

Trust Board meeting (Part 1)		Date:	29 April 2015
Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/011	Reviewing 2014/15 and Annual Objectives 2015/16	Iain Tulley, Chief Executive	Rachel Clark, Director of Organisational Development Emma Roberts, Director of Corporate Affairs/Company Secretary
This report is for:			
Decision			X
Discussion			
To Note			
History			
<i>Executive Team, 30 March, 7 April, 21 2015</i>			
<i>Directors Team, 14 April 2015</i>			
<i>Board Seminar, 14 April 2015</i>			
The following impacts have been identified and assessed within this report			
Equality	Assessed within outcome measures.		
Quality	Assessed within outcome measures.		
Privacy	Assessed within outcome measures.		
Executive summary of key issues			
<p>This report provides the Board with an end of year report on the achievement of the Annual Objectives of the Trust in 2014/15. The report also presents the 2015/16 Annual Objectives of the Trust, which, having been subject to extensive consultation with staff, service users and members are presented for approval.</p> <p>The Annual Objectives will provide a key element of the corporate governance framework of the Trust, enabling the Trust Board to hold the leadership to account. Accompanying the objectives are a series of outline ‘dashboards’ which through the course of the year, will provide the board with assurance in relation to the achievement of the objectives.</p> <p>The Board is invited to consider the report and to approve the Annual Objectives for 2015/16.</p>			
This report addresses these strategic priorities:			
We will deliver the best care			X
We will support and develop our staff			X
We will continually improve what we do			X
We will use our resources wisely			X
We will be future focussed			X

1 Progress against Annual Objectives 2014/15

1.1 Introduction

The Board agreed its Annual Objectives for 2014/15 at the start of the financial year. It was agreed that the Board would receive a quarterly monitoring report to enable it to hold the relevant leads to account for delivery of the objectives in year.

This report sets out progress and achievement during the year.

1.2 Progress

All Objectives have been delivered as detailed below in the chart. The Board will note that of the ten objectives:

- Five objectives are fully achieved
- Two are not achieved but have been outside the Trust's control. This is due to the Foundation Trust pipeline (CQC Inspection and FT Authorisation) but they have been rolled forward to the 2015/16 strategic priorities
- One is partially achieved, and will be fully implemented through the remainder of Quarter 4 and into Quarter 1 of 2015/16
- One is not achieved due to lacking baseline data but has been rolled forward to the 2015/16 strategic priorities (restrictive priorities)

Objective	Expected Date of Achievement				Progress RAG rating	Commentary as at 1 st March 2015
	Q1	Q2	Q3	Q4		
Priority 1 To deliver the best care						
To achieve a rating of 'good' from the Inspector of Hospitals		X			Not achieved.	This objective has been rolled over to 2015/16 as the Trust's trajectory for re-inspection is now likely to be in the 2015/16 financial year. See.
Priority 2 To support our staff						
To implement Friends and Family for staff	X				Achieved	This has been fully achieved.
To enable every team to receive Team Development in the coming two years					Achieved	This objective has been rolled over into 2015/16 as it is a two year objective but is achieving fully in year. All teams will receive team development by the end of 2015/16, and this is on track to deliver. As at the point of writing, x teams have received team development.
To see 10% of questions on the annual staff survey improve on 2013 results				X	Not achieved	This objective has not been achieved. Some improvements were demonstrated in the 2014 survey but these were small did not achieve the objective fully. This has been recognised by the Board and the need for a more focused objective developed for 2015/16.

Priority 3 To continually improve what we do						
To fully establish the Quality Academy			X		Partially delivered	Not fully achieved. The Quality Academy was replaced by the Quality Board structure and has been subject to consultation in year and is partially delivered. With the commencement of the new Director of Nursing in March, the implementation of this will now commence full implementation rapidly in Quarter 4 and into 2015/16.
To achieve a 20% reduction in the use of restrictive practices				X	Not achieved.	A professional and externally validated review of the use of restrictive practices took place during the year, which has provided a baseline for training and development of staff led by the Director of Nursing. With this evidence based baseline, the objective has been rolled over into 2015/16.
Priority 4 Use our resources wisely						
To establish the Resources Directorate		X			Achieved	Achieved. The Resources Directorate was implemented in full.
To achieve our CIP Programme				X	Achieved	Achieved. The Cost Improvement Programme is achieved for 2014/15.
Priority 5 Be future focused						
To become authorised as a Foundation Trust				X	Not achieved	This objective has been rolled over to 2015/16 as the Trust's trajectory for authorisation as a Foundation Trust has been moved to the financial year 2015/16.
To implement the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol	X				Achieved	Achieved. The tender was awarded in Q1. The Board remains sighted on the project through reports to the Board.

