

Domain	Objective
SO1 Quality	Deliver excellence in the quality of care and experience of every person, every time they access our services
SO2 Stakeholder Engagement	Ensure comprehensive communication and engagement with our workforce, patients, carers, members, GPs and the public in the planning and delivery of healthcare
SO3 Innovation and Improvement	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
SO4 Business Development	Identify and exploit opportunities to optimise and, where appropriate, extend the scope and range of service provision
SO5 Infrastructure	Continue to upgrade and develop the Trust's infrastructure in support of a sustainable future for the Trust
SO6 Finance	Deliver efficiency in service provision that generates funding to sustain future investment in the Trust

Annual Objectives: 2014/15

Annual Objective	Sub-objective	Actions	Metrics	Executive Director Lead
<div>Quality</div> <div>AO 1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care (Linked to SO 1)</div>	Improve Patient Experience by Putting Patients First - Improve the care of clients who raise concerns or complaints and increase the number of compliments received.	(1) Improve the complaints process (2) Translate themes identified from complaints received into clear deliverables (3) Improve the standard of responses to complaints (4) Improve the ratio of complaints to compliments on a quarterly basis, against 13/14 (5) Learning from feedback is explicit via publication of themes internally and reduction of complaints within themes	Monitor Performance against the Complaints Steering Group improvement Plan	Julie Pearce
	Improve Patient Experience by sharing patient feedback and making it available to public and staff through live feeds via the Trust website.	Feedback mechanisms in place that capture departmental and Divisional feedback via all sources	Monthly themes published on internet including % positive feedback	
	Improve the responsiveness to patient experience feedback and the embedding of feedback to improve patient experience.	(1) Improved response rates in Friends and Family Test in each area as per national guidance (2) Implementation of FFT to OPD and Day Units by Oct 14 (3) reduced negative response rates in each area as per national guidance (4) Improvement of the Net Promoter Score in all areas as per national guidance (5) Improvement in satisfaction scores	Monitor performance against the outcomes from Divisional Governance meetings, RMGG & EPR meetings.	
	Improve Patient Experience by Putting Patients First - Improvement of essential aspects of nursing care with a specific focus on pain management, nutrition and hydration.	Delivery of Nutrition & Hydration Improvement Programme and Pain Management Action Plans	Monitor against improvement plan	
	Improve Patient Safety and Reduce Harm	Achieve HSMR -against plan	Monthly HMSR - Total - Elective - Non-Elective	
			Formal RCA & review of every unexpected death following elective procedure	
		Achieve a reduction in standardised Hospital Mortality Index against plan	SHMI - published quarterly & improvement trajectory met six monthly	
		Achieve a reduction in crude mortality against plan	Monthly Crude Mortality - Total - Elective - Non Elective	
		Establish base-line and review as part of job planning, appraisal and revalidation.	Publish consultant level outcome data covering mortality and quality for ten surgical and medical specialities.	
		Reduce 'Never' events to zero.	Monthly reporting of never events.	
		Reduce the recorded harm event rate as measured using the UK Trigger Tool model	2-weekly multi-professional health care records review across all in-patient sites. 6-monthly reporting to PSB. Internal portal access for data	
		Patient Safety Checklist - Lead awareness campaign and publish trust expectations for completion. Implement audit process to monitor usage	Patient Safety checklist completed for X% of patients	
		Reduce the number of falls resulting in harm	Monitor performance against monthly & quarterly trajectories	
		Reduce the number of Category 2,3 & 4 Pressure ulcers	Monitor performance against monthly & quarterly trajectories	
		Increase in NHS Safety Thermometer Harm Free Care	95% Harm free care by Mar 2015	
		Increase our achievement of openness and transparency, 'duty of candour'	Monitor performance against monthly & quarterly trajectories	
	Improve Clinical Effectiveness and reliability of care - Implement and monitor CQUINS Programme, collaborating with the Service Improvement Team & KCHT	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	
		(1) Deliver performance of 14/15 National CQUINs monthly and address any issues to ensure targets are achieved: - FFT - Dementia - Safety Thermometer (2) Deliver performance of Local CQUINs and address any issues to ensure targets are achieved: - COPD - Diabetes - Heart Failure - Over 75s	Monitor performance against CQUINS 14/15 targets Monitor risk attached to Local and National CQUINs against planned risk levels	
		Reduce the incidence and prevalence of Septicaemia	Monitor monthly & quarterly performance against trajectories and report on CQ&PS Board Report Balanced Scorecard	
	Improve Clinical Effectiveness and reliability of care by improved infection prevention & control	Achieve the improvement trajectory for MRSA (Zero Tolerance for avoidable), C-difficile and E-coli rates and achieve the improvements	Monitor monthly & quarterly performance against trajectories and report on CQ&PS Board Report Balanced Scorecard	
		Understand the baseline data and collaborate with Public Health England ways we can successfully improve	Baseline data recorded.	
