Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th March 2010

TITLE	**Corporate Objectives 2009/10**
EXECUTIVE SUMMARY	This paper presents the Trust's 10 corporate objectives for 2009/10. These were agreed in April 2009 and the report gives a progress status on achievements across the year. Overall good progress has been made across all objectives. Ongoing areas include actions related to embedding efficiency and also patient and staff satisfaction. These will be taken forward through the Trust 6 Programmes of Work
BOARD ASSURANCE (Risk) / IMPLICATIONS	Relates to all aspects of the Board Assurance Framework. Failure to deliver the corporate objectives would create a very high level of risk to the Trust in terms of delivery of key service and financial targets, delivery of improved patient and staff experience, and the Trust's application for Foundation status.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The corporate objectives address a number of issues identified as highly significant by patients and key stakeholders. Delivering improvements in the patient experience, offering improved access to single sex environments, improving the measurement of quality, and delivering improvements to current car parking arrangements are all key objectives for the current financial year.
EQUALITY AND DIVERSITY ISSUES	Corporate objective 3 delivered a revised Single Equality Scheme for the Trust.
LEGAL ISSUES	Delivery of objective 7 required planning permission from the Local Authority.
The Trust Board is asked to:	Note the progress made.
Submitted by:	Andrew Liles, Chief Executive
Date:	18th March 2010
Decision:	For Noting

Annual on Corporate Objectives 2009-2010
Update report on progress March 2010

	Key actions	Progress	RAG
1	Define and demonstrate high quality care, safety and experience through new and comprehensive quality reporting- Executive lead =Medical Director and Chief Nurse		
	Delivery of quality metrics to the Board in a monthly report.	New quality metric report is available for the Board. This was introduced in November 2009. It will be reviewed and refined but brings together in one report all aspects of quality including a ward dashboard. This report now has the facility to track across the ward quality indicators as of March 2010.	
	Expand the LIPs programme and demonstrate reductions in the rate of avoidable harm.	The initial work required to give the project a baseline was a mortality review of 46 patient notes and a much more laborious data collection to create a global trigger tool (GTT). The GTT required the accumulation of data derived from note review and driven by a complex protocol from “randomised” patients in the organisation over a 6 month time span. The mortality review to give the project a baseline has been completed and the GTT analysis which required the accumulation of data derived from note review and driven by a complex protocol from “randomised” patients in the organisation over a 6 month time span is on-going .	
	Develop the Clinical Governance Committee to serve as a platform for review of the Clinical Directorates quality performance.	A Clinical Governance Committee is well established reporting to the Integrated Governance Assurance Committee (IGAC). It is chaired by the Medical Director or Chief Nurse in his absence. The Committee has evolved during the last year to professionally challenge and call to account the Business centres now called the Clinical Directorates on all aspects of performance. The Committee is enhanced with members of the public offering a very rich probing contribution from their perspective. As well as all clinical aspects of performance and care being debated and discussed the committee also ratifies policies & procedures.	
	Introducing process for the Board to hear patient stories and complaints	Process in place. First patient story was presented to the Board in November 2009. It is intended that will not be a one off but the Board’s intention to get this very rich learning and insight into the patient experience several times during the course of a year.	
	Design and Draft Quality Account	First draft has been reviewed by the Board in January 2010. A further draft will come to the Board in April , prior to sign off in June 2010	

2	Deliver measurable improvements in the patient experience and improve survey results. Executive lead =Medical Director and Chief Nurse		
	Ensure delivery of the action plans resulting from the Emergency Services and Inpatient Surveys	An action plan has been developed to address the Adult Outpatient Survey of May 2009. Results were disappointing but have triggered refurbishment action and work on behaviours and attitude as well at the information we communicate to our patients.	
	Develop and agree timely and regular patient experience measures for the Board	During the year two National Surveys have been conducted along side six monthly CQUIN & internally our comment cards have been used. Out Picker PDA survey was introduced and piloted in three areas, the findings of which are being evaluated.	
	Implement a new and more flexible complaints handling in line with national policy	Agreed and in place	
	Deliver the single sex accommodation standard	The Trust expects to be able to declare compliance in accordance with the DoH assessment tool at the March Board meeting.	
	Agree Terms of Reference for the Patient and Public Engagement Group for 2010/11	Agreed. Group established and meeting regularly, currently full membership as outlined in the terms of reference. When the Trust achieves FT status a governor member will be agreed.	
3	Develop a healthy, participative, high performing, innovative and representative workforce Executive lead =Director of Workforce and Organisational Development		
	Develop the HR department so it can play its full part in the support and development of Trust operational, improvement and strategic plans.	Development programme is in place. New structure established. Strong experienced deputy appointed.	
	Develop new workforce Key Performance Indicators, integrated with operational and financial plans and report these to the Board each month. Key Workforce KPI's for 2009/10 are: • Appraisal coverage *(target 70%)* • Reduced use of agency and temporary staff *(target 50% reduction on 2008/09)* • Turnover *(target below 14%)* • Vacancy levels – particularly in targeted "hot spots*" (target below 14% all staff groups)* Implementation of electronic job plans and	Trust Balanced scorecard incorporates Workforce KPIs Progress against these shows: ❖ Appraisal trajectory has improved (67% as at Jan 10) **---** ❖ Temporary staffing reduction (50%) has not been achieved ✔ ❖ Turnover target achieved ✔ ❖ Vacancy target achieved ✔ ❖ Job Plans will be in place by March 10 **---**	

