

Update on Corporate Objectives for 2013/14

Name of meeting: Trust Board	Item: 8.3
Date of meeting: March 2014	Enclosure: i
Purpose of the Report / Paper: To provide the Board with an update delivery of 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
Document Previously Considered By:	Executive team
Recommendations & Action required by the Trust Board: The Board is asked to: a) Note the update on progress across the year with the achievement of the Corporate Objectives for 2013/14.	

1. Introduction

This report provides the final report of the year on progress made towards achievement of the Trust's Corporate Objectives for 2013/14.

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 and November 2013. This paper gives the Board a final update on progress to deliver the Corporate Objectives for 2013/14. Detail is provided in **appendix 1**.

2.2 Key areas of progress

Key areas of progress over the last year include:

- Authorisation as a Foundation Trust
- Introduction of Service Line Management
- Nurse recruitment
- Achievement of targets
- Development of the Estates Strategy
- Work to develop South West London Pathology services
- Work to develop and embed the work of the Council of Governors, establishment of sub committees, development of a Governor Involvement Strategy and involvement matrix

2.3 Key areas where further work is required

Key areas where further focus will be required over the next year, 2014/15, include:

- Embedding Service Line Management and associated governance arrangements
- Developing an Education and Training Strategy
- Rolling out clinical documentation through the CRS programme
- Improving admin processes across the Trust to improve the patient and GP experience
- Improving performance on some KPIs including turnover, C.diff and falls.

All of these are reflected in the 2014/15 Corporate Objectives.

2 Recommendation

The Board is asked to:

- a) Note the update on progress across the year with the achievement of the Corporate Objectives for 2013/14.

APPENDIX 1

Key Deliverable	Lead Person	Measures of Success	Progress update March 2014
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"> Monitor has confirmed in its Q3 meeting with the Trust that a green governance rating has been maintained. The Board will carry out a review against the licence in April 2014 The Trust has not yet heard from the CQC following their re-inspection of medical wards around standard 4
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 hit for the first 11 months CQUIN agreed with commissioners at 91%
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 	<ul style="list-style-type: none"> Vacancy rates have reduced Turnover rates remain higher than average Falls remain above 4.8/1000 bed days. Action plan in place Grade 3 and 4 pressure ulcers are on track for a 10% reduction. Grade 2 pressure ulcers have not achieved a 10% reduction FFT implemented. Inpatient FFT scores are currently static and in lower quartile of trusts and will not meet top quarter CQUIN – unable to recruit to continence nurse post mitigation measures are in place with training and a

		<ul style="list-style-type: none"> • Achieve top quartile in Friends and Family Test by March 2014 • 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>new policy completed.</p> <ul style="list-style-type: none"> • Safe staffing guidance and plan to meet requirement published in November 2013 ad presented to the Board in January 2014
<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"> • Quality Account Completed • Inpatients, A & E and maternity FFT completed as per national requirements • Progress report against the Quality Strategy went to the QAC and Board in November 2013. • PPI strategy approved by the Board in July 2013 implementation in line with the strategy. Report on implementation will go to the July 14 Board meeting.

<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"> • Maternity patient experience results remain the best in London – published in December 2013 • Inpatient experience action plan to be revised based on 2013 results and FFT feedback. • 2013 inpatient survey results due to be published in April 2014
<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"> • The refreshed estates strategy was approved by the Board 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 	<ul style="list-style-type: none"> • 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

		<ul style="list-style-type: none"> • Explore device integration plan • Increasing electronic links with GPs 	
<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>Having developed and reviewed the action plan for the implementation of SLM, it was suggested in November 2013 that the success criteria are changed for this priority objective to the following:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • New structure embedded and all posts recruited to, although some post holders yet to start • The maternity service line was accredited in early January 2014 • Review of service line structure and workings to date has indicated that there will not be 3 ready for accreditation in March 2013. Two have been identified for going through the accreditation process in April 2013 • External expertise recruited to support three key elements of SLM: leadership, technical and corporate support • Development of financial reporting tools progressing according to plan. Implementation of iSLR in Q1 2014/15

Strategic Objective 2 - To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust			
To ensure all our staff have clear objectives, regular appraisals and a personal development plan reflecting our values	Deputy Chief Executive	<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 All managers undertake a 360° on their people management skills and have the results built into their personal development plans. 	<ul style="list-style-type: none"> Completed
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 on-going basis Demonstrable improvements in staff satisfaction by 2014 measured by staff survey 	<ul style="list-style-type: none"> Five service lines are green, 7 Amber and 9 red. Corporate departments have improved with 2 green, 2 amber and 2 red.
<u>Priority Objective three</u> To implement a system that measures every manager and supervisors people management skills and enables improvement where necessary	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 Completed
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 	<ul style="list-style-type: none"> Completed Divisions have engaged staff in local staff survey action plans based on their own staff survey results and communications have been

