

Performance against EKHUFT Annual Objectives 2013/14**1 Introduction**

- 1.1 The purpose of this paper is to summarise areas where the Trust's performance against its Annual Objectives deviates from the agreed plan and/or performance trajectory, such that closer monitoring may be required and/or further support provided.
- 1.2 These indicators have been defined to support the monitoring of the Trusts performance against its Strategic Objectives during 2013/14, and ensure that EKHUFT continues to improve to become a top ten hospital trust within the UK.
- 1.3 There are 14 annual objectives, each of which has a number of sub-objectives which have associated metrics to allow performance to be tracked. Each sub-objective is assessed on a quarterly basis and a RAG rating assigned by the owner of the objective. This exception report details any sub-objective that is rated as yellow, amber or red. Commentary is provided to describe the current status of each of these sub-objectives.

Table 1: Exception Summary (All Red/Amber Ratings)

Annual Objective	Sub-objective	Metrics	RAG Rating	Commentary
AO1: Implement the delivery plan in response to Francis Inquiry Recommendations (Linked to SO1)	Monitor progress through CPMT and Board	Milestones within the Plan met	3 Yellow	Due to heavy Board agenda this will be presented at the February 2014 Board; themed reviews are taking place and the update was provided to the DH on time.
AO2: Implement the second year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care (Linked to SO1)	Improve patient experience by putting patients first.	Q1 = All Staff have access to values and behaviours team - signed to say aware Examples of Values Q2 = 30% Q3 = 65% Q4 = 100%	1 Red	Values are being included within Job Descriptions and a launch of values to staff will take place early 14/15. Signed commitment from staff likely to be Q1 14/15
		% First responses that are returned without resolution	3 Yellow	8% of the cases who received responses during Q3 returned for further resolution. The Trust continues to make improvements to the responses provided to clients
		Number of positive comments posted on Patient Opinion % by month/quarter	3 Yellow	Plan for analysis and incorporation into quarterly complaints report - Not yet being widely accessed
		Number negative comments posted on Patient Opinion % by month/quarter.	3 Yellow	Plan for analysis and incorporation into quarterly complaints report - Not yet being captured as part of the reporting process
	Improve Patient Safety and Reduce Harm	Monthly reporting of never events.	1 Red	1 never event in Q3, exceeding target of zero never events

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AO2: Implement the second year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care (Linked to SO1)	Improve Clinical Effectiveness and reliability of care	Meeting monthly & quarterly numbers against trajectory	1 Red	MRSA = 6 avoidable, C.Diff = 36, figures as at Nov 13
		Enhancing Quality & Recovery Pathways: Heart failure, pneumonia, hips and knees, colorectal and gynaecology	3 Yellow	Most EQ / ERP measures on track. CAP has improved but is just below target - still possible to achieve annual target.
		Best Practice Tariff Pathways: Baseline & Quarterly improvement milestones.	3 Yellow	Divisional meetings have taken place with Surgical and Spec Div to understand current status and identify actions, UCLTC meeting outstanding.
		Planned reduction of adult beds - 844 down to 800 + £1.8million financial efficiency.	3 Yellow	Divisional plans identified to deliver £0.9m. Progress on track to deliver by end Q4 on basis that Surgery is recompensed by UC<C for patients using their beds.
	Enable Quality Improvement by addressing:- Culture and Leadership Staff Engagement Resources to support improvement	Establish QII Hub Project milestones for implementation on plan.	3 Yellow	Development and implementation being led by QII Steering Group
AO3: Deliver the CQUIN Programmes Commissioned by CCGs demonstrating improvement and financial benefit (Linked to SO 1)	Achieve the National and Local CQUIN Improvements agreed through contracting process.	Enhancing Quality & Enhancing Recovery Programmes: Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	3 Yellow	Most EQ / ERP measures on track. CAP has improved but is just below target - still possible to achieve annual target.

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AO4: Plan and Implement PAS up-grade to enable more efficient and productive approach to managing 18 week pathways for elective care from referral to treatment and follow-up (Linked to SO 1)	Drive the Organisational Development Plan to support Divisions to deliver safe and effective administration of 18 week pathway and to robustly manage capacity to achieve a sustainable performance against access standards for 18 weeks.	Divisions comply with 90% of KPIs in Patient Access policy for elective care	2 Amber	The Q3 monitoring report is underway for all other KPIs regarding the Patient Access Policy. It will exclude comparisons to previous quarters for Outpatients as their processes have changed. Outpatient KPIs are not expected to be achieved as there have been delays in implementing the new processes as set out in the revised Patient Access Policy. The results of the audit will be discussed with Divisions to develop actions to implement improvements.
AO 5: Reduce the number of unplanned readmissions within 30 days of discharge following an elective or non-elective episode of care, where there is a direct link to the index admission (Linked to SO 1)	Work with Divisions to develop plans that will reduce readmission rates where improvements are indicated as required.	Readmission Rates for Elective / Non-Elective by Site + Division	3 Yellow	The Medical Director and new Project Manager will refresh the project and governance arrangements. The initial 'diagnostic' will include identifying interventions that will impact on readmission rates and ensure sustainability. The 'diagnostic' will be complete by end March 2014 and an action plan discussed and agreed with Medical Director and Chief Nurse. This will include a proposed rate of improvement for discussion and agreement with Divisions.
	Work with and develop existing pathways to ensure integration with community services to support a reduction in inappropriate admissions	Readmission Rates for Elective / Non-Elective by Site + Division	3 Yellow	

