



Nottingham
University Hospitals
NHS Trust



We Listen 
We Care

Annual Plan

18/19



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Our 18/19 Annual Plan

In May, we launched our new long-term strategy which describes our ambition for the future to become “outstanding in health outcomes and patient and staff experience”.

To deliver this vision, our Trust Board has committed to six promises (illustration, right) that will form the basis of our plans over the next 10 years, which covers our patients, people (staff), places, partners, performance and potential. Underpinning the ambitions in each promise, we have agreed the milestones and actions we will take to ensure all areas of the Trust are working towards achieving our vision.

Our 18/19 Annual Plan (overleaf) sets out the quarterly actions we will take this year to successfully deliver our strategy, and demonstrate our progress towards our overall vision.

We will share with all staff and the NUH Board how we are doing quarterly against the milestones we have set spanning our 6 promises.



Patients

We will ensure our patients receive consistently high quality, safe care with outstanding outcomes and experience.



People

We will build on our position as an employer of choice; with an engaged, developed and empowered team that puts patient care at the heart of everything it does.



Places

We will invest in our estate, equipment and digital infrastructure to support the delivery of high quality patient care.



Performance

We will consistently achieve our performance standards and make the best use of resources that contribute to an affordable healthcare system.



Partners

We will support the improvement of the health of the communities we serve through strong system leadership and innovative partnerships to deliver integrated models of care.



Potential

We will deliver world-class research and education and transform health through innovation.



PROMISE 1 – PATIENTS: We will ensure our patients receive consistently high quality, safe care with outstanding outcomes and experience.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Benchmark our current clinical outcomes and develop a programme of interventions to improve performance	<ul style="list-style-type: none"> Baseline NUH performance against a suitable peer group. Identify national and international best practice to benchmark care at NUH 	<ul style="list-style-type: none"> Set goals for improvement. Develop interventions for each area of improvement with the aim to achieve upper quartile performance by 20/21 Participate in relevant improvement collaborative
2. Undertake a full review of our services against the CQC domains and implement any necessary improvements to maintain a 'Good' rating overall and improve our present score of 'Requires Improvement' to 'Good' in the Safety domain	<ul style="list-style-type: none"> Peer review to establish our performance in relation to the CQC Safety domain Identify areas of required improvement Establish Trust -wide improvement team to support areas requiring improvement. Review clinical effectiveness governance arrangements across the Divisions (incl. benchmarking) 	<ul style="list-style-type: none"> Undertake Trust-wide assessment of current performance in relation to CQC domains Develop and instigate improvement plans with intention of achieving the following CQC rating: <ul style="list-style-type: none"> Well Led – retain Outstanding Safety – Good Caring – Outstanding Effectiveness – Good Responsiveness – Good
3. Identify services we consider 'Outstanding' and develop plans to achieve this rating at the CQC review on 20/21	<ul style="list-style-type: none"> Conduct internal peer reviews into all CQC domains Develop action plans to improve areas of concern across Divisions and Corporate areas 	<ul style="list-style-type: none"> Implement action plans to improve areas of concern across Divisions and Corporate areas Implement action plans in order of priority and monitor progress via the Quality Assurance Committee (QUAC)
4. Develop a programme to improve our patient experience metrics	<ul style="list-style-type: none"> Identify baseline performance and benchmark against suitable peer group Identify best practice across the NHS and internationally. Set timescales regarding implementation at NUH 	<ul style="list-style-type: none"> Involve our patients and their families and carers in identifying priority areas for improvement
5. Develop a single NUH Clinical Services Strategy to enable reconfiguration of services to provide a more flexible bed base across both hospitals	<ul style="list-style-type: none"> Scope potential of rebasing of specialty beds across campuses to review and ensure that the specialty bed bases are right sized for the future to ensure quick and efficient inpatient pathways and use of beds In collaboration with key stakeholders and partners facilitate discussion and agreement regarding delivery of high quality Clinical services across Nottinghamshire and beyond. Identify preferred external support to develop a single NUH clinical service strategy 	<ul style="list-style-type: none"> Review Divisional plans and Corporate priorities, including stakeholder engagement to create a single overarching Clinical Services Strategy Appoint external support Undertake Divisional-level analysis of key priority areas Improve access to patients moving towards 7-day services for support services Agree high-level strategic decisions required Align strategy development with ICS priorities and the STP capital planning processes in line with nationally required timescales

