

Quality Strategy 2012-17 Progress Report

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| Trust Board Meeting - Part 1 | Item: 8.5 |
| 27th November 2013 | Enclosure: L |
| Purpose of the Report: To update the Trust Board on progress in implementation of the Trusts Quality Strategy 2012-2017. | |
| FOR: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/> <input checked="" type="checkbox"/> | |
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| Risk Implications – Link to Assurance Framework or Corporate Risk Register: | Assurance Framework – Principle Risk 1 - Failure to improve quality of care |
| Link to Relevant Corporate Objective: | All five strategic objectives |
| Document Previously Considered By: | Quality Assurance Committee – 6 th November 2013 |
| Recommendation & Action required by the Trust Board: | |
| <p>a) Note and discuss the progress against the objectives of the Quality Strategy 2012-17</p> <p>b) To support a formal review and refresh of the Quality Strategy objectives as part of the 2014/15 corporate objectives. This will be considered in line with emerging developments internally and externally, feedback from the interim review of the Quality Governance Memorandum (to be reported formally to the Board in January 2014), and the annual Quality Account process.</p> <p>c) Formally review the outputs from the November 2013 Quality Governance Framework annual review, at the Trust Board in January 2014, to identify areas for further focus in ensuring effective mechanisms and systems are in place to support on-going delivery of the Quality Strategy at all levels of the organisation.</p> | |

Quality Strategy 2012-13 Progress Report

1.0 Introduction

- 1.1 This paper provides the Trust Board with an update on progress in delivering the Quality Strategy 2012-2017, and highlights progress against the annual objectives that were set for 2013/14, including the annual Quality Account objectives, and reflection on Monitor's Quality Governance Framework which underpins delivery of the strategy.
- 1.2 The Quality Strategy was approved in March 2012. The Trust has placed quality as the primary Trust corporate objective and all staff have this as a key personal objective so that patients receive safe, high quality care.
- 1.2 Quality is at the heart of the Trust's overall strategy. The mission is *'To improve the health and well-being of our community through the provision of high quality, patient focused healthcare'* and the vision for the 5 years of the strategy is *'To be the hospital of choice for our local community, recognised for excellent and innovative emergency, surgical, acute medicine and maternity services, delivered by caring and valued staff.'* The vision for Kingston Hospital over the 5 years is to provide high quality:
- **Core** acute services for patients who need immediate care. These services will be provided through A+E, ITU and maternity, with inpatient beds for those patients who require emergency admission.
 - **Planned care** which will include day and inpatient elective care of low complexity and variation suitable for a local hospital and which cannot be provided in primary care
 - **Integrated care** which is developed with primary and social care that wherever possible, care will be delivered in the community, supporting GPs and other community services to do so eg: prevention, specialist advice and outreach. Patients will have a smooth journey between different organisations, for example when they need specialist care or support in the community.
- 1.3 The Trust's five strategic objectives drive the Quality Strategy. These objectives are:
1. To deliver quality patient centred healthcare services with an excellent reputation
 2. To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust
 3. To work with partners to consolidate and strengthen the healthcare we deliver together to our local Community
 4. To work with GPs and other providers to support the delivery of more care in primary and community settings
 5. To deliver well managed, quality services which are value for money for the tax payer
- 1.4 A key component of the Quality Strategy is for the views of patients and the public to be fully integrated into planning the design and delivery of care so that their voice drives decisions and influences the strategic development of the organisation.
- 1.5 The Trust has defined quality goals within the three domains of quality; safety, experience and effectiveness (High Quality Care for all DH; 2008) which reflect national and local priorities. These are to prevent harm (patient safety); improve clinical outcomes (effectiveness); and listen and respond to patient's concerns (patient experience). The principles of how this strategy is delivered are founded on Monitor's Quality Governance Framework; strategy, capabilities and culture, processes and structure and measurement.

- 1.6 Each year the Trust's specific measures of success of delivery of the quality goals are developed with stakeholders including patients, public and clinical commissioners and are described in the Quality Account and CQUIN scheme.
- 1.7 The Quality strategy describes the annual planning cycle the Trust undertakes to establish the Quality priorities. This includes the involvement of stakeholders (commissioners, Healthwatch, Governors, the public and members). It also sets out measures of success in each of the domains of quality and with identified leads.

