Performance against EKHUFT Annual Objectives 2013/14

1   Introduction

1.1   The purpose of this paper is to summarise areas where the Trust's performance against its Annual Objectives deviates from the agreed plan and/or performance trajectory, such that closer monitoring may be required and/or further support provided.

1.2   These indicators have been defined to support the monitoring of the Trusts performance against its Strategic Objectives during 2013/14, and ensure that EKHUFT continues to improve to become a top ten hospital trust within the UK.

1.3   There are 14 annual objectives, each of which has a number of sub-objectives which have associated metrics to allow performance to be tracked. Each sub-objective is assessed on a quarterly basis and a RAG rating assigned by the owner of the objective. This exception report details any sub-objective that is rated as yellow, amber or red. Commentary is provided to describe the current status of each of these sub-objectives.

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

Annual Objective	Sub-objective	Metrics	RAG Rating	Commentary
AO2: Implement the second year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care (Linked to SO1)	Implement roll-out of 'We Care' Programme. 100% MDT teams aware of the agreed values. Teams demonstrate values through improved behaviours and attitudes.	Q1 = All Staff have access to values and behaviours team - signed to say aware	**1 Red**	This will be rolled out in 14/15
		Q2 = 30% Q3 = 65% Q4 = 100%	**1 Red**	This will be rolled out in 14/15
	Complaints process improved. 85% complaints and concerns to be answered within one month to the satisfaction of the complainant.	% First responses that are returned without resolution	**3 Yellow**	15% of the cases who received responses during the year returned for further resolution. The Trust continues to make improvements to the responses provided to clients
		% complaints investigated and upheld by PHSO.	**3 Yellow**	6% of cases 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 Yellow**	Although the live feeds to the website are at the planning stage, the number of comments posted on patient opinion, both positive and negative are recorded in the monthly Board reports that are available on the website.
		Number negative comments posted on patient opinion % by month/quarter.	**3 Yellow**	
	Reduce 'Never' events to zero.	Monthly reporting of never events.	**1 Red**	We declared three never events in 2013/14; one is still being investigated and may not fulfil the criteria as a never event
	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	**1 Red**	MRSA = 8 avoidable, C.Diff = 49. We are measured on the number of C. difficile cases that have occurred 72 hours after admission to hospital. The Department of Health set us a target of 29 or fewer cases for 2013/14; this was a very challenging target and we struggled to meet trajectory in quarter 1. Four of the strains of MRSA were associated with the Lyon strain.

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AO2: Implement the second year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care (Linked to SO1)	Improve Clinical Effectiveness and reliability of care	Achieve improvements required for the regional Enhancing Quality & Recovery Pathways: Heart failure, pneumonia, hips and knees, colorective and gynaecology	**3 Yellow**	All EQ/ERP pathways on track to meet or exceed targets with the exception of Community Acquired Pneumonia (CAP). With one month of the measurement period still to be confirmed CAP is 0.2% below the annual target. This could still be achieved, and there will be a partial payment for CAP if the full target is not achieved. Full year status cannot yet be fully reported.
		Increase the proportion of patients receiving care through priority best tariff pathways: Baseline & Quarterly improvement milestones.	**3 Yellow**	Work with Divisions is establishing summary reporting of Trust activity within the BPT pathways. Current status shows that the Trust is earning BPT for 11 of the 18 possible BPT pathways but this is provisional information and is awaiting confirmation from Finance. A strong reporting process needs to be in place to highlight the opportunities for Divisions to increase the services provided within BPT pathways.
AO4: Plan and Implement PAS up-grade to enable more efficient and productive approach to managing 18 week pathways for elective care from referral to treatment and follow-up (Linked to SO 1)	Drive the Organisational Development Plan to support Divisions to deliver safe and effective administration of 18 week pathway and to robustly manage capacity to achieve a sustainable performance against access standards for 18 weeks.	Implement system of partial booking for follow-up appointments: Divisions comply with 90% of KPIs in Patient Access policy for elective care	**3 Yellow**	The Q3 analysis has only just started at time of writing. Using the December report, specialties have achieved the prescribed error rate in all KPIs with the exception of offering TCIs with 21 days reasonableness. The Service Improvement team will shortly be starting work to address key reasons for 18 week breaches. As failure to offer reasonableness is one of these improvement should be seen during the next financial year.

