Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
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		Achieved	All sub-objectives for the year have been achieved, therefore A01 is achieved for 2013/14. 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: • An open culture • Managing complaints • Ward to Board • Organisational values and principles • Middle Grade Doctors and Matrons as guardians of safety 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.
	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		Achieved	
				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		Achieved	
	Monitor progress through CPMT and Board	Quarterly Monitoring by CPMT and Six Monthly in Board	Milestones within the Plan met	5	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		Achieved	
				5	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		Achieved	
		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	The values are published on the website and have been agreed by the Board of Directors.	Achieved - The Trust values are published on the website and have been agreed by the Board of Directors.	Not all Sub-Objectives for the year have been achieved therefore AO2 is not fully achieved. 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. 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%. The Friends and Family Test has been introduced to all A&E, Inpatient and maternity areas and there has been a 15% Trust wide response rate achieved consistently since November 2013. Wards and the A&E Departments respond to the FFT feedback and examine their scores and develop action plans for improvements. Following a successful pilot of the Health & Social Care Village in 2012/13, a total of 60 Step Down beds have been commissioned across Work continues with CCG's and other external partners regarding Amb Whilst the planned reduction of acute beds has not been realised, effici There have been 8 Trust assigned MRSA bacteraemia cases, of which
			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	The sign up and roll out is in progress. 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 value, 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.	Achieved - The sign up and roll out is in progress. 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 value, 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.	
			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	This will be rolled out in 14/15	Not Achieved - This will be rolled out in 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	This will be rolled out in 14/15	Not Achieved - This will be rolled out in 14/16	
			Examples of Values into Action captured (Reduction in complaints towards attitudes, behaviour, poor communication identified).	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Proactive action is taken when the values are not evidenced in our day to day business. This will be accelerated through the rollout described above.	Achieved - Proactive action is taken when the values are not evidenced in our day to day business. This will be accelerated through the rollout described above.	
	Improve patient experience by putting patients first.	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	Although these sessions have not occurred monthly, other initiatives have taken place through listening to staff and patients. Market Place engagement events have taken place, the Board of Directors invite staff to attend and discuss a topic every month, 'meet the director' sessions occur monthly and departments have set up their own listening events with patients and staff throughout the year.	Not Achieved - Although these sessions have not occurred monthly, other initiatives have taken place through listening to staff and patients. Market Place engagement events have taken place, the Board of Directors invite staff to attend and discuss a topic every month, 'meet the director' sessions occur monthly and departments have set up their own listening events with patients and staff throughout the year.	
		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 a trust wide position of around 84% in Q4.	Not Achieved - Improvements have led to a trust wide position of around 84% in Q4.	
			% Concerns addressed without formal process	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	82%		
			% First responses that are returned without resolution	3	15% + Achieved	20% Achieved	25% Achieved	30% Achieved	>30% Achieved	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	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	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	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	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.	Not Achieved - 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	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	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.	Not Achieved - 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.	
		Compliments received to be made available to public and staff and published on the web-site	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		Achieved	
		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	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	The 15% Trust wide response rate has been achieved consistently since November 2013.	Achieved - The 15% Trust wide response rate has been achieved consistently since November 2013.	
			% Score F&F a) A/E, b) Inpatient, c) Maternity by site/ward/division/Trust	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Wards and the A&Es respond to the FFT feedback and examine their scores and develop action plans for improvements. The 'You said, We did' posters display to the public specific actions taken.	Achieved - Wards and the A&Es respond to the FFT feedback and examine their scores and develop action plans for improvements. The 'You said, We did' posters display to the public specific actions taken.	
	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	The current position stands at an HSMR of 79.5 - this figure is only validated until 31 January 2014 and may be subject to change up to the point of data lock down. The HSMR compliance of 75 was set for achievement by 31 March 2015. The re-basing of the standardisation each year, makes compliance with this goal more difficult year on year. The Trust does not use the Z51.5 code for specialised palliative care provision to exclude a large cohort of patients from the HSMR calculation	Not Achieved - The current position stands at an HSMR of 79.5 - this figure is only validated until 31 January 2014 and may be subject to change up to the point of data lock down. The HSMR compliance of 75 was set for achievement by 31 March 2015. The re-basing of the standardisation each year, makes compliance with this goal more difficult year on year. The Trust does not use the Z51.5 code for specialised palliative care provision to exclude a large cohort of patients from the HSMR calculation	
		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	The latest published SHMI is for Q1 2013/14 is 94.96%, which is below the 100% baseline. An assessment of the latest performance data is required before the true year end position can be evaluated.	An assessment of the latest performance data is required before the true year end position can be evaluated.	
