

Trust Board Meeting

7 April 2016

Paper Reference:	TB(16-17) 8
Report Title:	Strategic Objectives: Measuring Delivery of Success
Executive Summary:	The paper provides an overview of the work undertaken at the request of the Trust Chairman to identify measures of success for the strategic objectives in consultation with key stakeholder groups, and a proposal for how success should be measured.
Action Required:	Trust Board is asked to review and approve the proposed measures of success for delivery of the strategic objectives.
Link to Strategic Objectives:	Implicitly linked to all strategic objectives
Risks:	Implicitly linked to all risks
Quality Impact:	None identified
Resource Implications:	N/a
Legal/Regulatory Implications:	N/a
Equalities Impact:	None identified
Groups Consulted:	Trust Board Executive Management Committee Shadow Council of Governors Trust senior leaders Service users and carers
Author:	Suzanne Marsello, Director of Strategy and Commercial Development
Owner:	Suzanne Marsello, Director of Strategy and Commercial Development

Distribution & approvals history

Version	Distributed to	Date	Action required / taken
1.0	EMC	18 th March 2016	For review
2.0	Trust Board	7 th April 2016	For review and approval

Strategic Objectives:

Measuring Delivery of Success

Introduction

The attached paper provides an overview of the work undertaken at the request of the Trust Chairman to identify measures of success for the strategic objectives in consultation with key stakeholder groups.

The groups involved were:

- Trust Board
- Shadow Council of Governors
- Trust senior managers and leaders
- Carers, Friends and Family reference group
- Service Users

The detailed outputs of these groups are reported in the attached paper, along with the proposed marker of success to be adopted for each strategic objective.

Some of these were clearly defined by stakeholders (e.g. score in top 10% for service user satisfaction), but others have needed further refinement to ensure that success can be objectively measured.

The table below details the proposed measures of success as defined by the stakeholder groups, with further refinement where required by the relevant lead director, to ensure that there is an objective measurement of success.

Action for Trust Board

The Trust Board is asked to review and approve the proposed measures of success for delivery of the strategic objectives.

Strategic Objective	Stakeholder Proposed Measure of Success
1.Improve Quality and Value	<ul style="list-style-type: none"> • Outstanding CQC rating • Top quartile clinical outcomes • Top 10% service user satisfaction • Reduction in complaints: A reduction of 10% in the number of complaints/ real time feedback received that relate to breakdown in communication and/or food and/or issues related to the environment • Proactive incident reporting and learning: A reduction of 10% in the number of specific incidents in clinical areas related to medication
2.Improve Partnerships	<ul style="list-style-type: none"> • Have clear objectives and outcomes for working more collaboratively with partners: To be delivering an increased number of services in partnership with others e.g. from health, social care, voluntary and third sectors. • Win more contracts: To have consistently met the planned objectives for new business from the annual plan for the commercial strategy.
3.Improve Co-Production	<ul style="list-style-type: none"> • The Trust will be able to evidence service user/ carer involvement in all service change/ service developments • To have consistently met the planned objectives from the annual plan for clinical/ co-production strategy.
4.Improve Recovery	<ul style="list-style-type: none"> • Service user-led care planning: The Trust will be able to evidence that 100% of care plans have been developed with service users • Improved outcomes: Improved outcomes for employment so that 20% of people using the Recovery College are in meaningful employment • Zero avoidable admissions • Development of Recovery College and improve take-up: Recovery College has been expanded in line with the Recovery College strategy
5.Improve Innovation	<ul style="list-style-type: none"> • Increase use of technology (e.g. care planning apps, skype, texting, iPad): <ul style="list-style-type: none"> ○ 10% appointments by Skype ○ All service users to receive text reminders of appointments (if appointment is booked 2 or more days in advance) ○ Patient apps “prescribed” or recommended for use for 10% of patients • Implement Quality Improvement programme: A culture of quality improvement will be embedded using lean systems thinking, with the workforce trained in change delivered through lean process methodology

	<ul style="list-style-type: none"> • Involve wide range of stakeholders in ideas creation • Recognition for innovation – winning awards, publications, research: For the Trust to have increased the number of publications and research studies by 5%
6.Improve Leadership and Talent	<ul style="list-style-type: none"> • CQC rating demonstrates excellent leadership: Achieve outstanding CQC rating • Recognition for talented staff, service users and carers: System in place for recognition of talented staff • Improve retention: <ul style="list-style-type: none"> ○ Reduce retention to 1% below the London Mental Health Average (currently 17.7%) ○ Increase the % of internal promotions by 1% each year



