

Update on Corporate Objectives for 2013/14

Name of meeting: Trust Board	Item: 8.2
Date of meeting: November 2013	Enclosure: I
Purpose of the Report / Paper:	
To provide the Board with an update on progress with the Corporate Objectives for 2013/14.	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input checked="" type="checkbox"/>	
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Risk Implications - Link to Assurance Framework or Corporate Risk Register:	The report presents the 2013/14 BAF which highlights the controls and assurances on the management of the key risks to the delivery of the Principal Objectives
Link to Relevant Corporate Objective:	All
Impact on Patients and Carers:	Ensuring the provision of quality of clinical services and an improved patient experience
Document Previously Considered By:	
Recommendations & Action required by the Trust Board:	
The Board is asked to: <ol style="list-style-type: none"> a) Note the update on progress with the achievement of the Corporate Objectives for 2013/14 and agree if there is any further action that it would like to take. b) Approve the revised measures of success for the implementation of SLM across the organisation 	

1. Introduction

This report outlines the progress of work towards the achievement of the Trust's Corporate Objectives for 2013/14, proposed changes to the measures of success for Priority Objective 2, and key areas where further work is required.

2. Corporate Objectives for 2013/14

2.1 Background

The final Corporate Objectives for 2013/14 were agreed by the Board in March 2013 and an update on progress provided in July 2013. This paper gives the Board an update on progress against the 2013/14 corporate objectives since July and is outlined in **appendix 1**.

2.2 Key areas of progress

Key areas of progress over the last quarter include the introduction of service line management and work underway to improve the quality of the nursing care on the wards.

It is also very rewarding to be able to begin implementation of the pathology proposals following approval by all three Boards at the end of September 2013. A significant amount of work has taken place to develop the Estates Strategy which is coming to the Board in part two of the meeting.

2.3 Proposed changes to the measures of success for Priority Objective 2

The development of the detailed implementation plan for service line management has resulted in some suggested revised measures of success for this objective. It is proposed that these be changed to:

- Implement the new organisational and governance structures for SLM by October 2013
- 1 pilot service line accredited in December 2013
- A further 3 Wave 1 service lines accredited by end March 2014
- Monthly finance data pack showing bottom line profitability available for all service lines by January 2014

2.4 Key areas where further work is required

There is further work required around the proposals to strengthen the education and training environment within the Trust. In addition, staff were very disappointed at the delay to the planned roll out of e-prescribing and clinical documentation. Work to replan this is nearing completion and an update will be given to the Board later today.

3 Recommendation

The Board is asked to:

- c) Note the update on progress with the achievement of the Corporate Objectives for 2013/14 and agree if there is any further action that it would like to take.
- d) Approve the revised measures of success for the implementation of SLM across the organisation

APPENDIX 1

Key Deliverable	Lead Person	Measures of Success	Progress Update November 2013
Strategic Objective 1 - To deliver quality, patient centred healthcare services with an excellent reputation			
To comply with Care Quality Commission and Monitor requirements to maintain license to practice	Chief Executive Officer	<ul style="list-style-type: none"> Maintain license to practice and remove any conditions set upon license to practice through achievement of action plans 	<ul style="list-style-type: none"> Full licence maintained to date
To ensure sustainable delivery of national standards and targets and CQUIN targets	Deputy Chief Executive	<ul style="list-style-type: none"> Achievement of all standards and targets on an on-going basis Achieve 100% CQUIN target Review of performance at every Trust Board 	<ul style="list-style-type: none"> A & E target 95% achieved across Q2. 18 week RTT performance achieved for both admitted and non-admitted pathways across the Trust. Slight under performance in Trauma and Orthopaedics and Urology which has now been addressed. CQUIN evidence has been submitted, awaiting confirmation of achievement from commissioners
To improve the quality of nursing care on the wards paying particular attention to leadership, skill mix and testing changes to the way wards are staffed.	Director of Nursing and Patient Experience	<ul style="list-style-type: none"> Improved nurse sensitive outcome indicator (NSOI) performance Improved nursing turnover and reduce vacancy, to Trust average by March 2014 Maintain falls below 4.8/1000 bed days by December 2013 Reduce Pressure ulcers by a further 10% by December 2013 Achieve top quartile in Friends 	<ul style="list-style-type: none"> 140 new nurses 7 HCA's have started since April 2013. Vacancy and turnover rates have reduced and are on track for March 2014 achievement Falls remain above 4.8/1000 bed days. Action plan in place Grade 2 – 4 pressure ulcers are overall lower than 2012/13, although not yet at 10% reduction level. Progress

