% • Achieve 95% appraisal compliance 	By 31 st March 2017	Executive Director of Organisational Development & Corporate Affairs	
3.4 Implement the Membership Development Strategy	Implement the Membership Development Strategy (Inclusive of Patient & Public Engagement)	<ul style="list-style-type: none"> • Representative Membership Membership numbers • Age – Increase 16-39 group • Gender – Increase number of Men • Disability • Ethnicity – Increase BME Groups 	By 31 st March 2017	Executive Director of Organisational Development & Corporate Affairs	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
4.1 Deliver the Integrated Care Organisation providing population based care		Continue to implement the integrated care programme for older people as part of the adult care programme <ul style="list-style-type: none"> • MDG early identification and multi-disciplinary care planning) • Reduce emergency attendances and admissions for adults and older people • Reduce permanent admissions to care homes • Reduce demand for planned hospital care • Deliver the Salford Locality Plan Aging Well Executive Medical Director (Standards) 	Deliver the SRFT contribution to annual improvements against the baseline <ul style="list-style-type: none"> • 26% reduction in care home admissions (from 946 to 699 per/100,000 65+ ppn) a reduction of 84 admissions against a 2011/12 baseline of 322 admissions • 19.7% reduction in non-elective admissions (from 315 to 253 per 1000 65+ ppn) • Reduce readmissions to be lower than the 2011/12 baseline of 2,062 • 26% reduction in care home admissions (from 946 to 699 per 100,000 65+ ppn) • Increase to 50% proportion of people dying in preferred place (from baseline of 41% in 2011/12) • Increase % patients who report 'living well' with dementia Local KPI's • <11 % of patients who are readmitted from intermediate care within 30 days. Applies to patients discharged from SRFT into any of the intermediate care bedded units who are readmitted into SRFT acute care within 30 days. 	By 2020/21	Director of Service Strategy and Development
		Improve service user experience through increased focus on patient and staff engagement, supported independence and self-care, and earlier neighbourhood-based interventions <ul style="list-style-type: none"> • Improve Quality of Life for Users and carers • Increase the proportion of people that feel supported to manage their own condition • Increase satisfaction with care and support provided <ul style="list-style-type: none"> • Increase flu vaccine uptake <ul style="list-style-type: none"> • Increase proportion of people that die at home/in usual residence/preferred place of dying • Improve estimated diagnosis rate for dementia 	Upper quartile position in self-reported <ul style="list-style-type: none"> • Quality of life • Ability to manage own condition • Patient experience • Increase flu vaccination uptake rate to 85% (from baseline position of 77.2% in 2011/12). • Increase to 50% (from baseline of 41% in 2011/12). • Diagnosis rate for people with dementia (local metric within GM Dementia United programme) – target to achieve diagnosis rate of 73.7% (2015/16) vs. baseline of 69.5% • Containment of growth rate for primary care prescribing, avoiding £2.5m in projected in increased costs 	By 2020/21	Director of Service Strategy and Development

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
4.3 The Development of Healthcare Groups		<p>Implement the Acute Care Collaborative (ACC) Hospital Group between SRFT & WWL to</p> <ul style="list-style-type: none"> • Develop a group governance structure and decision architecture that is agreed and implemented by the partners. • Delivery of a diagnostic capability that enables assessment of potential group members. <p>• Improve clinical outcomes, reduce variation and patient experience</p> <p>Develop digital health enterprise including</p> <ul style="list-style-type: none"> • Control Centre: dynamic capacity strategy, predictive demand modelling and delivery of early wins proof of concept projects • Clinical Decision Support: delivery of proof of concept for the selected specialties & pathways • Digital Patient Activation: delivery of agreed TASR projects • Digital Transactions: Delivery of the agreed projects for automation/digitisation • Delivery of the codification of the Leadership, QI and staff engagement model required for enabling the standard operating model • Delivery of a Corporate Service model that enables new and more productive models of delivery <p>Roll out the Group model</p> <p><i>This programme of work is subject to the success of the Vanguard Funding and specific objectives and KPI's will be developed when this is known</i></p>	<p>Enhanced patient benefit through the reliable delivery of care to standards agreed with commissioners and aligned with best practice.</p> <ul style="list-style-type: none"> • Mortality & morbidity • Avoidable harms • Improved access to services • Patient experience <ul style="list-style-type: none"> • Optimised Decision Effectiveness. • Reduced administrative costs <p>A "run rate" of expenditure that is consistent with affordability forecasts by 2020/21.</p> <ul style="list-style-type: none"> • LOS • Admissions • Re-admissions • Theatre utilisation • Demand for diagnostics • Day surgery rates • Clinic attendances • DNA rates • Back office costs • Costs of procurement 		Director of Corporate Strategy and Development