	Improve Clinical Effectiveness and reliability of care - by increasing the level of patient care delivered through Best Practice Tariff (BPT) pathways	Increase the number of patients receiving care within a Best Practice Tariff pathway	Monitor activity against Divisionally set Quarterly improvement milestones - % patients meeting BPT per pathway.	
	Improve Clinical Effectiveness and reliability of care - by monitoring and responding to PROMS data	Support the Implementation of a regular PROMS data analysis and review process	Monitor that PROMS data is reported, monitored and responded to by the Surgical Division on a quarterly basis	
	Improve Clinical Effectiveness and reliability of care - by responding to CQC Visit March 14	(1) Publish action plan in response to CQC visit report (2) Monitor improvements against action plan	Monitor improvements against CQC Visit action plan	
	Improve Clinical Effectiveness and reliability of care by increasing the number of ambulatory pathways and number of new pathways.	Increase % patients following ambulatory pathway - to 35% with a stretch target of 40%	% patients on pathways on zero length of stay pathway as a sub-set of total. (can be split by pathways)	
		Discuss and agree potentially 3 further ambulatory pathways with CCGs, and agree implementation plan - see also AO6.	Project milestones for implementation plan.	
	Increase the number of services available 7 days per week to improve the patient experience - implement extended services within Therapies	The implementation of 7-day working	Number of services available 7 days per week	
	Improve Clinical Effectiveness and reliability of care - Expand technologies to improve communications across pathways between teams, across boundaries (primary/secondary care) to improve efficiencies and release time to care.	(1) Ipads implement for Community Midwives (2) Ipads implement for Pre-Assessment areas (3) Dot.com (4) Support opportunities to expand use of Telehealth as per Divisional project plans	Monitor implementations against Divisional project plans	
		Implement the 13/14 action plan following investment into ward staffing 21 January 2014	Quarterly reporting of benefits against 13/14 ward staffing review business case. Action plan required if benefits not being realised	

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	Improve Clinical Effectiveness and reliability of care by ensuring safe staffing	Implement NHS England expectations relating to nursing, midwifery and care staffing capacity and capability	Quarterly reporting against compliance with the 9 expectations	
		Monitor planned staff versus actual into ward staffing reviews to provide patients with reassurance on staffing levels	6 monthly staffing review report to board	
		Implementation of the Friends and Family Test for Staff	Improved Staff Survey results compared to 13/14	
		Clearly display information on nursing, midwifery and care staffing to patients and the public	Staff FFT implemented by July 2014	
	Improve Clinical Effectiveness and reliability of care by reducing admissions	By March 2015 reduce the number of avoidable unplanned readmissions	Readmission Rates for Elective / Non-Elective by Site + Division	
			Rollout against plan	
	Enable Quality Improvement by addressing:- Culture and Leadership	(1) Establish Quality Improvement & Innovation Hub to support staff in delivering person-centred, safe & effective care (2) Ensure Quality Improvement & Innovation Hub enables a connection between themes identified from Patient and staff feedback and translation into Service improvement via the Service improvement Team	(1) Monitor Divisions actively drive their Improvement Plans, and monitor the use of the Hub via the Steering Group (2) Monitor connection between Service improvement Plans and themes from patient and staff feedback channels	
		(3) Increase % front-line teams that have completed Aston Team effectiveness programme (4) Continue OPD Customer Care Training Programme (5) Provide clinical leadership development based on shared purpose framework competencies to staff (doctors, nurses, allied health professionals)	(3,4&5) Monitor training completed against training plans	
	Meet Monitor compliance obligations and act on CQC Hospital Inspection outcomes	Ongoing assessment of compliance status, remedial actions where appropriate. Action plan based on CQC inspection outcomes implemented.	Quartely returns demonstrate compliance	
	Ensure that where appropriate end of life conversations have been had with patients/carers and adequately documented	Ensure that DNACPR forms are filed according to the Trust's DNACPR policy and that end of life conversation forms, include ceiling of care, are also filed according to Trust policy	Compliance of recording of DNACPR and end of life conversations with Trust policy and the communication of same with partner organisations	