2.0 Delivering the Quality Strategy

- 2.1 The principles of how the Quality Strategy will be delivered were founded on Monitor's Quality Governance Framework (QGF). Figure 1 shows the four domains and ten questions which underpin the QGF.
- 2.2 This framework is of critical relevance as a Foundation Trust the Board is required to make an annual declaration of compliance against the Quality Governance Framework.

Figure 1: Monitor's Quality Governance Framework

| Strategy | Capabilities and Culture | Processes and Structure | Measurement |
|---|---|---|---|
| 1A - Does quality drive the trust's strategy? | 2A - Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda? | 3A - Are there clear roles and accountabilities in relation to quality governance? | 4A - Is appropriate quality information being analysed and challenged? |
| 1B - Is the board sufficiently aware of potential risks to quality? | 2B - Does the board promote a quality-focused culture throughout the trust? | 3B - Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance? | 4B - Is the board assured of the robustness of the quality information? |
| | | 3C - Does the Board actively engage patients, staff and other key stakeholders on quality? | 4C - Is quality information used effectively? |

- 2.3 As part of the Trusts internal governance review processes, the November 2013 Board development day included a self-assessment with senior clinical and managerial leaders from across the Trusts service lines and divisions. The full outputs of this will be formally reported to the Trust Board in January 2014, but it was clear from this exercise that that Quality continues to drive the Trusts strategy and throughout the organisation. The Trust has continued to progress the maturity of its approach to Quality Governance. There is however further work to ensure each and every member of staff is familiar with the main annual quality goals of the organisation and use of information to drive improvement at every level of the organisation.
- 2.4 In approving the Quality Strategy 2012-17 the Trust Board set a number of SMART (Specific Measurable Achievable Realistic and Time Specific) Objectives to achieve each year throughout this period. These form the specific areas for delivery of the Quality Strategy, along with annual Quality Account Objectives and annual CQUIN's. Appendix A provides the objectives that were set within the strategy document for each of the 5 years of the strategy. Within these objectives it can be seen that the Trust has set a to continuously improve by setting increasingly challenging goals, for example by increasing the reduction targets in hospital acquired pressure ulcers year on year.

3.0 Quality Strategy Progress

- 3.1 The Trust Board has a process of reviewing key of key quality KPI's which are linked to the Quality Strategy and annual corporate objectives. These are tracked on a monthly basis in the Clinical Quality Report to the Trust Board or Quality Assurance Committee (QAC).
- 3.2 An update on the Trusts Annual Corporate Objectives 2013/14 is provided in a separate paper to the Trust Board in line with the established periodic progress reporting. It is worth reflecting that the Annual Corporate Objectives explicitly link to delivery of year 2 of the Quality Strategy, the progress of which is reported in Appendix B.
- 3.3 Appendix B provides a progress update on the Quality Strategy objectives that were set for 2013/14. An update of these was presented to the QAC in November 2013.
- 3.4 It is clear from the review of progress against the specific objectives that the Trust is making good progress in a number of areas. There are however some areas of risk to achievement in year which are noted and have been reported to the Trust Board previously with actions to address the risk – namely the number of Trust apportioned *C.difficile* cases, the further reduction in grade 2 pressure ulcers and reduction in falls below the NPSA 4.8 falls per 1000 bed days objective.
- 3.5 It is also noted that one of the original objectives of the Quality Account has been placed on hold the NHSLA level 2 due to planned changes in the NHSLA criteria and approach to be in place in 2014/15.
- 3.6 It is important for the Quality Strategy to be of on-going value and relevance that the objectives are reviewed and refreshed. This is also essential in the light of emerging themes internally and externally, for example the increasing growth and awareness in the use of Friends and Family Test methodology and addressing emergent themes from feedback. One example of this is reflected in the original objectives where the objective of car parking space provision has been increased and met; however the overall experience of car parking within the Trust has not improved and therefore this specific objective requires updating to reflect this.
- 3.7 A key requirement of the Trusts Quality Strategy is the annual processes that support the development of quality goals throughout the organisation. One of the requirements is the Quality Account. As part of the development of the 2012/13 Quality Account, the Trust worked with a range of internal and external stakeholders in the development of the Quality Account Goals 2013/14. These include development of specific measures of success.
- 3.8 Four objectives as outlined in the below table (Table 1) were selected as the 2013/14 Quality Account Goals. An update on progress in achieving these goals by the end of March 2014 is provided within this table.
- 3.9 The 2013/14 Quality Account will provide a full year-end evaluation against each of these quality objectives, which will be produced in consultation with stakeholders. This process of reviewing and setting Quality Account objectives as part of the development of the Trusts Quality Account objectives 2014/15 will commence again in January 2014.

