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**Trust Board meeting 29 March 2012**

**Corporate objectives**

**Purpose of the Report:**

- Achievement of 2011/12 objectives
- Proposed 2012/13 objectives

**Report by:** Jan Filochowski, Chief Executive

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**Achievement of 2011/12 objectives**

Although we have not quite reached the end of the financial year I can now give a preliminary report on our achievement:

- 1. Achieving our planned surplus:** As shown in other Board papers after adjustment for delay in loan scheduling agreed with the SHA it seems likely that we will achieve this.
- 2. Foundation Trust status:** At the beginning of last year the Trust's application stalled while we waited for an answer to our request for loan rescheduling. The position changed in mid-year when the Department of Health introduced new rules and a tri-partite agreement on projected progress. Since then we have successfully moved forward with our Board to Board meeting in early February and the completion of all outstanding documentation by the beginning of March as required. We await confirmation that the SHA is ready to put us forward to the Department of Health on 1 April 2012.
- 3. Quality and Safety:** NHSLA level 2 was successfully achieved last summer and we believe we are fully compliant with CQC requirements.
- 4. Dealing with emergency pressures:** Our biggest operational challenge, and one for which we can claim real success both from the point of view of creating extra facilities on time and fit for purpose in the form of the surge ward and the Clinical Decision Unit, but also in terms of our ability to deal with increased numbers. In the event, numbers of emergency patients this winter have been significantly higher than expected but we have still coped, achieving throughout the winter months some of the very best results in England on waits in A&E.

- 5. Patient experience:** The results from the latest outpatient survey show a dramatic improvement on 2009, when the last national survey took place. The 2011 in-patient survey results show an overall improvement on 2010 and against the measures used by the SHA we are the most improved trust in the East of England moving from seventeenth to seventh. Picker, our surveyors, have also undertaken a comparison of our results with a peer group of hospitals (in Berkshire, Essex, Hertfordshire and London) which now show us better than the average for the peer group.
- 6. Contract with our Commissioners:** We signed this on time and the in year management of it between ourselves and the PCT has been constructive and amicable.
- 7. Appraisals and training:** We have continued to make good progress in increasing appraisal and mandatory training levels. We are confident that we will meet the 90% target for appraisals. For mandatory training we are showing a very significant improvement over last year and our information from other Trusts indicates to us that our performance is now better than most. However, we may still not quite achieve the 80% target we set ourselves.

## 2012/13 objectives

Broadly the key challenges and therefore the basis of our corporate objectives seems to me as follows:

### 1. Smooth progress of our FT application:

Our objective **is** to take our application forward to the Department of Health to be reviewed by Monitor and to achieve authorisation in the coming financial year. However, an exact timeline for this cannot be predicted and indeed will be subject to some uncertainty that is not related to us.

### 2. Achieve our planned financial surplus and, subject to loan rescheduling an overall Financial Risk Rating of 3. Key measures and (once again) tough ones.

### 3. Emergency admissions: We need to prepare and implement plans to ensure we cope through the coming winter given there is every likelihood that the level of emergency patients will equal or exceed the heightened levels we have seen since the beginning of 2012. This is likely to mean once again that we consider what extra capacity we need on the Watford site to ensure we cope and specifically avoid using the Cardiac Cath Lab as emergency overflow.

### 4. Agree IT strategy and start to implement

Work is already underway on a new strategy and should be completed by May. The aim is to obtain Board agreement, based on the external report to the strategy and its resource implications with clear milestones. This will be a key element in forwarding the overall strategy of the Trust.

### 5. Watford Health Campus: Funding has now been agreed for the road and some other base infrastructure and the development partner for the Campus will be selected in the summer. During the next year, therefore, we can and should agree the route for the road, let a contract to begin its construction and complete it within two years. We should also make clear, timed progress on related objectives, namely the construction of a combined heat and power plant, a multi storey car park and administrative offices, as well as the basic footprint for the new hospital and the proposed sequence of construction. It should be understood that final commitment to funding the hospital redevelopment (if it is made) will not be in this financial year.

### 6. Improving the patient experience: In the light of the good progress on the outpatient and in-patient surveys, it is suggested that the focus be on A&E and paediatric in-patients both of which have dedicated surveys this year. In both cases we should seek to emulate or exceed the achievements in the in and outpatient surveys i.e. to be at or above the average for our peer group of hospitals. We have no previous data on paediatrics but the last A&E survey in 2008 showed us near the bottom nationally. In addition, there is a need and an opportunity to improve the process of monitoring the patient experience. The objective this year should be to report current data

to each Board meeting rather than wait for an annual or at least an infrequent report and to show improvement against areas which are important and where we are under-performing.

- 7. Improving the care and experience of patients with dementia:** This is being highlighted as a key national priority. This year we must implement the next steps in the National Dementia Strategy and report on key milestones that show we have.
- 8. Implement our People Strategy:** The Board has agreed a new people strategy as part of its three pronged overall strategy. We need to set ourselves some clear milestones in terms of delivering this, notably using the indicators given in the annual staff survey.