

Annual Objective	Sub-objective	Milestones	Metrics	Q3 RAG Score	5	4	3	2	1	Commentary Q3
AO1: Implement the delivery plan in response to Francis Inquiry Recommendations (Linked to SO1)	Develop the plan	End of Q1 - Robust plan aged by Board	Plan Signed off by Board	5	Achieved	On plan to achieve	Delayed by 1 Month	Delayed by 2 months	Delayed by 1Q	
	Identify Risks			5	Monitored quarterly at CPMT	On target for CPMT Quarterly (if not presented by end of Quarter)	Delayed by 1 Month	Delayed by 2 months	Failure to monitor Quarterly throughout the year	
				5	CPMT opinion Achieving plan milestones consistently and anticipated to continue to year end	CPMT Opinion Achieving milestones currently, but risk of not sustaining performance until year end.	CPMT Opinion Not currently achieving milestones, but anticipated improvement for year end	CPMT Opinion Not currently achieving milestones and no anticipated improvement for year end.	CPMT Opinion No Progress / Delay to planned activities impacting on delivery of milestones by dates agreed. Unlikely to meet target by year end	
	Monitor progress through CPMT and Board	Quarterly Monitoring by CPMT and Six Monthly in Board	Milestones within the Plan met	3	Monitored 6 Monthly at Board	On target for Board 6 monthly (if not presented by end Q2/Q4	Delayed by 1 Month	Delayed by 2 months	Failure to monitor 6 monthly through the year	Due to heavy Board agenda this will be presented at the February 2014 Board; themed reviewed are taking place.
					Board opinion Achieving plan milestones consistently and anticipated to continue to year end	Board Opinion Achieving milestones currently, but risk of not sustaining performance until year end.	Board Opinion Not currently achieving milestones, but anticipated improvement for year end	Board Opinion Not currently achieving milestones and no anticipated improvement for year end.	Board Opinion No Progress / Delay to planned activities impacting on delivery of milestones by dates agreed. Unlikely to meet target by year end	
	Improve patient experience by putting patients first.	Implement roll-out of 'We Care' Programme. 100% MDT teams aware of the agreed values. Teams demonstrate values through improved behaviours and attitudes.	Values and roll-out programme published on public and staff website with milestones.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
			MDT sign-up to values and behaviours aligned with roll-out milestones.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
			Q1 = All Staff have access to values and behaviours team - signed to say aware	1	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	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
			Q2 = 30% Q3 = 65% Q4 = 100%	1	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	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
			Examples of Values into Action captured (Reduction in complaints towards attitudes, behaviour, poor communication identified).	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Patient and staff feedback encouraged through monthly "In your Shoes" and "In our Shoes" sessions.	Monthly sessions take place (1) Patients and (2) Staff as agreed within the roll-out plan	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Complaints process improved. 85% complaints and concerns to be answered within one month to the satisfaction of the complainant.	% Complaints answered within one rolling calendar month.	4	85% + Achieved	80% Achieved	75% Achieved	70% Achieved	<70% Achieved	Improvements have led to an 81% response rate in Q3
			% Concerns addressed without formal process	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	81%
			% First responses that are returned without resolution	3	15% + Achieved	20% Achieved	25% Achieved	30% Achieved	>30% Achieved	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
			% complaints investigated and upheld by PHSO.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	8% cases upheld by PHSO (1 case partially upheld)
		Patient Opinion feedback to be made available to public and staff through live feeds to Trust website.	Number of positive comments posted on patient opinion % by month/quarter	3	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	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	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Plan for analysis and incorporation into quarterly complaints report - Not yet being widely accessed
		Compliments received to be made available to public and staff and published on Trust website.	Number of written compliments received by division/month and quarter; & some examples published on the web-site	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Friends and Family Test made available to 100% inpatients; 100% A/E Patients	% F&F responses returned a) A/E b) Inpatient, c) Maternity by ward, site, division	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
			% Score F&F a) A/E, b) Inpatient, c) Maternity by site/ward/division/Trust	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
	Improve Patient Safety and Reduce Harm	Achieve a HSMR of 75 by 31st March 2014	Monthly HMSR - Total - Elective - Non-Elective - Formal RCA & review of every unexpected death following elective procedure	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	HSMR 80.6
		Achieve a reduction in standardised Hospital Mortality Index against plan	SHMI - published quarterly & improvement trajectory met six monthly	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Achieve a reduction in crude mortality against plan	Monthly Crude Mortality - Total - Elective - Non Elective	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Publish consultant level outcome data covering mortality and quality for ten surgical and medical specialities.	Establish base-line and review as part of job planning, appraisal and revalidation.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Reduce 'Never' events to zero.	Monthly reporting of never events.	1	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	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 SO 1)		Publish and reduce incidents where outcome is severe harm or death.	number of serious incidents reported on STEIS by quarter; publish themes from RCAs on quarterly basis	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
	Improve Clinical Effectiveness and reliability of care	Achieve the DH improvement trajectory for MRSA ( Zero Tolerance for avoidable). C-Diff Infections =< 29 post 72 hrs	Meeting monthly & quarterly numbers against trajectory	1	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	MRSA = 6 avoidable, C.Diff = 36, figures as at Nov 13
		Achieve improvements required for the regional Enhancing Quality & Recovery Pathways	CQUIN Dashboard for EQ &ER	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
			Heart failure, pneumonia, hips and knees, colorective and gynaecology	3	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	Most EQ / ERP measures on track. CAP has improved but is just below target - still possible to achieve annual target.
