

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

Corporate objectives	Owner	Status	Exception Report
1. Implement Year 3 of the Dementia Strategy	Director of Nursing		
2. Improvement in patient administration and delivery of outpatient services	Chief Operating Officer		
3. Improve Patient Safety in line with the Quality Strategy 2013-2017 (refreshed 2015)	Medical Director		

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control	
<ul style="list-style-type: none"> Quality Strategy CQC Preparation and Peer Reviews QAC QIC, QIWG Clinical Audit Process Revalidation CNST Dementia Strategy Delivery Group Out of Hours Steering Group Estates Steering Group SLM Trios Board Self Assessments Unscheduled care improvement plan and monitoring PLACE Steering Group 	<ul style="list-style-type: none"> Quality Account Roll out plan e-prescribing/clinical documentation Cancer action plan Meeting with CCG to discuss CQUIN performance Administration Improvement Plan Cancer Board Cancer Lead Quality Improvement – Projects process Programme management system Operational management group (national standards & targets) meeting to EMC Quality Goals launched 	<ul style="list-style-type: none"> Maternity Survey SHMI Referral to Treatment targets Data for pilot of e-prescribing and clinical documentation CQUIN Green Rated Clinical Audits Quality Strategy refresh plan Cancer performance/targets Existing quality improvement projects and structures Improving FFT results Quality Improvement Seminar Financial plan Faster flow/safer care programme Business case approvals Well Led review outcome 	<ul style="list-style-type: none"> Falls above reduction trajectory Serious Incidents/Never Events Red Rated Clinical Audit Pressure ulcers Emergency Department performance target 	<ul style="list-style-type: none"> Quality Performance at Service Line Inability for staff to describe Quality goals Trust wide oversight and evidence process, database of morbidity and mortality data needs to be embedded Action plan from 15/16 PLACE assessment in April 2016

Risks relating to Strategic Objective 1 scoring 12 or over:

REU30	Risk of having insufficient retina clinic capacity	15
GUM013	Risk of errors and delays in move of pathology services if processes not developed in time.	15
REU21	Risk to sustainability of some REU services due to future capital requirements.	15
SCC_REU002	Risk of having insufficient Glaucoma capacity	12
CELLP011	Risk of COSDS not receiving required formatted information	12
CoE003 (MAE_AM018)	The failure to control the occurrence of avoidable Trust apportioned cases of C.diff resulting in poor outcomes and experience for our patients. Linked to T028	12
CRS008	Risk of a warfarin prescribing error leading to patient harm because doctors are finding some aspects of warfarin prescribing counter-intuitive.	12
DP002	Risk of having insufficient capacity to meet referral to treatment demand	12
DP003	Risk to delivery of compliant phototherapy service due to estates capacity and staffing resources	12
EST_CE001	Risk to ability to upgrade monitors as needed due to financial constraints and supply issues.	12

EST_SEC006	Loss of high risk missing patients from both ED and within the ward areas.	12
G006	Risk of falls resulting in harm for highly vulnerable patients Linked to T_MAE003	12
MAE_AM008	Risk of not having enough nursing staff and appropriate skill mix to deliver high quality care. Linked to T044	12
MAE_AM013	Risk of patients developing avoidable pressure ulcers whilst in hospital due to the failure to put in place measures to manage and protect skin integrity	12
RAD009	Risk of delayed treatment to patient due to long reporting times for plain film studies	12
T040	Risks identified from the Frankham Consultancy Business Critical Review and the development of the Estates Strategy regarding the failure of engineering systems and buildings which are beyond their useful life may be realised.	12
TO-015	Risk of incorrect prescribing of medication and administering intravenous fluids because the process within the Care Record System is not intuitive.	12

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

Corporate objectives	Owner	Status	Exception Report
4. Strengthen recruitment and retention	Director of Workforce Director of Nursing		
5. Recognised as an employer of choice by Black, Asian and Minority Ethnic Groups (BAME)	Director of Workforce		
6. Develop a multi-professional Education and Training Strategy which strengthens training and development to meet current and future needs	Director of Workforce Director of Nursing		

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control	
<ul style="list-style-type: none"> Appraisal , PDP policies and procedures and monitoring Reports to EMC Registration and employment checks Nursing Staffing Ratios Leadership development and other training plans Corporate staff development programmes SLM Mandatory training booklet 	<ul style="list-style-type: none"> Manager staff feedback questionnaire Staff appraisal questionnaire on effectiveness Retention on effectiveness Workforce committee Programme of work on staff engagement Nursing revalidation Group Safer Staffing Group Overseas recruitment plan Vacancy control panel 	<ul style="list-style-type: none"> Staff survey Vacancy – forward plan to recruit Appraisal plan Agency spend controls Nursing revalidation implementation plan Agency reduction plan Business Partners helping to commission recruitment Plans to reduce agency usage New induction 	<ul style="list-style-type: none"> Staff Survey Turnover Agency usage E-rostering capacity and reporting Audit of appraisals Vacancies Nursing workforce projections- London 	<ul style="list-style-type: none"> E-rostering optimisation Learning and development strategy and action plans (management development talent team) Corporate and local induction and welcome to Trust