	Not achieved and objective rolled over to 2015/16
	Achieved
	Partially Achieved

2 Annual Objectives 2015/16

2.1 Strategic Priority – Delivering the best care

Aim	
To consistently deliver high quality services that are clinically led, locally integrated and quality focused.	
Objectives	Executive Sponsor
Maintain CQC registration and achieve full compliance with CQC essential standards.	Director of Nursing
Achieve a measureable reduction in avoidable harm	Director of Nursing
Improve the physical health of our service user population	Clinical Executive
Improve the clinical effectiveness of our services	Clinical Executive
To improve service user and carer experience	Clinical Executive
To improve medicines management across all Trust Localities	Clinical Executive
Baseline	
1. No compliance actions	
2. Total number of in-patient falls and incidents of restrictive practice resulting in harm, 2014-15.	
3. (New practice); Number of grade 3&4 pressure ulcers originating in AWP, per month, 2014-15.	
4. 320; Total number of seclusions 2014-15.	
5. (New practice)	
Outcome	
1. No compliance actions, no QRP red areas across all 5 CQC domains	
2. 50% reduction in avoidable falls resulting in harm across the Trust's in-patient units 50% reduction in incidences of restrictive practices resulting in harm by Quarter 4.	
3. By quarter 4 all inpatients will have their physical health status recorded every 24hrs < 2 grade 3 & 4 pressure ulcers originating in AWP, per month	
4. 90% of service users recommend AWP in the friends and family test by Quarter 4. 50% increase in service user satisfaction with the services they receive 50% reduction in number of seclusions by Quarter 4 Remove prone restraint from Trust practice by quarter 4	
5. 100% compliance with medicines management audit outcomes by end of Quarter 4 to include: monthly audits of 'empty boxes', Rapid Tranquilisation, Controlled drugs, RiO reporting of PRN	

Actions to support the delivery of this aim	Executive Sponsor
1. Implement a review of effectiveness of local governance arrangements in line with well led framework	Director of Corporate Affairs/Company Secretary
2. Develop a dedicated, responsive and transparent customer focused complaints service which listens and responds well to service user and carer complaints	Clinical Executive
3. Pilot electronic service user engagement programmes such as 'I want great care' to engage the service users as equal partners in their care	Director of Nursing

and clinical care delivery.	
4. Develop 'patients as leaders' programme as part of a service users involvement strategy	Clinical Executive
5. Maintain up to date condition of the estate with particular attention to flooring and ligatures	Director of Resources
6. Develop nursing administration of drugs competency assessment framework.	Director of Nursing
7. Standardise clinic/treatment room design and equipment usage through introduction of 'productive ward' procedures.	Director of Nursing
8. Develop clear medicines reconciliation process for dissemination across the Trust.	Medical Director
Assurance	
IQ	
Internal/ external inspections	
Safer Staffing levels	
Service User and Carer feedback	
Benchmarking	
IQ - use and analysis of data.	
Outcome measures	
Survey results	
Progress on actions reported to Quality & Standards Committee on a quarterly basis	

2.2 Supporting and developing our staff

Aim	
To develop all members of staff to support improved patient care and staff wellbeing.	
Objectives	Executive Sponsor
1. To address, in full, the 3 most concerning matters in the 2014 staff survey – (Bullying/quality of appraisal/visibility of managers)	Director of Operations/ Director of Nursing
2. To achieve a 10% improvement in response to the question 'would you recommend your team in AWP as a place to work'	Chief Executive
3. To achieve 100% of substantive staff to receive structured appraisal	Director of Operations
4. To achieve recommended 'safer staffing' levels across all teams	Director of Nursing
5. To reduce staff turnover rate in the Trust by at least 2%	Director of Resources
Baseline	
1. Staff experiencing bullying, harassment and abuse at work – 27% (2014 Staff Survey) Staff experiencing physical violence from staff – 5% (2014 staff survey) Staff receiving a well-structured appraisal – 35% (2014 Staff Survey) Staff engagement score – 3.6 (2014 Staff Survey)	
2. Team based working programme - 12.5% of teams engaged as of 31 March 2015	
3. Percentage of staff recommending AWP as a place to work - 42% (2014 Staff Survey results)	
4. Appraisal rates - 88.2% (March 2015)	
5. Defined safer staffing levels	
Outcome	
1. As a minimum , to bring scores specified key findings in line with national average for Mental Health/ Learning Disability Trusts Bullying and Harassment from other staff – 21% Staff experiencing physical violence from staff – 3% Staff reporting well-structured appraisal – 41% Staff Engagement – 3.72 External review of Trust approach to the management of bullying. Monthly review of the incidence of bullying. Individual review of quality of appraisal (recorded via IQ)	
2. 10 % improvement in response to question concerning recommending AWP as a place to work	
3. 100% of staff appraised	
4. % shifts where safer staffing levels were achieved	
5. Reduction in staff turnover rate to 12.3%	
Actions to support the delivery of this aim	Executive Sponsor
1. Ensure all teams have completed team development programme by April 2016	Director of Organisational Development
2. Enrol 100 staff as apprentices	Director of Organisational Development
3. Review and support training of managers in the delivery of appraisal	Director of Organisational

