

Corporate Objectives 2015/16

Trust Board	Item: 18
25th May 2016	Enclosure: N
Purpose of the Report: To provide an overview of the achievement of Corporate Objectives set by the Trust Board for 2015/16	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Legal / Regulatory / Reputation Implications:	None
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	Executive Directors
Recommendations: The Trust Board is asked to note the progress made in achieving strategic objectives through the corporate objectives set for 2015/16.	

Corporate Objectives 2015/16

1. Introduction

- 1.1. This report provides a final overview of achievement of Corporate Objectives set by the Trust Board in June 2015. Appendix 1 provides the detail behind the executive summary shown in the body of the report under each strategic objective.
- 1.2. Corporate objectives for 2015/16 were developed during the period November to December 2014 and first approved by the Trust Board in January 2015 for the financial year ahead. The objectives were subsequently reviewed in the light of changing priorities at the start of the year and the final version of the objectives, referenced in this report in Appendix 1, was agreed by the Board in June 2015.
- 1.3. From early July 2015 until the end of the financial year the Trust Board experienced a period of turnover in the roles of Chief Executive, Deputy Chief Executive/Chief Operating Officer and Director of Workforce. The remaining Executive Directors were called upon to act up in the vacant roles until interim appointments could be made and therefore lead responsibility for achievement of each of the corporate objectives shifted amongst the Executive Directors during the year according to the skills available within the team in post at the time. Appendix 1 shows the lead Directors responsible for achievement of each objective from September 2015. The Trust announced substantive appointments made to the posts of Chief Operating Officer from 1st April 2016 and Chief Executive from 1st May 2016.
- 1.4. Against a backdrop of challenging financial circumstances in the NHS and national growth in demand for emergency services, the FT regulator Monitor (now NHS Improvement) opened a formal investigation into the Trust's finances and A&E performance. The investigation was closed without formal regulatory action being taken. The Trust has continued to have informal engagement with Monitor (now NHS Improvement) on improvement plans and progress reporting. In early January 2016, the Care Quality Commission carried out a scheduled full inspection but publication of the final report has not yet taken place.

2. Summary

Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience

- 2.1. There was substantial achievement of the corporate objectives in this significant area but only partial achievement in improvement of patient administration, which will continue as a key focus of 2016/17.
- 2.2. The independent review of governance against the Well-Led framework concluded that the Trust is well led by the Board, that governance processes and structures are sound and that they appear to be working well. The reviewers particularly felt that patient safety and quality is the Trust's priority.
- 2.3. The Trust performed well against most operational targets. In particular, it had excellent 18-week referral to treatment performance, low levels of hospital acquired infections and performance against cancer access standards improved significantly over the year. Accident and Emergency (A&E) waiting times were below target, although a comprehensive action plan improved performance in the second half of the year.

- 2.4. Year 2 of the Dementia Strategy was implemented and the Trust was recognised for its work on dementia, being highlighted as a positive case study of dementia care in the Alzheimer's Society report 'Fix Dementia Care'. The results of the PLACE Inspection highlighted room for improvement in relation to the environment for patients which will be a key focus for 2016/17.
- 2.5. Year 2 of the Estates Strategy was addressed key quality of care issues associated with the environment. Works completed include the replacement of the windows and associated external works to Esher Wing. Refurbishment of the main outpatients department did progress according to plan and a revised plan for completion in 2016/17 is now being progressed.

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

- 2.6. The two corporate objectives under SO2 covered multiple strands of activity and progress was made on the majority during the year, although neither was fully achieved as initially described.
- 2.7. Investments made had a positive impact on recruitment and retention with a significant reduction in vacancy rates and early indications from the Staff Survey for 2015 suggest an improved position for the Trust. Investment included international recruitment campaigns, more practice development nurses to support new recruits, the Kingston Positivity Programme and training on a coaching approach to 1:1s and appraisals.
- 2.8. There is more to do in 2016/17, with a corporate objective (SO2/CO5) agreed by the Board to improve the experience of all staff members in the Trust, and in particular Black, Asian and Minority Ethnic (BAME) groups.

Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.

- 2.9. Progress in this area is rated as fully achieved when measured against the criteria set for the corporate objectives at the start of the year. There was significant change in the Trust's operating landscape during 2015/16, which is principally covered under this strategic objective, with developments emerging that were not on the horizon when the corporate objectives were set. In response, the Board accepted a recommendation of the Well Led review and disbanded its Strategy Committee in favour of devoting a greater proportion of its time to discussing strategy as a full Board.
- 2.10. The Trust worked in partnership with Kingston CCG and local providers to develop a new integrated model of care for adults requiring care and support (Kingston Co-ordinated Care) and supported the live testing of the model.
- 2.11. The Trust was selected by Richmond CCG as one of four Most Capable Providers to develop proposals to provide out of hospital services through OBC. The four providers submitted a response to the Invitation to Submit Detailed Proposals in January 2016 and are now developing a programme of work to transition to the new model.

- 2.12. In July 2015 the Trust agreed to become part of an Accountable Clinical Network for Cancer Services in West London to improve the integration of services across the entire pathway.
- 2.13. The Trust has contributed fully to the development of the Sustainability & Transformation Plan for SW London, due to be agreed by all contributors across the local area in July 2016.

Strategic Objective 4 – To deliver sustainable, well managed, value for money services

- 2.14. Despite 2015/16 being a challenging year financially, the corporate objectives under SO4 were substantially achieved. The formal investigation launched by Monitor into the Trust's finances was closed with agreement to continue informal engagement over delivery of the recovery plan. The Trust has kept in close contact with NHS Improvement as the plan was revised to take account of in-year events such as the industrial action by Junior Doctors.
- 2.15. Achievement of Cost Improvement Plans (CIPs) at the year end was at 90%. The main area of non-delivery related to Cost Improvement Plans in emergency services and specialist services (trauma and orthopaedics) due to schemes identified at the planning stages proving to be undeliverable in practice. Support has been provided to these service lines to develop recovery plans and mitigate the impact as far as possible.
- 2.16. Whilst the Well-Led review recognised good practice in performance management through service lines, the Trust will take the opportunity to undertake a review of service line management and supporting infrastructure in 2016/17 to identify any areas for potential refinement or improvement.

3. Conclusion

- 3.1. The Trust faced a challenging year in 2015/16 on a number of fronts but despite this significant achievements were made in operational and financial performance, in working with partners across the whole system and in addressing workforce issues. The Well-Led review report acknowledged as a sign of strong leadership that stability within the Trust was maintained despite the challenges faced.
- 3.2. The corporate objectives for 2016/17 agreed by the Trust Board at the last meeting take account of the priority improvement areas to be carried forward. These include patient administration, developing electronic medical records, transforming delivery of healthcare across local providers and improving efficiency within the Hospital. A review of the agreed objectives will take place once the CQC publishes its report on the inspection carried out in January 2016.

Achievement of Corporate Objectives 2015/16 – Detailed Progress Report

Key Deliverable	Lead Person	Measures of Success	Progress
Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience			
1. To comply with Care Quality Commission and Monitor requirements to maintain license to practice	Chief Executive Officer	<ul style="list-style-type: none"> a) Maintain licence to practice and remove any conditions set upon license to practice through achievement of action plans b) Quarterly reports to the Board on compliance c) Development and implementation of plan to prepare for CQC visit, receive the inspection and respond to its findings. d) To commission and implement an external review against the 'Well Led' Governance Framework and develop and implement an action plan in response to its findings. 	<ul style="list-style-type: none"> a) Achieved. Monitor investigation closed without regulatory action. b) Achieved. Quarterly reports were received by the Board. c) Achieved as far as possible within the year. Plan developed and implemented. CQC visit took place in January 2016. Inspection report not received within the year but no immediate concerns were raised. Objective carried forward to 2016/17 to respond to actions arising from the report. (SO4/CO13). d) Achieved as far as possible within the year. Well Led review commissioned and carried out with report received January 2016. Action plan agreed March 2016. Objective carried forward to 2016/17 to complete action plan (SO4/CO13).