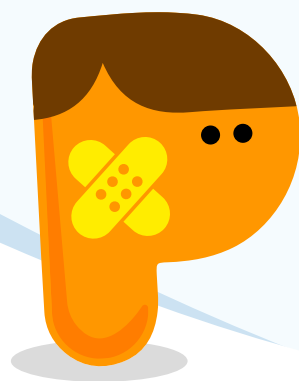
Actions

Quarter 3

- Monitor plan for interventions in each area of improvement with the aim of achieving upper quartile performance by 20/21
- Continue implementation of improvement plans
- Complete review of clinical effectiveness governance arrangements and implemented across the Divisions
- Implement action plans to improve areas of concern across Divisions and Corporate areas
- Implement action plans in order of priority and monitor progress via QUAC
- In collaboration with our PPI groups develop interventions for each area of improvement and instigate a monitoring programme
- Hold workshops and development sessions with Divisions and Boards to create a single overarching Clinical Services Strategy
- Deliver a single Clinical Service Strategy

Quarter 4

- Assess delivery of the plan against set metrics
- Review implementation plan for each area of improvement with the aim to achieve upper quartile performance by 20/21
- Continue implementation of improvement plans
- Embed and implement findings of clinical effectiveness governance arrangements across the Divisions
- Review progress against action plans in order of priority and monitor progress via QUAC
- Assess delivery of the plan against set metrics
- Review and refresh plans
- Agree governance and progress reporting to ensure strategy implementation
- Refresh Clinical Strategy at regular intervals in line with stakeholder feedback
- Continue implementation of specialty moves between QMC and City to provide better service configuration and efficient patient pathways and colocation of appropriate service



Our Patients

PROMISE 2 – PEOPLE: We will build on our position as an employer of choice; with an engaged, developed and empowered team that puts patient care at the heart of everything it does.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Improve our staff engagement through clear action plans to improve our position against other acute Trusts	<ul style="list-style-type: none"> Roadshows and staff engagement events to launch new strategy Final staff survey action plans agreed Update plan against 8 high impact areas for junior doctors 	<ul style="list-style-type: none"> New Listening forums with focus on values refresh Devise new mechanisms for valuing and recognising staff Develop guidelines for managers for on boarding new team members
2. Develop a robust workforce plan in line with the Clinical Services Strategy	<ul style="list-style-type: none"> Clear plans for development of all new / alternative roles during 18/19 Finalise plan for NHSI deep dive project on medical pay and productivity 	<ul style="list-style-type: none"> Develop workforce planning toolkit Review workforce against Model Hospital Detailed review of Allied Health Professionals workforce plans Strategic review of e- rostering and time and attendance monitoring systems
3. Improve retention across the Trust and specifically for healthcare assistants	<ul style="list-style-type: none"> Establish a Healthcare Assistant (HCA) retention forum Launch leadership development programme 	<ul style="list-style-type: none"> Pilot new appraisal scheme Launch junior doctor survey Improve HCA recruitment process Leaver and new starter surveys
4. Development of a comprehensive career development strategy	<ul style="list-style-type: none"> Talent Management forums at Divisional Leadership level Implementation of nursing talent management actions 	<ul style="list-style-type: none"> Launch career development toolkit Develop suite of career options for medics Implement positive actions to support diversity in recruitment.
5. Improve NUH reputation as a place to work and our recruitment processes to reduce our number of vacancies	<ul style="list-style-type: none"> Campaign linked to 'Hospital' programme – 70 reasons 	<ul style="list-style-type: none"> Develop Nottinghamshire campaign in conjunction with partners Launch ESR employee self-service Strengthened consultant recruitment process
6. Improve accessibility of training for all staff	<ul style="list-style-type: none"> Select provider for leadership development programme Advertise leadership apprenticeship programmes 	<ul style="list-style-type: none"> Develop e- learning implementation plan Launch leadership development programme Prepare case for improved training facilities Launch service improvement capability programme

Actions

Quarter 3

- Launch new values and behaviours
- Promote national staff survey with a 'We listened' campaign
- Implement actions to improve engagement with BME staff
- Refresh people strategy

Quarter 4

- Finalise submission for Magnet
- Review NUHonours Awards for 2019
- Develop pay progression framework in line with national guidance

- Detailed review of Junior Doctor Workforce plans for next 3 years
- Launch of job planning process for 19/20
- Implement e-leave for consultants

- Job planning for 19/10 completed
- Review workforce plans submitted for 19/20 to agree work plan

- Guidance for line managers to support staff with wellbeing
- Plan resilience support throughout winter

- Implement flexible working options as appropriate
- Review internal transfer process