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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.	**3 Yellow**	Service Improvement to reduce unplanned Readmissions within 30 days of discharge, has included four pilot interventions at KCH - the use of a 'Tick It Home' to enhance patient involvement and communication with regards Discharge Planning, Patient / Carer Education, Medicines reconciliation for patients identified as 'high risk' of Readmissions through the Trusts' Risk Stratification tool, and the use of follow-up phone calls to high risk patients post-discharge. A more focused approach was adopted at WHH for elderly patients within a Care Home setting, through the Health Foundations' 'Safer Clinical Systems' Project. This Project enabled an integrated approach between EKHUFT through the provision of a Community Geriatrician model, KCHT via closer working with Community Matrons and Ashford CCG, via MDT working with GP's. Adjacent Initiatives such as Hospital at Home and the Health & Social care Village model, have also assisted with the reduction of readmissions for specific patient groups. As of February 2014, EKHUFT's performance has deteriorated when compared to the same period last year with February 2014 showing a position of 9.24% against 9% last February. The year end forecast for 31 March suggests the final position will be between 9% and 9.4%. Further to meeting with the Medical Director and Chief Nurse, further work has been requested to look at readmissions by age group, so that interventions can be more patient focused. The revised approach for continuing to reduce unplanned 30 day readmission rates will be integrated with the process for reviewing and transforming patient pathways, because improvements in efficiency and effectiveness will come from working with frontline staff and reviewing across whole patient pathways/system basis. Alternate systems such as CareFlow are also being explored, following its use within renal medicine.

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AO7: Engage with the new local Healthwatch and wellbeing boards while further developing relationships with vulnerable patient groups and local voluntary and community organisations (VCOs) through a structured programme of meetings, events and other communication channels. The overall aim is to develop and strengthen relationship and understanding between the Trust and these key stakeholders (Linked to SO 2)	Support the Patient and Public Advisory Forum in implementing its annual work programme and providing it with bi-annual (six-monthly) updates on the implementation of the Trust PPE strategy	Forum achievements published at end of year.	**3 Yellow**	3 Meetings held, 1 PPE Strategy update, average 78% attendance. Forum now closed. No further meetings planned. EKHUFT is now exploring new engagement opportunities with "We Care" Champions
	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.	**2 Amber**	Database still under development. A longer term programme to continue development of VCO relationships over the next two years will remain.
AO8: Implementation of the research & innovation strategy to increase "home-grown" research & innovation whilst continuing to support other's R&I endeavours, by putting in place the right people, processes and facilities to support these goals, and through effective engagement with R&I stakeholders (Linked to SO 3)	Growing EKHUFT's own research	Increase the number of active research groups (by end-March 2015)	**1 Red**	No new research groups have formed during 2013-14 FY
	Supporting other's research	Increase in new commercially funded studies	**1 Red**	10 commercial studies approved = decline on last year
	Facilitating more & better research by putting in place right people, processes and facilities	Relocate R&D office to Canterbury site	**1 Red**	R&D Department still located in Dover. Low likelihood of move to KCH. Move to QEQM has been mooted.
		Establish mentoring programme to benefit "novice" medically qualified researchers	**1 Red**	Mentoring programme not yet delivered, but broader programme of work looking at how we embed a research culture in EKHUFT is planned for 2014-15. Mentoring programme is likely to form part of this.