			Baseline for acute kidney injury and COPD and fractured neck of femur pathways.	5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
		Increase the proportion of patients receiving care through priority best tariff pathways	Baseline & Quarterly improvement milestones.	3	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Divisional meetings have taken place with Surgical and Spec Div to understand current status and identify actions, UCLTC meeting outstanding.
		Improve patient flow to reduce bed occupancy to 85% +/- 2% and to remove the need for unplanned extra beds by:-	Monthly bed occupancy - adult inpatients	3	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	The challenge of winter months has resulted in significant pressures in A&E and on wards as predicted with slow movement of patients with complex discharge packages, an increase in patient acuity/complexity and greater care needs combined to increase the length of stay and the opening of additional beds. To manage some of these pressures the Trust has implemented an extra 36 beds in the community through reablement funding, increasing to 60 beds by end January. The average number of reportable delayed transfers of care has risen from 41 in Q2 to 46 in Q3. The greatest proportion of delays are the result of different arrangements for processing patients with continuing health care needs. A combination of Care Managers now operating off-site (they come in to hospital to assess patients) and a funding panel that meets weekly to consider requests for placements, has resulted in it taking longer for social services to process patients.
		Optimising Hospital at Home;	Monthly length of stay - Elective - Total - Non Elective	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Consultation with staff on way forward for the service is being led by Divisional Director of Surgical Services.
		Increasing % patients on ambulatory or short stay pathways;	% Hospital at Home capacity occupied.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	An Operational Group is taking forward the implementation of 6 new ambulatory care pathways by 31 March 2014.
		Commissioning extra-capacity for step up and step down community beds/services (health and social care village) through reablement;	% Patients on ambulatory or short-stay pathways. Total - Elective - Non Elective.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	A significant amount of work and engagement is involved with managing multiple issues some of which, including CQC Registration of care home, are outside the Trust's control but being worked through.
		Reduce the adult bed-base by 44 by 31st March 2014	Planned reduction of adult beds - 844 down to 800 + £1.8million financial efficiency.	3	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Divisional plans identified to deliver £0.9m. Progress on track to deliver by end Q4 on basis that Surgery is recompensed by UC&LTC for patients using their beds.
		Develop and implement an additional 10 ambulatory care pathways during 2013/14. Aim to agree priorities with CCGs by end of April 2013	Project milestones for implementation or plan	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Operational Group in place to implement the 6 new pathways - painless obstructive jaundice, low risk GI bleed, asthma, acute painful bladder, acute painful scrotum, lower RTI without COPD.

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			% patients on new ambulatory pathways as sub-set of total.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	

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	Enable Quality Improvement by addressing:- Culture and Leadership Staff Engagement Resources to support improvement	Establish Quality Improvement & Innovation Hub to support staff in delivering person-centred, safe & effective care	Project milestones for implementation on plan.	3	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Development and implementation being led by QII Steering Group
		Integrate service improvement team and programme management office to align quality improvement, productivity and financial efficiency.	Project milestones for implementation on plan.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Increase % front-line teams that have completed Aston Team effectiveness programme.	% teams - quarterly started Aston team programme. % teams quarterly completed Aston team programme.	4	100% + of Target YTD	80% of target YTD	60% of target YTD	40% of target YTD	=< 20% of target YTD	
		Provide clinical leadership development based on shared purpose framework competencies to X staff (doctors, nurses, allied health professionals)	Number of clinical leaders engaged in programme; Number of clinical leaders completing programme.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
AO3: Deliver the CQUIN Programmes Commissioned by CCGs demonstrating improvement and financial benefit (Linked to SO 1)	Achieve CQUIN pre-qualification criteria by implementing Innovation, Health & Wealth priorities	Map activity and establish base-line	Baseline map.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
		Develop project plan for improvement - telemedicine - use of technology - Digital first	Project milestones being met. Improvement plan met.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
	Achieve the National and Local CQUIN Improvements agreed through contracting process.	Plan and Implement National QUINS a) Friends and Family Test b) NHS Safety Thermometer c) Dementia d) Reduce avoidable death, disability and chronic ill health from venous-thromboembolism (VTE)	Baseline Metrics  Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5  4	Complete  Target achieved	On plan to achieve  Target on track	In Planning  Current period's target missed, annual target still achievable	Delays possible  More than 1 period's target missed, annual target still achievable	Delays expected / Delayed  Target failed	  
		Plan and Implement regional CQUIN a) Enhancing Quality Programme b) Enhanced Recovery Programme	Baseline Metrics  Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5  3	Complete  Target achieved	On plan to achieve  Target on track	In Planning  Current period's target missed, annual target still achievable	Delays possible  More than 1 period's target missed, annual target still achievable	Delays expected / Delayed  Target failed	 Most EQ / ERP measures on track. CAP has improved but is just below target - still possible to achieve annual target.