		<ul style="list-style-type: none"> Implement a staff engagement exercise to ensure a clear understanding 	strengthened in 2013-14 with improvements to team briefings and dragons den sessions.
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"> Completed The results show issues with the out of hours working pattern and the intensity of the work. This will now form part of the patient flow project. Issues from the GMC survey are being picked up through the patient flow project. The GMC survey will be underway again in the spring of 2014 and the results will be known in August 2014 Leadership and development programme in place
Strategic Objective 3 - To work with partners to consolidate and strengthen the healthcare we deliver together for our local community			
To work closely with other providers in SW London and beyond to deliver demonstrable benefits for our patients	Chief Executive Officer	<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 Pathology contract signed in March 2014 The Trust will play a full part in the new collaborative commissioning arrangements

		<ul style="list-style-type: none"> • Contribution to the strategic development of South West London 	
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"> • Annual control review remit widened and reports being taken to FIC • Deed of amendment to take forward changes to Prime/ISS contract signed • Estates Strategy approved by the Board
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"> • Action plan delivered for 2013/14. • Commercial strategy discussions undertaken with each Service Line in Q4 • Refreshed commercial strategy for 2015/16 under development for review by Board in May 2014 • Continued increase in activity at Raynes Park Health Centre but behind plan in some areas • Trust services now operational at Surbiton Health Centre • Surrey Downs out of hospital review (post EDICS) agreed to re-commission Trust services • GP area of the website revamped and additional sections covering private patients and community clinics added • New Directory of Services produced • GP survey completed December 2013 indicating improvements in some areas but further action required on administration/comms • Choose and Book slot issues maintained below 4% across the year and below 2% at times. Some improvement in direct booking utilisation – Kingston & Richmond CCGs at c60%

		<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 	<ul style="list-style-type: none"> • Stakeholder Engagement Strategy reviewed by the Board in January 2014. Further work underway to outline how the strategy will be operationalised
To enable the council of governors to add value to the governance of the organisation	Head of Corporate affairs	<ul style="list-style-type: none"> • Priorities to be identified and agreed – April 2013 • Forward plan for the COG to be agreed – April 2013 • Self-Assessment – October/November 2013 	<ul style="list-style-type: none"> • The committees are well established and have reported to each meeting of the COG. • A review of the committees against their terms of reference will take place at the committees and then at the COG in June 2014 • The COG approved a Governor Involvement Strategy in January 2014 and an implementation plan in March 2014.
To develop and embed the full involvement of members in the running of the hospital in line with the Trusts agreed membership strategy	Head of Communications	<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 	<ul style="list-style-type: none"> • Strategy due to be updated with the support of the committee and Council of Governors for the July 2014 Board meeting. • E-bulletin has been issued every month since its launch in November 2013 • Three further events have been held since November 2013 and the events calendar is being finalised for 2014/15. • Involvement matrix has been shared with the committee and more work is underway, and will continue during 2014/15, to ensure attendance at key

		<p>members events and evaluate – June 2013</p> <ul style="list-style-type: none"> • Effective targeting of hard to reach groups and underrepresented groups to ensure the membership is representative – September 2013 	<p>events and meetings.</p>
Strategic Objective 4 - To work with GPs and other providers to support the delivery of more care in primary and community settings			
<p>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</p>	<p>Deputy Chief Executive</p>	<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"> • Agreement of performance and payment of 2013/14 contract made without the need for arbitration • Active engagement with commissioners including on Better Care Fund
<p>Develop and deliver a joint vision for healthcare locally with GPs and other partners, supporting the ongoing financial viability of the local health economy</p>	<p>Medical Director</p>	<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 Whole Systems Transformation Board with new chair of KHFT • Project Manager agreed. Job description completed. Objectives of group defined. • Medical Director and CEO attend the Health and Well Being Board • Co-Operative/Collaborative work with Kingston and Richmond Councils and CCS on Better Care Fund with joint vision emerging.
Strategic Objective 5 - To deliver well managed, quality services which are value for money for the tax payer			
<p>To deliver the 2013/14 financial plan</p>	<p>Deputy Chief Executive</p>	<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"> • Financial plan on track to achieve • Poor financial control in a number of areas, mitigated centrally • CIPs on track to deliver

<p>To deliver the Trusts productivity programme that supports delivery of a balanced long term financial plan for the Trust</p>	<p>Productivity Director</p>	<ul style="list-style-type: none"> • Clear five year programme in place, regularly refreshed and updated to support delivery of the IBP • 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 	<ul style="list-style-type: none"> • Regular reporting to Trust Board, FIC and QAC using the new dashboard which looks at quality and financial impacts of the programme together • Deep Dive to QAC on the quality impact of the productivity programme • 2014-15 programme identified and worked up as part of the budget setting process. 2014/15 budgets adjusted accordingly
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