- Talent Management forums below Divisional Leadership Teams
- Development programme to support Heads of Service

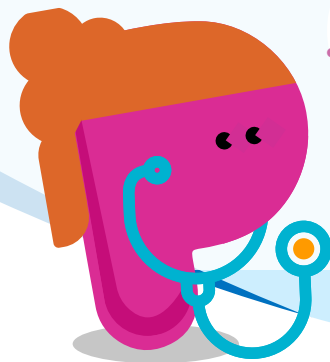
- Develop career pathways for one staff group

- Market opportunities for work experience, supported employment

- Employment Brand refresh
- Design approach to improve multidisciplinary team working

- Review provision of mandatory training

- Review of progress and new action plan to recruit new and existing apprentices for 19/20
- Design method for mandatory training assessment



Our People

PROMISE 3 – PLACES: We will invest in our estate, equipment and digital infrastructure to support the delivery of high quality patient care.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Implementation of the NUH Estates Strategy (March 2018) to improve building and infrastructure resilience and reduce critical infrastructure risk	<ul style="list-style-type: none"> • Delivery of Modular Theatres to site and commencement of internal fit out 	<ul style="list-style-type: none"> • Handover of Modular Theatres to Trust
	<ul style="list-style-type: none"> • Approval of Decant Ward Phase 1 Outline Business Case (OBC) by NUH and submission to NHS Improvement 	<ul style="list-style-type: none"> • Approval of Decant Ward Phase 1 OBC by NHS Improvement and start of FBC
	<ul style="list-style-type: none"> • Approval of City Hospital Energy Project Full Business Case (FBC) by NUH and submission to NHS Improvement 	<ul style="list-style-type: none"> • Approval of City Hospital Energy Project FBC by NHS Improvement and contract signature
	<ul style="list-style-type: none"> • Review of risks and dependencies to inform development of detailed 5-year critical infrastructure replacement programme 	<ul style="list-style-type: none"> • Development of detailed 5-year critical infrastructure replacement programme.
	<ul style="list-style-type: none"> • Scope proposal to rebase specialty beds at QMC to improve environment for our patients 	<ul style="list-style-type: none"> • Agree plans for rebasing specialty beds at QMC
	<ul style="list-style-type: none"> • Start plan for improved capacity and efficiency through Cath Lab 3 and Cardiology day case redevelopment 	
	<ul style="list-style-type: none"> • Recruitment & Training - allocate additional budget to high risk areas based on DATIX risk assessments 	<ul style="list-style-type: none"> • Recruitment process completed for Authorised Persons (AP) roles
		<ul style="list-style-type: none"> • Improved assurance for reported cleaning audits
	<ul style="list-style-type: none"> • Develop business case for expansion of critical care at QMC to mitigate growing demand and timely access for emergency and elective patients. 	<ul style="list-style-type: none"> • Organisational Strategic Outline Case (SOC) - Refresh demand modelling and review of options
	<ul style="list-style-type: none"> • Commence approval processes for the business case for Maternity and Neonatal Redesign project 	<ul style="list-style-type: none"> • Complete business case for expansion of critical care at QMC to mitigate growing demand and timely access for emergency and elective patients.
		<ul style="list-style-type: none"> • Bid for external STP capital funds for Maternity and Neonatal Redesign project

Actions

Quarter 3

- Occupation of Modular Theatres
- Detailed design for Decant Wards Phase 1
- Enabling works for City Hospital Energy Project
- Development of individual schemes within 5-year critical infrastructure replacement programme
- Implement plans for rebasing specialty beds at QMC
- Recruitment to additional cleaning hours in 'very high risk' areas to enable achievement of 2007 cleaning standards
- Rolling programme of refresher training for cleaning staff
- Production of organisational SOC
- Complete and have final sign off of the outline business case for Maternity and Neonatal Redesign project
- Urgent and Emergency Care Centre project structure developed

Quarter 4

- Completion of FBC for Decant Wards Phase 1.
- Construction started on site for City Energy Project.
- Development of individual schemes within five year critical infrastructure replacement programme.
- Review and evaluate speciality bed moves and commence plans for the new year.
- Improvement in Planned Preventative Maintenance (PPM) levels.
- Recruitment to additional cleaning hours in 'high risk' areas to enable achievement of 2007 cleaning standards.
- Improved assurance for cleaning audits.
- Internal approval of organisational SOC
- Complete design for expansion of critical care at QMC to mitigate growing demand and timely access for emergency and elective patients
- Review alternative funding strategies for the Maternity and Neonatal Redesign project
- Urgent and Emergency Care Centre Programme developed