Quality AO 2: Develop and agree a Transformation Redesign Service Improvement Strategy that supports frontline staff to identify ways of working that cost less whilst maintaining high quality patient care	Redesign elective and emergency pathways to enhance patient care and quality whilst maximising efficiency	Develop effective relationships with Divisions to support the delivery of more cost efficient and high quality services for patients (1) Support Divisions to transform how patient care is provided across the elective, emergency and urgent care systems to improve quality for patients and efficiency for the Trust (2) Develop an agreed Transformation Redesign Service Improvement Work Plan	Quarterly Performance against agreed improvement milestones/trajectories monitored through 'Transformation Redesign Service Improvement' dashboard and progress against Programme Management Plan.	Julie Pearce
		(1) Integrate Service Improvement Team and Programme Management Office to align quality improvement, productivity and financial efficiency from 1 May 2014 (2) Identify resources within these Teams to work with Divisions and scope the opportunities to deliver a more cost efficient and high quality service for patients	Agreed Action Plan implemented as per Project Plan. May 2014.	
Engagement: AO 3: Improve the overall score in the annual staff survey and embed engagement into everyday practice in East Kent Hospitals University NHS Foundation Trust (linked to SO2)	Develop relationship with the new local HealthWatch with a view to getting support for the Trust	Memorandum of understanding agreed between Healthwatch and Board of directors. HealthWatch volunteers engaged with EKHUFT groups.	Healthwatch volunteers sitting on Patient and Public Advisory Forum Number of Healthwatch interactions	Peter Murphy
	Support the Patient and Public Advisory Forum and provide annual reports of how progress is being made to meet these annual objectives. Develop meaningful, active engagement in order to inform strategic decisions within the Trust	Quarterly reports on all annual objectives to be discussed. Issues of strategic import to be presented and discussed.	Number of meetings per year. Percentage of members attending. Number of active engagement discussions held.	
	Biannual local event for members of Voluntary Community Organisations to inform and discuss service development and priorities/concerns	Two meetings per year	No of different Voluntary Community organisations represented.	
	Connect to and develop relationships with vulnerable patient groups and minority communities 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. Number of groups engaged with during last quarter	
	Significantly increase patient, public and carer involvement in internal decision making committees and groups	Develop database of public membership of committees and groups. Patients, public and carers sitting on internal committees and groups.	Number of patients regularly attending internal groups and committees.	
	Implement engagement actions from We Care programme	Embedding of We Care Values by implementing action plan to embed values	Action plan implemented as per milestones / project plan	Julie Pearce
		Embedding of We Care Values by monitoring FFT patient feedback	Patient feedback received via FFT improved per ward against same month last year	
		Translate themes identified from FFT responses into clear deliverables within the Service Improvement Programme by joint working with the Service Improvement Team	Number and detail of improvements identified through this process, with status	
		Embedding of We Care Values by monitoring National Staff Survey feedback	National Staff Survey results improved against 13/14 results	
		Translate themes identified from National Staff Survey responses into clear deliverables within the Service Improvement Programme by joint working with the Service Improvement Team	Number and detail of improvements identified through this process, with status	
		Embedding of We Care Values by monitoring National inpatient survey feedback	National Inpatient Survey results improved against 13/14 results	
		Translate themes identified from National Inpatient Survey responses into clear deliverables within the Service Improvement Programme by joint working with the Service Improvement Team	Number and detail of improvements identified through this process, with status	
Clinical Strategy: AO 4: Agree with Commissioners and	Complete the Public consultation on Outpatient services and develop an implementation plan based on outcomes	Undertake the final stage of the formal public consultation for Out-Patient Services	Complete Public Consultation 1. Collate & analyse results of consultation: June 2014 2. Present results to EKHUFT Board, CCGs, CCG Federation & Kent HOSC: August 2014 Implementation plan: Q3 2014/15 1. Establish a governance framework for implementation to include a steering group and work streams for: - workforce changes - estate requirements and phasing of capital programme - pathway changes and activity transfers - communication plan 2. Agree time-line and dependencies	
		Following the completion and outcome of the Public Consultation for Outpatients agree a detailed implementation plan and timescale.		

