

Corporate Objectives 2014/15

Approved at the July 2014 Board meeting

Key Deliverable	Lead Person	Measures of Success	Progress at November 2014
Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience			
To comply with Care Quality Commission and Monitor requirements to maintain license to practice	Chief Executive Officer	Maintain licence to practice and remove any conditions set upon license to practice through achievement of action plans Quarterly reports to the Board on compliance Development and implementation of plan to prepare for the new CQC regime	Fully compliant Preparation plan undertaken – all areas have undertaken self-assessment and had peer reviews. Each has an action plan and further preparation is planned in the second half of the year
To ensure sustainable delivery of national standards and targets and CQUIN targets	Divisional Directors	Achievement of all standards and targets on an on-going basis Achievement of 100% CQUIN target Review of performance at every Trust Board	Performance generally on track. Cancer targets and VTE have shown recent improvement
Priority Objective 1 - To improve the quality of care on wards across all hours of the day and days of week	Director of Nursing and Patient Experience Medical Director	Ensure CQC standards are met and maintained Improvement against nurse sensitive indicators of quality across all wards: <ul style="list-style-type: none"> • 10% reduction for grade 2-4 pressure ulcers against 2013/14 outturn • 10% reduction in falls per 1000 bed days against 2013/14 outturn Strengthened out of hours working across the Trust by ensuring that the patients move through their care pathway efficiently, that interventions are not delayed and that escalation of care is as effective out of hours as in hours. Measures: <ul style="list-style-type: none"> • Reduce delayed transfer of patients after 8 pm between wards • Increased discharges at weekends Baseline figures will be set in Q1 and trajectory agreed	CQC Standards – fully compliant on most recent inspections. 10% reduction unlikely given spike in pressure ulcer numbers in October 2014 Falls marginal reduction (<2%) per 1000 bed days. Trust part of NHS Quest workstream to assist reductions. Out of hours plan in place supported by project management.

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To refresh the Quality Strategy	Medical Director and Director of Nursing and Patient Experience	<p>Refreshed quality strategy</p> <p>Implementation of 2014/15 action plan</p> <p>Every member of staff is aware of the quality goals</p> <p>Effective mechanisms for patient engagement</p> <p>Evidence of action taken in response to patient feedback</p>	<p>Plan in place for refresh of Quality Strategy which will be used as vehicle to refresh quality goals. Planned completion has been moved from November 2014 to January 2015.</p> <p>Process now in place to collect and use volunteer feedback as part of patient engagement mechanism.</p> <p>Patient Assembly now formally ceased in favour of Quality Improvement volunteers group.</p> <p>Healthwatch relationships improved through regular forum.</p> <p>'You said, we did' campaign in place across Trust. Evidence of action in response to food concerns progressing.</p>
To implement the revised administrative structure function and processes to improve the patient and GP experience with the hospital	Deputy Chief Executive	<p>Roll out of Patient Pathway Co-ordinator – by March 2015</p> <p>All outpatient and discharge letters to GPs within 5 days – by end of September 2014</p> <p>Access policy to be revised and effective new structure – by September 2014</p> <p>Reduction in DNAs by 5% by March 2015</p>	<p>On track – Resource review completed, process mapping and SOP underway in specialties. Standard SOP updated. Preparation for roll out has started in General Surgery, Gynae, ENT and Specialist outpatients.</p> <p>Some slippage however wards and day processes are mapped where known and new printing processes have commenced and this is being picked up as part of the Administration Improvement Plan.</p> <p>Completed.</p> <p>Text message reminder system implemented. DISCO report being</p>

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		<p>Review of all patient information letters by October 2015</p> <p>Implement a Customer Care training programme for all administrative staff – by March 2015</p>	<p>piloted to show available slots for reutilisation. Inpatient, day case and pre-assessment letters have been reviewed internally and by patients. Next steps will be to go live with these in December and then review appointment letters and structure of clinical letters in January.</p> <p>Ongoing training programme on policy, process and use of IT completed as has the pilot for customer care training. Next steps will be develop the full training programme for PPC and for customer care and to then roll it out.</p>
To address quality of care issues associated with the environment through implementation of year one of the Trust Estates Strategy	Deputy CEO	Develop detailed implementation plan Delivery against key milestones once implementation plan agreed	See paper to Board
To work towards paperlight using information technology and record management across the Trust.	Deputy CEO	Implementation of E-prescribing Implementation of clinical documentation Implementation of some device integration Increasing electronic links with GPs	<p>Significant progress made on all medical wards, A & E and AAU implemented. Surgical wards, AOD and theatres currently in implementation phase.</p> <p>With regard to links with GPs optimisation of patient electronic record</p>
To deliver year 1 of the dementia strategy	Director of nursing and patient experience	Implementation of 2014/15 action plan	Year 1 action plan progressing well year to date. HSJ Award has increased Trust profile on subject. Dementia fundraising campaign launched – this additional funding is key to some aspects of the strategy.