		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	The year to date position currently stands at 30.567 for non-elective mortality per 1,000 discharges. This is and improved position over the last financial year. Elective mortality remains very low with the year to date position currently standing at 0.308. The final year end position cannot be finally determined until the March 2014 figures are included.	The final year end position cannot be finally determined until the March 2014 figures are included.	
		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	Consultant level outcome information regarding a number of specialities has been published on the NHS choices website. A link to this has been provided on our Trust website for patients. Work is on-going to provide an in-house real time consultant dashboard linked to revalidation.	Achieved - Consultant level outcome information regarding a number of specialities has been published on the NHS choices website. A link to this has been provided on our Trust website for patients. Work is on-going to provide an in-house real time consultant dashboard linked to revalidation	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
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)		Reduce 'Never' events to zero.	Monthly reporting of never events.	1	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	We declared three never events in 2013/14; one is still being investigated and may not fulfil the criteria as a never event	**Not Achieved** - We declared three never events in 2013/14; one is still being investigated and may not fulfil the criteria as a never event.	
		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	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	The number of serious incidents reported on STEIS are reported monthly in the Clinical Quality & Patient Safety Board report and themes from RCAs are published on a quarterly basis.	**Achieved** - The number of serious incidents reported on STEIS are reported monthly in the Clinical Quality & Patient Safety Board report and themes from RCAs are published on a quarterly basis.	
	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 = 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.	**Not Achieved** - 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.	
			CQUIN Dashboard for EQ &ER	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed		**Achieved**	
		Achieve improvements required for the regional Enhancing Quality & Recovery Pathways	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	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.	Full year status cannot yet be fully reported.	
			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		**Achieved**	
		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	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.	**Not Achieved** - 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	
		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	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Improving patient flow to reduce Trust-wide bed occupancy to 85 per cent +/- 2 per cent has not been consistently been achieved, despite initiatives to enhance patient flow such as Internal Waits and Hospital at Home. The Trustwide bed occupancy figures (Balanced scorecard) were 89.79%, however bed occupancy purely within the adult 'general' bed base (excludes ITU, Maternity, Day Surgery etc) was nearer to 100%, as a result of Seasonal Pressures. The predicted impact of internal waits has not yet been realised (as evidenced through re-audit in October 2013), due to the delays associated with Divisions implementing Patient Flow Roles and Responsibilities and therefore maintaining a proactive daily focus on both internal and external patient flow. External delays have increased substantially, particularly in relation to Continuing Health Care (average delay of 10 - 14 days) and Social Service; due to Care Managers being removed from acute sites to provide an 'in-reach' service for comprehensive assessment. General adult bed occupancy for March 2014 was 102%, and this is a However, the provision of 60 fully operational Health & Social	**Not achieved** - despite a number of initiatives being identified to enhance patient flow, key improvements such as Internal waits and Roles and Responsibilities have not been fully embedded. In addition, changes in practice with regards external partners, such as Social Services, has contributed to increased delays with regards discharge for patients with complex care needs. The process associated with Continuing Health Care has also proved problematic; both issues have subsequently contributed to increased LOS within Community Hospitals, therefore patient flow across the whole system has experienced inefficiency during the winter months.	
		Optimising Hospital at Home;	Monthly length of stay - Elective - Total - Non Elective	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Use of the Hospital at Home Service is being optimised, but the service has reduced from a 45 bedded virtual ward to 32 beds. Full staff Consultation was undertaken and completed.	**Achieved** - Use of the Hospital at Home Service is being optimised, but the service has reduced from a 45 bedded virtual ward to 32 beds, following Benefits Realisation.	
		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	Current Activity for Zero LOS for Ambulatory was 32.76% for January against a target of 35%, with a stretch target of 40%.Current activity for Short Stay was at 66.6% in January 2014, against a target of 70%. 6 Ambulatory Care Pathways have been developed, agreed, implemented and commissioned for 13/14 with the go-ahead for a further 3 to be implemented 13/14 -14/15 after further activity work has been completed.	**Not achieved** - Current Activity for Zero LOS for Ambulatory was 32.76% for January against a target of 35%, with a stretch target of 40%. Current activity for Short Stay was at 66.6% in January 2014, against a target of 70%. 6 Ambulatory Care Pathways have been developed, agreed, implemented and commissioned for 13/14 with the go-ahead for a further 3 to be implemented 13/14 -14/15 after further activity work has been completed.	
		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.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Health & Social Care Village – 60 beds have been commissioned across three Care Homes (against a target of 80). A further 32 beds were identified during the tender process for Canterbury & Coastal CCG, but they were subsequently declined due to concerns S34. Almost 200 patients have benefited from these 60 beds (phased implementation), with 73% of patients being discharged home with little or no ongoing care needs. Only one complaint has been received since implementation; patient and family feedback has been extremely positive and negotiations are underway with CCG's to continue funding for 2014/15, prior to the introduction of the Better care Fund.	**Achieved** - Health & Social Care Village – 60 beds have been commissioned across three Care Homes (against a target of 80). A further 32 beds were identified during the tender process for Canterbury & Coastal CCG, but they were subsequently declined due to concerns S34. Almost 200 patients have benefited from these 60 beds (phased implementation), with 73% of patients being discharged home with little or no ongoing care needs. Only one complaint has been received since implementation; patient and family feedback has been extremely positive and negotiations are underway with CCG's to continue funding for 2014/15, prior to the introduction of the Better care Fund.	