Link to the Corporate Risk Register: T_HR0016, T044, T025, T_HR017

Corporate Risks relating to Strategic Objective 1 scoring 12 or over:

None	
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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

Corporate objectives	Owner	Status	Exception Report
7. With partners develop the Accountable Clinical Network for Cancer Services in West London	Chief Executive		
8. Work with CCGs to develop and implement proposals to support integrated care: <ul style="list-style-type: none"> Kingston Co-ordinated Care Richmond Outcomes Based Commissioning 	Director of Strategic Development Medical Director		
9. With partners develop vision for healthcare locally and across South West London	Chief Executive Director of Strategic Development Medical Director		

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> SWL Acute Providers Collaborative MOU EOC Partnership Board (commercial documents) Arrangements with BMI Board strategy committee Market Share Reports WSTB Richmond Outcome Based Commissioning Most Capable Providers MOU STP planning 	<ul style="list-style-type: none"> SWL Acute Providers Collaborative functioning with programme Director appointed, Governance arrangements & project plan developed and meetings taking place Regular meetings of EOC partnership board in diaries, information circulated, more routinely and independent chair appointed. Stakeholder Engagement strategy signed off by the Board and operational plan in place with quarterly reports to strategy committee Q market share data shows stability and in specific areas market share is rising Trust Chair, is Chair of WSTB with successes including roll out of 'discharge to assess' Patient Involvement strategy principles signed off by the Board Governance qualification achieved for Richmond Outcome Based Commissioning Most Capable Providers MOU following CCG review. 		<ul style="list-style-type: none"> Further work required to move EOC arrangements to a formal Joint Venture with strategic and commercial arrangements. Agreement to be reached on timeline and resources for submission of detailed proposals to support Richmond OBC.

Link to the Corporate Risk Register: T037, T_MAE_AM016, T003, T006

Corporate Risks relating to Strategic Objective 1 scoring 12 or over:

None	
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Strategic Objective 4 – To deliver sustainable, well managed, value for money services

Corporate objectives	Owner	Status	Exception Report
10. Achieve top quartile performance within relevant peer group for a defined level of productivity and efficiency measures	Chief Operating Officer Director of Strategic Development Medical Director		
11. Further develop the leadership, management and governance structure of the Trust	Chief Executive		
12. Develop a mid-term strategy for the Trust (following development of vision by July 2016 as outlined at strategic objective 9)	Director of Strategic Development Director of Finance Medical Director Director of Workforce		Two sub-objectives are rated amber as the delivery of these are subject to the outcome of the STP in July 2016.
13. Respond to actions arising from the CQC and Well Led reviews	Chief Executive		

Assurances and Controls

Controls	Positive Assurance	Negative Assurance	Gaps in Assurance/Control
<ul style="list-style-type: none"> Development of financial recovery plan focussed on ensuring that the Trust is taking all action within its control to mitigate financial risks and challenges and mapping out long-term route to financial sustainability. Production of robust SLR information to enable service portfolio analysis to inform development of recovery and sustainability plan Tracking of financial and operational performance against recovery plan. Appropriate intervention to ensure that performance is maintained and improved. Regular reviews of financial forecasts to ensure they remain current and realistic. Regular management accounts worked up in association with Service Lines that feed a cycle of reporting through sub-committees to FIC/Trust Board Financial information crosschecked with performance information. Robust management of the recovery programme, feeding into a regular reporting cycle to the Trust Board 	<ul style="list-style-type: none"> Reliable and timely information provided to FIC and the Board Demonstrable understanding of position on a monthly basis including variations to plan and mitigations for any gaps Development and sharing of appropriate balanced scorecards Service Lines achieve accreditation according to plan. PMO in place all CIPS have QEIAs, cross-cutting and income CIPS monitored through Project Monitoring Group. Submission of credible plans and returns to FTFF and Monitor in a timely fashion. All internal audits are rated 'adequate' or better. Establishment of robust monthly performance management meetings. 	<ul style="list-style-type: none"> Unforeseen and unexplained departures from plan Any audit reports of a limited assurance Activity significantly above or below plan Non-pay costs higher than plan Formal intervention by Monitor 	<ul style="list-style-type: none"> Unexplained variations in performance compared with the plan / recovery plan Lack of robust Service Level analysis compromising ability to make longer-term investment/disinvestment decisions

Link to the Corporate Risk Register: 002

Corporate Risks relating to Strategic Objective 1 scoring 12 or over: None