South West London and St George's Mental Health NHS Trust

Strengthening delivery of the Trust
Strategic Objectives

4 March 2016

Introduction

The purpose of this work was to invite an identified set of stakeholder constituencies to contribute to a discussion about how we ensure the Trust achieves its stated strategic objectives, by clearly defining how success will be measured. These discussions took place between December 2015 and February 2016. The stakeholders involved (group numbers in brackets) were:

- The Trust Board (15)
- The Council of Governors (25)
- The Trust's senior managers and leaders at the Leadership Conference (approximately 60)
- Carers, Friends and Families Reference Group (12)
- Service Users (14)

There was a further session in the February Leadership Conference which allowed our senior managers and leaders to consider what, in practical applied terms, the Trust priorities for 2016/17 would mean for them and their service areas specifically.

The Strategic Objectives

These are the Trust's six strategic objectives, underpinned by the mission statement:



Approach

'The three level framework' (Rummler and Brache, 1990) below provided a process orientated structure which reflected the importance of considering how the strategic objectives would be translated from the organisation level (Trust Board and Council of Governors), through the process level (Leadership Conference) and into the job performer level (Leadership Conference), incorporating the experience of service users and carers.

The Three Level Framework (Rummler & Brache, 1990)



By: Rummler, G. A & Brache A P. (1990) *Improving Performance: How to Manage the White Space in the Organization Chart*. Jossey Bass Publishers. San Fransisco

Process

Springfield Consultancy and the Director of Strategy and Commercial Development designed a one-hour activity session that allowed each group of stakeholders to contribute their views and ideas in response to the following question:

How will we know in 5 years' time if we have achieved our strategic objectives and what will be the markers of success?

Springfield Consultancy sought the advice of the Trust's Lead for Carers and the Service User Practitioner on the most suitable arrangements for meeting the respective carer and service user constituencies. As a result, Springfield Consultancy joined the Carers, Friends and Families Reference Group. For service users, a one-off session was co-ordinated through the Lead for Carers and Service User Practitioner, to avoid any unconscious bias in who was selected to participate in the session. Both groups decided to conduct the activity as a large group discussion rather than in small groups. The service user group was able to take more time over the discussion whilst the Carers, Friends and Families Reference Group had the opportunity to provide further comments and views subsequently direct to Springfield Consultancy.

Summary of Outputs

The facilitated discussions resulted in a rich range of comments and views from the contributing groups on potential markers of success against the strategic objectives. Summaries from the respective constituency discussions are set out below and listed against the 6 strategic objectives. These are broken down into high-level and second-level themes. The final column summarises these into a number of core success markers, which are proposed as the measures of success to be used in relation to the strategic objectives.

It is positive that there were a number of common themes across the different stakeholder groups. Some of the proposed core success markers have a clear objective measure already proposed against them (e.g. score in top 10% service user satisfaction), and others require further work to enable objective measurement of success.

Improve quality and value			
	High-level themes	Second level (cross-ref. high level theme number)	Core success markers
Trust Board	Ranking: 1. CQC rating (highest votes) 2. Benchmarking 3. Performance 4. Satisfaction 5. Financial viability 6. Estates modernisation programme 7. Reduce serious incidents	1. Aim for outstanding CQC rating 2. Top quartile clinical outcomes / bottom quintile for cost of services / equitable for weighted population / all pathways specified – right care / no further efficiency savings (McKinsey assess) 3. Achieving all performance metrics consistently / KPIs met / sustainable services that meet demand and eliminate waiting / standardised system of QI / 30% service users into employment 4. Improve service user and carer satisfaction – feedback / PROMS all services / reduction in complaints & rise in compliments 5. CIPs delivered / FT status achieved 6. Delivery of EMP 7. Ligature free & safe environments / high incident reporting	<ul style="list-style-type: none"> • Outstanding CQC rating • Top quartile clinical outcomes • Top 10% service user satisfaction • Reduction in complaints • Proactive incident reporting and learning

