

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 30th July 2014
------------------------------	----------------------

Title:	Review of performance against Annual Objectives
Item:	BD/14/111

Executive Director lead and presenter	Iain Tulley, Chief Executive
Report author(s)	Emma Roberts, Company Secretary and Director of Corporate Affairs

History:	<i>Executive Team, 22 July 2014</i>
----------	-------------------------------------

This report is for:	
Decision	X
Discussion	
To Note	

The following impacts have been identified and assessed in relation to this report:	
Equality	Not applicable
Quality	Not applicable
Privacy	Not applicable

Executive Summary of key issues
<p>This report provides an update to the Board in relation to achievement to date of the Trust's Annual Objectives for 2014/15. The Trust has identified ten Annual Objectives aligned with its five Strategic Priorities. Each of the Annual Objectives has an allocated Executive Lead and the report identifies when it is expected that the objective will be met. The report demonstrates that all Objectives are on track to be delivered or where delivered in Quarter One (where this was identified). The measures of achievement are identified for each Objective. The report summarises progress to date and the points of Board scrutiny in order that the Board can hold the Executive to account for deliver in year.</p> <p>The Board is invited to provide comment on any changes which would assist with its future iteration, and affirms the progress and achievement identified.</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. Introduction

1.1 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.

1.2 This is the first iteration of this report and comments on the style and any refinements required will be appreciated as part of its onward development.

2. Progress

All Objectives are delivering as planned. A summary of action and progress to date is provided below along with clarity around Board and Board Committee scrutiny of each objective.

3. Conclusion

Progress to date is as planned and the Board is asked to note that it will receive a further update in October, January and April.

4. Recommendation

4.1 The Board is asked to resolve that:

It notes the report, provides comment on any changes which would assist with its future iteration, and affirms the progress and achievement identified.

5.

Objective	Expected Date of Achievement				Progress RAG rating	
	Q1	Q2	Q3	Q4		
Priority 1 <i>To deliver the best care</i>						
To achieve a rating of 'good' from the Inspector of Hospitals		X			Pending	The CQC inspection report is awaited.
Priority 2 <i>To support our staff</i>						
To implement Friends and Family for staff	X					The first tranche was implemented in May. This will be repeated quarterly and the next tranche is due in August.
To enable every team to receive Team Development in the coming two years						Plans are being developed, scrutinised by Employee Strategy and Engagement Committee with a view to launching this in 15/16.
To see 10% of questions on the annual staff survey improve on 2013 results				X	Pending	Will be reported on in Q4.
Priority 3 <i>To continually improve what we do</i>						
To fully establish the Quality Academy			X		Pending	Will be reported on in Q3.
To achieve a 20% reduction in the use of restrictive practices				X	Pending	Will be reported on in Q4. Will span a two year period.
Priority 4 <i>Use our resources wisely</i>						
To establish the Resources Directorate		X			Pending	Consultation took place in Q1 with implementation due to complete in Q2. On track to deliver.
To achieve our CIP Programme				X	Pending	Will be reported on in Q4. Under review by the Finance and Planning Committee.
Priority 5 <i>Be future focused</i>						
To become authorised as a Foundation Trust				X	Pending	Will be reported on in Q4. Still on track.
To implement the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol	X					The tender was awarded in Q1 and work to transition is under way. The Board remains sighted on the project through reports to the Board.

Objective	Commentary	Measure of Achievement
Strategic Priority 1 <i>To deliver the best care</i>		
Lead director <i>Executive Team</i>		
To achieve a rating of 'good' from the Inspector of Hospitals	<i>The CQC Inspection took place in June 2014. The report of the CQC is anticipated by the end of July 2014. The Quality Summit will take place on 13th August. Early verbal feedback has resulted in an action plan which is being driven forward by the Trust. The Trust anticipates having completed satisfactory actions to receive a 'good' rating.</i>	A 'good' CQC rating in response to the Chief Inspector of Hospitals Inspection.
Strategic Priority 2 <i>To support our staff</i>		
Lead director <i>Rachel Clark, Programme Director – Development</i>		
To implement Friends and Family for staff	<i>The staff friends and family test was implemented within the Trust in May 2014, with the results published in early July. We are particularly pleased with the improved response to Q1 about care being the top priority as this has been a consistent Board commitment. The survey response rate was 19% which we will seek to improve in future quarters. We don't yet know if NHS England will present data using the Net Promoter Score and further guidance is awaited from NHS England. The Board received an update at its meeting in July 2014 and will receive a further more detailed response once guidance is received from NHS England in August 2014.</i>	Staff Friends and Family survey in place and outputs reported to Board.
To enable every team to receive Team Development in the coming two years	<i>Team Development will commence in September 2014; an early focus will be Secure Services and Sycamore Ward. The programme will be a collaboration with the Quality Academy to develop a consistent approach to team development and service improvement. An Organisational Development Lead has been appointed to lead this work.</i>	