Our Places

18/19 milestones	Actions	
	Quarter 1	Quarter 2
2. Implement our plan for medical equipment replacement to support our patient objectives	<ul style="list-style-type: none"> Commence Trust-wide needs assessment (carried out by Medical Equipment Inventory Management Group) using RAG rating. Plan for Trust wide investment in beds and mattresses, defibrillators and critical care ventilators. Plan a programme of training for senior clinical staff and SGM around medical device acquisition processes. Connected devices to feed patient data to the hospital systems e.g. MUSE for ECG records. Scope options for managed service contract for endoscopy service and commence JAG accreditation at QMC. Deliver 2nd MRI scanner at City Campus. 	<ul style="list-style-type: none"> Continue a Trust-wide needs assessment (carried out by Medical Equipment Inventory Management Group) using RAG rating Continue development plan for Trust- wide investment in beds and mattresses, defibrillators and critical care ventilators Continue with plan for connected devices to feed patient data to the hospital systems e.g. MUSE for ECG records Complete business case for inter-operative MRI for children's neurosurgery Complete business case for replacement of 3rd MRI scanner at QMC Complete business case for upgrading X-Ray Rooms (also at QMC)
3. Make progress towards becoming a Paperless Hospital and implement plans for a network infrastructure refresh	<ul style="list-style-type: none"> Applications Strategy reviewed by PHP Board OCR 9 week roll-out commenced. NerveCentre Discharge2Assess Live NerveCentre Referrals for specialty areas - Gastro, Anti-Coag, Phlebotomy. NerveCentre Version 4.4.4. 	<ul style="list-style-type: none"> DHR risk reduced as use of dual working with legacy records decreased based on clinical need Results acknowledgement process design Mobile Results Viewer Live NerveCentre, Nursing Assessments Live NerveCentre, Portering Live NerveCentre VTE Live MFD - Thin file production Electronic OP continuation sheets in Medway in Children's Hospital PDS connection Live in Medway
	<ul style="list-style-type: none"> Work streams established for Wired, Wireless, Voice, Security & Datacentre Core network appliances replaced at QMC 	<ul style="list-style-type: none"> 50% of QMC network refresh completed City Core network appliances replaced QMC fibre cabling remediation completed Cyber Security upgrades completed and active at all campuses
	<ul style="list-style-type: none"> NUH Pathology data viewable SFH Pathology data viewable Health Care Trust Data viewable Social Care Minimum Data Set testing Roadmap for further use at NUH signed off Road map for product development signed off 	<ul style="list-style-type: none"> Nottinghamshire County Council view of Care Centric Additional Clinical letters feed established Additional MIG feeds from Derbyshire, Bassetlaw considered

Actions

Quarter 3

- Publication of Asset Management Policy and implementation plan
- Implement plan for Trust-wide investment in beds and mattresses, defibrillators and critical care ventilators
- Implement connected devices to feed patient data to the hospital systems e.g. MUSE for ECG records
- Commence building works for replacement 3rd MRI scanner at QMC
- Start building works for upgrading x-Ray Room

Quarter 4

- Complete RAG rating kit to increase awareness of the high risk devices for replacement
- Continue to implement programme of training for senior clinical staff and Specialty General Managers around medical device acquisition processes
- Complete plan for connected devices to feed patient data to the hospital systems e.g. MUSE for ECG records
- Appointment to a lead equipment planning post to drive new tech forward
- Start build on interoperative MRI for children's neurosurgery
- Complete JAG accreditation at QMC
- Commence build on inter-operative MRI for children's neurosurgery
- Deliver replacement MRI at QMC
- Deliver upgraded X-Ray Room

- DHR Release 3 into Live
- NerveCentre Version 5 Live
- Bluespeir Clinical Noting Pre-Operative assessment Live
- MFD - Ad Hoc Scanning
- Deployment to adults of electronic OP continuation sheets in Medway
- NerveCentre change over to NEWS2
- MFD - Outpatient Thin File Scanning
- CPIS available via Medway PDS (rather than SCR)

- 100% of QMC network refresh competed
- Legacy Avaya/Nortel telephony system replaced with Cisco Call Manager Platform
- Patient and public 'free' Wi-Fi service enabled
- City Network upgrade commences with new fibre cable installation and replacement of all network switches and Wi-Fi access points.
- (expected to run for a further 6 months Q2 2019).