	Development
4. Maintain recruitment drive and introduce further initiatives to improve	Director of Resources
5. Maintain focus on recruitment and monthly reporting on starters and leavers	Director of Resources
6. Fully implement revised stat/mand training programme by September 15	Director of Organisational Development
7. Monthly monitoring of local workforce development plans	Director of Operations
8. Complete workforce development strategy by September 2015	Director of Organisational Development
9. Continue to implement fully all aspects of health & wellbeing and organisational development programme	Director of Organisational Development
Assurance	
Staff Friends and Family Test	
2015 NHS Staff Survey results	
Appraisal rates	
Progress on actions reported to Employee Strategy and Engagement Committee on a quarterly basis	

2.3 Strategic priority - Continually improving what we do

Aim	
To achieve a comprehensive and high functioning acute care pathway across all localities.	
Objectives	Executive Lead
1. To reduce the number of patients placed out of trust area by 50%	Director of Operations
2. To admit 90% of those needing admission to beds with home locality	
3. To reduce overall bed occupancy across the Trust by 5% to enable flow and achievement of objective 2	
4. To achieve one hour of therapeutic activity per patient in each of our wards every day.	
Baseline	
1. Average of number of patients placed out of trust area between September 2014 and March 2015 = 40	
2. Number of patients admitted to home locality March 2014 – April 2015 = 83%	
3. Bed occupancy rate of March 2014 – April 2015 Adult Acute = 96% Older Adult = 96% PICU = 95%	
4. New for 2015	
Outcome	
1. A reduction by 2 per month of out of area placements	
2. 90% of patients admitted to beds in their home locality from Q1 and in each Quarter	
3. A consistent bed occupancy rate of x% by (date)	
4. One hour of therapeutic activity per patient provided in every ward every day	
Actions to support the delivery of this aim	Executive Lead
1. Conduct Training Needs Analysis to identify development needs associated with revised acute care pathway and provide training	Director of Organisational Development
2. KPIs developed for 'Acute Care Pathway programme'	Director of Operations
3. Revise and develop the pathway for service users with Personality Disorder to ensure evidence based and appropriate care is provided	Clinical Executive
4. Improve ward efficiency to 'liberate time to care': <ul style="list-style-type: none"> Development of a 'core day' principle for all wards across 7 days Standardise practices across all wards in relation to: <ul style="list-style-type: none"> The admission process Average length of stay by diagnosis Development of standardised documented schedule of care Develop protocols for recommended practice for ward doctors in relation to FED, Formal reviews, Daily reviews Implement agreed escalation protocol 	Director of Nursing
5. Review impact on community services of changed ward practices	Director of Operations
6. Development of a 'standard practice' audit tool	Director of Nursing
7. Implementation of the outcome of the 'purposeful recording project'	Medical Director
Assurance	

IQ/ Delayed Transfers of Care
CQPM/ CCG relationships
Progress on actions reported to Quality & Standards Committee on a quarterly basis

2.4 Strategic priority - Using our resources wisely

Aim	
To improve our efficiency and maximise resources to front line care teams	
Objectives	Executive Lead
1. Achieve 100% of our planned cost improvement schemes	Director of Resources
2. Reduce our overheads by 3.5% in year	
3. Achieve our growth income target of £4.2m	
4. To use our reference costs as a means of improving efficiency and reduce future reference costs by at least 10%	
Baseline	
1. Achievement of all planned schemes for 2014/5	
2. 14/15 overheads £41m	
3. NA	
4. 13/14 Reference Cost 127 Overall (151 Clustered Services and 91 Non Clustered)	
Outcome	
1. % achievement of planned schemes	
2. % reduction in overheads (£1.4m)	
3. Achieve income growth in year	
4. To review reference cost data fully to better understand the cost base of the trust in order to drive up efficiencies and that the reference cost index improves in 2016/17.	
Actions to support the delivery of this aim	Executive Lead
1. Future Finance Project Board in place to monitor on-going CIPs	Director of Resources
2. Project Manager in place to lead Estates Strategy and monitoring by PMO	
3. Project started to scope overhead reduction and action plan to be agreed by Finance and Planning Committee at May 2015 meeting	
4. Reference Cost project in place monitored by Finance and Planning Committee	
5. External Review of costing and apportionment methodologies for Reference Costs	
6. Monthly monitoring Report for localities by team showing Unit costs linking activity and Finance	
7. A working group established to review ref cost reduction action plan reporting to Finance and Planning Committee	
Assurance	
Monthly Reporting to Finance & Planning Committee	
Project and Delivery proposal being presentation to F&P in April 15 for agreement	