Table 1 - Quality Account Objectives 2013/14

| Domain | Priority | Progress |
|------------------------|---|--|
| Patient Safety | Reduce numbers of Clostridium difficile | The Trust has breached its trajectory of 15 cases per annum and currently has 18 cases year to date (ytd). This is against a final year position in 12/13 of 23 cases. This objective is therefore at significant risk of not achieving this year. A HCAI action plan is in place and an external review of the Trusts actions is taking place in December 2013. |
| Clinical Effectiveness | Improve staff engagement (involvement) | The annual NHS staff survey is currently taking place, with results not available until 2014. Local internal staff survey's scores however suggest improvement. |
| Patient Experience | Improve waiting times (Outpatients) | Friends and Family Test is implemented in the outpatient areas to monitor patient experience feedback. An outpatient experience improvement project is in place. A reduced number of comments regarding waiting are noted in FFT feedback, although they remain a significant aspect of feedback. |
| Patient Safety | Reduce the number of falls | A significant programme of work is in place to reduce the number of falls that occur within the Trust. At present falls rates are at the same level as 12/13 year to date figure (5.5 falls per 1000 bed days). This is above the NPSA 4.8 falls per 1000 bed days rate. Given the focus within the Trust in both reducing falls and improving ward leadership, further progress in reducing the number of falls by the end of 13/14 is anticipated. |

5.0 Conclusion & Recommendations

3.10 This review suggests that the Trust is making progress in the majority of areas in improving quality as set within the specific objectives in the Quality Strategy 2012-2017. However there are some areas of risk to achievement as outlined.

3.11 Given this is the second year of the Trusts Quality Strategy 2012/13 a review of the quality objectives should be considered to ensure on-going relevance in the face of current patient and staff feedback, external drivers and benchmarks, and the results of the review of the Quality Governance Framework.

5.2 The Trust Board is asked:

- **Note and discuss** the progress against the objectives of the Quality Strategy 2012-17
- To **support** a formal review and refresh of the Quality Strategy objectives as part of the 2014/15 corporate objectives. This will be considered in line with emerging developments internally and externally, feedback from the interim review of the Quality Governance Memorandum (to be reported formally to the Board in January 2014), and the annual Quality Account process.
- Formally **review** the outputs from the November 2013 Quality Governance Framework annual review, at the Trust Board in January 2014, to identify areas for further focus in ensuring effective mechanisms and systems are in place to support on-going delivery of the Quality Strategy at all levels of the organisation.

Appendix A: Quality Account 2012-17 - SMART (Specific Measurable Achievable Realistic and Time Specific) Objectives
(Shaded areas are in year objectives)