- Nottinghamshire County Council, Adult Social Care Data Feed established.
- GPRCC feed into Care Centric
- All Nottingham GP's with view access to the portal.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
	<ul style="list-style-type: none"> Market research into 'best in Klas' storage vendors with industry support to find long-list of best options for NUH 	<ul style="list-style-type: none"> Long list to short list selection and market testing
	<ul style="list-style-type: none"> Strategic direction agreed for procurement of ePrescribing. Budget agreed and allocated. 	<ul style="list-style-type: none"> Project Initiation for procurement
	<ul style="list-style-type: none"> Completion of Action Plan prior to the changes in law with effect from 25 May 2018 	
	<ul style="list-style-type: none"> Deploy new Trend Micro Cyber-security Platform. Install new Cisco Next-generation Firewalls Penetration test from CREST certified agency (Dionach) Establish Cyber-Security Expert-network contract with external agency 	<ul style="list-style-type: none"> Deploy Cisco Stealthwatch across whole network

Actions	
Quarter 3	Quarter 4
<ul style="list-style-type: none"> Procurement initiated and to complete by December (most storage vendors operate with a Jan - Dec financial year, so practical for procurement activity to coincide with this to maximise year-end discounts) 	<ul style="list-style-type: none"> Delivery of equipment to site and installation/migration of existing data-stores commences. This is anticipated to run for 6-12 months into 2019 as there will be ~1PB of data to move
<ul style="list-style-type: none"> Procurement commenced 	<ul style="list-style-type: none"> Partner selected and project Start Up
<ul style="list-style-type: none"> Review effectiveness of GDPR processes 	
<ul style="list-style-type: none"> Second Annual 'penetration test' by CREST certified agency 	<ul style="list-style-type: none"> Remediation for any 'holes' and follow-up actions from penetration test

PROMISE 4 – PERFORMANCE: We will consistently achieve our performance standards and make the best use of resources that contribute to an affordable healthcare system.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Improving performance in areas we are not meeting standards and further sustain our performance	4-hour emergency access focus <ul style="list-style-type: none"> • Completion of NUH winter planning, working with system partners, to include robust understanding of demand and capacity requirements across NUH and wider system • Agree any required reconfiguration across City and QMC to enable better flow and balance of occupancy 	4-hour emergency access focus <ul style="list-style-type: none"> • Begin preparatory actions to facilitate delivery of winter plan, including recruitment across nursing, medical and other professions • Recruitment process for additional Emergency Department (ED) consultants ongoing
	Cancer focus <ul style="list-style-type: none"> • Bid and secure regional Alliance funds for priority pathways (Lung, Prostate) • Develop business cases for additional staff and equipment funded by Alliance and highlighted within the NUH cancer action plan 	Cancer focus <ul style="list-style-type: none"> • Procure and purchase new equipment and begin recruitment process for staff to deliver transformational change across priority tumour sites • Roll-out new national CWT rules and guidance
	RTT (18 weeks) focus <ul style="list-style-type: none"> • Model impact of recovery plans, including target level, and agree contract variation with commissioners for increased activity 	RTT (18 weeks) focus <ul style="list-style-type: none"> • Implementation of recovery plans (specialty specific)

Actions

Quarter 3

4-hour emergency access focus

- Implementation of winter plan actions
- Finalise ED Consultant recruitment

Quarter 4

4-hour emergency access focus

- Delivery of winter plan

Cancer focus

- Recruit staff required to deliver agreed transformational change across priority tumour sites
- Continue with implementation of recovery plans for all tumour sites to deliver 62-ay standard

Cancer focus

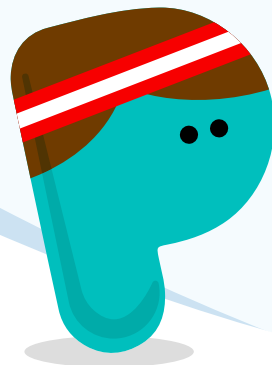
- Commence new service changes within Urology and Lung (national optimal lung pathway)
- Develop plan to support delivery of day 28 diagnostic standard (effective 2020), including appropriate internal IT infrastructure to enable accurate reporting

RTT (18 weeks) focus

- Continued implementation of recovery plans
- Modelling of activity reductions required over winter over and above agreed activity plan in light of level of assurance of system winter plan

RTT (18 weeks) focus

- Delivery of agreed activity reductions to minimise patient cancellations whilst sustaining delivery of RTT standard