		<p>and Family Test by March 2014</p> <ul style="list-style-type: none"> • Deliver the Safety Thermometer CQUIN by January 2014 • Mechanisms to monitor actual staffing by May 2013 and agreed improvement trajectory delivered by 31st March 2014. 	<p>has been greatest in reduction of grade 3-4 ulcers</p> <ul style="list-style-type: none"> • FFT implemented. A & E FFT scores improving. Inpatient FFT scores are currently static and in lower quartile of trusts • Actions to meet safety thermometer CQUIN are in place. Recruitment to Continence Nurse has been challenging – alternate options are being explored
<p>To deliver year 2 of the Quality strategy</p>	<p>Director of Nursing and Patient Experience and Medical Director</p>	<ul style="list-style-type: none"> • Produce the Quality Account June 2013 • Implement the Friends and Family Test for inpatients, outpatients & A&E by April 2013; and Maternity by October 2013 - Implemented in A&E, OPD and inpatients, plan for implementation in place for maternity. • Report progress against the Quality Strategy October 2013 – Update due in October • Develop a patient and public involvement strategy for agreement by Board in July 2013. • Implement actions from PPI strategy – as per agreed milestones. 	<ul style="list-style-type: none"> • Completed. • Inpatients, A & E and maternity FFT implemented as per national requirements. • Progress report against the Quality Strategy going to Quality Assurance Committee and Trust Board in November 2013. • PPI Strategy approved at Board in July 2013. Implementation taking place in line with the plan.

<p>To demonstrably improve the experience of patients using our services, paying particular attention to outpatient services.</p>	<p>Director of Nursing and Patient Experience</p>	<ul style="list-style-type: none"> • Deliver year 2 of the Outpatient Improvement Action Plan – March 2014 – On target as reported to May 2013 Board. • Demonstrate improvement in the areas in the bottom quartile in the 2013 Maternity Survey (from the 2010 survey) – Survey results pending. • Demonstrate improvement in Outpatients by improving 2012 local survey results in 2013 – Local survey results show improvement as reported at May 2013 Board. • Deliver the Inpatient Patient Experience Action Plan in response to 2012 survey results 	<ul style="list-style-type: none"> • Outpatient improvement action plan - On target (reported to May 2013 Board) • Publication of National results (for maternity survey) is expected in December 2013. • Local results (for outpatients) show improvement as report to May 2013 Board. • Inpatient Patient Action plan approved in May 2013. Implementation ongoing.
<p>To review and refresh the Trust Estates Strategy, setting out a clear plan for use and development of the estate over the next five years</p>	<p>Director of Strategic Development</p>	<ul style="list-style-type: none"> • Service strategy refreshed and agreed by June 2013 • Estates strategy developed and agreed by Sept 2013 	<ul style="list-style-type: none"> • An update on progress was given to the Trust Board in September 2013 • The refreshed estates strategy will be presented to the Board for approval in November 2013
<p><u>Priority Objective one</u> To work towards paperlight using information technology and record management across the Trust.</p>	<p>Deputy Chief Executive</p>	<ul style="list-style-type: none"> • Successful implementation of electronic procurement and invoice payment • E-rostering fully implemented • Successful implementation of e-prescribing • Successful implementation of clinical documentation • Explore device integration plan • Increasing electronic links with GPs 	<ul style="list-style-type: none"> • E-rostering is fully implemented. Work on optimising benefits on-going. • CRS upgrade implemented in September 2013. A number of issues remain, with teams working closely with BT and Cerner to resolve. Roll out of clinical documentation and e-prescribing planned for 2014/15

<p><u>Priority Objective two</u> As part of the introduction of SLM, embed the effective use of patient level costing across the organisation</p>	<p>Productivity Director</p>	<ul style="list-style-type: none"> • 25% business units At level 3 (i.e. fully autonomous) by March 2014 • 50% business units at level 2 (partially autonomous) by March 2014 • Monthly contemporaneous data pack available for all business units by June 2013 <p><i>Having developed and reviewed the action plan for the implementation of SLM, it is suggested that the success criteria are changed for this priority objective to the following:</i></p> <ul style="list-style-type: none"> • <i>Implement the new organisational and governance structures for SLM by October 2013</i> • <i>1 pilot service line accredited in December 2013</i> • <i>A further 3 Wave 1 service lines accredited by end March 2014</i> • <i>Monthly finance data pack showing bottom line profitability available for all service lines by January 2014</i> 	<ul style="list-style-type: none"> • Discussion across the Trust and development of a new organisational and governance structure to support the delivery of SLM • Formal consultation with staff affected and implementation of the new structures • Tenders underway for external expertise to support roll out of SLM • Plan agreed for development of financial reporting tools to support SLM
<p>Strategic Objective 2 - To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust</p>			
<p>To ensure all our staff have clear objectives, regular appraisals and a personal development plan reflecting our values</p>	<p>Deputy Chief Executive</p>	<ul style="list-style-type: none"> • 80% of staff to have had an appraisal and agreed objectives and a personal development plan by the end of June 2013 	<ul style="list-style-type: none"> • Completed