To see 10% of questions on the annual staff survey improve on 2013 results	<i>Six improvement themes were identified as a result of feedback from the Annual Staff Survey 2013. Deliberate action has been taken in each theme. Regular updates are provided to ESEC. The Staff Friends and Family Test has been developed as our internal staff survey providing regular “temperature checks” of staff experience and opinion.</i>	<i>A 10% or greater improvement in the staff survey results in 2014.</i>
Strategic Priority 3 <i>To continually improve what we do</i>		
Lead director <i>Alan Metherall, Acting Director of Nursing</i>		
To fully establish the Quality Academy	<i>Consultation has commenced within the Trust in relation to the aspiration for the Quality Academy. A series of consultation events have enable clarity around potential function and a proposal for the implementation of Trust-wide clinical networks was considered by Senior Management Team in July 2014. Further work to scope out the service improvement and patient safety functions will continue through July and August. Due to deliver in Quarter 3. The Quality and Standards Committee will retain scrutiny of the plans and proposals to ensure the Quality Academy meets the requirements of the quality assurance framework.</i>	<i>The Quality Academy will have a clear scope and function, and fully resourced to deliver.</i>
To achieve a 20% reduction in the use of restrictive practices	<i>The Violence Reduction Group (VRG) has developed a work plan to oversee implementation of actions to achieve this objective. Actions to date include progressing an options appraisal for reviewing the method of physical interventions; presentation of Safewards to ward managers, CCG Commissioners as our primary approach to prevention for the need to utilise restrictive practices, improved access to incident report data for ward managers, changes to PMVA training and re-fresher training. Lead Nurse working with Matrons and ward managers to help roll out Safewards. The group will report to the Mental Health Legislation Management Group. There has been little progress on ensuring nationwide consistency in reporting of techniques used in PMVA.</i>	<i>There will be an overall reduction of 20% in the use of restrictive practices.</i>
Strategic Priority 4 <i>To use our resources wisely</i>		

Lead director <i>Sue Hall, Director of Resources</i>		
To establish the Resources Directorate	<i>Implementing the outcome of the 2013 Consultation paper which introduced the idea of a Resources Directorate began with the appointment of the Director of Resources in April 2014. The Consultation which made proposals around the structure of the senior management team reporting in to the Director of Resources took place in June 2014 and an outcome paper is planned for July 2014. The remaining structure will be implemented following the consultation paper and the transformation project is on track to deliver by the end of Quarter 2.</i>	<i>Complete restructuring of the corporate departments within the Resources Directorate.</i>
To achieve our CIP Programme	<i>The Finance and Planning Committee retains oversight of the Cost Improvement Programme and provides challenge and scrutiny in relation to its achievement in year. To date achievement of CIP is to plan. It is anticipated therefore that the CIP programme will be achieved in year and this will be reported in Quarter 4.</i>	<i>Board report detailing achievement of Cost Improvement Plans through the year and end of year position at the end of Quarter 4.</i>
Strategic Priority 5 <i>Be future focused</i>		
Lead director <i>Executive Team</i>		
To become authorised as a Foundation Trust	<i>The Trust anticipates being authorised as a Foundation Trust in Quarter 4. Achievement of this timescale is kept under review by the Foundation Trust Steering Group and the Board itself. The Board is aware that maintenance of this deadline relies upon achievement of a 'Good' CQC rating.</i>	<i>Receipt of license as a Foundation Trust from Monitor.</i>
To implement the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol	<i>The Trust received confirmation that it had been awarded the tender for part of the Bristol mental health provision in June 2014. Certain of the lots were lost to other participants in the process, and the process of transition is underway. The Board receives updates at each of its meetings. This is on track to deliver by October 2014 when service provision commences.</i>	<i>Provision of new services in Bristol.</i>