		Plan & implement up to 4 local CQUINs to be agreed with CCGs. Establish Baseline Agree Improvements	Baseline Metrics  Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5  4	Complete  Target achieved	On plan to achieve  Target on track	In Planning  Current period's target missed, annual target still achievable	Delays possible  More than 1 period's target missed, annual target still achievable	Delays expected / Delayed  Target failed	 
	Develop Plan to Implement PAS upgrade from 4.2 -4.3 to enable better tracking 18 Weeks by March 2014.	Agree options and training with iSoft.	Programme Management resource identified.	5	Milestones in the Project Plan On Target or met	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	PAS upgrade to Version 4.3 took place last year. 18 week tracking not yet in place and due to be tested and piloted shortly. There will be significant staff training to undertake which may make full implementation by March 14 a challenge.
		Identify resources required to scope and execute the project.	Project milestone achieve according to plan	5	Milestones in the Project Plan On Target or met	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
		Prepare Staff for the change.	Risks monitored and managed to optimise the benefits.	5	Milestones in the Project Plan On Target or met	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
		Implement change and monitor the benefits and risks.		5	Milestones in the Project Plan On Target or met	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	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.	Implement system of partial booking for follow-up appointments.	Divisions comply with 90% of KPIs in Patient Access policy for elective care	2	90% + Achieved	80% Achieved	70% Achieved	60% Achieved	<60% Achieved	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.
		Validate all patients on the waiting list who are on "incomplete" pathways.	Divisions meeting improvement trajectory against KPIs within the access policy.	4	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	A target date of 31/03/13 has been set to validate all patients on the "New" incomplete pathways report. Amendments are being made to source queries to improve the quality of the data presented.
		Provide Divisions with accurate PTL for:- Admitted Non-Admitted Incomplete Implement OD training plan for all staff with responsibility for administering the 18 week pathway	Quarterly Audit of performance against the patient access policy completed. Remedial action plans monitored via balanced score card.	5	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	The Q3 report 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. This has already been raised with Divisions' senior managers and action plans being put in place.

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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)	Improve clinical effectiveness, reliability of care and patient experience	By March 2014, achieve a 0.65% reduction in unplanned readmissions and avoid £1.3m loss of income for failing to achieve 30 day readmission rates as determined by local negotiations.	Readmission Rates for Elective / Non-Elective by Site + Division	4	4	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	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.
	Support bed reconfiguration programme	Rollout of plans from 1.4.13. - (enable reduction of 20 adult beds by 31 March 2014) Improvement trajectories noting the monthly bed reductions at Divisional level.	Readmission Rates for Elective / Non-Elective by Site + Division			Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	
	Work with Divisions to develop plans that will reduce readmission rates where improvements are indicated as required.	Divisions actively drive their Improvement Plans.	Readmission Rates for Elective / Non-Elective by Site + Division	3	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end		
	Work with and develop existing pathways to ensure integration with community services to support a reduction in inappropriate admissions	Develop existing ambulatory out patient pathways to assist in preventing unplanned readmissions for common conditions including haematuria, blocked catheters and kidney stones.	Readmission Rates for Elective / Non-Elective by Site + Division	3	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end		
AO6: Emergency Planning & Business Continuity achieving upper Quartile Performance against mandatory DH, EP & BC Indicators by March 2014 (Linked to SO 1)	Embed the EP and BC procedures and monitor via the BC Dashboard	Divisional Plans in place	Baseline positions	5	5	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	Trust's Seasonal Plan completed and supported by scenario testing for GMs and Executive Teams.
		Regular testing of the robustness of plans	Progress against project plan milestones	5	5	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	An external assessment against NHS England's Emergency Planning Preparedness standards carried out by KMCS assessed Trust as compliant with 97.6%. 100% compliance will be achieved with the agreement and implementation of a Business Continuity Policy. This will be presented to Risk Management and Governance Group in February.
		Participation and learning from national and regional Major Incident tests	80% compliance by March 2014 against key performance indicators for emergency planning and division and finance area.	5	5	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	
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)	Develop relationship with the new local "Health and wellbeing" boards with a view to getting support for the Trust	Memorandum of understanding agreed and signed by HWB board and EKHUFT	Achieved by 31/03/14	5	5	On target	Delay by 1-3 months	Delay by 4-6 months	Delay by 6-9 months	Delay by up to 12 months	3 meetings taken placebetween healthwatch and EKHUFT working towards agreed MoU Arrangements in hand for Healthwatch CEO to visit EKHUFT BoD meeting for signing and discussion
	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	Forum achievements published at end of year.	Achieved by 31/03/14	3	3	All meetings held At least 70% attendance 2 PPE Strategy Updates	3 meetings held At least 60% attendance 2 PPE Strategy Updates	2 meetings held At least 50% attendance 1 PPE Strategy Updates	1 meeting held At least 50% attendance 1 PPE Strategy Updates	No meeting held. No PPE Strategy Updates	Meetings held 11/04/13, 04/07/13 next meeting to be held 04/10/13. Third meeting ajourned by PAPAF Chairman due to dissatisfaction with staff attendance.