| Objective | Domain | Measure of Success | Lead | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---|--------------------|--|-------------|---------|---------|---------|---------|---------|
| 1. To deliver quality patient centred healthcare services with an excellent reputation | Patient Safety | Reduce Hospital acquired grade 3 and 4 pressure ulcers by 40% | DON&PE | | | | | |
| | | Reduce the number of patients with hospital acquired grade 2 pressure ulcers by 50% | DON&PE | | | | | |
| | | Reduce Hospital acquired grade 3 and 4 pressure ulcers by a further 10% | DON&PE | | | | | |
| | | Reduce the number of patients with hospital acquired grade 2 pressure ulcers by a further 10% | DON&PE | | | | | |
| | | Maintain our position in the top quartile for MRSA and <i>C. difficile</i> | DON&PE | | | | | |
| | | Maintain falls at less than 4.8 per 1000 bed days (NPSA benchmark) | DON&PE | | | | | |
| | Patient Experience | Demonstrate improvement in the composite indicator for the National Inpatient Survey | DON&PE | | | | | |
| | | 60% of appointments booked by Choose and Book | DCEO | | | | | |
| | | 70% of appointments booked by Choose and Book | DCEO | | | | | |
| | | Implement the annual plans of the Patient and Public Involvement Strategy throughout all years | DON&PE | | | | | |
| | | Improve results in the A&E Survey | DD Medicine | | | | | |
| | | Improve results in the Maternity Survey | DD W+C | | | | | |
| | | Improve results in the Outpatient Survey | DD Amb | | | | | |
| | | Improve results from patient feedback, eg patient experience tracker | DON&PE | | | | | |
| | | Reduce number of attitudinal complaints by 10% | | | | | | |
| | | Respond to 90% of complaints within 25 days | DCEO | | | | | |
| | | Increase patient car parking | DCEO | | | | | |
| | Effectiveness | Maintain HSMR consistently below 100 with performance comparable with the top 10% of the best performing comparable sized hospitals nationally | MD | | | | | |
| | | Implement Healthcare for London Dementia | MD | | | | | |
| | | Reduce follow up outpatient attendances to be in the top quartile across London for all specialities and maintain going forward | DCEO | | | | | |
| Compliance with CQC requirements to maintain a licence to practice and remove any conditions and maintain going forward | | Trust Board | | | | | | |

| Objective | Domain | Measure of Success | Lead | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|---|--------------------|--|--------|---------|---------|---------|---------|---------|
| | | Achievement of level 2 CNST within Maternity | DD W+C | | | | | |
| | | Achievement of level 3 CNST within Maternity | DD W+C | | | | | |
| | | Achievement of Trust-wide NHSLA level 2 | CEO | | | | | |
| | All | Achieve CQUIN targets throughout all years | DCEO | | | | | |
| 2. To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust | All | Maintain compliance with mandatory training that meets the latest CQC, NHSLA and other statutory requirements every year | DW&OD | | | | | |
| | | Ensure all staff have a personal development review (PDR/appraisal) and personal development plan (PDP) each year | DW&OD | | | | | |
| | | Maintain staff turnover reduction to 11% | DW&OD | | | | | |
| | | Staff turnover to be reduced to 10% by March 2015 | DW&OD | | | | | |
| | | Maintain a vacancy rate of less than 8% | DW&OD | | | | | |
| | | Be in the top 20% of acute Trusts on measures of engagement in the annual NHS staff survey | DW&OD | | | | | |
| | | Maintain a national top quartile performance on employee sickness absence with a target of 2.5% | DW&OD | | | | | |
| 3. To work with partners to consolidate and strengthen the healthcare we deliver together to our local Community | Effectiveness | Co-designed clinical pathways by hospital clinicians and GPs in all relevant localities to ensure patient and GP needs are met | MD | | | | | |
| | | Delivery of a more population focussed approach to healthcare in collaboration with GPs and community clinicians | MD | | | | | |
| | Patient Experience | Expansion and active involvement of members in the organisation | DON&PE | | | | | |
| 4. To work with GPs and other providers to support the delivery of more care in primary and community setting | Effectiveness | Successful joint pathway redesign with PCTs and GP Commissioning Consortia, reducing outpatient activity on the KHT site and working up to one fifth of current outpatient activity being provided in community settings | DCEO | | | | | |
| | Patient Experience | Establish Kingston Hospital outpatient services at the Raynes Park Health Centre | CD | | | | | |
| | | Implement proposals to develop the urgent care service agreed by the System Sustainability Board | DCEO | | | | | |
| 5. To deliver well managed, quality services which are value for money for the tax payer | Effectiveness | Achieve between 5.0% and 5.3% Cost Improvement Programmes (CIPs) p.a. saving £45.5m | PD | | | | | |
| | | Achieve Best in Peer for Length of stay (at Trust level) | DCEO | | | | | |
| | | Achieve better than Best in Peer for Length of stay (at Trust level) | DCEO | | | | | |