	appraisals for Consultants (target 90%)		
	Develop and deliver an Action Plan to improve the Staff Survey results for 2009/10 to the average reported for Acute NHS Trusts	Early indications are as follows: 64.8% response rate in comparison to an average response rate of 52.8% suggests good staff engagement. ASPH scores better on 13 questions and worse on 1 in comparison with 2008 ASPH scores better on 13 questions and worse on 19 Questions in comparison with the average There are no areas where scores are lower than the average or where performance has slipped since 2008	
	Develop and commence a 4 year Workforce and Organisation Development strategy	Workforce and Organisational development strategy was agreed by the Trust Board in January 2010.	
	Improve the recognition and reputation of the Trust's staff and services through local and national awards.	Staff awards scheme now linked to Trust's 4 values. 48 nominations received for the event in March 2010. Successful in two categories for the SE Coast Best of Health Awards	
	Develop and support staff and the organisation to work innovatively. Bid to become one of 20 national Health Education and Innovation Clusters (HEIC)	No bids from SECHA were supported by DoH	
	Deliver the Trust's Single Equality Scheme	SES ratified by Trust Board in November 2009. Implementation is now regularly monitored via the Diversity Group.	
4	Create a modernised finance function and trust-wide commercial approach to managing and directing resources ad developing the clinical strategy Executive lead =Director of Finance and Information		
	Review and strengthen Finance Department to support application and operation as a Foundation Trust.	Structure reviewed and implemented. Appointments made to all senior posts in the structure	
	Improve financial management and reporting across the Trust with an emphasis integrating financial plans and budgets with HR metrics and operational delivery and improving the overall financial management capability of budget managers.	Presentation given to ward manager, budget holders by the Chief Nurse & deputy Director of Finance Feb 2010 with the intention to empower front line staff & increase awareness on managing pay & non pay budgets.	
	Update, train and implement a new Scheme of Delegation.	Board agreed a revised scheme of delegation which has been disseminated widely and implemented	

	Deliver the 2009/10 Cost Improvement Plan in full and ensure that plans for 2010/11 are developed in detail with an emphasis on productivity and efficiency	The Trust has achieved its CIP target for 2009/2010 and has identified a substantial CIP programme for 2010/2011. The 2010/11 CIP Schemes are 67% green rated. 20% are medium rated as further work is underway with Directorate to move these to green. Just 13% remain red rated. The 2011/12 CIP programme has been further developed as part of the SHA/Monitor requirements. This is included in one of the Trust's 6 Programmes - Programme 2 Improving Service Productivity and Quality.	
	Introduce a new Business Case process and take overview of all business cases requiring Trust Executive Committee approval.	TEC has played an active role in approving Business cases in 2009/2010 in line with the Scheme of Delegation	
	Develop the IT strategy	A review of Informatics has been commissioned and was presented to the Trust Board in February 2010. This sets out headline recommendations for further developing the IT Strategy in the light of the evolving national approach.	
	Produce and maintain a robust Long Term Financial Model.	LTFM completed and submitted to SHA and now to Department of Health	
	Develop Service Line Reporting (SLR) and Management (SLM	This now forms one of the Trust 6 Programmes of Work. It has been renamed **Building Stronger Clinical Directorates** and has a clear plan and deliverables. Month 6 2009/10 SLR analysis is complete.	
5	Complete current gaps in performance and move from amber to green in the Monitor Compliance Framework. Develop performance management systems and culture that deliver continued improvement Executive lead =Chief Operating Officer		
	Effective action plans for:	As at February 2010 the Trust was at amber in the Monitor performance framework. However only minor improvements are needed in a small number of areas and it is anticipated that the Trust can achieve a green rating The Trust was well prepared for Winter with robust escalation Plans. The Trust managed well across a difficult winter period.	
	MRSA target		
	Flu and Winter preparedness		
	A&E 4 hour target		
	Single sex accommodation		
	Improved discharge and reduced delays		
	Establish new and stretch targets for improvement through benchmarking	Limited amount of benchmarking has taken place e.g. cancer performance is reviewed monthly in Steering Group. Stroke is reviewed quarterly	
	Deliver Service Level Agreement activity and targets to maximise income.	SLA has been delivered with some marginal over achievement on income	
	Redesign performance Management reports.	Monthly Directorate reports have a new standardise format. There are formalised performance management meetings and a new Performance Management regime. Half yearly and end of year reviews with each directorate are chaired by the CE	
	Present and advise Board on overall		