	To hold two engagement events each year to enable the Trust to forge closer relationship with the VCOs, forum and patient groups and use that platform to obtain feedbacks on Trust services and plans and report back on how the feedbacks are being used – ‘You said, we did’	Next Meeting 30/10/13	Number of events and attendees.	5	5	Two engagement events >50 attendees	Two engagement events 30 - 50 attendees	One engagement event 50 attendees	One engagement event 30 - 50 attendees	No engagement event held	Engagement event will take place on 31/10/13 in Thanet. Two meetings held with a total of approx 70 delegates.
	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	Develop database identifying groups. Use database to identify the nature and frequency of engagement.	Database in place and populated with all vulnerable patient groups and minority communities	2	2	90% + Achieved	70% Achieved	50% Achieved	30% Achieved	<10% Achieved	184 invitations to VCOs and individuals from database further development still required. No further progress
	To 'give back' to the network of local VCOs by supporting member organisations' events and projects through attendance, providing speakers where appropriate and upon request and in any other feasible way to demonstrate our intention to make the relationship mutually beneficial.	Supporting VCOs and adding value to the services they provide for local communities. Include engagement with VCOs in Engagement database.	Engagement with at least 10 groups during the relevant period.	5	5	Engagement with VCOs at least once every 3 months	Engagement with VCOs at least once every 3-6 months	Engagement with VCOs at least once every 6-9 months	Engagement with VCOs at least once every 9-12 months	No Engagement with VCOs	Engagement event will take place on 31/10/13 in Thanet. 184 invitations to VCOs and individuals. Development of relationship with KentCan will provide additional access to VCOs



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<b>AO8: Implementation of the research &amp; innovation strategy to increase "home-grown" research &amp; innovation whilst continuing to support other's R&amp;I endeavours, by putting in place the right people, processes and facilities to support these goals, and through effective engagement with R&amp;I stakeholders (Linked to SO 3)</b>	Growing EKHUFT's own research	Increase the number of active research groups (by end-March 2015)	3 new groups - REPORTING ANNUALLY	n/a	2 new groups by end-March 2014		1 new group by end-March 2014		No new groups end-March 2014	Reported Annually
		Increase in external awards from research bodies/charities or commercial organisations with an EKHUFT researcher as main grant holder (TOTAL over 3 years to 31st March 2016, compared to 2011 to 2013)	30% increase - REPORTING ANNUALLY	n/a	10% increase by end-March 2014 (compared to TOTAL from 2011-2013)		5% increase by end-March 2014		No increase	Reported Annually
		Increase in peer-reviewed publications	10% increase	1	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	29 YTD (vs 42 in total for 2012-13)
	Supporting other's research	Increase in new non-commercially funded CRN Portfolio studies	10% increase	1	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	20 YTD (vs 29 in total for 2012-13)
		Increase in new commercially funded studies	10% increase	1	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	10 YTD (vs 14 in total for 2012-13)
		Increase in recruitment to CRN Portfolio studies	10% increase	5	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	110% of recruitment vs 2012-13 YTD
	Facilitating more & better research by putting in place right people, processes and facilities	Achievement of 30 day target for NHS R&D approval from submission of a valid application in >80% of CRN Portfolio Studies	>80% achievement of 30 day target	5	Achieved for >=80% studies in previous Q	Achieved for 75-79%	Achieved for 70-74%	Achieved for 65-69%	Achieved for <65%	Currently achieved in 100% studies
		Relocate R&D office to Canterbury site	Complete R&D move to Canterbury	1	Move to KCH site on-track to be completed by end-March 2014		Moderate risk to completion of KCH site move by end-March 2014		Severe risk to completion of KCH site move by end-March 2014	No sign of this happening whatsoever
		Establish working group to develop policy relating to non-medically qualified research staff development	Policy relating to non-medically qualified research staff development developed	3	Working group established & reported (I.e completed)		Working group established & ongoing		Working group not established	Working group established & ongoing
		Establish mentoring programme to benefit "novice" medically qualified researchers	Mentoring programme in place	3	Mentoring programme on track to be in place by end-March 2014		Moderate risk to mentoring programme to be delivered by end-March 2014		Severe risk to mentoring programme to be delivered by end-March 2014	Moderate risk to mentoring programme to be delivered by end-March 2014
		Establish working group in conjunction with UoK to explore feasibility of having CTU in Kent	Decision on feasibility of having CTU in Kent	5	Working group established & decision on feasibility made by end-March 2014		Working group established & decision on feasibility pending end-March 2014		Working group not established by end-March 2014	
		Redesign of externally facing R&D website (for patients, public & external stakeholders)	Re-designed R&D website (for patients, public & external stakeholders)	5	New website on track to be operational by end-March 2014		Moderate risk to new website being operational by end-March 2014		Severe risk to new website being operational by end-March 2014	
		Development of SOPs for EKHUFT sponsorship of CTIMPs and notification to MHRA	SOPs developed and in place	3	SOPs on track to be in place by end-Sept 2013		SOPs on track to be in place by end-March 2014		SOPs unlikely to be in place by end-March 2014	SOPs on track to be in place by end-March 2014