Our Performance

18/19 milestones	Actions	
	Quarter 1	Quarter 2
2. Develop and implement plans to improve patient flow by reducing unwarranted variation in service delivery	<ul style="list-style-type: none"> • Incorporate the latest NHS Improvement external benchmarking & recommendations (Model Hospital & GIRFT) to challenge current ways of working to ensure services are efficient • Use internal PLICS intelligence to support transformational improvements in selected specialties • Develop Theatres Optimisation Programme and transforming outpatients including how we make best use of our theatres by standardising processes within the patient journey • Development of key improvement and capacity action plans to achieve core target performance thresholds for all services, contributing towards optimum patient flow in the Trust 	<ul style="list-style-type: none"> • Continue implementation of- NHS I external benchmarking & recommendations • Continue utilising PLICS to move from incremental to transformational improvements within financial performance. • Continue implementation of theatres optimisation programme and transforming outpatients. • Develop plans for a Short stay/23 hour unit on the city campus to provide a more flexible bed base on the city campus across cross divisional specialties for effective and efficient use of inpatient beds • Commence development of a model of care for paediatric services, focussing on day and outpatient care, reducing the need for inpatient capacity
3. Achieve financial control	<ul style="list-style-type: none"> • Sign-off Divisional budgets for 18/19 • Monitoring of FEP delivery through FEP governance • Monitoring of financial performance via monthly performance meetings with Executives • Additional executive escalation meetings (if required) • Continue CQUIN performance monitored at CQUIN steering group meetings 	<ul style="list-style-type: none"> • Monitoring of FEP delivery through FEP governance • Monitoring of financial performance via monthly performance meetings with Executives • Additional executive escalation meetings (if required) • Continue CQUIN performance monitored at CQUIN steering group meetings

Actions

Quarter 3

- Continue implementation of- NHS Improvement external benchmarking & recommendations
- Continue utilising PLICS to move from incremental to transformational improvements within financial performance
- Continue implementation of theatres optimisation programme and transforming outpatients
- Model of care for paediatric services-working with our system partners assess financial risk of moving from inpatient to outpatient/day case

Quarter 4

- Evaluate and monitor delivery of the plans to improve patient flow by reducing unwarranted variation in service delivery
- Delivery of key improvement and capacity action plans to achieve core target performance thresholds for all services, contributing towards optimum patient flow in the Trust
- Finalise business case for a Short stay/23-hour unit on the city campus to provide a more flexible bed base at City Hospital
- Model of care for paediatric services- develop communication strategy for staff and patients with new proposal

- Monitoring of FEP delivery through FEP governance.
- Monitoring of financial performance via monthly performance meetings with Executives
- Additional executive escalation meetings (if required)
- Continue CQUIN performance monitored at CQUIN steering group meetings

- Monitoring of FEP delivery through FEP governance
- Monitoring of financial performance via monthly performance meetings with Executives
- Additional executive escalation meetings (if required)
- Review and evaluate CQUIN performance monitored at CQUIN steering group meetings

PROMISE 5 – PARTNERS: We will support the improvement of the health of the communities we serve through strong system leadership and innovative partnerships to deliver integrated models of care.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Develop and implement a Partnership Strategy and stakeholder management plan	<ul style="list-style-type: none"> Undertake scoping work to assess current competitor analysis information available for various partners/ stakeholders and agree next steps to develop an evidence-based competitor analysis as part of developing a partnership strategy 	<ul style="list-style-type: none"> Identify current and future corporate and Divisional partnership priorities, reviewing these and aligning these within an overarching stakeholder management plan, considering any new requirements or realignment with regard to governance arrangements and resources
2. Refresh the PPI Strategy and stakeholder engagement plan with a focus on how we will involve and listen to patients, families, carers and the local population	<ul style="list-style-type: none"> Undertake scoping work to identify requirements and assess current systems and processes for PPI and stakeholder engagement to support delivery of the Trust's new long-term strategy 	<ul style="list-style-type: none"> Develop an integrated PPI Strategy, which will include a stakeholder engagement plan
3. Build on existing partnership foundations and deliver the actions already agreed for these key partnerships	<ul style="list-style-type: none"> Agree 18/19 plan for specialised service with Divisions Strengthen relationships with Leicester Hospitals (UHL) through the development of a joint Executive Board, with identification of priorities for focus. As part of the UHL-NUH Children's Collaborative identify priorities for focus in 18/19. Ongoing delivery of Sherwood Forest Hospitals (SFH) -NUH joint clinical service strategy Establish NUH leadership role and progress work with DNRC 1; NCSEM2 ; EMRAD3; Pathology Network 	<ul style="list-style-type: none"> Agree governance for ensuring continuous focus and delivery of the specialised service plans Agree a programme of work with UHL around priorities As part of the UHL-NUH Children's Collaborative identify priorities and implement an annual transformation plan Ongoing delivery of priorities for DNRC; NCSEM; EMRAD; Pathology Network
4. Develop and commence implementation of robust governance arrangements and a roadmap for the development of an Integrated Care System across Nottingham and Nottinghamshire	<ul style="list-style-type: none"> Appointment of external support (via ACS funding) to define current capacity and capability in ICS and ICPs, and the required functions, capacity and capabilities in ICS and ICPs Obtain legal advice on potential governance options for ICS and ICPs in Nottinghamshire Review of current ICS and ICP governance arrangements 	<ul style="list-style-type: none"> Develop roadmap for the development of an ICS and ICPs in Nottinghamshire Undertake assessment of capacity and capability required to ensure successful delivery of the proposed roadmap System paper to go to organisational boards outlining options and a proposal of a future plan for the development of ICS and ICPs in Greater Nottingham and Mid-Notts Develop recommendations for changes in governance arrangements as required