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consult with the public to implement a sustainable clinical strategy which will in particular meet the standards for emergency surgery; ensure the availability of an appropriately skilled workforce and 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 for the remaining areas of the Clinical Strategy (linking findings from the long term Clinical Strategy into the overall programme of work)	1. Evaluate options & gain Board approval for consultation 2. Prepare consultation document 3. Publish clear timetable 4. Prepare consultation material 5. Undertake consultation 6. Collate & analyse results of consultation 7. Present results to EKHUFT Board, CCGs, CCG Federation & Kent HOSC	As per agreed time table during 2014/15	Liz Shutler
	Maintain a stakeholder communication and engagement exercise as required for outputs from the long term Clinical Strategy	Produce and implement agreed communication and engagement plan	As per agreed time table during 2014/15	
	Following the completion and outcome of the Public Consultation for Surgery agree a detailed implementation plan and timescale.	1. Establish a governance framework for implementation to include a steering group and work streams for: - workforce changes - estate requirements and phasing of capital programme - pathway changes and activity transfers - communication plan 2. Agree time-line and dependencies	Mar-15	
	Develop a plan for safe sustainable services	Agreed plan in place, actions prioritised and implementation commenced	Q3 2014/15	
Marketing Strategy: AO 5: Identify and implement the commercial strategies which support the Trust maximise the opportunities to increase revenue, grow its business in profit making areas and retain its market share (Linked to SO4)	Develop strategic plans to deliver new services in key market segments	Development of the Private Patient Strategy	Commercially sensitive therefore milestones and metrics are available to divisional directors, executive team and board only	Liz Shutler
		Developing a business case for a teaching nursing home	Commercially sensitive therefore milestones and metrics are available to divisional directors, executive team and board only	
	Maintain and grow market share for existing services	Continue with on-going work to strengthen the Trust's Relationship Management with external stakeholders and organisations	1. Complete actions from the 2013/14 annual CCG/GP survey: Q1 2014/15 2. Undertake the 2014/15 annual CCG/GP Survey, and implement any agreed tactics / mechanisms that enhances communication and engagement with CCGs and GPs: Q2 2014/15 3. Appoint to the Associate Medical Director for Primary Care: Q1 2014/15 4. Maintain and further develop the Accounts Management process: On-going 5. Develop approaches to strengthening relationships with primary care, voluntary organisations and community care: On-going	
		Monitor market trends and highlight market opportunities and any competitive threats to market share and help develop and implement appropriate responses	1. Produce and launch an on line Marketing Dashboard which provides market trend data using both hard and soft intelligence: Quarterly 2014/15 2. Undertake an annual marketing assessment: Q3 2014/15	
		Produce strategies and marketing plans for the specialties that have been identified as yielding overall positive financial contribution	1. Produce Outline Strategic Business Case for Trauma & Orthopaedics and Ophthalmology: Q1 2014/15 2. Produce plans for ENT, Maxillo Facial, Cardiology and Urology: Q3 2014/15 3. Undertake work to examine how specialties can move to yielding an overall positive contribution for the Trust: Q4 2014/15	
Strategic Development: AO 6: Drive increased efficiency and effectiveness of Trust corporate led services and through the implementation of major infrastructure projects (Linked to SO5 & SO6)	Information technology			
	Implementation of systems to support delivery of targets and patient pathways	Complete SACP (Southern Acute Collaborative programme) application for funding and procurement for Maternity and PAS systems	1. Complete tendering process and award contracts: April 2014 2. Submit FBC to DOH and secure funding: May 2014	Liz Shutler
		Implement 18-week compliant PAS so that patients and staff have greater visibility of pathways statuses	Implementation of PAS v4.3: Q4 2014/15	