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
4.4 Develop specialist services in partnership with provider organisations		<ul style="list-style-type: none"> • Deliver the implementation of a principle receiving site for major trauma in Greater Manchester at SRFT • Provide additional capacity to effectively manage circa 500 additional MT patients to SRFT, and a further estimated 500 non-MT patients • Meet national specification for Major Trauma issues radiology reporting and rehabilitation <p>Implement the clinical model including</p> <ul style="list-style-type: none"> • A daily multidisciplinary meeting, • Expansion of the Trauma Assessment Unit and Trauma Rehabilitation • Case manager role and MDT Out-patient Clinics • Strengthening of the trauma co-ordinator role • Strengthening of geriatrician input in recognition of the increasing number of elderly trauma patients and those with co-morbidities. • Increasing theatre capacity for Spines and Orthopaedics • A 'Closed' Critical Care Unit • The inclusion of consultants from Trauma Units and Local Emergency Hospitals is also being progressed to support the TTL and orthopaedic trauma rotas. • Shared pathways with CMFT, UHSM and WWL. 	<p>Milestones</p> <ul style="list-style-type: none"> • Facilitate transfer of spinal patients ISS>15 to SRFT through' NWS pathfinder and regional spinal referral process (NORSE) • Implementation of fully functioning NWS pathfinder, 24/7 for transfer of adult major trauma triage positive patients to GMMTS @SRFT. Similarly, institute exceptional pathways to GMMTS@ CMFT, 24/7. • All patients ISS>15, not initially triaged to GMMTS through pathfinder but identified as adult major trauma at other sites to transfer to GMMTS as indirect admissions • 95% of patients with an injury severity score >15 being managed at SRFT 	<p>April 2016</p> <p>September 2016</p> <p>April 2017</p> <p>April 2017</p>	<p>Executive Medical Director</p>
		<p>Aligned to the GM Strategic Plan, the Trust is working with a number of other partner organisations to support the improved delivery of services. Priorities include:</p> <ul style="list-style-type: none"> • Radiology • Pathology & Immunology • Orthopaedics 		<p>From 1st April 2016</p>	<p>Director of Service Strategy and Development</p>

