

## 2013-14 Annual Objectives: Statement of Achievement for Board Report 2013-14

Objective	Progress
<p>AO1: Implement the delivery plan in response to Francis Inquiry Recommendations</p>	<p><b>All sub-objectives for the year have been achieved; therefore A01 is achieved for 2013/14.</b></p> <p>The Trust developed and continues to implement the recommendations from the Francis Inquiry. The plan was subject to Internal Audit who gave it significant assurance. The plan is monitored through the governance structure by the Corporate Performance Management Team on a monthly basis and by the Board of Directors bi-annually. In order to embed the recommendations the Chairman has invited members of staff to discuss five specific areas:</p> <ul style="list-style-type: none"> <li>• An open culture</li> <li>• Managing complaints</li> <li>• Ward to Board</li> <li>• Organisational values and principles</li> <li>• Middle Grade Doctors and Matrons as guardians of safety</li> </ul> <p>As part of the on-going monitoring by the Department of Health the Trusts submitted an update on what actions it has taken to implement the recommendations at the end of December 2013. In 2014/15 the Board will receive a presentation which shows the impact of implementing the recommendation in terms of improvements seen by patients and staff.</p>
<p>AO2: Implement the second year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience/Person Centred Care</p>	<p><b>Not all Sub-Objectives for the year have been achieved therefore AO2 is not fully achieved.</b></p> <p>We Care Champions are being recruited and the organisational development piece is being planned via the business case development. The Job Descriptions and communications that the Trust undertakes now state the values, and the narratives in place accord to the 'tone of voice' work that has commenced. This is to present ourselves consistently in the 'We Care' way.</p> <p>There has been significant improvement in the Complaints process with 84% complaints and concerns answered within one month to the satisfaction of the complainant. The target set was 85%.</p> <p>The Friends and Family Test has been introduced to all A&amp;E, Inpatient and maternity areas and there has been a 15% Trust wide response rate achieved consistently since November 2013. Wards and the A&amp;E Departments respond to the FFT feedback and examine their scores and develop action plans for improvements.</p> <p>Following a successful pilot of the Health &amp; Social Care Village in</p>

	<p>2012/13, a total of 60 Step Down beds have been commissioned across East Kent. Almost 200 patients have benefitted from this model of care to date, with 73% of patients being discharged to their own homes with little or no on-going care needs. Patient and family feedback is extremely positive and only one complaint has been received in the past year. Provision of these beds has supported patient flow and achieved a slight reduction in reportable Delayed Transfers of Care, in comparison with the same period last year, however changes to working practices of external partners such as Social Services and Continuing Health Care, has limited the progress of timely patient flow across the whole system.</p> <p>Work continues with CCG's and other external partners regarding Ambulatory Care, with a further 6 new pathways being agreed for 2013/14. However, CCG's are keen to explore the potential for developing a process model as opposed to a pathway model, moving forward.</p> <p>Whilst the planned reduction of acute beds has not been realised, efficiencies have been made and associated learning has been reflected in both the Quality Improvement and Innovation hub 'ways of working' and the Transformation redesign <i>Service improvement Programme 2014 – 16</i>.</p> <p>There have been 8 Trust assigned MRSA bacteraemia cases, of which 2 were categorised as 'contaminants'. Of the remaining 6 cases, 2 were deemed avoidable and 4 deemed as unavoidable. This is against a zero tolerance. Four of the strains of MRSA were associated with the Lyon strain. The Trust is measured on the number of C. difficile cases that have occurred 72 hours after admission to hospital, during 2013/14 there were 49 cases. 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 but returned to baseline for quarters 2 &amp; 3. Quarter 4 was also slightly over the baseline.</p>
<p>AO3: Deliver the CQUIN Programmes Commissioned by CCGs demonstrating improvement and financial benefit</p>	<p><b>Currently, it is anticipated that full payment for all 9 CQUIN measures will be possible. Therefore AO3 is achieved.</b></p> <p>The four national CQUINs (FFT, NHS Safety Thermometer, Dementia and VTE) have either already met, or are on track to achieve targets set. Within the five local CQUINs, the maternity related measures, and the Post operative complications audit of hip and knee replacement surgery have achieved the targets set. Significant improvements have been made in the Heart Failure Enhancing Quality pathway and all Enhancing Quality /Enhancing Recovery Programme measures are on track to achieve or exceed targets set with the exception of Community Acquired Pneumonia. This has been an under performing pathway but may still achieve year end target – the information for this pathway is not yet available due to data collection being 2 months retrospective. There are measures within the Stroke and Chronic Obstructive Pulmonary Disease (COPD) pathways that are awaiting data before end of year performance can be reported but year end targets appear achievable.</p>