<p>2. To ensure sustainable delivery of national standards and targets and CQUIN targets</p>	<p>Divisional Directors/Director of Nursing and Patient Experience</p>	<p>a) Achievement of all standards and targets on an on-going basis</p> <p>b) Achievement of 80% CQUIN target</p> <p>c) Review of performance at every Trust Board</p>	<p>a) Partially achieved. Performed well against most operational targets: excellent 18-week RTT; low levels of hospital acquired infections; cancer access standards improved significantly over the year. A&E waiting times were below target but improved in the second half of the year.</p> <p>b) Achieved.</p> <p>c) Achieved.</p>
<p>3. To implement year 2 of the dementia strategy</p>	<p>Director of Nursing and Patient Experience</p>	<p>a) Make improvements to the ward environment.</p> <p>b) Develop plans for simulation training staff in dementia by October 2015</p> <p>c) Extend activities programme to enable reminiscence therapy on all wards by September 2015</p> <p>d) Identify and monitor key harm levels (e.g falls, pressure ulcers in patients with dementia as precursor to targeted safety improvement programme) by December 2015</p>	<p>a) Achieved as planned. Further development carried forward to 2016/17 (SO1/CO1).</p> <p>b) and c) Achieved, but with variation from original plan as it was not possible to deliver simulation training as intended, however other proposals were approved and a new post to support improvements in dementia was created.</p> <p>d) Achieved. Further improvements planned in 2016/17 under SO1/CO3.</p>
<p>4. To ensure an active quality improvement programme</p>	<p>Director of Nursing and Patient Experience and Medical Director</p>	<p>a) Clear vision for quality improvement that is in place and understood across organisation by November 2015</p> <p>b) Kingston model for quality improvement developed and in place</p>	<p>a) Achieved</p> <p>b) Achieved</p>

		<p>by November 2015</p> <p>c) Demonstrable improvements from at least 4 quality improvement projects by March 2016</p> <p>d) Make quality improvement training available to staff by January 2016</p>	<p>c) Achieved</p> <p>d) Achieved</p>
5. To review and restructure cancer services to ensure high quality care for our patients	Medical Director	<p>a) Clear vision for how cancer services will be led</p> <p>b) Administration of cancer embedded in service lines</p> <p>c) Effective engagement in LCA on all levels</p> <p>d) Specific pathway redesign</p>	<p>a) b) and c) Achieved. The Trust's Cancer Strategy was developed providing a clear vision for how cancer services will be led.</p> <p>d) Achieved. Pathway redesign for specific tumour groups has been completed and will continue to be implemented.</p>
6. To address quality of care issues associated with the environment through implementation of year two of the Trust Estates Strategy	Director of Finance	<p>a) Delivery against key milestones for the Window Replacement Project</p> <p>b) Delivery against key milestones for the Outpatients Project</p> <p>c) Delivery against key milestones for the Pipework Project</p>	<p>a) Achieved. Esher Wing windows replaced to planned timescale and budget.</p> <p>b) Not achieved. OPD project not delivered as planned due to contractual difficulties. Phase one has a revised implementation plan. The contract for phase two is to be re-let.</p> <p>c) Achieved.</p>

<p>7. To work towards paperlight using information technology and record management across the Trust.</p>	<p>Medical Director</p>	<ul style="list-style-type: none"> a) Implementation of E-prescribing b) Implementation of clinical documentation c) Implementation of some device integration d) Encouraging electronic links with GPs Practices through DOCMAN 	<ul style="list-style-type: none"> a) Achieved. b) Achieved c) Achieved d) Achieved as planned - Electronic links with GPs systems increased. Objective carried forward to 2016/17 under SO3/CO8.
<p>8. To transform administration across the hospital</p>	<p>Interim Chief Operating Officer</p>	<ul style="list-style-type: none"> a) Key KPI's met b) Letter turnaround time – 80% to be within 5 days c) Clinic cancellations - reduced to 10% d) DNA's – reduced to 10% e) Complaints – reduced by 50% f) Patient pathway co-ordinator model embedded and working effectively in each service line g) Review of options for patients to access admin remotely (eq. remote booking) undertaken and implementation plan underway h) Improved FFT outpatient score 	<p>Not achieved. There was some progress against the improvement plan for patient administration in 2015/16, particularly in relation to implementing the patient pathway coordinator model in each service line. However, progress overall was below expectations and this will be a key area of focus for 2016/17 under SO1/CO2.</p>