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5. Demonstrate Compliance with Mandatory Standards					
5.1 Clinical & Quality Standards	National Standards	NHSLA CQC	From 1 st April 2016		
	National KPI's - 10 Clinical Standards. <i>4 to be achieved in 2016/17</i> Progress against the other 6 expected in 2016/17	<ul style="list-style-type: none"> ● Shared decision making ● <i>Time to consultant review</i> ● MDT review ● Shift handovers ● <i>Access to diagnostics</i> ● <i>Access to Consultant-directed Interventions</i> ● Mental Health ● <i>On-going review</i> ● Transfer to community, primary and social care ● Quality Improvement 	By 31 st March 2017	Executive Medical Director	
	Other National KPI's	<ul style="list-style-type: none"> ● 95% Compliance with VTE Risk assessment ● MRSA (Zero tolerance) ● c Diff (Threshold of 21) ● Publication of Formulary ● Duty of Candour ● Never Event ● Cancelled operations 	By 31 st March 2017	Executive Medical Director	
	National CQUINs	<ul style="list-style-type: none"> ● NHS Staff and Wellbeing ● Healthy Food for NHS Staff, Visitors and patients ● Improving uptake of flu vaccinations for front line staff ● Timely identification and treatment of sepsis - emergency ● Timely identification and treatment of sepsis - inpatients ● Antimicrobial resistance and Antimicrobial stewardship – reduction in antibiotic prescriptions ● Antimicrobial resistance and Antimicrobial stewardship – empiric review on antibiotic prescriptions 	By 31 st March 2017	Executive Medical Director	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		GM KPI's - Patient Experience	<ul style="list-style-type: none"> • 90% of Complaints responded to within timescales agreed • Family & Friends Test • Inpatient Questionnaire • % of patients rating overall care as excellent • % of patients involved in decisions about care 	By 31 st March 2017	Executive Nurse
		GM KPI's - Stroke Standards	<ul style="list-style-type: none"> • Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours – 60% £100/breach • All stroke patients, where stroke is the primary diagnosis, spend at least 90% of their inpatient stay on a stroke ward • Patients are assessed by stroke consultant or stroke specialist doctor within 24 hours of arrival – 95% • Patients with acute stroke as the primary diagnosis are directly admitted to the stroke unit within 4 hours of hospital arrival • Number of Primary/District Stroke Centre Service Specification Indicators which are not being achieved 	By 31 st March 2017	Executive Medical Director
		GM KPI's - Clinical Communication	<ul style="list-style-type: none"> • Issue A&E Letter to service users GP within 24 hours of all A&E patients and all inpatients discharged from Provider premises • Issue Clinic Letter to service users GP within 5 working days of all patients discharge from Provider premises. 	By 31 st March 2017	Deputy Chief Executive
		GM KPI's - Outpatient Cancellations	<ul style="list-style-type: none"> • Provider cancellation of outpatient appointments this is about cancellation with less than 6 weeks notice and specifically cancellation in respect of admin error, annual leave, study leave, professional leave, conferences and meetings. 	By 31 st March 2017	Deputy Chief Executive

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		GM KPI's - Nutritional assessment	<ul style="list-style-type: none"> • 90% of inpatients >60yrs who undergo a nutritional assessment using a recognised assessment tool. I.e. The Malnutrition Universal Screening Tool (Must) within 48 hours of admission 	From 1 st April 2016	Executive Medical Director (Standards)
		GM KPI's - Dietetic treatment plan	<ul style="list-style-type: none"> • 90 % of malnourished inpatients >60years who have a treatment plan agree with dietetics. Treatment plan must include the goals and review dates. 	From 1 st April 2016	Executive Medical Director (Standards)
		GM KPI's - Referral to first contact	<ul style="list-style-type: none"> • Referral to first contact for each community service – 19 days 	From 1 st April 2016	Deputy Chief Executive
		GM KPI's - EOL Pathway	<ul style="list-style-type: none"> • 83% of patients on End of Life care pathway who's Preferred Place of Death (PPD) are met. 	From 1 st April 2016	Executive Medical Director (Standards)
		GM KPI's - Pharmacy visits and medicines reconciliation	<ul style="list-style-type: none"> • Pharmacy visits & Medicines Reconciled - 80% of patients who should have medicines reconciliation. Of those <ul style="list-style-type: none"> - 95% of patients with a medicines reconciliation who had that reconciliation within 72 hours - 50% of patients with a medicines reconciliation who had that reconciliation within 24 hours 	From 1 st April 2016	Executive Medical Director (Standards)
		Local KPI's Safety Thermometer All acute inpatient Service Users	<ul style="list-style-type: none"> • 95% of patients free from new harm • 95% of patients free from Catheter & new UTI • 95% of patients free from a fall with harm • 95% of patients free from a new VTE • 95% of patients free from new pressure ulcer 	From 1 st April 2016	Deputy Chief Executive