Actions

Quarter 3

- Draft a Partnership Strategy with underling stakeholder management plan
- Undertake consultation.
- Develop and embed a framework to identify, select and assess new and existing partnerships through the partnership strategy

Quarter 4

- Implement stakeholder management plan

- Consult on and finalise the PPI Strategy and implementation and monitoring plan

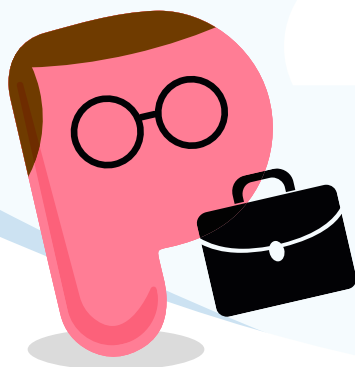
- Implement the new PPI Strategy

- Ongoing delivery of UHL plan
- Ongoing delivery of SFH-NUH joint clinical service strategy
- Ongoing delivery of priorities for DNRC; NCSEM; EMRAD; Pathology Network

- Ongoing delivery of UHL plan
- Ongoing delivery of SFH-NUH joint clinical service strategy
- Ongoing delivery of priorities for DNRC; NCSEM; EMRAD; Pathology Network

- Achieve agreement to and commence implementation of an agreed system plan to develop an ICS and 2 ICPs in Nottingham, including the implementation of new governance approaches as required

- Continue implementation of the agreed ICS/ICP plan
- Evaluate effectiveness of new governance arrangements



Our Partners

18/19 milestones	Actions	
	Quarter 1	Quarter 2
5. Understand the future implications for NUH as part of an ICS	<ul style="list-style-type: none"> Identify the insights needed at ICS, ICP and NUH level to get a comprehensive understanding of what the development of an ICS will entail Identify any additional specific expertise required to inform the potential implications for NUH as part of an ICS Arrange visits, Masterclasses and case studies to develop an understanding of the potential options and implications for NUH 	<ul style="list-style-type: none"> Identify and implement the necessary capability and capabilities to analyse options for NUH as part of an ACS and undertake detailed analysis and modelling
6. Develop a vision for acute services across Nottinghamshire through leadership of the ICS Clinical Services Strategy	<ul style="list-style-type: none"> Develop the overall framework for the clinical services strategy and relationship with STP work streams Provide outline of the key strategic issues, fixed areas in the system and priorities requiring resolution Develop phased strategy development plan and component clinical programmes Establish programme infrastructure, resourcing and advisory groups 	<ul style="list-style-type: none"> Undertake service level analysis of key system services Agree high level strategic decisions required Align strategy development and STP capital planning processes in line with nationally required timescales Undertake engagement/consultation with stakeholders in line with the phased programme
7. Develop and implement a framework for clear decision making for business development and potential new business opportunities	<ul style="list-style-type: none"> Review the existing strategic decision making tool for tenders to identify any areas for improvement Identify and review other framework models available. Consult with relevant Divisional and corporate colleagues on the proposed framework 	<ul style="list-style-type: none"> Draft a proposed framework. Implement refreshed decision making framework
8. Identify potential NHS and non-NHS business development opportunities and develop a refreshed business development strategy	<ul style="list-style-type: none"> Review the current systems and processes for the identification of commercial and business development opportunities and identify any gaps Undertake review and refresh of the existing Commercial and Business Development Strategy Work alongside the R&I team to identify collaborative opportunities Continue to progress delivery of back-office partnership working through EMSS 	<ul style="list-style-type: none"> Undertake Partner Competitive Dialogue Procurement Review the pricing and margin earned from private activity. To include insurance providers and cessation of any loss making activity Continue to progress delivery of back-office partnership working through EMSS