		Development robust metrics that reflect important aspects of research & innovation activity within the Trust. Embed these with Divisional balanced scorecard.	New R&D and Innovation metrics embedded with Divisional balanced scorecard.	1	Scorecard embedded by end-June 2013		Scorecard on track to be embedded/delivered by end-Sept 2013		Scorecard in place later than end-Sept 2013	Slippage in delivery of this objective ?will be active by end Q3
		Award of further 'research PAs' to start from September 2013	Research PA awards from Q2 2013/14	5	Research PAs awarded by end-Sept 2013		Research PAs awarded by end-Dec 2013		Research PAs not awarded by end-Dec 2013	
	Effective engagement & communication	Patient/public representation on IPGS Panel & R&D Committee (by <b>31st Sept 2014</b> )	Pateint/public representation in place by Q2 2014/15 - <b>REPORTING ANNUALLY</b>	n/a	2 reps in place end end-March 2014		1 rep in place by end-March 2014		No reps in place by end-March 2013	Reported Annually
		One additional EKHUFT employee on REC and as CLRN priority group lead (by <b>31st March 2015</b> )	1 additional EKHUFT employee in place - <b>REPORTING ANNUALLY</b>	n/a	On track to have 1 employee in place by end-March 2015				Not on track to have employees in place by end-March 2015	Reported Annually
	Increase innovation and linking R&I and high quality clinical care	Review all "Bright Ideas" and track implementation	All Bright ideas tracked	4	All bright ideas tracked and followed with implementation status after 6 months of ET	All bright ideas Logged, and ET feedback used to complete actions.	Significant (>20% of ideas not tracked within timescale	Bright Ideas Feedback from ET not actioned	Not all Bright Ideas Logged, not delivered to ET according to timescales	
		Increase in number of "Bright Ideas" submitted	5% increase	5	105% 2012/13 Bright Ideas YTD Trajectory	100 < 105% of 2012-13 Bright ideas received YTD according to trajectory	90% - 100% of 2012/13 levels of Bright ideas received according to trajectory	<90% 2012/13 Bright Ideas According to Trajectory	<80% 2012-13 Bright Ideas According to trajectory	
		Reviewing the Trust's Intellectual Property Rights (IPR) policy	IPR policy review completed	5	IPR policy review on track to be completed by end-Sept 2013		Moderate risk to IPR policy review being completed by end-Sept 2013		Severe risk to IPR policy review being completed by end-Sept 2013	
		Developing a standard process for commercialization of innovations that originate within the Trust	Commercialisation process in place	5	Process for commercializing innovations on track to being in place by end-March 2013		Moderate risk to commercializations process being completed by end-Mar 2014		Severe risk to commercializations process being completed by end-Mar 2014	Moderate risk to commercializations process being completed by end-Mar 2014
		Increased number of innovations by Trust staff progressing to full commercial development (at least 1 by 31st March 2016)	≥1 fully commercially developed innovations by Q4 2015/16	n/a	1 patentable innovation developed by EKHUFT employee by end-March 2014				No patentable innovation developed by EKHUFT employee by end-March 2014	Reported Annually

Annual Objective	Sub-objective	Milestones	Metrics	Q3 RAG	Score	5	4	3	2	1	Commentary 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	Achieve milestones on marketing project plan for both business to business and patient/public marketing approaches	Following approval of marketing strategy by the Board of Directors at June 2013 meeting, initiate progress plan and meet project plan milestones.	1		Agreed actions completed on target	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	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.
	Provide marketing support for repatriation of services from London	To work closely with the Divisional Directors to agree the process and the targets. Market share targets will be set but will not be published as this is commercially sensitive information.	Following approval of marketing strategy by the Board of Directors at June 2013 meeting, initiate progress plan and meet project plan milestones.	5		Agreed actions completed on target	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Repatriation & market share work has been on a specialty by specialty basis. Repatriation initiatives have included the provision of additional services such as capsule endoscopy and the EBUS service. General market share work is also included as the benefits to commissioners from Market Forces Factor have been highlighted.
	Provide marketing support for increasing market share for in-patient and day case procedures from local CCGs and the target areas outside the traditional catchment area	Market share targets will be set but will not be published as this is commercially sensitive information	Following approval of marketing strategy by the Board of Directors at June 2013 meeting, initiate progress plan and meet project plan milestones.	5		Agreed actions completed on target	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Repatriation & market share work has been on a specialty by specialty basis. Repatriation initiatives have included the provision of additional services such as capsule endoscopy and the EBUS service. General market share work is also included as the benefits to commissioners from Market Forces Factor have been highlighted.
	Facilitate the implementation of the relationship management strategy	Undertake an annual CCG/GP Survey. Continue to develop an effective strategy for engagement with CCGs through the further use of the Executive Account Manager roles and the development of a wider account management facility. This will include the production and implementation of a robust plan to mobilise Divisional & Clinical Leads as appropriate to help deliver the agreed marketing objectives. To ensure that the Trust is involved in the emerging local Health Well Being Boards as appropriate and that there is a robust feedback mechanism in place.	Commence relationship mangement strategy Q2 2013/14	5		Agreed actions completed on target	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
	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	Q2 2013/14	2		Completed on Target	On target for completion Q2 2013/14	Delayed 1Q Q3 2013/14	Delayed 2Q Q4 2013/14	Delayed 3Q Q1 2014/15	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.