Council of Governors	Ranking: 1. Feedback 2. National standards 3. Day to day running	1. Fewer complaints / low staff turnover / good CQC rating / top 10% patient satisfaction / learning from incidents and training / including vol. sector, GPs, LA in feedback – buy our service / narrative from users, carers, staff align with data from Board / publish RTF / reinstate quality awards 2. CQC rating outstanding / HTT accredited HTAs by RCPsych / LOS and readmission figures / RoSPA gold standard for safety compliance with payment and contractual systems 3. Financial surplus to reinvest / community staff in community rather than bases / wards not locked all the time / fewer high level SIs and more low level reported / what should be and what can't be delivered	
Leadership Conference	Ranking: 1. Reduce suicides and self-harm / improve standards 2. Benchmarking 3. Improve service user feedback 4. Improve staff satisfaction / retention	1. Confidence in raising incidents and increased reporting / learning from incidents / low mortality rate / 2. External accreditation of services / stakeholders want to buy our services / successful FT status and met and maintained standards / deliver NICE treatments / clinical outcome measures compare well with national benchmarks 3. Improve in identified key areas 4. Bring back summer bbq / improve staff retention / improve staff feedback	
Carers	Not covered		
Service Users	Not ranked: 1. Mock CQC inspections involving service users 2. Service user evaluations of services 3. Value = outcomes 4. Feedback from all	1. Actions to achieve improvements include service user defined 2. Service user involvement in work carried out by consultancies / 15 Steps / have structure and process for service user contribution to evaluations / scoring by service users 3. Price / cost 4. Build trust / contribute to system	

stakeholders

Improve partnerships

<p>Trust Board</p>	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Be provider of choice 2. Expansion 3. Successful contracting 4. Collaboration 	<ol style="list-style-type: none"> 1. Commissioners from across London and south wanting to work with us / critical partner in MH redesign / leading the MH strategic agenda / help shape direction – SWL MH forum 2 & 3. Win more contracts / win and deliver 5 new business opportunities / expand range of services 4. New model – housing / core group of partners / voluntary sector and local community integral / partnerships to help manage bed demand / variety of commissioners, not just local – especially GPs mentioned / trusting relationships / closer working with job centres 	<ul style="list-style-type: none"> • Clarify who our partners are • Have clear objectives and outcomes for working more collaboratively with partners • Win more contracts • Improve and publish RTF feedback
<p>Council of Governors</p>	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Closer collaboration 2. Increased range of partnerships 3. Openness 4. Transparency 5. Clear objectives 	<ol style="list-style-type: none"> 1. Work with partners rather than doing what you think / listen / establish MH forum to bring together partners 2. Develop links – police, LAS, Samaritans, street triage / closer working with other providers and third sector 3. Business opportunities in the next few years / share more to get helpful ideas from partners 4. Establish clear objectives for partnerships, methods of working and measure outcomes 	
<p>Leadership Conference</p>	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Collaboration 2. Promoting the trust 3. Public / private partnerships 	<ol style="list-style-type: none"> 1. Collaborative tenders and projects with partners / improved links with social care, vol. and third sector / liaison with Bevan and Burntwood schools / success in tenders / actively seeking community partners / aligned integrated IT systems 2. Promoting trust to external stakeholders / improve RTF feedback / clear pathways with 3rd parties / understanding of expectations / partnerships embedded in service policies 3. Multi-banding involvement in bidding(?) 	

Carers	<ol style="list-style-type: none"> 1. Seamless movement between services – Trust and other providers, including accommodation (housing) 2. Overcome disjointedness 3. Improving and sustaining relationships with voluntary sector 4. Evaluation of change – ongoing monitoring, education and training 5. Clinical outcomes data – quantitative and qualitative 6. Shared purpose – concrete 7. Stability – clarity of objectives 8. Equal parity of esteem 		
Service Users	<p>Not ranked:</p> <ol style="list-style-type: none"> 1. Clarify partners 2. Consultation with partners 3. Clarity of definition of services 	<ol style="list-style-type: none"> 1. Tiers of partners (e.g. statutory, secondary, informal) / constituents and stakeholders / two-way transparency (objectives, roles and responsibilities) / clarity of relationships 3. Where power lies? / local influencers 	
<h2>Improve co-production</h2>			
Trust Board	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Promote partnership 2. Active involvement 	<ol style="list-style-type: none"> 1. Service users say they are equal partners in planning and delivery / good public participation and involvement forum / Board of Governors as driver 2. Co-produced initiatives and no service redesign without service user involvement / achieve and set co-production targets / evidence of 	<ul style="list-style-type: none"> • Ensure service user and carer involvement before any changes are planned