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		Local KPI's Safety Thermometer All Intermediate care (Heartley Green) inpatient Service Users	<ul style="list-style-type: none"> • 95% of patients free from new harm • 95% of patients free from Catheter & new UTI • 95% of patients free from a fall with harm • 95% of patients free from a new VTE • 95% of patients free from new pressure ulcer 	From 1 st April 2016	Deputy Chief Executive
		Local KPI's Emergency Readmissions	<ul style="list-style-type: none"> • Emergency readmissions within 30 days of discharge. (threshold agreed in line with PBR guidance at 9.79%) 	From 1 st April 2016	Deputy Chief Executive
		Local KPI's Infection Control	<ul style="list-style-type: none"> • E Coli • MSSA • Hip Replacement Infections • Knee replacement infections • Long Bone Infections • Repair to neck of femur infections • EVD • Cranioplasty 	From 1 st July 2016	Executive Medical Director (Standards)
		Local KPI's Looked after children's assessments	<ul style="list-style-type: none"> • Looked after children assessments (0-5) – Salford children looked after in Salford- 90% • Looked after children assessments (0-5) – In Salford but non Salford children-90% • Looked after children assessments (0-5) – Outside Salford but Salford children-90% • Looked after children assessments (5-18) – Salford children looked after in Salford- 90% • Looked after children assessments (5-18) – In Salford but non Salford children- 90% • Looked after children assessments (5-18) – Outside Salford but Salford children -90% • Screening of Patients with LTC for Anxiety & Depression within Heart Failure, COPD, Diabetes, Pulmonary Rehab and CAST. 	From 1 st April 2016	Deputy Chief Executive
		AQ Standards	<ul style="list-style-type: none"> • Pneumonia • Heart Failure • Acute MI • Hip and Knee 	From 1 st April 2016	Executive Medical Director (Standards)

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		Specialised CQUINs	<ul style="list-style-type: none"> • Dose banding of IV systematic anti cancer therapy • Clinical Utilisation Review • Activation System for patients with long term conditions • Highly specialised services audit (LSD) • Highly specialised services audit (Intestinal Failure) • Adult critical care timely discharge • Spinal surgery networks MDT oversight • Potential QIPP - IvIG pilot • Potential QIPP – waste in HIV drugs 	From 1 st April 2016	Executive Medical Director (Standards)
		Dental/Public Health CQUINs	<ul style="list-style-type: none"> • Dental – Consistent coding • Dental – Managed clinical networks • Diabetic eye screening 	From 1 st April 2016	Executive Medical Director (Standards)
		Local Authority CQUINs	<ul style="list-style-type: none"> • tbc • tbc 	From 1 st April 2016	Executive Medical Director (Standards)
		Local CQUINs	<ul style="list-style-type: none"> • Improving care to patients with learning disabilities • Reducing the risk of stroke and bleeds in patients who are receiving anti-coagulation therapy • Children’s CQUIN • Cancer Communications • Surgical Triage Unit – Assess to admit not admit to assess’ • ICO (1) transitions • ICO (2) delayed discharges • Medicines • Safer handover • Stroke rehabilitation 	From 1 st April 2016	Executive Medical Director (Standards)

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		Risk assessments	<ul style="list-style-type: none"> • Number of Falls risk assessments within 24 hours of admission • Number of MUST risk assessments within 24 hours of admission • Number of Waterlow risk assessments 24 hours of admission • Number of VTE risk assessments within 24 hours of admission • Hand hygiene scores 		
		Health Visiting Standards	<ul style="list-style-type: none"> • HV Face to face contact 28 weeks • HV Face to face NBV 14 days • HV 6-8 review • HV 12 month review • HV 2-2.5 year review 		
		Demonstrate compliance other clinical standards Radiology Standards Pathology Standards Pharmacy Standards Endoscopy Cancer Peer Review NICE Audits	<ul style="list-style-type: none"> • Compliance with IR(ME)R standards • IR(ME)R Incidents to be reported to RPA within 4 working days of notification of incident • CPA standards for laboratory services • MHRA standards for blood transfusion services • % of units traced for MHRA reporting • HTA standards for cellular pathology & mortuary • MHRA Licensing Standards • Medicines management strategy • JAG accreditation standards • Self and external assessment • Delivery of the National Programme 		Executive Medical Director (Standards)