Appendix B – Quality Strategy Objectives 2013/14

| Objective | Domain | Measure of Success | Lead | 2013/14 Progress |
|---|--------------------|--|--------|---|
| 1. To deliver quality patient centred healthcare services with an excellent reputation | Patient Safety | Reduce Hospital acquired grade 3 and 4 pressure ulcers by a further 10% | DON&PE | Year to date grade 3 & 4 pressure ulcers are on target to have been reduced by a further 10% |
| | | Reduce the number of patients with hospital acquired grade 2 pressure ulcers by a further 10% | DON&PE | Grade 2 pressure ulcers have not reduced ytd by a further 10% and remain on par with prior year results. An overall reduction in the worst pressure ulcers (grade 3 & 4) is noted |
| | | Maintain our position in the top quartile for MRSA and C. difficile | DON&PE | The Trust has had one MRSA bacteraemia ytd. The Trust has breached its trajectory of 15 cases per annum and currently has 18 cases ytd |
| | | Maintain falls at less than 4.8 per 1000 bed days (NPSA benchmark) | DON&PE | At present falls rates are at the same level as 12/13 year to date figure (5.5 falls per 1000 bed days). This is above the NPSA 4.8 falls per 1000 bed day rate |
| | Patient Experience | Demonstrate improvement in the composite indicator for the National Inpatient Survey | DON&PE | The Trust's objective for the CQUIN questions was to improve by more than one point in the Inpatient Survey 2012. This was achieved on 4 of the 5 questions, which means that the Trust achieved its CQUIN target around improving patient experience. The results for 2013 will be available in 2014 |
| | | 70% of appointments booked by Choose and Book | DCEO | 65% of appointments made within Kingston are by Choose and Book. Outside Kingston this figure is 45% |
| | | Implement the annual plans of the Patient and Public Involvement Strategy throughout all years | DON&PE | A new PPI Strategy was developed in consultation with key stakeholders and approved at the Trust Board in July 2013. The relevant actions are being implemented and monitored via the Patient Experience Committee and good progress is noted |
| | | Improve results in the Maternity Survey | DD W+C | National survey results are due to be published in Dec 2013. The Trust is currently reviewing the available Picker analysis of the results |
| | | Respond to 90% of complaints within 25 days | DCEO | Improvement from 12/13 position although currently remains below 90% target |
| | | | | |

| Objective | Domain | Measure of Success | Lead | 2013/14 Progress |
|---|---------------|--|-------------|---|
| | | Increase patient car parking | DCEO | Car parking spaces have been increased; however the patient and visitor experience of car parking remains an area of concern. The management of car parking due for renewal |
| 1. To deliver quality patient centred healthcare services with an excellent reputation | Effectiveness | Maintain HSMR consistently below 100 with performance comparable with the top 10% of the best performing comparable sized hospitals nationally | MD | HMSR performance remains consistently below 100; although not currently in the top 10% of comparable trusts |
| | | Implement Healthcare for London Dementia | MD | Progresses in implementing improvements to dementia care have been taking place through the Trusts Dementia & Delirium Group. A dementia strategy is due to be approved at the Trust Board in January 2014 |
| | | Reduce follow up outpatient attendances to be in the top quartile across London for all specialities and maintain going forward | DCEO | Follow up ratios have been agreed and all specialities are achieving with the exception of – neurology, paediatrics, and cardiology. Position against London to be reviewed |
| | | Compliance with CQC requirements to maintain a licence to practice and remove any conditions and maintain going forward | Trust Board | Following an inspection in July 2013 the Trust received a moderate non-compliance standard 4 in medical wards. An action plan is in place to be completed by end January 2014. The CQC intelligent monitoring currently rates the Trust in the lowest risk band (6) |
| | | Achievement of level 3 CNST within Maternity | DD W+C | A mock level 3 CNST assessment has taken place in October 2013. Maternity remains on track for the formal assessment in February 2014 |
| | | Achievement of Trust-wide NHSLA level 2 | CEO | This objective is not currently being pursued following notification by NHSLA of changes in NHSLA criteria and process in 14/15. These revised criteria are still awaited |
| | All | Achieve CQUIN targets throughout all years | DCEO | The Trust remains on target to achieve 2013/14 CQUIN requirements |