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AO8: Implementation of the research & innovation strategy to increase "home-grown" research & innovation whilst continuing to support other's R&I endeavours, by putting in place the right people, processes and facilities to support these goals, and through effective engagement with R&I stakeholders (Linked to SO 3)	Facilitating more & better research by putting in place right people, processes and facilities	Development of SOPs for EKHUFT sponsorship of CTIMPs and notification to MHRA	**3 Yellow**	SOPs in place during 2013-14 FY
		Development robust metrics that reflect important aspects of research & innovation activity within the Trust. Embed these with Divisional balanced scorecard.	**1 Red**	R,D&I metrics embedded in Divisional scorecard at end of 2013-14 FY
	Effective engagement & communication	Patient/public representation on IPGS Panel & R&D Committee (by 31st Sept 2014)	**3 Yellow**	1 P&P rep in place on both committee & IPGS panel at end of 2013-14 FY
	Increase innovation and linking R&I and high quality clinical care	Review all "Bright Ideas" and track implementation	**3 Yellow**	While an increase in bright ideas has been achieved, there is a need to streamline the approval/further investigations process to make the system more responsive in future, and put ideas into action faster.
		Increased number of innovations by Trust staff progressing to full commercial development (at least 1 by 31st March 2016)	**1 Red**	No new patentable innovations have been developed by an EKHUFT employee by end-March 2014 to our knowledge

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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	**1 Red**	The Advisory Board will be assisting with external benchmarking for T&O. Initial analysis has been undertaken for ophthalmology and project groups have been established. Work is progressing on cardiology
	Development of the private patient strategy	Work with the Spencer Wing to help produce the Private Patient Strategy. Private patient targets will be set but will not be published as this is commercially sensitive information	**2 Amber**	Rated against the current metric, but the workstream has changed direction significantly within the year. Currently out to tender for a partner organisation to develop our private patient provision. The process is being overseen by the Private Patient Steering Group and is on-going. Initial Proposals submitted by bidders as part of PQQ stage (29th Apr)
AO10: Support increased efficiency and effectiveness across the Trust via the implementation of major infrastructure projects (Linked to SO 5 & SO 6)	Deliver 2013/14 capital programme	WHH endoscopy	**1 Red**	The water main diversion delayed the project by two months (Feb-14), then a further month for the works itself (Mar-14). A decision was taken to save ~ £40,000 on the ventilation unit procurement, with a longer time to manufacture, new completion target date is April 2014)
		Energy project - Phase I	**2 Amber**	Recruited new Trust Energy Lead, resulting in an agreed programme now due to complete in July 2014

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AO12: Agree with Commissioners and consult with the public to implement a sustainable clinical strategy which will in particular meet the standards for emergency surgery; look to provide a trauma unit; ensure the availability of an appropriately skilled workforce; provide safe sustainable services with consideration of access for patients and their families and visitors (Linked to SO1 and SO4)	Approve future pathways for patients requiring elective surgery (including breast, colorectal and vascular surgery) across the Trust to include staffing models and financial implications should emergency surgery be moved/centralised on one site		**1 Red**	Significant operational issues with the emergency rota resulting in patient safety issues on one of the existing sites has forced an interim change to the emergency surgical provision. This has delayed the focus of the surgical strategy . An interim solution which would compliment the final strategy is being explored. The data analysis which supports both solutions is now complete.
	Agree the future model for emergency care and the staffing required to deliver this model on all the Trust's sites. Understand the activity and financial implications for the changes (both capital and revenue).		**3 Yellow**	The business case to include the model of care and capital programme has been revised. The affordability of this case in conjunction with other work streams and associated projects is being reviewed by the executive team alongside development of the longer term strategy.
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)	Work with Divisions to develop cash releasing savings schemes according to the target monitoring an flagging delivery issues delivery	Regular CIP progress updates completed	**2 Amber**	As reported to the CPMT and FIC a number of corporate plans have failed to deliver the planned savings in 2013/14. The final forecast is that the CIPs will be £3.9M short of the required target