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		Intermediate Care Standards	<ul style="list-style-type: none"> • % of patients readmitted from intermediate care within 30 days • cases of avoidable c diff detected by community provider • Number of cases of MRSA detected by community provider • Proportion of people 65+ still at home 91 days after discharge from hospital • % of patients on caseload that complete a patient survey • Falls prevention – annual service review responding to CQC requirements • Total number of referrals to bedded units • Total number of referrals to rapid response • Total number of referrals community rehabilitation and early supported discharge • Number of referrals to IV therapy • % of patients referred to Intermediate Care and directed to another service via single entry point • % of step downs into community services • % of step downs into bed services • % of IMC activity which is step down • Average LOS in Intermediate care beds • Average LOS Rapid response • Average LOS Supported discharge • Average LOS Community Rehabilitation • % of accepted referrals into rapid response • % of accepted referrals into bedded units • % of accepted referrals into community rehabilitation and early supported discharge • % bed occupancy • % of patients readmitted into Intermediate care • 4 patient and service user questionnaires to be completed/annum • biannual complaints thematic report • Average waiting time from referral to first community contact (Community rehabilitation) • Average waiting time from referral to first community contact (Hours) • Average waiting time from referral to first community contact (Days) 		

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.1 Clinical & Quality Standards		District Nursing Standards	<ul style="list-style-type: none"> • Mandatory Training in Infection control • Number of formal complaints received • % of staff completing mandatory training within the last 12 months • routine referrals – to first contact • caseload numbers/team • discharge numbers/team • Number of patients seen/location of contact – Home Visit • Number of patients seen/location of contact – Clinic Visit • Number of contacts requiring 2 or more members of staff/month • % of District Nursing team attending regular MDG as part of the ICP • Audit Quality of care to identify areas of improvement and action plans • Number of incidents reported • Harm free care • Grade 3 and above pressure ulcers • Community nursing team – adequate staffing • agency staffing levels • number of independent practitioners • number of patients receiving continuing NHS Healthcare package of care • Number of CHC visits/month (new patients) • Number of CHC visits/month 		
		<i>Adult Social Care Standards (to be added in year)</i>		<i>From 1st July 2016</i>	<i>Deputy Chief Executive</i>
		<i>Mental Health Standards through the subcontract with GMW (to be added in year)</i>		<i>From 1st July 2016</i>	<i>Deputy Chief Executive</i>
5.2 Financial Standards		Achieve Monitor Finance Standards	<ul style="list-style-type: none"> • Continuity of service risk rating (Planned at 2) • Normalised net surplus/deficit (Deficit planned at £4.3m) • Cash • EBITDA 	From 1st April 2016	Director of Finance

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
			<ul style="list-style-type: none"> • Capital 		
5.3 IM&T Standards		National KPI's	<ul style="list-style-type: none"> • Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS. 99% • Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS. £10 in respect of each excess breach • Mandatory returns • Information Governance • Data completeness/quality 	From 1st April 2016	Director of Finance
5.4 Access Standards		A&E Targets	<p>A&E 4 hours</p> <ul style="list-style-type: none"> • Percentage of A & E attendances where the Service User was admitted, transferred or discharged < 4 hrs of arrival at an A&E • Trolley waits in A&E < 12 hours • All handovers between ambulance and A & E must take place < 15 min with none waiting >30 • All handovers between ambulance and A & E must take place < 15 min with none waiting >60 • A&E Timeliness – Triage in 15 minutes • A&E Timeliness – Treatment in 60 minutes 	From 1 st April 2016	Deputy Chief Executive

