

## Performance Improvement Plan: Executive Summary

### 1 Context

This document is a distillation of the main elements of the BHRT Performance Development Plan developed in response to the requirement for all NHS organisations to produce 'improvement plans' in *Raising Standards*<sup>1</sup>.

The full Performance Development Plan will contain:

- o **Strategic overview** of areas where performance development is required (Annex A) – resulting in priority list of seven core objectives summarised below.
- o An **implementation plan** (when, how, who, how measured) to achieve the strategic overview, linked to the Trust's participation in the **Improving Hospitals Programme** (to be produced in November/December 2003)
- o A **Short-term Plan** looking at the Star Ratings and how we will retain or improve upon our 2003 assessment (Annex B)

### 2 BHRT's Seven Core Objectives

In undertaking the self-assessment of the Trust's capacity and capability to modernise services and to meet the performance standards of a three-star organisation, a number of overarching themes have emerged. These seven themes encapsulate the key areas for development and improvement during the lifetime of this plan. It will be against these that the Board will evaluate the performance of the organisation and measure our success by monitoring the Implementation Plan.

These are summarised below. The immediate actions to make discernable progress in the next nine-months on each of these objectives are outlined at 3 below.

#### 2.1 Leadership

As a large multi-site acute trust BHRT faces particular challenges that need to be addressed by strong, focussed managerial and clinical leadership.

Board and executive level leadership and cohesion needs to be developed and built upon.

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<sup>1</sup> *Raising Standards*: Improving Performance in the NHS, DoH, May 2003

Recent changes to the internal management structure, particularly the measures to improve clinical engagement, and to ensure clear roles and accountability are key to delivering this focus. Equally the behaviours of leaders and the values they project in exercising leadership on behalf of the trust, need to be consistent and beyond reproach. Leaders need to be developed and to be helped to acquire and hone the skills in this role. All leadership entails strong and clear communication.

As a major partner to a number of other health and social care organisations through a clear organisational culture the Trust needs to show strong commitment to developing these partnerships.

## **2.2 *Developing a planning and performance culture***

At a time of significant change in the wider NHS and a period of focussed change in BHRT leading up to the opening of the new Romford Hospital it is crucial that the Trust raises it's game in relation to the planning and managing of organisational change and in focussing the organisation on delivering the high-performing services that patients have a right to expect. In recent years the Trust leadership has been strong on developing ideas and strategy, but weaker on implementation and reaching closure.

In order to respond to the changing environment Trust leaders need skills in handling information to make informed decisions and in then turning that analysis into deliverable plans and action.

## **2.3 *Clinical Governance***

BHRT's CHI Clinical Governance review in December 2003/February 2004 will shape a detailed development plan that will need to be integrated as part of this overall Performance Development Plan.

In addition there are a number of service areas where for reasons of clinical governance, and longer-term service accreditation and sustainability, changes in the service model will need to be made, these include NICU, acute children's care, Vascular Surgery, Upper Gastrointestinal Surgery and potentially Urology.

Linked to the Governance agenda is the development of care pathways and greater engagement with primary care clinicians in the planning and delivery of care along the patient pathway.

## **2.4 *Patient Involvement***

Since 2001 the Trust has made good progress on developing its patient involvement strategy and beginning to address the range of needs of the diverse population it serves. Building on this base will be crucial as the trust embarks on a period of service change and potential realignments.

The trust's performance in patient satisfaction surveys in 2001/2 and 2002/3, however, was poor and addressing this will form a major part of our internal improvement programme.

Responding to better-informed patients expressing preferences and providing choice in the service options we offer will also need to be addressed.

## **2.5 Staff Involvement**

Whilst the Trust has nurtured good working relations with the local trade union and professional associations through the Joint Staff Committee, there has been limited progress on getting wider engagement of staff in developing the trust's services and in planning the way forward.

Harnessing the knowledge, skills and enthusiasm of all our staff will be key to successfully delivering modernisation and change of the scale that faces the trust in the next five years.

Linked to developing staff involvement is the need to continue to develop employment practices that support staff and meet the IWL standards.

## **2.6 Emergency Services**

The trust continues to face severe pressures on the emergency patient flows. These can be addressed by both working on internal process redesign and working with partner organisations on building capacity, managing alternatives to acute care and expediting discharge processes.

## **2.7 Training and Development**

A major cross-cutting theme emerging from the work to produce this plan has been the need for greater commitment to supporting the change agenda we face with a strong learning environment and to emphasise the need for investment in the training and development of our staff to meet the challenges ahead.

## **3 Short-term and immediate actions**

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Theme	Action	Lead	Deadline
Leadership	Board appointments (executive and non-executive) will be complete. All members will have participated in Board Development days that will ensure that all members understand the Trust's vision and values. There will be agreed standards of a culture of excellence with explicit measures at an individual and team level.	Mark Rees	March 04

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Theme	Action	Lead	Deadline
	Clinical Directors and leads will have been appointed and a bespoke development programme delivered, providing them with the necessary skills and knowledge to carry out their role effectively. Core elements of the programme will include clinical governance and service improvement.	David Evans	March 04
Developing a Planning and Performance Culture	Commissioning process, both externally and internally, will be improved in partnership with PCT's.	Nick Chatten	March 04
	Revised objectives in line with Hospital Improvement Programme with demonstrable outcomes and a process for review. Ensure plans are informed by external information, including complaints and patient and staff survey	Mark Rees	January 04
Clinical Governance /Quality Improvement	Develop a detailed plan to respond to the CHI Clinical Governance Review	Elaine Maxwell	June 04
Patient Involvement	Patients, carers and users will be actively involved in monitoring our services, through questionnaires, patient's diaries, patient and user forums	Elaine Maxwell	March 04
Staff Involvement/ Human Resources	Ensure managers are appropriately trained and actively involve their staff in improving the service they deliver	Directors	June 04
Emergency Services	Implement actions to achieve 90%+ performance on the A&E four-hour target. Implement best practice commended by the Modernisation Agency visit in conjunction with partner PCTs and LAs.	Miriam Lee	Ongoing
Training and Development	Training Development Strategy in place and being implemented. Resources for training must be adequate and focused to meet the Trust's needs, policies and agreed objectives.	David Evans	March 04

#### **4 Managing the Performance Development Plan**

The Performance Development Plan will form a regular part of the Board's agenda and performance management role. The Trust Board will receive progress reports against the seven core objectives no less frequently than every six months.

Day-to-day oversight of progress will be by the Chief Executive and Executive Directors with involvement of Clinical Directors and Leads through the established management forum.