		<ul style="list-style-type: none"> All managers undertake a 360° on their people management skills and have the results built into their personal development plans. 	
To review the content and mode of delivery of our statutory and mandatory training programme and make improvements so that our staff see the value of it and are able to find the time to complete it.	Director of Workforce and OD	<ul style="list-style-type: none"> 75% staff up to date with their mandatory training on an ongoing basis Demonstrable improvements in staff satisfaction by 2014 measured by staff survey 	<ul style="list-style-type: none"> Two service lines green, 5 amber and 13 red. Corporate departments are amber. Survey Underway – local survey indicates small improvement in engagement.
<p><u>Priority Objective three</u></p> <p>To implement a system that measures every manager and supervisors people management skills and enables improvement where necessary</p>	Director of Workforce and OD	<ul style="list-style-type: none"> Implement 360° people management review process for all managers and supervisors through appraisal process April-June 2013 Analyse results and develop action plan to support improvements – Agree with Board in July 2013 	<ul style="list-style-type: none"> Completed November Board
To implement year 1 of the Trusts workforce strategy	Director of Workforce and OD	<ul style="list-style-type: none"> Successful implementation across the Trust Trust wide communication to all staff Implement a staff engagement exercise to ensure a clear understanding 	<ul style="list-style-type: none"> Most projects on track and engagement exercise completed
To strengthen the education and training environment within the Trust so that staff are fully supported	Director of Workforce and OD	<ul style="list-style-type: none"> To improve the overall satisfaction of trainee doctors on the GMC survey To ensure delivery of action plans following external visits from training providers To commission and implement a management and leadership development programme in June 2013. 	<ul style="list-style-type: none"> Action completed results awaited Action completed Training updated – staff survey results awaited

Strategic Objective 3 - To work with partners to consolidate and strengthen the healthcare we deliver together for our local community			
<p>To work closely with other providers in SW London and beyond to deliver demonstrable benefits for our patients</p>	<p>Chief Executive Officer</p>	<ul style="list-style-type: none"> • Contribution to the Local Education Training Board (LETB), ensuring the DGH voice is heard • Delivery of IT Procurement Programme across London • Improvement in the partnership working of the EOC • Deliver demonstrable benefits from Partnership working with St George's • Delivery of Pathology Programme 	<ul style="list-style-type: none"> • Making a full contribution to LETB and ensuring DGH and community provider voices are heard. • Independent Chair appointed and progress with governance review being made • No further significant benefits anticipated • Developed a target operating model and revised business case to account for the withdrawal of Epsom and St Helier from the partnership • Developed and signed a Heads of Terms setting out the proposed legal framework of the partnership • Launched a TUPE consultation to transfer pathology staff from Kingston and Croydon to St George's • Began the procurement process for an IT solution to support the partnership • Developed a detailed operational implementation plan for the partnership • Worked with commissioners to develop plans for a SWL cytology service to commence in April 2014

		<ul style="list-style-type: none"> Contribution to the strategic development of South West London 	<ul style="list-style-type: none"> KHFT continues to input and contribute to BSBV
To ensure the active monitoring, management and pro-active development of our existing partnerships	Director of Finance	<ul style="list-style-type: none"> Recommendations from post project evaluations and annual contract reviews implemented. Plans for Phase 2 private patient's development progressed with BMI in line with contract. Continue with discipline of an annual contract review for each partnership and report to FIC 	<ul style="list-style-type: none"> Reminders have been sent out to ensure previous recommendations are completed The refreshed estates strategy contains proposals to develop the nurse's home as office accommodation in two phases. At this point the Trust Board has agreed to support the first phase.
To refresh the Trusts commercial strategy including the associated marketing plan and stakeholder engagement plan	Director of Strategic Development	<ul style="list-style-type: none"> Commercial strategy action plan refreshed and delivered Agreed outreach service developments implemented including the embedding and on-going development of Trust services at the Raynes Park Health Centre Retained income for activity shifting out into the community no less than forecast in the Integrated Business Plan 	<ul style="list-style-type: none"> Approach developed to refresh commercial strategies at service line level for implementation Q3 – Q4 Activity transferred to Raynes Park Health Centre in line with plan. Ramp up plan for new market share in place supported by active marketing in the locality Business case for provision of Trust services at Surbiton Health Centre approved and detailed planning underway to allow transfer of services in 2013/14 Plans implemented to take