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Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients			
To ensure all our staff are up to date with core (mandatory) training, have clear	Deputy CEO	80% of staff to have had an appraisal and agreed objectives and a personal	87% of staff have undertaken appraisal. Red rated services lines are

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objectives, regular appraisal and a personal development plan reflecting our values		<p>development plan (PDP) by the end of June 2014 and 90% by September.</p> <p>All doctors appraisals and revalidation is undertaken</p> <p>All staff are formally evaluated against the Trust values as part of the annual appraisal process</p> <p>All managers have feedback on their people management skills from their staff and have the results built into their PDP</p> <p>80% of staff up to date with their mandatory training</p>	<p>setting dates for staff appraisals</p> <p>Need update from Jane see what she gave for BAF</p> <p>Undertaken as part of appraisals</p> <p>Undertaken as part of appraisals</p> <p>66% of staff have undertaken mandatory training. The introduction of the training booklets has enabled staff to complete their training. We are ensuring further distribution to wards and other low scoring areas to help staff achieve this objective. Service lines and Department managers showing red have been emailed and asked to target non-compliant members of staff to access the mandatory training booklets via the intranet home page. Global emails have been sent asking staff to access the mandatory training booklets and also advertising dates and availability for fire training. The Performance Review meetings will monitor performance and Divisional Directors, supported by the HR Managers, will ensure completion.</p>
To eliminate the need for agency staff	Director of Workforce	<p>All service lines and other areas of high turnover to have a strategy/plan to address this e.g. healthroster utilised for rotas and agency controls embedded in the system. To develop a measure that can accurately monitor turnover/stability and then agree an appropriate target 50% reduction of nursing</p>	<p>Actions to reduce nursing agency usage are concentrating on the rapid recruitment process to reduce vacancies , as well as escalated controls on booking agency, better management of rostars, continuing pressure to reduce days lost through</p>

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		agency usage - by April 2015 Expansion in the number of registered bank staff Reduction of the vacancy rate to 5% - by April 2015	sickness by ensuring effective management of short term and long term sickness and challenge to service line managers on whether agency usage could be met through better use of bank. Measure to monitor turnover/stability has been agreed. Overseas recruitment has taken place in Spain and Portugal and further recruitment is taking place in Philippines. A successful recruitment open day took place in November.
To refresh the workforce strategy	Director of Workforce	Developed and agreed workforce strategy – by March 2015	Workforce strategy is being developed through the workforce committee.
To ensure that the Trust recruitment function is fit for purpose	Director of Workforce	Service level agreement created, agreed and monitored. SOPs are developed for all recruitment processes. KPIs are agreed, monitored and achieved. An end to end recruitment system is purchased and fully utilised – by March 2015	SLA has been agreed after consultation and is about to be issued and KPI's agreed. An end to end recruitment system has been implemented.
Priority Objective 2 - To strengthen the engagement of staff across the organisation through the effective adoption of service line management	Chief Executive Officer	80% of service lines functioning autonomously by March 2015 Improvement in engagement scores on the staff survey in February 2015	Seven service lines now accredited.

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Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.			
To work closely with other providers in the local health economy, in SW London and beyond to deliver demonstrable benefits for our patients and to continually improve the health and wellbeing of the local population	Chief Executive Officer	Contribution to the Local Education Training Board (LETB), ensuring the DGH voice is heard Delivery of Pathology Programme Contribution to the strategic development of South West London To develop partnerships further with other	KG attend LETB board meetings and contributes to decision making Pathology programme underway and delivering a high quality pathology service through transition. The Trust has contributed to