	Identify competitive threats to market share and develop and implement appropriate responses	Provide a quarterly commentary on any market trend data using both hard and soft intelligence. Undertake an annual marketing assessment	Q1 2013/14	5		Agreed actions completed on target	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
	Identify non-clinical income opportunities and provide marketing support	Identify specific marketing opportunities and make recommendations e.g.. the potential future management for older people	Following approval of marketing strategy by the Board of Directors at June 2013 meeting, initiate progress plan and meet project plan milestones.	5		Report on progress 3Qs after Market Strategy Approval	1 Q Delay	2Q Delay	3Q Delay	4Q delay	
AO10: Support increased efficiency and effectiveness across the Trust via the	Estates										
	Review and refresh 2009 estates strategy in light of clinical strategy	Prioritised 5 year capital programme	Completed within 2 months of delivery of Clinical Strategy	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
	Deliver 2013/14 capital programme	WHH endoscopy	Completion December 2013	1		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	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)
		Energy project - Phase I	Completed March 2014	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Cardiac lab 1	Completed November 2013	4		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Dover hospital	Commence enabling work April 2013	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Dover hospital	Commence new build May 2013	2		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	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
	Develop estates rationalisation strategy: Infrastructure and estates investment strategy	Develop a rationalisation of accommodation strategy:	Overall strategy developed by Q1 2013/14	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Rationalisation of estates
		Define list of quick win disposals	Q1 2013/14, complete implementation by July 2013/14	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Identify and release surplus assets and space using Corporate Landlord appraoc: Maximise use of Trust accommodation	Principles defined and adopted by Q2 2013/14	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
	Implement car parking strategy	Patient & Staff car parking projects completion	Two phases: Patients - WHH & QEQM April 2013, KCH May 2013 Staff September 2013	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Some delay around commissioning the software accepting debit card payments.
		Develop a green travel strategy in partnership with appropriate suppliers	Roll out during Q2 2013/14	5		On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	

Annual Objective	Sub-objective	Milestones	Metrics	Q3 RAG Score	5	4	3	2	1	Commentary Q3
Implementation of major infrastructure projects (Linked to SO 5 & SO 6)	Information Technology									
	Participate in Southern Acute Collaborative Programme (SACP) to secure collaborative funding with MTW for priority IT programmes in IT Strategy	1. Build collaborative partnership with MTW 2. Agree technical specifications with MTW for PAS+, Maternity and Clinical Workstation programmes 3. Complete FBC and submit through internal process 4. Complete FBC and submit to DOH 5. Undertake procurement process when funding agreed 6. Agree implementation plan	April - October 2013	3	All required actions completed according to agreed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	Despite the change in rag this project continues to progress well. Unavailability of personell 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
	Agree, Design and Implement a telecommunication infrastructure to support the current operational business as well as incorporating new ways of working	1. Audit current system & infrastructure & implement immediate recommendations 2. Identify potential suppliers through procurement process 3. Plan implementation against available capital 4. Produce business case to secure funding 5. Implement plan	01/10/2013 - Implementation may be phased due to cost constraints	4	All required actions completed according to agreed timescale	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Procurement process underway but calrification of costs has delayed business case approval
	Implement the technological infrastructure to support mobile and remote working in a paper light environment	1. Complete WFI installation across the Trust 2. Implement the multi-functional devices 3. Agree devices to support mobile/paperlight working	Oct-13	5	All required actions completed according to agreed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	
	Continue to implement a complete electronic patient record by including the development of an electronic A&E and in-patient record and e-prescribing	1. Understand and agree priority projects to complete EPR 2. Agree timeline for implementation 3. Implement priority projects	July 2013 - implementation phased due to cost and organisational change March 14 for priority projects	5	All required actions completed according to agreed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	Priority projects agreed. Next areas to be addressed are A&E and inpatient record. Planning is well underway. Implementation will be a staged approach due to organisational change.
	Work with partners in K&M to ensure IT services are efficient, value for money and commercially competitive.	1. Benchmark each aspect of IT service with other organisations including private sector 2. Agree a plan with partners to ensure a VFM IT service which delivers a quality support programme 3. Understand and agree priority projects 4. Agree timeline for implementation 5. Implement priority projects	Benchmarking and planning complete by September 2013	5	All required actions completed according to agreed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	Final report received- K&M Strategic Board has agreed to undertake an exercise to test the market. Plan agreed to tender for a company to support all organisations in K&M to undertake this process.