2.5 Strategic priority - Being future focused

Aim	
To become a sustainable Foundation Trust that meets the needs of its communities and can respond to national and local changes in the health and social care system.	
Objectives	Executive Lead
1. To develop a clear strategy in the light of 5 year forward view	Chief Executive
2. To operate within our local areas as system leader to the benefit of the wider system	Chief Executive
3. To make an active contribution to the local, regional and national debate around Mental Health commissioning and delivery	Chief Executive
Baseline	
1. New for 2015	
2. New for 2015	
3. New for 2015	
Outcome	
1. A board owned and signed off Strategy, which reflects engagement with the health system within which we work, and is driven by the Board's commercial ambitions.	
2. Achievement of the contract requirements as Bristol System Leader, and demonstrating the learning as early implementer of a system leader role in engagement with the wider health system.	
3. Securing appropriate membership of seats on boards of partnership organisations such as Health and Well Being Boards, Resilience Groups, AHSN, etc	
Actions to support the delivery of this aim	Executive Lead
1. Advise the Board and Directors Team on the governance, legal and regulatory implications of the emerging detail of the Dalton and Five Year Forward View	Director of Corporate Affairs/Company Secretary
2. Provide appropriate mechanisms, through the Trust membership, for effective, engagement and consultation, in order to enable service user, carer and public contributions to effectively be considered through service change proposals	Director of Corporate Affairs/Company Secretary
3. Through the Communications Strategy, to reinforce staff awareness of their role in the work of the Trust outside of their teams and localities to improve appreciation of how the Trust fits together as a whole	Director of Corporate Affairs/Company Secretary
4. Advise the Board on organisational capabilities required to implement the strategic direction described in the Five Year Forward View and organisational models described in the Dalton Review	Director of Organisational Development
5. Increase understanding of AWP reputation through use of organisational 360 review	Director of Organisational Development
6. Enhance AWP reputation through the use of local, regional and national awards/ recognition schemes	Director of Organisational Development
7. Deliver all local and national key performance indicators	Director of Operations
8. Develop a robust, trust-wide Business Development Framework and Process to deliver its Growth Targets	Director of Resources
9. Provide CCGs with regular performance information in line with contract and to assist future commissioning	Director of Resources

10. Oversee the Otsuka Project and research opportunities for exploiting the benefits across AWP and beyond	Director of Resources
11. Expand our back office/support functions to deliver services over the wider health economy to meet the NHS efficiency challenges and to develop our role as system Leader.	Director of Resources
Assurance	
Local enterprise strategies that are jointly owned and signed by all stakeholders	
Friends and Family Test results	
Feedback from CCGs	
Outcomes of tenders	
Progress on actions reported to Finance and Planning Committee on a quarterly basis	

2.6 Monitoring and Assurance

2.6.1 Board oversight

The Board will review achievement against each of the objectives using the dashboards which are appended to the paper. The dashboard provides a visual representation of the achievement of the outcome against trajectory, alongside other risk and assurance information provided from the Board Assurance Framework.

Combining the Annual Objectives and the Board Assurance Framework provides the Board with a clearer mechanism through which to see how the control frameworks it has identified are serving to ensure that the Trust is able to mitigate the risks in achievement of its Annual Objectives and through these its strategic aims.

2.6.2 Reporting mechanisms

Board will receive a quarterly report which evidences achievement against the Annual Objectives, and which provides updated Dashboards. Audit and Risk Committee will continue to receive the detailed assurance information within the Board Assurance Framework as it currently does at each of its meetings.

The Board has indicated that it wished to monitor the following Objective on a monthly basis such is its importance:

Strategic Priority 2.2 : To develop all members of staff to support improved patient care and staff wellbeing

“Objective 1 - To address, in full, the 3 most concerning matters in the 2014 staff survey – (Bullying/quality of appraisal/visibility of managers)”

Therefore, a separate report and dashboards will be presented to the Board at each of its meetings in order to review this issue.

2.7 Conclusions

2.7.1 Review

For those objectives which are new to the Trust for 2015/16, baseline data is not available, and this will be obtained in month 1 and 2. All objectives will be kept under review to ensure they remain clinically appropriate, well evidenced and reflecting best practice. Any small refinements necessary would be recommended to the Board for ratification.

2.8 Recommendation

The Board is invited to note the report and to **approve** the Annual Objectives for the Trust for 2015/16.