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AO4: Plan and Implement PAS up-grade to enable more efficient and productive approach to managing 18 week pathways for elective care from referral to treatment and follow-up	<b>Not all sub-objectives for the year have been achieved therefore AO4 is not fully achieved.</b> The PAS upgrade is now formally part of the Patient Administration Review Programme, chaired by Liz Shutler. A full project plan is in place and progress is being made in line with this. The go live is currently listed for January 2015. However, this is dependent upon the completion of the Patient Administration review itself, the results of which will dictate staff groups to be trained. Although the PAS has not been upgraded by March 2014. Improved patient tracking is now possible due to the introduction of the Incomplete Pathways PTL.
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	<p><b>Not all Sub-Objectives for the year have been achieved. Therefore AO5 is not achieved.</b></p> <p>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 &amp; Social care Village model, have also assisted with the reduction of readmissions for specific patient groups.</p> <p>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.</p>
AO6: Emergency Planning & Business Continuity achieving upper Quartile Performance against mandatory DH, EP & BC Indicators by March 2014	<p><b>All Sub-Objectives for the year have been achieved. Therefore AO6 is achieved.</b></p> <p>Kent and Medway Commissioning Support Unit was commissioned by the CCG's to conduct an external assessment of the Trust Emergency Planning and Business Continuity Programme. This assessment was done against NHS England's Emergency Preparedness, Resilience</p>

	and Response (EPRR) Framework. The assessment identified as the Trust being 97.6% Compliant. 100% compliance will be achieved with the agreement and implementation of a Business Continuity Policy, which is scheduled to be approved at the Next Emergency Planning and Business Continuity Committee Meeting (April 2014).
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	<p><b>All Sub-Objectives for the year have been achieved. Therefore A07 is achieved.</b></p> <p>Two engagement events for staff, patients and public were successfully delivered. The Patient and Public Advisory forum met on three occasions and has now ceased meeting. HealthWatch Kent will visit the BoD meeting on 25/4/14 for discussion and signing of a Memorandum of Understanding. EKHUFT continues to meet with Voluntary and Community Organisations and is developing meaningful relationships with organisations representing protected characteristic groups.</p>
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	<p><b>The majority of the sub-objectives have been achieved, with the exceptions in the commentary below. Overall A08 is achieved for 2013-14.</b></p> <p>This year has seen a 25% increase (n.b. based on projected year-end recruitment of 1510) in recruitment to NIHR CRN Portfolio studies compared to 2012-13 FY. In addition, there has been a 13% increase in new non-commercial CRN Portfolio studies being approved and a 10% increase in publications by EKHUFT employees.</p> <p>We have seen a very significant increase in research-related income, our new patient-facing website is active, important policies &amp; processes have been put in place and patient &amp; public involvement in R&amp;D activities has been enhanced. We look forward to a major Trust-wide awareness raising campaign relating to research early in 2014-15 FY.</p> <p>Areas where we have not achieved as expected are: increase in new 'research groups', increase in industry studies opening (it should be noted 2012-13 was an unusually prodigious year in this respect), move of R&amp;D department from Dover to Canterbury (where the majority of research active clinicians in EKHUFT are based) and new patentable innovations.</p> <p>In many respects non-achievement of these sub-objectives relates to reasons beyond R&amp;D's direct control. Efforts to achieve these sub-objectives in 2014-15 will continue and discussions with estates have already occurred recently to clarify space needs and timescales for the move of the R&amp;D department.</p>
AO9: Implement the marketing strategy to meet repatriation and market share targets for inpatient and day case procedures	<p><b>A number of the sub objectives have been achieved, therefore overall A09 is partially achieved.</b></p> <p>The Marketing Strategy work has led to the creation of project groups to oversee the detailed requirements for the target areas. This includes the sourcing of internal and external benchmarking data, and</p>