	Sustainability									
	Board endorsement of sustainability strategy	Carbon Trust sign-off	Q1 2013/14	5	Agreed actions completed on target	Delayed by 1Q	Delayed by 2Q	Delayed by 3Q	Delayed by 4Q	
	Implement key elements of sustainability strategy	Hit energy strategy milestones	Deliver projects to target dates	5	Agreed actions completed on target	Delayed by 1Q	Delayed by 2Q	Delayed by 3Q	Delayed by 4Q	
		Support development and implementation of transport project plan	Q2 2013/14	4	Agreed actions completed on target	Delayed by 1Q	Delayed by 2Q	Delayed by 3Q	Delayed by 4Q	Transport manager post vacant. Awaiting resolution before proceeding
		Support development and implementation procurement project plan	Q3 2013/14	4	Agreed actions completed on target	Delayed by 1Q	Delayed by 2Q	Delayed by 3Q	Delayed by 4Q	First draft of sustainable procurement strategy complete.
		In conjunction with Serco develop and implement waste management project plan	Q2 2013/14	4	Agreed actions completed on target	Delayed by 1Q	Delayed by 2Q	Delayed by 3Q	Delayed by 4Q	Difficulty engaging with SITA and Serco
AO11: Drive increased efficiency and effectiveness of Trust corporate led services and activities	Procurement									
	Deliver procurement strategy		March 2014	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Establish clear approach to regional savings and procurement opportunities								
		Develop and implement a framework to influence on a regional and national level NHS and healthcare purchasing policy and approaches	March 2014	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Develop Divisional, Trust-wide and national procurement opportunities, procurement opportunities, market influencers and wider health economy saving schemes	Q2 2013/14	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Establish and monitor procurement resource plan that will deliver the agreed programme	April 2014	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	
		Achieve savings targets	£3m during 2013/14	4	100%+ of YTD Trajectory	80% of target YTD	60% of target YTD	40% of target YTD	20% of Target YTD	Procurement and the Divisions are focusing on delivering the actual plans in place. Progress against in year target is 88%.
	Back Office									
	Identify outsourcing opportunities and implement where appropriate	Delivery of agreed efficiency savings	Q4 2013/14	5	100%+ of YTD Trajectory	80% of target YTD	60% of target YTD	40% of target YTD	20% of Target YTD	
	Identify Joint venture opportunities and implement where appropriate	Delivery of agreed efficiency savings	Q2 2013/14	5	100%+ of YTD Trajectory	80% of target YTD	60% of target YTD	40% of target YTD	20% of Target YTD	



Annual Objective	Sub-objective	Milestones	Metrics	Q3 RAG	Score	5	4	3	2	1	Commentary Q3
(Linked to SO 5 & SO 6)	Health & Safety										
	Ensure a robust Health and Safety Culture from Board to Ward through structured training and strong governance processes.	Produce twice yearly Integrated Audit and Governance Committee (IAGC) H&S reports	Q2 & Q4 2013/14	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
		Produce quarterly Risk Management Governance Group (RMGG) H&S reports	Meet quarterly report schedule	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
		6 H&S themes driven by 5 project groups. Each theme covers one specific governance, compliance or training area. Each group to develop a work programme and deliver on objectives.	March 2014	5	Work Programmes developed and objectives delivered according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
		Report on progress to Health and Safety Executive (HSE)	Attendance at Q2 & Q4 CHSC meetings	5	On target, with actions completed according to	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
		Report on KPIs agreed with the Corporate Health & Safety Committee. Collect benchmark data for routine reporting and monitoring	Benchmark data available for Corporate H&S committee Q1 2013/14. Monthly updates.	5	On target, with actions completed according to	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
			Present KPIs on a quarterly basis at RMGG	5	On target, with actions completed according to	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		
		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)	Develop and implement a consultation programme to ensure engagement of the Trusts stakeholders in the clinical strategy	1. Collate results of engagement exercise 2. Evaluate options & gain Board approval for consultation 3. Prepare consultation document 4. Publish clear timetable 5. Prepare consultation material 6. Undertake consultation 7. Collate & analyse results of consultation 8. Present results to EKHUFT Board, CCGs, CCG Federation & Kent HOSC	April 2013 - March 2014	5	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q
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	1. Identify activity assumptions for Breast services by site, number of day and in-patient beds per site , theatre sessions per site and equipment for each breast option 2. Identify theatre capacity for every specialty using 4 & 5 hour sessions to identify number of theatre required by site for each option 3. Identify general and ITU beds for medium and high risk surgery and trauma by site for each option 4. Identify workforce for each option 5. Identify equipment requirements for each option		May-13	3	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	Deatailed analysis of activity is now complete. FBC is now being written for completion in Q4	
Implement the future Ambulatory Emergency Care models of care and patient pathways, ensuring clinical standards and requirements are identified for each element and at each threshold within the pathway	1. Develop pathways from new directory of ambulatory care 12 pathways 2. Develop & sign-off business model for new ambulatory model 3. Complete financial analysis for each pathway 4. Agree pathways to present to commissioners & gain acceptance 5. Identify operational plan & implement		March 2014 and ongoing	5	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		
Understand the resources required to deliver a level 2 trauma unit, the impact on other services and the financial implications. Agree the patient pathways for all levels of trauma so patients do not have to travel unnecessarily. Understand the surgical, orthopaedic, interventional radiology and paediatric support required at all three acute sites, in order to maintain an unselected medical take.	1. Complete and sustain trauma criteria agreed between SELKAM Trauma network & EKHUFT 2. Continue to maintain clinical standards at both WHH & QEQM E.D. 3. Recruit to additional E.D posts (medical & nursing) 4. Ensure that communication plans & SELKAM Trauma network communication plans are agreed 5. Clarify additional equipment & service costs to sustain a trauma unit within East Kent		Apr-13	5	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		