		<ul style="list-style-type: none"> • Delivery of action plan to improve the GP experience • Improved Choose and Book performance delivered and maintained, maintaining slot issues at >2% and increasing direct booking utilisation to 70% • Stakeholder engagement strategy refreshed and agreed actions delivered • Improved results from external stakeholder engagement survey in comparison to 2012/13 	<p>on activity for Surrey Downs previously undertaken by EDICS</p> <ul style="list-style-type: none"> • Programme of GP visits on-going and monthly briefings provided to GPs on areas of interest from visits. Monthly GP newsletter introduced and GP section of the website revamped for launch in Q3 • Choose and Book slot issues maintained below 2% and some improvement in direct booking utilisation – Kingston & Richmond CCs at 65-705 • An update on the Stakeholder Engagement Strategy will go to Board in January 2014
<p>To develop and embed the full involvement of members in the running of the hospital in line with the Trusts agreed membership strategy</p>	<p>Head of Communications</p>	<ul style="list-style-type: none"> • Establishment of Council of Governor sub group to take forward the membership strategy – June 2013 • Launch monthly e-bulletin for members opting for more involvement – June 2013 • Continue to roll out programme of regular members events and evaluate – June 2013 • Effective targeting of hard to reach groups and underrepresented groups to 	<ul style="list-style-type: none"> • Completed. Three meetings held to date and strategy circulated for review • Launched in November 2013 • Four events held since April and three more planned before end of March 2014 • Membership Committee is identifying key groups to target and also attendance at

		ensure the membership is representative – September 2013	meetings and community events to help recruit members in target groups.
Strategic Objective 4 - To work with GPs and other providers to support the delivery of more care in primary and community settings			
To take costs out of the healthcare system, including delivering care in primary and community settings as set out in the contract, working with GPs and other providers	Deputy Chief Executive	<ul style="list-style-type: none"> • The Trust not undertaking work which will not be paid for within the contract • Delivery of the targets specified within the contract. • Full and active engagement with any programme established by the GP commissioners 	<ul style="list-style-type: none"> • Trust is currently over performing on activity specifically for non-elective patients. Elective activity is being closely monitored, slightly behind plan to date.
Develop and deliver a joint vision for healthcare locally with GPs and other partners, supporting the ongoing financial viability of the local health economy	Medical Director	<ul style="list-style-type: none"> • Establish Whole System Transformational Board. • Effective work in Integrated Frail Elderly Care • Establish key success measures and then report quarterly. 	<ul style="list-style-type: none"> • Re-established with new chair of KHFT • Project Manager agreed. Job description completed. Objectives of group defined. • Medical Director attends the Health and Well Being Board
Strategic Objective 5 - To deliver well managed, quality services which are value for money for the tax payer			
To deliver the 2013/14 financial plan	Deputy Chief Executive	<ul style="list-style-type: none"> • Achievement of Trust's agreed control total • Monthly reports to Trust Board, I&E balance • Achievement of agreed CIPs for each of the Trust's divisions and corporate areas 	<ul style="list-style-type: none"> • Overall the Trust is achieving the financial plan. Non pay and pay controls in place from October onwards to reduce spend in these areas. • CIP progress achieve 94% in month 6
To deliver the Trusts productivity programme that supports delivery	Productivity Director	<ul style="list-style-type: none"> • Clear five year programme in place, regularly refreshed and 	<ul style="list-style-type: none"> • Regular reporting to Trust Board, FIC and QAC using the new dashboard which

<p>of a balanced long term financial plan for the Trust</p>		<p>updated to support delivery of the IBP</p> <ul style="list-style-type: none"> • Effective PMO arrangements to provide assurance on programme delivery to plan • Potential blockages identified early and mitigating actions agreed and delivered to ensure the plan remains on track • Regular monitoring of impact, to ensure the programme does not have a detrimental impact on quality or safety • Deliver productivity programme, including cross-cutting schemes, to reduce waste and inefficiencies whilst maintaining or improving service quality 	<p>looks at quality and financial impacts of the programme together</p> <ul style="list-style-type: none"> • Deep Dive to QAC on the quality impact of the productivity programme • Stocktake of schemes in place for the 2014-15 programme undertaken • Process developed and in place to close the gap for the 2014-15 programme, including input into divisional Horizon Scanning sessions • Allocation of existing CIPs and future targets to each new service line
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