	<p>liaising with clinical leads for service development.</p> <p>The Annual GP Survey was well responded to, and the findings have been analysed. The other elements of the relationship management strategy has seen an increase in contact with the CCGs.</p>
<p>AO10: Support increased efficiency and effectiveness across the Trust via the implementation of major infrastructure projects</p>	<p><b>The majority of the sub-objectives have been achieved, with changes to projects requiring reprofiling. AO 10 is therefore achieved for 2013-14</b></p> <p>The 13-14 Monitor plan of £30.7m will be largely achieved at £30.4m. Significant progress has been made on modelling the Trust's future accommodation need, including work on a long term 5-10 year strategy.</p> <p>13-14 saw the conclusion and implementation of the staff and public car parking review, with significant changes to both. Public parking saw the implementation of pay on foot, and staff parking saw the removal of historical staff waiting lists and significant work on changing behaviours.</p> <p>SACP project is continuing to progress with three suppliers now taking part in the tendering process. The selection of the final supplier is on course to be made around June with reference visits planned and a large team taking part in the assessment process. There is a potential delay caused by the MTW approval processes however the FBC will be produced as originally planned.</p> <p>The award of the Telecommunications project is imminent.</p> <p>Sub-objectives relating to sustainability have been achieved in 2013-14</p>
<p>AO11: Drive increased efficiency and effectiveness of Trust corporate led services and activities</p>	<p><b>AO11 has been achieved.</b></p> <p>In 13-14, the procurement service has had a fundamental review resulting in a move towards Category Management. Further work is being developed to produce a service that could be adopted by other Trusts with the combined savings and efficiency opportunities that this would present.</p> <p>Work has been done in 13-14 to improve the delivery of the in-year savings with better working relationships with the Divisions and finance colleagues.</p>
<p>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</p>	<p><b>AO12 has been achieved.</b></p> <p>Interim Trauma Unit status at the WHH has been successfully delivered and a public consultation on the proposed changes for the delivery of outpatient services has been completed. The results are now being collated and validated before presentation to the Trust Board. Clarity around the future delivery of the emergency surgery pathway has also been achieved.</p>

consideration of access for patients and their families and visitors	
AO13: Develop and deploy analytical approaches to support strategic and evidence based decision making and provide clinicians with real time business intelligence	<p><b>AO13 is achieved.</b></p> <p>Increased automation of regular reporting functions has enabled staff to focus on development and enhancement of reporting, incorporating greater use of forecasting tools. Report guidelines have been published to support the education of key staff in the interpretation of information and support decision making.</p> <p>The app-based reporting of data and information presentation is now being piloted, to improve the availability of data and maximise the use of this technology across smartphones and tablets.</p>
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	<p><b>AO 14 is achieved.</b></p> <p>Despite the shortfall in savings the Trust has managed to deliver a Monitor CoS Rating of 4 which is the highest possible rating and achieve a green Governance rating. The Trust created a robust and prudent plan. New Commissioners have proved challenging to work with but we have minimised financial risk by negotiating a settlement on the highest overperforming contract. Despite the contract and savings challenges we have been able to deliver a position within £1.7M of our Plan despite the operational activity pressures faced.</p>