Agree and implement following consultation the future provision of Outpatient services across the Trust, reducing the number of outpatient sites from 22 to 6 whilst continuing to provide local access (within 20 minutes) to OPD services. Extending the working day for OPD services, increasing the use of one-stop clinics and exploring the use and viability of telemedicine and telehealth. Commence the build of the new Dover Hospital. Understand the estate requirements at each of the other trust's sites to deliver the new models of care	1. Complete outpatient modelling 2. Agree sixth outpatient site 3. Agree one stop algorithm & review site plans to establish facilities 4. Agree capital program for 3 acute sites 5. Complete workforce modelling to support extended working day 6. Complete financial evaluation 7. Undertake FBC for potential 7th site		Apr-13 Business case Sept 13 for Consultation	5	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	Business case approved Consultation progress as per previous metric	

Annual Objective	Sub-objective	Milestones	Metrics	Q3 RAG Score	5	4	3	2	1	Commentary Q3
	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).	1. Confirm the emergency care workforce model to support 3 options in all divisions 2. Reconfirm financial implications for medicine, paediatric & gynaecology in all options 3. Agree broad estate plans including diagnostics, SAU, MAU & Paeds area 4. Re-confirm patient flows for each option & site 5. Design estate footprint for KCH, WHH, QEQM to incorporate ECIST recommendations & new models of care (including health care village)	May-13	3	All required actions completed according to agreed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	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
AO13: Develop and deploy analytical approaches to support strategic and evidence based decision making and provide clinicians with real time business intelligence (Linked to SO1, 4 & 6)	Republish the Information Strategy from 2013-2015	Minuted through IM&T.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Automation of regular reporting so that people spend time on analysis as opposed to production	Improvement in number of automated reports, reduction in number of manual reports.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Support the education of key Trust staff in the appropriate use and interpretation of information to support decision-making.	Report guidelines produced by Information team. Also client management code of conduct published.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Develop clinical performance measurement for the purposes of appraisal.	Launch Pilot and then full version of 'Real-time Consultant Appraisal'.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Launch identity of the new Information function in order to drive commercial proposition.	Website available and income generated from external sources.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Maximise the use of technology in the presentation of data and revalidation.	App-based reporting of data and presentation of real-time statistics to smartphones.		5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
AO14: Ensure strong financial governance, agree contracts with commissioners that deliver sufficient activity and finance and support a comprehensive internal cost improvement programme where all Divisions deliver cash releasing savings schemes to deliver Trust QIPP targets (Linked to SO 6)	Refresh financial strategy to ensure strong financial governance	Financial Strategy agreed by Exec Team	Q2 2013/14 (July 2013)	5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Negotiate contracts with commissioners that deliver sufficient activity and finance to meet financial targets	2013/14 Annual Plan agreed by Trust Board	Q1 2013/14 (March 2013)	5	On target	Delay by 1-2 months	Delay by 1Q	Delay by 4-5 months	Delay by 2Qs	
	Enhance service line reporting	Incorporate SLR information into EPR reviews	SLR information system in place	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
	Agree CIP requirement	Present agreed CIP programme to Trust Board March 2013	Q1 2013/14 (March 2013)	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	
	Work with Divisions to develop cash releasing savings schemes according to the target monitoring an flagging delivery issues delivery	Present CIP progress updates to the FIC flagging issues and required actions required to resolve issues	Regular CIP progress updates completed	1	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	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 f the required target
	Actively participate in Kent wide QIPP with partner organisations to ensure financial stability across the Kent NHS network, deliver targets for which Trust is responsible	Participate in the Whole System Integrated Finance Group Meetings	Delivery of Trust targets	5	Achieving target consistently and anticipated to continue to year end	Achieving target currently, but risk of not sustaining performance until year end.	Not currently achieving target, but meeting trajectory for improvement by year end	Not currently achieving target and not meeting trajectory for improvement by year end	No Progress / Delay to planned activities impacting on delivery of target by date agreed. Unlikely to meet target by year end	

Domain	Objective
<b>SO1 Quality</b>	Deliver excellence in the quality of care and experience of every person, every time they access our services
<b>SO2 Stakeholder Engagement</b>	Ensure comprehensive communication and engagement with our workforce, patients, carers, members GPs and the public in the planning and delivery of healthcare
<b>SO3 Innovation and Improvement</b>	Place the Trust at the leading edge of healthcare in the UK, shaping its future and reputation by promoting a culture of innovation, undertaking novel improvement projects, and rapidly implementing best practice from across the world
<b>SO4 Business Development</b>	Identify and exploit opportunities to optimise and, where appropriate, extend the scope and range of service provision
<b>SO5 Infrastructure</b>	Continue to upgrade and develop the Trust's infrastructure in support of a sustainable future for the Trust
<b>SO6 Finance</b>	Deliver efficiency in service provision that generates funding to sustain future investment in the Trust