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
		Cancer Targets	<p>14 days</p> <ul style="list-style-type: none"> • % of Service Users referred urgently with suspected cancer by a GP waiting < 2 weeks for first outpatient appointment • % of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more < 2 weeks for first outpatient appointment - 93% <p>31 days</p> <ul style="list-style-type: none"> • % of Service Users waiting < 31 days from diagnosis to FDT for all cancers - 96% • % of Service Users waiting < 31 days for subsequent treatment where that treatment is surgery - 94% • % of Service Users waiting < 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen - 98% • % of Service Users waiting < 31 days for subsequent treatment where the treatment is a course of radiotherapy - 94% <p>62 days</p> <ul style="list-style-type: none"> • % of Service Users waiting < 62 days from urgent GP referral to FDT for cancer - 85% • % of Service Users waiting < 62 days from referral NHS screening service to FDT 90% • % of Service Users waiting < 62 days for FDT following a consultant's decision to upgrade the priority of the Service User (all cancers) - 85% 	From 1 st April 2016	Deputy Chief Executive
5.4 Access Standards		18 week RTT Targets	<ul style="list-style-type: none"> • Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral – 92% • Zero tolerance 52 weeks 	From 1 st April 2016	Deputy Chief Executive
		6 week diagnostic standards	<ul style="list-style-type: none"> • Percentage of Service Users waiting less than 6 weeks from Referral for a diagnostic test – 99% 	From 1 st April 2016	Deputy Chief Executive

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
5.5 Workforce Standards		Achieve above average results in the NHS Staff survey Reduce sickness absence	<ul style="list-style-type: none"> • Friends and Family Test – achieve upper quartile • Annual Staff Survey • Sickness absence – reduce to 3.6% • Mandatory Training • Contribution Framework <ul style="list-style-type: none"> - 100% compliance for leaders - No less than 85% compliance for other colleagues 	By 31 st March 2017	Executive Director of Organisational Development & Corporate Affairs
5.6 Building and Facilities Standards			<ul style="list-style-type: none"> • Health & Safety Standards • Environmental health standards • Single sex standards • PLACE assessments • PAMS Framework 	From 1 st April 2016	Executive Director of Service Strategy & Development
6. Implement Enabling Strategies					
6.1 Research & Development Strategy		<ul style="list-style-type: none"> • Increase the R&D profile, activity and output. • Develop the R&D culture and alignment to clinical services. • Develop an integrated clinical and research workforce with increased dedicated research time and posts holding honorary research appointments with academic institutions. • Exploit and develop R&D assets including the EPR system, promoting the use of digital and 	<ul style="list-style-type: none"> • Clinical trial activity • Publications • National 30 & 70 day targets 	From 1 st April 2016	Executive Medical Director

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
		telemedicine. <ul style="list-style-type: none"> Develop partnerships with Universities, Industry and Patients. 			
6.2 Under & Post Graduate Education	Deliver Undergraduate Education	Deliver Postgraduate Teaching	<ul style="list-style-type: none"> Achieve Undergraduate University/Sector training standards Improve teaching capacity 	From 1 st April 2016	Executive Director of Organisational Development & Corporate Affairs
	<ul style="list-style-type: none"> Achieve Postgraduate training standards: (PMETB) Achieve excellent academic performance – results in examinations and assessments Achieve excellent medical student feedback Provide placements for Medical students in the Community 		From 1 st April 2016	Executive Medical Director (Standards)	
6.3 Hospital Redevelopment/ Estates Strategy	Deliver the Capital Programme <ul style="list-style-type: none"> Statutory Compliance Essential Maintenance & Asset replacement <ul style="list-style-type: none"> IM&T Investment Strategic Developments 	<ul style="list-style-type: none"> Compliance with Fire/HSE/DDA/ALL standards Theatre 9/Backlog Theatres Patients Kitchen Equipment reserve including ventilator replacement programme in critical care/PAWS/Sterile services Medical Equipment Committee priorities Minor schemes & backlog maintenance Community Premises IM&T Refresh Clinical Sciences Building (decant) 	By 31 st March 2017	Executive Director of Service Strategy and Development	
6.4 IM&T Strategy	Deliver the Key projects in the IM&T Strategy <ul style="list-style-type: none"> Trendcare Clinical Utilisation Review Tool Snowdrop Clinical systems (CRI/EEG/Pathology point of testing) 	Delivery against Project Timescales Benefits realisation measures agreed by Programme	By 31 st March 2017	Executive Director of Finance	