<p>9. To implement the Trust's plans to improve quality of care in line with the London Quality standards</p>	<p>Medical Director and Director of Strategic Development</p>	<ul style="list-style-type: none"> a) All paediatricians appointed by June 2015 b) Agree funding for investments required by Monitor by July 2015 c) Morning ward rounds on all medical wards 5 days a week by end of July 2015 d) Implementation plan for agreed investments agreed by October 2015 e) Emergency surgeons appointed by July 2015 f) All paediatricians in post by October 2015 g) Emergency surgeons in post by November 2015 h) Maternity business case approved 	<p>Partially achieved. A range of initiatives were implemented to support the achievement of the London Quality Standards (LQS) including the delivery of 7-day working. However, as part of the recovery plan the Trust agreed not to fund some of the planned investments and led non-delivery of some milestones.</p>
<p>10. To redesign the medical workforce and processes to ensure efficient patient flow through the organisation</p>	<p>Interim Chief Operating Officer</p>	<ul style="list-style-type: none"> a) Agree a robust recruitment and retention strategy for middle grade ED posts with HR, to include innovative methods of recruiting and personal development plans to retain staff. b) Develop further plans for recruitment in the service lines 	<p>Partially achieved. Progress was made with recruitment to ED posts but the market remains challenging. Recruitment and retention have been carried forward as objectives for 2016/17 under SO2/CO4.</p>

Key Deliverable	Lead Person	Measures of Success	Progress
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			
<p>11. To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values</p>	<p>Director of Workforce</p>	<p>a) 80% of staff to have had an appraisal and agreed objectives and a personal development plan (PDP) by the end of June 2015 and 90% by September.</p> <p>b) All doctors appraisals and revalidation is undertaken.</p> <p>c) All staff are formally evaluated against the Trust values as part of the annual appraisal process.</p> <p>d) All managers have feedback on their people management skills from their staff and have the results built into their PDP</p> <p>e) 80% of staff up to date with their mandatory training.</p> <p>f) Prepare for and implement requirements of nursing and midwifery revalidation in line with national implementation timelines</p>	<p>a) Not achieved. Completion rate at year end was 85%.</p> <p>b) Target met.</p> <p>c) Partially achieved. The APD format highlights how to evaluate against the values but without full participation this measure cannot be met.</p> <p>d) Achieved. Electronic survey system implemented.</p> <p>e) Achieved (87% at year end).</p> <p>f) Achieved.</p>

12. To increase staff retention by creating an environment where staff feel valued, supported and can develop, grow and thrive	Director of Workforce	<ul style="list-style-type: none"> a) Measurement mechanisms show an improvement in staff satisfaction and motivation levels. b) Improvement in 2015 staff survey results from baseline of 2014 results. c) Vacancy at 8% or less d) Turnover reduced to 15% e) Sickness maintained in top quartile f) Agency usage reduced by 10% 	<ul style="list-style-type: none"> a) and b) Achieved. Initial indications from the Staff Survey results for 2016 suggest an improved position for the Trust but there is more to do throughout 2016/17. c) Achieved. 6.03% at year end. d) Not achieved (22.13%), although the trend was reducing slightly over Q4. e) Achieved (2.42%) f) Achieved (1.68% from 17.2% at the start of the year).
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Key Deliverable	Lead Person	Measures of Success	Progress
Strategic Objective 3 - To work creatively with our partners (NHS, commercial and community/voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.			
13. 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	<ul style="list-style-type: none"> a) Contribution to the Local Education Training Board (LETB), ensuring the DGH voice is heard b) Contribution to the strategic development of South West 	<ul style="list-style-type: none"> a) Achieved. Meetings attended. b) and c) Achieved. The Trust worked collaboratively with partners across