		Implement baseline telecommunication infrastructure	1. Complete new dial plan: May 2014 2. Design and implement new telephony system for Dover and Endoscopy (when built): April 2014 3. Plan implementation and agree priority areas: April 2014 4. Commence implementation (phased approach): May 2014	
		Continue to work towards a paper light environment by completing the implementation of an electronic A&E (casualty) card and planning the implementation of an electronic in-patient record. In addition work with partners in K&M to plan and implement electronic chemo-prescribing.	1. Implement electronic A&E card: October 2014 2. Complete design of electronic in-patient record and plan implementation: May 2014 3. Implement electronic in-patient nursing record: March 2015 4. Complete FBC for chemo e prescribing and plan implementation programme: May 2014	
		Work with partners in K&M to explore outsourcing the infrastructure components of the IT services	1. Establish K&M project group with agreed TOR: April 2014 2. Complete FBC for scope agreed by the above group: June 2014 3. Initiate tendering process: September 2014	
		Continue to identify and implement new ways of working to support mobile working with access to real time data	1. Complete implementation of full Vitalpac functionality with fluid balance, MRSA and bed management data: June 2014 2. Enable remote access to a secure environment: June 2014 3. Fully explore and utilise the functionality of the Clinical workstation: June 2014	
	Estates			
	Deliver 2014/15 capital programme	CT Scanner WHH	Q3/Q4 subject to business case	Liz Shutler
		Energy project - Phase I	Completed March 2014	
		Outpatients Refurbishment	Q3/Q4 subject to business case	
		A&E and ITU refurbishments	Q3/Q4 subject to business case	
		Dover hospital (year two)	Continue to deliver Dover new build and migration of services by Q4	
	Develop estates rationalisation strategy: Infrastructure and estates investment strategy in line with Trust Clinical strategy	Develop a Redevelopment and Rationalisation Strategy with commercial partners and/or alternative vehicles to enable the transformation of our key estate	Model (JV or equivalent) and Partner sourced by Q3	
		Identify and release surplus assets and space using Corporate Landlord approach: Maximise use of Trust accommodation	Principles defined and adopted by Q2 2013/14	
		Identify NWOW strategies and opportunities to support redevelopment	Pilot teams/staff/service in place by Q2	
		Continue to manage existing estate so as to minimise risk to the Trust	Effective PPM and statutory program in place and monitored Q1, Development Business case for a CAFM system	
	Procurement			
		Establish clear approach to regional savings and procurement opportunities	March 2015	
		Develop and implement a framework to influence on a regional and national level NHS and healthcare purchasing policy and approaches 21 January 2014	Better Procurement Better Care policy adopted by Trust March 2015	

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	Deliver procurement strategy	Develop Divisional, Trust-wide and national procurement opportunities, procurement opportunities, market influencers and wider health economy saving schemes	Q1 2014	Liz Shutler
		Establish and monitor procurement resource plan that will deliver the agreed programme	April 2014	
		Achieve savings targets	£2m during 2014/15	
	Back Office			
	Identify Phase 2 outsourcing opportunities and implement where appropriate	Delivery of agreed efficiency savings	Q4 2014/15	Liz Shutler
	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 2014/15	Liz Shutler
		Produce quarterly Risk Management Governance Group (RMGG) H&S reports	Meet quarterly report schedule	
		Report on progress to Health and Safety Executive (HSE)	Attendance at Q2 & Q4 CHSC meetings	
		Development H&S training strategy	Program to be in place for Q2 - mixture of face to face and online training as required by HSE	
		Report on KPIs agreed with the Corporate Health & Safety Committee. Collect benchmark data for routine reporting and monitoring	Use 2013/14 benchmark data from H&S KPIs to inform policy and plan for NHSLA assessments, Qtrly updates	
			Present KPIs on a quarterly basis at RMGG	
	Sustainability			
	Reduce overall Trust emissions in line with NHS targets	Develop a workforce engagement programme	Agreed programme of engagement activities Q4 2014/15	Liz Shutler