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		local providers	“challenged health economy process” and is contributing to the work underway as a result of this. Partnerships with local community, mental health and primary care partners have been strengthened by the BCF and Whole system transformation project
To implement year 1 of the commercial strategy	Director of Strategic Development	Delivery of agreed commercial strategy action plan for 2014/15 Development of commercial strategy scorecard to monitor performance Increased market share in targeted areas Implementation of agreed stakeholder engagement action plan for 2014/15	Quarterly update on progress against the commercial strategy action plan provided at Strategy Committee July and November 2014. Majority of actions complete or on track. Market share reports reviewed quarterly at Strategy committee. Increases in activity and market share seen in urology, plastics and gynaecology in line with plans comparing Jan-Jul 14 with Jul-Dec 13. Implementation of stakeholder engagement plan underway and reviewed quarterly at Strategy Committee
To work with commissioners and other partners on pathway redesign to support the Better Care Fund agenda	Deputy Chief Executive	Identify and agree key pathways for redesign Implementation of agreed pathways e.g. frail elderly	Good progress made with Kingston CCG and CSU. The Trust is gathering evidence for further discussion in December 2014.
To embed the work of the council of governors and embed governance arrangements so that value is added and understood by the governors, the organisation and stakeholders	Head of Corporate affairs	Embedding of the work of the COG sub committees – by September 2014 Annual self-assessment by the COG and its sub committees and action planning to address gaps – April 2014 Embedding the output from the governor involvement strategy – by November 2014 Development of mechanisms for governors to engage more effectively with constituencies, working with the communications team – June 2014 Successful election process to be finalised by November 2014 and new governors (if appointed), inducted – by January 2015	Two committee self-assessments due for discussion at the October COG and the remaining two at the December COG. Two externally facilitated seminars have taken place on engagement with the membership and holding the NEDS to account. A paper on this in terms of output and proposals for next steps was taken to the COG in October. All arrangements in place for the elections which are on track to

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			<p>complete at the end of November.</p> <p>Governor involvement matrix agreed by committee and COG. Events attended during the summer and member recruitment carried out once a month on site.</p> <p>Four members health events held by end of September and three more planned for 14/15.</p> <p>Successful open day held with more than 700 attendees. Governors were present and helped recruit members. Volunteering action plan is being implemented and successfully bid for NESTA money.</p> <p>Dementia appeal has launched, with formal launch planned for end of November.</p>
To develop and embed the full involvement of the community in the running of the hospital	Head of Communications	<p>Programme of events and engagement developed and implemented by Membership and Involvement Committee</p> <p>Members involved in key volunteering projects and fundraising initiatives</p> <p>6 members health events during 2014/15</p> <p>Members form part of key patient initiatives and developments</p> <p>Implementation of 2014/15 action plan for the agreed volunteers strategy</p> <p>Implementation of 2014/15 action plan for the agreed fundraising strategy</p>	<p>Year 1 volunteering strategy progressing well. NESTA funding awarded.</p>

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Strategic Objective 4 – To deliver sustainable, well managed, value for money services			
To deliver the 2014/15 financial plan	Divisional Directors	<p>Achievement of Trust's agreed control total</p> <p>Monthly reports to Trust Board, I&E balance</p>	<p>Finances broadly on track, especially on expenditure. Action is required to bring income into line with plan and there is a significant increase due to back loaded</p>

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		Achievement of agreed CIPs for each of the Trust's divisions and corporate areas	CIP plans that will need to deliver in the second half of the year
To provide quality and timely management information to support the effective adoption of service line management	Director of Strategic Development & Director of Finance	Balanced scorecards developed and populated for all service lines Fully developed recharging mechanism for indirect costs and overheads	Balanced scorecards developed and populated for each service line with on-going refinement planned
To deliver the Trusts productivity programme that supports delivery of a balanced long term financial plan for the Trust	Productivity Director	Detailed one year programme, and overarching five year programme, in place to support delivery of the IBP, refreshed and updated as part of the annual planning cycle. Programme includes Quality and Equality Impact Assessments of proposed plans Delivery of productivity programme, including cross-cutting schemes, to reduce waste and inefficiencies whilst maintaining or improving service quality Regular monitoring of impact through clearly identified KPIs, to ensure the programme does not have a detrimental impact on quality or safety Effective PMO arrangements to provide assurance on programme delivery to plan. Including early identification of potential blockages, with mitigating actions agreed and delivered to ensure the plan remains on track	Plan in place for majority of the programme and programme on track to deliver
Priority Objective 3 - To ensure there is an up-to-date five year plan for the Trust	Director of Strategic Development	Development of strategies for each Service Line Refreshed Trust five year business plan, including capital and investment programme	Framework for service lines circulated and strategies developed in line with the project plan Five year strategic plan completed and submitted to Monitor June 2014