	<p>3. Feedback</p> <p>4. Develop Recovery College</p> <p>5. Staff values</p>	<p>meaningful co-production and co-ownership / collaborative care planning fully embedded</p> <p>3. Lots of compliments and positive feedback , consistently good / survey co-production – score 90% satisfaction of working with the trust</p> <p>4. Review RC model – innovate and remain cutting edge / RC as social enterprise for self-management and empowerment</p> <p>5. Staff satisfaction high in relation to co-production / values and behaviours embedded and second-nature</p>	<ul style="list-style-type: none"> • Adherence to Co-production Strategy • Set co-production targets • Training in co-production • Chart progress • More service user involvement in service delivery (e.g. user-led activities, team meetings, policy reviews)
Council of Governors	<p>Ranking:</p> <p>1. Joint-working with service users from inception</p> <p>2. Pay service users and carers for their work</p> <p>3. Train service users, carers and staff on what co-production is</p> <p>4. Co-production and not consultation with service users</p> <p>5. Feedback (is not co-production)</p>	<p>1. Measures to chart progress / practical aspirations / clarity of roles / high level of satisfaction from service users / involvement of community and faith in ideas and planning</p> <p>2. Often difficult when no funding</p> <p>3. Be very defined about what co-production is and is not / service users learn how best to contribute to co-production</p> <p>4. Regular meetings of co-producers / increase range of co-production / replicate across Boroughs / staff and service user involvement in decision-making process</p> <p>5. High levels of satisfaction</p>	
Leadership Conference	<p>No ranking. No themes collated by group. Just a couple of themes from post-its:</p> <p>1. Increase service user, carer and family involvement</p> <p>2. Expansion of Recovery</p>	<p>1. Build a network of service users to participate in developing services and decision-making / increase involvement of carers and families / service users attending team meetings, policy reviews, on interview panels and recruitment / increase visible involvement of carers in delivering care / increase in service user-led activities and therapies / increase scope of involvement of service users / involvement in projects at all levels</p> <p>2. RC central to service development</p>	

	College		
Carers	<ol style="list-style-type: none"> 1. Starting point is consultation 2. Feed into every relationship 3. Develop honesty and strengthen trust 4. Less defensiveness and more transparency 		
Service Users	<p>Not ranked:</p> <ol style="list-style-type: none"> 1. Adherence to Co-production Strategy 2. Joint buy-in 3. Training in co-production 4. Good communication 5. Learning from good examples 6. Measuring service user involvement 7. Reviewing 	<ol style="list-style-type: none"> 1. Anything informed and implemented along requirements of strategy 2. Co-ownership – common goal, respect and value each other / monitoring / evaluation - satisfaction 3. Including for managers and leaders 6. Who, how, how much, how many etc 	
Improve recovery			
Trust Board	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Improved outcomes 2. Feedback and involvement 3. Improved employment 	<ol style="list-style-type: none"> 1. Zero avoidable admissions / reduced reattendance / reduced demand on in-pt services / fewer people using MH services – self-management and use of crisis services / reduced suicide and self-harm rates 2. PROMS embedded / patients in control of their care / service user-led care plans / high patient satisfaction ratings / service user, carer and family feedback / carers trained and supported to enable recovery / personal 	<ul style="list-style-type: none"> • Service user-led care planning • Improved outcomes • Zero avoidable admissions • Development of Recovery

		<p>budgets being used by service users to choose care they want</p> <p>3. % service users in employment increases by 15% / ensure discharge planning starts early enough to prevent loss of employment</p>	<p>College and improve take-up</p> <ul style="list-style-type: none"> • Increase employment
Council of Governors	<p>Ranking:</p> <p>1. Engagement</p> <ul style="list-style-type: none"> - accessible - give control / listen - communication - honesty and frankness <p>2. Give hope</p> <ul style="list-style-type: none"> - recovery plans more than care plans - do people understand recovery? - embed in communities <p>3. Measure benefits</p> <ul style="list-style-type: none"> - consider method of measurement - satisfaction of users - readmission rates - employment, training, occupation 	<p>1. Improve take-up of Recovery College / more recovery tools available online / explain treatments and nature of diagnosis / service user involvement in decisions about care</p> <p>2. Focus on recovery and self-management / explain prognosis / skills, training, Recovery College – hope, control and opportunity</p> <p>3. Zero avoidable admissions / better use of beds / all service users having access to employment specialist / recovery – publish KPIs – show improved rates of recovery, analyse below target performance</p>	
Leadership Conference	<p>Actions proposed and ranking:</p> <p>1. Café – focusing on social support to reduce social isolation (preventative), reduce A&E / bed use</p> <p>2. Recovery College – expand</p>	<p>General – expansion and growth of recovery-focus / more meaningful daytime activity / better patient surveys / staff competence about recovery – clear expectations / reduced isolation, suicide and self-harm / lower readmission referral and rates / higher achieved recovery goals / improved RTF results</p> <p>1. For crisis and support / peer support</p> <p>2. Increase in service users in employment</p>	

	for primary care services 3. Develop social support pathways as part of new services with third sector organisations to improve recovery outcomes	3. Strong links with community organisations / asset-based community model	
Carers	Not covered		
Service Users	Not ranked: 1. Promotion of mental health social inclusion outcomes 2. Promoting choice / choices 3. Development of Recovery College	1. Link with HoNOS? 2. Interventions – treatment types, including medication / avoiding coercive approaches 3. Well-being focused / CIC? / advocacy / open to community to participate?	