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AO7: Engage with the new local Healthwatch and wellbeing boards while further developing relationships with vulnerable patient groups and local voluntary and community organisations (VCOs) through a structured programme of meetings, events and other communication channels. The overall aim is to develop and strengthen relationship and understanding between the Trust and these key stakeholders (Linked to SO 2)	Support the Patient and Public Advisory Forum in implementing its annual work programme and providing it with bi-annual (six-monthly) updates on the implementation of the Trust PPE strategy	Achieved by 31/03/14	3 Yellow	Meetings held 11/04/13, 04/07/13 next meeting to be held 04/10/13. Third meeting adjourned by PAPAF Chairman due to dissatisfaction with staff attendance.
	To 'go the extra mile' to connect and develop relationship with vulnerable patient groups (e.g. wheelchair users, those with learning disabilities) and minority communities (e.g. Black and minority ethnic groups, gay/lesbian/bisexual/transgender, gypsies and travellers) in order to win their confidence and support	Database in place and populated with all vulnerable patient groups and minority communities	2 Amber	184 invitations to VCOs and individuals from database further development still required. No further progress
AO8: Implementation of the research & innovation strategy to increase "home-grown" research & innovation whilst continuing to support other's R&I endeavours, by putting in place the right people, processes and facilities to support these goals, and through effective engagement with R&I stakeholders (Linked to SO 3)	Growing EKHUFT's own research	Peer-reviewed publications: 10% increase	1 Red	29 YTD (vs 42 in total for 2012-13)
	Supporting other's research	Non-commercially funded CRN Portfolio studies: 10% increase	1 Red	20 YTD (vs 29 in total for 2012-13)
		New commercially funded studies: 10% increase	1 Red	10 YTD (vs 14 in total for 2012-13)

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AO8: Implementation of the research & innovation strategy to increase "home-grown" research & innovation whilst continuing to support other's R&I endeavours, by putting in place the right people, processes and facilities to support these goals, and through effective engagement with R&I stakeholders (Linked to SO 3)	Facilitating more & better research by putting in place right people, processes and facilities	Complete R&D move to Canterbury	1 Red	No sign of this happening whatsoever
		Policy relating to non-medically qualified research staff development developed	3 Yellow	Working group established & ongoing
		Mentoring programme in place	3 Yellow	Moderate risk to mentoring programme to be delivered by end-March 2014
		SOPs developed and in place	3 Yellow	SOPs on track to be in place by end-March 2014
		New R&D and Innovation metrics embedded with Divisional balanced scorecard.	1 Red	Slippage in delivery of this objective - will be active by end Q3
AO9: Implement the marketing strategy to meet repatriation and market share targets for inpatient and day case procedures (Linked to SO 4 & SO 6)	Finalise and implement the Trust Marketing Strategy	Following approval of marketing strategy by the Board of Directors at June 2013 meeting, initiate progress plan and meet project plan milestones.	1 Red	The focus specialties for the initial work are T&O and Ophthalmology, both of which require project groups in order to ensure clinical engagement & robust challenge on future strategies. A T&O Project group has been established and work is underway using benchmarking data to inform potential strategy. A review of ophthalmology has been undertaken and a project group is now being established.

	Development of the private patient strategy	Work with the Spencer Wing to help produce the Private Patient Strategy. Private patient targets will be set but will not be published as this is commercially sensitive information	2 Amber	A Private Patient Steering group has been set up and a robust evaluation process has been agreed by the FIC to assess any business case proposals.
Annual Objective	Sub-objective	Metrics	RAG Rating	Commentary
AO10: Support increased efficiency and effectiveness across the Trust via the implementation of major infrastructure projects (Linked to SO 5 & SO 6)	Deliver 2013/14 capital programme	WHH Endoscopy	1 Red	The water main diversion delayed the project by two months (Feb-14), then a further month for the works itself (Mar-14). A decision was taken to save ~ £40,000 on the ventilation unit procurement, with a longer time to manufacture, new completion target date is April 2014)
		Dover hospital (Start May 13)	2 Amber	Delayed due to late permission to demolish from Town Council. 2nd World War Bunker found to be 3x the size of first thought. Asbestos discovered under the floor slab of one of the buildings to be demolished
	Participate in Southern Acute Collaborative Programme (SACP) to secure collaborative funding with MTW for priority IT programmes in IT Strategy	April - October 2013	3 Yellow	Despite the change in rag this project continues to progress well. Unavailability of personnel DOH and MTW to participate in an assurance visit has caused a 2 month delay in approval process. However funding has been awarded and the procurement process is underway with an invitation to tender being issued in Feb 14

Annual Objective	Sub-objective	Metrics	RAG Rating	Commentary
AO12: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will in particular meet the standards for emergency surgery; look to provide a trauma unit; ensure the availability of an appropriately skilled workforce; provide safe sustainable services with consideration of access for patients and their families and visitors (Linked to SO1 and SO4)	Approve future pathways for patients requiring elective surgery (including breast, colorectal and vascular surgery) across the Trust to include staffing models and financial implications should emergency surgery be moved/centralised on one site		3 Yellow	Detailed analysis of activity is now complete. FBC is now being written for completion in Q4
	Agree the future model for emergency care and the staffing required to deliver this model on all the Trust's sites. Understand the activity and financial implications for the changes (both capital and revenue).		3 Yellow	The business case to include the model of care and capital programme has been revised and is now agreed with the divisions. The affordability of this case in conjunction with other work streams and associated projects is being reviewed by the executive team
AO14: Ensure strong financial governance, agree contracts with commissioners that deliver sufficient activity and finance and	Work with Divisions to develop cash releasing savings schemes according to the target monitoring an flagging delivery issues delivery	Regular CIP progress updates completed	1 Red	As reported to the CPMT and FIC a number of corporate plans have failed to deliver the planned savings in 2013/14. The current forecast is that the CIPs will be £3.7M short of the required target

support a comprehensive internal cost improvement programme where all Divisions deliver cash releasing savings schemes to deliver Trust QIPP targets (Linked to SO 6)				
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