Footnotes

1. DNRC – Defence & National Rehabilitation Centre
2. NCSEM – National Centre for Sport & Exercise Medicine
3. EMRAD – East Midlands Radiology An Acute Care Collaboration
4. EMSS – East Midlands Shared Service

Actions

Quarter 3

- Develop an options appraisal for consideration by Finance & Investment Committee and Trust Board

Quarter 4

- Identify and source expertise required to progress shortlisted/preferred options
- Develop business case to support the proposed future role of NUH

- Complete analysis of big strategic themes
- Make choices across the strategy development plan in line with the phased programme
- Undertake engagement/consultation with stakeholders in line with the phased programme

- Make choices across the strategy development plan in line with the phased programme
- Develop delivery roadmap for the strategy and required enablers
- Undertake engagement/consultation with stakeholders in line with the phased programme

- Finalise and implement the framework

- Review and evaluate impact of new framework

- Continue to progress delivery of back-office partnership working through EMSS4

- Continue delivery of private patient activity
- Implement any changes to the systems and processes used to identify commercial and business development opportunities across the Trust
- Explore and deliver additional private patient activity adding value to the Trusts financial position
- Continue to progress delivery of back-office partnership working through EMSS

PROMISE 6 – POTENTIAL: We will deliver world-class research and education and transform health through innovation.

18/19 milestones	Actions	
	Quarter 1	Quarter 2
1. Develop an innovation plan including commercial opportunities	<ul style="list-style-type: none"> • Develop and conduct a baseline innovation staff survey • Engage NUH stakeholders and brief management Board on Innovation Factor and partnership with TrustTech • Map innovations and commercial opportunities across NUH 	<ul style="list-style-type: none"> • Review and consolidate existing patent portfolio. • Develop and implement a marketing and communications plan for the Life Sciences and medical technologies industry. • Integrate Bio banking, clinical engineering and other technology platform in commercial plan
2. Agree consistent improvement and transformation methodology to be used across NUH	<ul style="list-style-type: none"> • Undertake stocktake summary of current transformation methodologies used at NUH • Review options of potential specialist input to support review of future options 	<ul style="list-style-type: none"> • Identify and appoint preferred support to review future option
3. Develop and start implementation of a trust wide inter-professional education and training strategy	<ul style="list-style-type: none"> • Review the current NUH inter-professional education governance structures and agree the future structure 	<ul style="list-style-type: none"> • Confirm education leads and membership of committees
4. Number of patients recruited to NIHR studies > 10,000	<ul style="list-style-type: none"> • Develop a robust Divisional R&I management and governance structure • Develop flexible models for research delivery • Develop a plan for Early Phase research 	<ul style="list-style-type: none"> • Implement Divisional R&I structure • Implement flexible delivery workforce • Implement early phase plan. • Incorporation of NUH charity into Association of Medical Research Charities • Develop biomedical research system approach across ICS

Actions	
Quarter 3	Quarter 4
<ul style="list-style-type: none"> • Develop Innovation management service at NUH; extend offer to ICS partners. • Develop business plans for partnership with Quotient Sciences, Parexel and Cancer Research Facility • Develop and deliver a series of sandpit events to target large funding calls in partnership with academia and industry 	<ul style="list-style-type: none"> • Integrate national and regional innovation adoption work streams and link in to transformation and improvement methodology • Launch innovation funding call across NUH/ICS • Implement Midlands Medical technology Innovation Accelerator
<ul style="list-style-type: none"> • Develop options appraisal of potential transformational methodologies to consistently use at NUH • Decide on chosen methodology and develop plan to roll-out and embed agreed NUH approach 	<ul style="list-style-type: none"> • Deliver plan
<ul style="list-style-type: none"> • Produce a draft NUH inter-professional education and training strategy. 	<ul style="list-style-type: none"> • Stakeholder engagement to further develop and agree the NUH inter-professional education and training strategy
<ul style="list-style-type: none"> • Implement biomedical research system approach across Notts ICS • Develop research nurse specialist role • Develop clinical informatics plan • Develop financial management plan for Divisional R&I structure 	<ul style="list-style-type: none"> • Deliver Clinical Informatics plan • Deliver Divisional R&I finance plan • Deliver new clinical research facilities • Develop BRC re-bid strategy



Our Potential