Improve innovation

Trust Board	Ranking: 1. Impact on care 2. Increase research 3. Quality improvement	1. Fewer beds needed / reduced need for crisis intervention / integrated care for people with dementia / improve quality / reduce health inequality 2. Increase research income by more than 50% / presenting at all conferences / regular journal publications 3. User-led service improvements / implement QI programme / trust known as place for innovation – seek awards Others – increased tender success / attract partners and sponsors / improve productivity by 20%	<ul style="list-style-type: none"> • Increase use of technology (e.g. care planning apps, Skype, texting, iPad) • Implement Quality Improvement programme • Involve wide range of stakeholders in ideas creation • Recognition for innovation – winning awards, publications, research
Council of Governors	Ranking: 1. Patient opinion 2. Technology	1. Creative ideas about patient involvement / treatments other than drugs 2. GP and community staff to use skype / patient portal or RiO app / easy access to websites / access to supportive agencies of care / trust staff have	

	<p>3. Research</p> <p>4. Assumptions of innovation</p>	<p>smart phone with RiO app and voice recognition</p> <p>3. Increase research income by 50%</p> <p>4. Cross-fertilise ideas / look for small changes rather than big innovations / focus on communities and localities rather than the organisation</p>	
Leadership Conference	<p>Ranking:</p> <p>1. New technologies – more choice for people using our services available through technologies</p> <p>2. Creating a culture in which accreditation can flourish – accreditation of more services</p> <p>3. Research culture – more formal involvement in research, publishing and use of research as basis for improvement</p>	<p>1. Care planning apps / technology in clinical work – skype, ipads, texting / strong social media presence</p> <p>2. National recognition / winning awards / bold ideas / peer recognition / models adopted and shared with others / involving full range of staff in devising reconfigurations / involving wide range of stakeholders / retention of knowledge and skills</p> <p>3. Publications / research activity and trials / increased input from recovered service users</p>	
Carers	Not covered		
Service Users	<p>Not ranked:</p> <p>1. Introduce Open Dialogue intervention</p> <p>2. Create innovation unit</p> <p>3. Run courses in local colleges</p>	<p>2. Improve existing practice / include service users / clear objectives in each of the coming 5 years / co-produce innovation</p> <p>3. Review and improve courses</p>	
Improve leadership and talent			
Trust Board	Ranking:	1. Training from bottom to top / offered in-house / clear leadership	• CQC rating demonstrates

	<ol style="list-style-type: none"> 1. Leadership training 2. Positive effects 3. Succession planning 	<p>programme for staff / core list of requirements that all staff to complete</p> <ol style="list-style-type: none"> 2. Low staff turnover / improved satisfaction of staff – surveys / fewer agency staff / staff have appraisal objectives / provide world-class CPD development opportunities measured against other trusts / excellence on GMC surveys 3. Clear succession planning for key roles / staff go on to lead other organisations 	<p>excellent leadership</p> <ul style="list-style-type: none"> • Recognition for talented staff, service users and carers • Improve retention
Council of Governors	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Leadership culture 2. Leadership training 3. Leadership in and out 4. Impact of leadership 	<ol style="list-style-type: none"> 1. Recognition of talent and retention / fast track careers / good management and leadership / more permanent staff rather than interims 2. Training at all levels / leadership about changing culture 3. CQC rating – demonstrates excellent leadership 	
Leadership Conference	<p>Ranking:</p> <ol style="list-style-type: none"> 1. Staff satisfaction 2. More diverse senior leadership 3. More accessible leaders 	<ol style="list-style-type: none"> 1. Better survey outcomes and recruitment and retention of staff / high ratings on benchmarking / bring back quality awards / supporting leaders and avoiding burnout / sought after for training placements 2. Excellent career progression / recognition for talented non-qualified staff 3. Leaders more visible 	
Carers	Not covered		
Service Users	<p>Not ranked:</p> <ol style="list-style-type: none"> 1. Community leadership programme 2. Recognition of talent across service user and carer landscape 3. 'Board' of service users to whom CEO answers 	<ol style="list-style-type: none"> 1. Involvement between Trust and partners – communities (eg social inclusion) / service users and carers equipped to be co-production partners 2. Tangible (eg certificate) 4. Meet objectives (strategic) / virtual 5. Volunteers – part-time apprenticeships, lead to jobs, social inclusion 	

- 4. Leadership 'college'
- 5. Support talent

Next steps

This paper will be considered by the EMC prior to an updated version being received by the Trust Board at the Board meeting in public on 8th April 2016.

Richard Edgeworth