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
		<ul style="list-style-type: none"> • Community Projects (EPR/telephony/District Nurses/Heartly Green ordering/GP Radiology requesting) • Monika Temperature Monitoring System - (Pharmacy & Kitchens) • Theatres SMS Text reminders • Referral to treatment programme (PAS Upgrade/clinic outcomes) 			
6.4 IM&T Strategy		<p>Deliver the Key projects supporting the Trust Strategic Priorities</p> <p>ICO</p> <ul style="list-style-type: none"> • Access for staff to e-mail and systems • Salford Integrated Record (SIR) replacement • Development of a Patient Portal <p>Group</p> <ul style="list-style-type: none"> • Control Centre <p>Links with Partners</p> <ul style="list-style-type: none"> • Wigan SCM Pathology Interfaces • Trafford Care coordination centre • NORSE External referral system • MTC - documentation/flagging patients/discharge • Remora - R&D UoM Rheumatology App Project <p>Support the GM Devolution Plans</p> <ul style="list-style-type: none"> • GM GP Comms solution • PACs replacement • Pilot Digital Roadmap tools/track progress against personalised care 2020 • Support assessment and mechanisms associated with the Wachter review 	<p>Delivery against Project Timescales</p> <p>Benefits realisation measures agreed by Programme</p>	<p>By 31st March 2017</p>	<p>Executive Director of Finance</p>

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
		Support Hosted services <ul style="list-style-type: none"> • AHSN Datawell hosting • AHSN Datawell pathology feeds • Farsite • ELFS • AQuA CRM • Vector (Diabetic Retinal Screening System) 			
6.4 IM&T Strategy		Deliver the EPR development programme <ul style="list-style-type: none"> • Ward Tracking Boards • Results Acknowledgement/Notification • Discharge Summary • Clinical Analytics • Multum - Allergy checking/Drug interaction • Secure Health Messenger • MDI Medical Device Integration • Proximity Cards in ED 	Delivery against Project Timescales Benefits realisation measures agreed by Programme	By 31 st March 2017	Executive Director of Finance
		Deliver the Business Intelligence Programme <ul style="list-style-type: none"> • Infrastructure development • Service requirements • Training and awareness • KPI review • Redesign of the Reporting sharepoint site • Support the ReCAP programme 	Delivery against Project Timescales	By 31 st March 2017	Executive Director of Finance
		Deliver the Upgrade and Essential Maintenance Programme <ul style="list-style-type: none"> • Upgrades to EPR (15.3), CU14, Interface Explorer, SQL2014, Citrix Patient Flow, PAS/Patient centre, SCCM, Print server, Audiology, Theatreman, Telepath, AD, Windows server 2003, Docman EDT V9, Ascribe TPN, Community telephony, Xcelera, Microsoft office. • Printer reconciliation, PC Bootdown, Password recovery solution, Internet Access (Websense) Replacement, Encoder, Exchange archiving, SCM migration to AD 	Delivery against Project Timescales	By 31 st March 2017	Executive Director of Finance

Strategic Objective	Principal Objective	Objective	KPIs (Bold = Board level KPIs)	Timescale	Executive Lead
		<ul style="list-style-type: none"> • Medisec directory configuration • Sharepoint 2003 decommissioning, consolidation and migration • ICD10 - progression to 5th edition • Phone Directory Central Respository • Service Desk Tool Replacement • Tracemaster Demographics & Ordering Interface • SNOMED (Health issues Dictionary) 			
6.5 Deliver the Corporate & Social Responsibility & Public Health Strategy		Deliver the Corporate & Social Responsibility & Public Health Strategy	Patient & Staff Health & Well Being Social Responsibility <ul style="list-style-type: none"> • Volunteering • Community engagement • Work Placements & Career opportunities • Membership Sustainability & Environmental Impact <ul style="list-style-type: none"> • Waste • Energy Use • Carbon emissions • CO2 emissions tonnes • CO2 emissions kg/m2 • Green travel plan • Procurement – local goods/fair trade 	From 1 st April 2016	Executive Director of Service Strategy & Development