	organisational performance (balanced scorecard approach/ Monitor Compliance Framework).	Balanced score card re vamped and based on Monitor Compliance Framework	
6	Develop the Trust's Clinical Strategy Executive lead = Director of Strategy		
	Develop action plans to improve market penetration and increase community provision for all of our clinical services	Market analysis is now debated by TEC at regular intervals, market penetration is part of the localised clinical strategy of each directorate. Outpatients undertaken outside the St Peter's site is increasing and performance monitored through the Clinical strategy group	
	Develop the "model of care" across Ashford and St Peter's Hospital to maximise the potential of each.	In progress, some movement has taken place, 10% increase in day case surgery at Ashford. Final steps will follow in the directorate clinical strategy	
	Produce a successful bid for the new Surrey Renal Unit.	Bid progressing well within the Consortium. The PCT has postponed the timetable for submitting final bids.	
	Develop the business case and the project plan to expand Cardiology services	Has expanded to incorporate the Epsom/St Thomas's work and opening of refurbished catheterisation facility	
	Three additional NICU step down cots opened	Funding has been made available in the Directorate budgets. However the capital programme has slipped due to delays caused by the sequential programme to achieve Single Sex Accommodation across the Trust.	
	Develop and expand Interventional Radiology services, subject to the business case.	Business case produced and approved by TEC, recruitment unsuccessful presently recruiting again.	
	Work with the PCT and other Surrey acute Trusts to reduce patients travelling to London for treatment wherever possible.	'Waterfall' strategy adopted by NHS Surrey, some significant progress already taken place, e.g. Cardiology. More programmes underway e.g. oncology support including LINAC's	
	To embrace and establish the relationships to deliver the Surrey PCT 'ice climb' and waterfall concepts.	See above	
	Support development of the Surrey Vascular network and its application to become a screening centre for Aortic Aneurism services across Surrey.	Bid supported by NHS Surrey, SEC SHA but not supported by DH	
7	Improve the Hospital Environment and Car Parking Executive lead =Director of Strategy		
	Deliver the ward remodelling programme to improve patient privacy and dignity and eliminate	Majority of building programme delivered, some ward refurbishment will be undertaken in 10/11	

	mixed sex accommodation		
	Create sufficient, protected car parking for patients and visitors at both hospitals	Plans in place and outline planning application approved. Works should occur in 2010/2011	
	Develop a 3 year plan that improves the physical environment from a patient and visitor perspective.	In place	
	Demolish ramp and effectively re-provide accommodation.	Lower wings of the ramp demolished with staff facilities re-provided, next stage of demolition scheduled for 2010/2011.	
	Support functions moved out of Ramp to new office/ Ashford Hospital.	Partly achieved, more to follow in 2010/2011	
	Business Centre Mangers moved into new office alongside HR partners and directorate accountants	In progress, achieved in some directorates not all	
8	Complete Phase 1 of a new programme of continuous development and improvement Executive lead =Medical Director and Chief Operating Officer		
	Develop a lean transformation team within the trust	Team established. The 2 pilot projects have been very successful with practical improvements in • Medical discharge • Day surgery The next cohort of projects have now been agreed	
	Design and implement 2 new pathways, working with Surrey PCT.	This is now included in the NW Surrey Transformation Board as a sub group which focuses on improving care pathways. Work is looking at fractured neck of femur and discharge to community. These also featured in EQUIP and are being undertaken in partnership with PCT	
	Continue to roll-out the productive ward	19 out of 24 wards across the whole Trust will have implemented the Foundation module by the end of March 2010.	
	Shape CIP targets for 2010/11 and 2011/12 (target £2m per annum	Formal project office has been established. An external advisor has offered guidance, scrutiny and challenge to the programme. The Trust is on track for green rating by end March. Early identification of some schemes for 2011/12 has been completed	
9	Develop a constructive working relationship with our external stakeholders and partners Executive lead =Chief Executive		
	Develop a communications and stakeholder engagement strategy	Approved by Trust Board in February 2010. Further work now underway to develop action plans to support the strategy	

	Deliver a rolling programme of networking and promotional events	Stakeholder mapping is developing as a rolling piece of work supported by a stakeholder engagement plan. Spotlight events for GPs have been revamped and have been very successful.	
	Establish effective stakeholder communications programme.	Stakeholder engagement programme is being set up, supported by a developing communications plan	
	Establish ongoing membership recruitment programme	Public membership now stands at c 4800. The first newsletter was published in December 2009, the first members Health Event was in February 2010 and there was a series of events for members interested in the role of governor.	
10	Become authorised as a Foundation Trust Executive lead = Director of Strategy		
	Deliver a successful and coordinated programme of application to become a Foundation Trust - with a target date of becoming authorised in March 2010	Additional work was required by the SHA to ensure the Board was well established and a robust IBP and LTFM were in place. The SHA has now recommended the Trust to the DoH phase and the aspiration will be to achieve FT status in 2010 although the timeline is driven externally.	