		Implement sustainable development management plan (SDMP)	Plan on track to meet 2015 NHS targeted emission reductions	
		Facilitate development of project plans for procurement, waste, water, refrigerants	Agreed project strategies and project plans: Q4 2014/15	
Develop future projects for inclusion in the SDMP		1 new energy project and 1 new project in each of procurement, waste, water and refrigerants by in Q3 2014/15		
Research & Innovation: AO 7: 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 SO3)	Growing EKHUFT's own research inputs & outputs	Increase the number of active research groups (by end-March 2015)	3 new groups - REPORTING ANNUALLY	Paul Stevens
		Increase in peer-reviewed publications	10% increase over 2013-14 total	
	Supporting other's research	Achievement of Trust target (agreed with K&M CLRN/KSS LCRN) for CRN Portfolio recruitment	Recruitment vs. YTD target	
	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 (each quarter)	
		Establish mentoring programme to benefit "novice" medically qualified researchers	Progress towards having mentoring programme in place during 2014-15 FY	
		Appointment of lead research nurse for EKHUFT	Progress towards having lead nurse in place during 2014-15 FY	
		Adoption of industry costing template for all commercial studies	Costing template being used by all PIs when seeking R&D approval during 2014-15 FY	
		Opening of Innovation Centre for Information in conjunction with Academic Health Science Network	Defining governance and operations of the centre	
	Effective engagement & communication	Redesign of externally facing R&D website (for patients, public & external stakeholders)	Progress towards delivery of website during 2014-15 FY	
		Increase engagement with healthcare providers, users and other stakeholders via implementation of communication strategy and public relations campaign to educate about benefits of participation in clinical research (by end-March 2016)	Baseline engagement survey by end Q1 2014/15; further interim engagement survey by end Q4 2014/15	
	Increase innovation and incorporate R&D & Bright Ideas metrics into balanced scorecard	New metrics available to all staff via Qlikview	Introduction by Q2 2014/15	
		Corporate services innovation score available to all staff via Qlikview	Implemented by Q2 2014/15	
		Reinvigorate "Bright Ideas" scheme through articles in Trust news on successful ideas and themed weeks	20% increase over 2013/14 total	
Information Team: AO 8: Engage with the Divisions to develop and provide clinical information to support strategic decision making (Linked to SO1, 4 & 6)	Develop a strategy for Presenting, Predicting and Pushing Outcomes to Clinicians	Technology in place for distributing messages. Statistical processes in place for robust modelling.	Demonstrated working in first specialty	Jeff Buggle
	Develop clinical performance measurement for the purposes of appraisal.	Launch Pilot and then full version of 'Real-time Consultant Appraisal'.	Project plan in place and delivery of pilot	
	Clinical Information Strategy to be launched	Agreed through IM&T	Minuted through IM&T	
	Launch Clinician Engagement Strategy delivered by the Clinical Coding team	Develop project plan, implement for key specialties	Detailed project plan available, key specialties completed	
Finance: AO 9: 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 SO6)	Meet statutory duties and deliver Monitor plan	Refresh financial strategy to ensure strong financial governance: Financial Strategy agreed by Exec Team	Financial Strategy agreed by Exec Team: Q2 2014/15 (Sept 2014)	Jeff Buggle
		Negotiate contracts with commissioners that deliver sufficient activity and finance to meet financial targets	2014/145 Annual Plan agreed by Trust Board: Q1 2014/145 (March 2014)	
		Enhance service line reporting	Incorporate SLR information into EPR reviews and performance management	
		Agree CIP requirement	Present agreed CIP programme to Trust Board: Q1 2014/15 (March 2014)	
		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	
	Participate in the Kent wide QIPP with partner organisations to ensure financial stability across the Kent NHS network and deliver the targets for which the Trust is responsible	Participate in the Whole System Integrated Finance Group Meetings	Delivery of Trust targets	