| Objective | Domain | Measure of Success | Lead | 2013/14 Progress |
|--|--------------------|--|--------|---|
| 2. To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust | All | Maintain compliance with mandatory training that meets the latest CQC, NHSLA and other statutory requirements every year | DW&OD | CQC requirements have been met – this was part of the unannounced inspection in July 2013 and the outcome was passed. Mandatory training rates are currently below annual Trust target. Mitigating actions to improve rates are in place |
| | | Ensure all staff have a personal development review (PDR/appraisal) and personal development plan (PDP) each year | DW&OD | 85% of staff completed. Managers received feedback on people management from staff |
| | | Maintain staff turnover reduction to 11% | DW&OD | Trust turnover is currently 14%, which is higher than the reduction target of 11% set to achieve over the strategies 5 years |
| | | Maintain a vacancy rate of less than 8% | DW&OD | The vacancy rate is currently 9%, Significant improvements in vacancy rates for nursing have recently been achieved |
| | | Be in the top 20% of acute Trusts on measures of engagement in the annual NHS staff survey | DW&OD | National survey underway and will be reported in 2014. Local staff survey results provide positive indications of engagement |
| | | Maintain a national top quartile performance on employee sickness absence with a target of 2.5% | DW&OD | The Trust continues to maintain its low sickness absence level in line with targets. Pockets of higher sickness are identified & being addressed |
| 3. To work with partners to consolidate and strengthen the healthcare we deliver together to our local Community | Effectiveness | Co-designed clinical pathways by hospital clinicians and GPs in all relevant localities to ensure patient and GP needs are met | MD | Some progress noted - increasing ambulatory care pathways, progress with WTSM frail elderly. Individual specialities discussing new pathways |
| | | Delivery of a more population focussed approach to healthcare in collaboration with GPs and community clinicians | MD | Medical Director attendance at Health & Wellbeing is in place. Slow progress is noted within the WSTB |
| | Patient Experience | Expansion and active involvement of members in the organisation | DON&PE | A volunteering project manager post has been created and appointment to this post took place in October 2013. The post holder will work on increasing the number of volunteers and volunteering opportunities within the Trust so that members can be involved with service delivery. The role of the existing Patient Assembly has been clarified and members of this group are increasingly |

| Objective | Domain | Measure of Success | Lead | 2013/14 Progress |
|--|--------------------|--|------|---|
| | | | | getting involved with service redesign. A new Healthwatch Forum has been established. The Governors Engagement Committee has been formed |
| 4. To work with GPs and other providers to support the delivery of more care in primary and community setting | Effectiveness | Successful joint pathway redesign with PCTs and GP Commissioning Consortia, reducing outpatient activity on the KHT site and working up to one fifth of current outpatient activity being provided in community settings | DCEO | Raynes Park has been opened. Surbiton in progress. Progress with outpatient services at Surbiton is being made as planned |
| | Patient Experience | Establish Kingston Hospital outpatient services at the Raynes Park Health Centre | CD | The Raynes Park site has been operational since May 2013. A full range of outpatients clinics are being delivered to plan including diagnostics ultrasound |
| | | Implement proposals to develop the urgent care service agreed by the System Sustainability Board | DCEO | Process has been agreed with the commissioners |
| 5. To deliver well managed, quality services which are value for money for the tax payer | Effectiveness | Achieve between 5.0% and 5.3% Cost Improvement Programmes (CIPs) p.a. saving £45.5m | PD | The annual planned Cost Improvement Programme (CIP) target for 2013/14 stands at £10.8m equating to 5.3% of annual budget. As at month 6 the Trust has achieved £4.2m (94%) against a requirement of £4.5m year to date. The year-end position is currently forecast at £10.1m (94%) equating to 5.05% total CIP savings. Further alternative and/or mitigating schemes continue to be identified with non-recurrent savings such as vacancy slippage and overachievement against income targets contributing to the overall position |
| | | Achieve better than Best in Peer for Length of stay (at Trust level) | DCEO | The Trust remains on target to achieve best in Peer Length of stay |