		<p>London</p> <p>c) To develop partnerships further with other local providers</p>	<p>South West London, as part of the Acute Provider Collaborative, the wider South West London and Surrey Downs Healthcare Partnership and most recently in developing the Sustainability & Transformation Plan.</p>
<p>14. To implement the commercial strategy</p>	<p>Director of Strategic Development</p>	<p>a) Delivery of agreed commercial strategy action plan for 2015/16</p> <p>b) Delivery of increased market share in targeted areas</p> <p>c) Implementation of agreed stakeholder engagement action plan for 2015/16</p>	<p>a) Achieved. Action plan delivered including progression of Richmond OBC, successful bid to provide community ophthalmology, delivery of key income schemes and targeted private patient revenues</p> <p>b) Achieved. Overall increase in market share for 1st outpatient appointments</p> <p>c) Achieved. Delivery against year 2 of the volunteering strategy progressed well and the Trust is now supported by 1,000 volunteers compared with 350 before implementation of the strategy.</p>
<p>15. To work with partners to improve the care of the frail elderly across the local health economy</p>	<p>Interim Chief Operating Officer</p>	<p>a) Progress proposals for discharge to assess as part of the whole system working</p> <p>b) Seek out ways of working more closely with GP's</p> <p>c) Implement integrated models eg. use of community geriatricians/geriatrician of the day</p> <p>d) Develop partnership with other providers – community and</p>	<p>a) Progressed as planned.</p> <p>b) Progressed as planned.</p> <p>c) Progressed as planned.</p> <p>d) Progressed as planned.</p>

		<p>mental health – to support improved care for the frail elderly across the catchment population</p> <p>e) Strengthen relationships with the Health and wellbeing board</p>	e) Progressed as planned.
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Key Deliverable	Lead Person	Measures of Success	Progress
Strategic Objective 4 – To deliver sustainable, well managed, value for money services			
16. To deliver the 2015/16 financial plan	Director of Finance/Divisional Directors	<p>a) Achievement of Trust's financial plans</p> <p>b) Monthly reports to Trust Board or FIC</p> <p>c) Achievement of agreed CIPs for each of the Trust's service lines and corporate areas</p>	<p>a) Achieved. Financial plans achieved in line with recovery plans agreed with Monitor.</p> <p>b) Achieved.</p> <p>c) Partially achieved. 90% at year end.</p>
<p>17. To develop a clear recovery plan that focuses on</p> <p>a) Elements within the Trust's control that will deliver more in 2015/16</p> <p>b) Driving the external elements that will deliver more through collaboration and alliances within the local health economy</p>	Director of Finance	a) Develop project plan for the production of a financial recovery plan	a) Achieved.

<p>18. To embed and further strengthen the effective functioning of service line management across the organisation</p>	<p>Director of Finance</p>	<ul style="list-style-type: none"> a) Strong performance management across the organisation b) Mechanisms in place for robust planning at Service Line level including completion of budget setting for the following year by end of Q3 and demand and capacity planning by end of Q4 c) Fully embedded governance and assurance mechanisms in service lines connected to corporate mechanisms d) Development of 5 year strategies for each Service Line - 100% by Q2 e) All service lines (excluding Medical and ED) accredited by end of Q2 	<p>Partially achieved. The Trust embedded and strengthened the effective functioning of service line management across the organisation, with 14 of the 19 service lines now accredited. An independent governance review concluded that governance processes and structures are sound and working well including those relating to performance management. Some areas of outstanding practice and many areas of good practice were identified. A stocktake of management arrangements and supporting infrastructure is planned for 2016/17 to identify any areas of potential enhancement (SO4/CO11).</p>
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