		Reduce the adult bed-base by 44 by 31st March 2014	Planned reduction of adult beds - 844 down to 800 + £1.8million financial efficiency.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Due to ongoing pressures experienced within the adult bed base (line 31), the planned reduction of 44 beds has not been achieved, however the associated CIP efficiencies (13/14) remain on target. Surgery has been recompensed by UCLTC for patients using their beds, as this has been a key factor in the Divisions inability to reduce beds.	**Achieved** - Due to ongoing pressures experienced within the adult bed base (line 31), the planned reduction of 44 beds has not been achieved, however the associated CIP efficiencies (13/14) remain on target. Surgery has been recompensed by UCLTC for patients using their beds, as this has been a key factor in the Divisions inability to reduce 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	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	6 Ambulatory Care Pathways have been developed, agreed, implemented and commissioned for 13/14	**Achieved** - 6 Ambulatory Care Pathways have been developed, agreed, implemented and commissioned for 13/14. CCG's are keen to consider the commissioning of three generic pathways moving forward, rather than disease-specific pathways	
			% patients on new ambulatory pathways as sub-set of total.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed			

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
	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.	4	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Development of the Quality Improvement and Innovation Hub remains ongoing. Significant progress has been made with regards the concept of a central repository (Sharepoint being piloted for limited user group). A clearer understanding of the 'ways of working' through the virtual team is under review, and will piloted with Divisions through the Transformation Redesign Service Improvement Programme. Timescales for phased implementation have been proposed, for review by the Steering group.	Not achieved - Development of the Quality Improvement and Innovation Hub remains ongoing. Significant progress has been made with regards the concept of a central repository (Sharepoint being piloted for limited user group). A clearer understanding of the 'ways of working' through the virtual team is under review, and will piloted with Divisions through the Transformation Redesign Service Improvement Programme. Timescales for phased implementation have been proposed, for review by the 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	Integration of the Programme Management Office (PMO) and Service Improvement Team (SIT) is underway, but there has been a slight delay with regards the approval and Banding of Job Descriptions (Panel cancelled). Consultation process will follow, once JD's confirmed. As an interim, the teams are working collaboratively as part of the Transformation Redesign Service Improvement Programme, to support Divisions in generating ideas for CIP's (2014 - 2016), which appears to have been mutually beneficial	Not achieved - Integration of the Programme Management Office (PMO) and Service Improvement Team (SIT) is underway, but there has been a slight delay with regards the approval and Banding of Job Descriptions (Panel cancelled). Consultation process will follow, once JD's confirmed. As an interim, the teams are working collaboratively as part of the Transformation Redesign Service Improvement Programme, to support Divisions in generating ideas for CIP's (2014 - 2016), which appears to have been mutually beneficial	
		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	130 teams out of a target of 141 have completed the Team Based Working Programme.	Not achieved - 130 teams out of a target of 141 have completed the Team Based Working Programme.	
		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.	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed	Over 50 staff have participated in the Clinical Leadership Programme, in 3 cohorts and this programme will continue at least twice yearly. Improved Appraisal effectiveness was completed for approx 50 Medical Consultant appraisers/revalidators. In addition Facilitating Individual Effectiveness rolling programmes, working towards leadership, are in place for 10-12 staff per site. In the autumn, a Clinical Leadership programme for Medical Staff will be commencing.	Achieved - Over 50 staff have participated in the Clinical Leadership Programme, in 3 cohorts and this programme will continue at least twice yearly. Improved Appraisal effectiveness was completed for approx 50 Medical Consultant appraisers/revalidators. In addition Facilitating Individual Effectiveness rolling programmes, working towards leadership, are in place for 10-12 staff per site. In the autumn, a Clinical Leadership programme for Medical Staff will be commencing.	
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	Activity baselined in Quarter 1	Achieved - Activity baselined in Quarter 1	
		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	Planned activity has been minimal	Achieved - Planned activity has been minimal	
	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	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed		Achieved	Currently, it is anticipated that full payment for all 9 CQUIN measures will be possible. Therefore AO3 is achieved. 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. Currently, it is anticipated that full payment for all 9 CQUIN measures w
			Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5	Target achieved	Target on track	Current period's target missed, annual target still achievable	More than 1 period's target missed, annual target still achievable	Target failed		Achieved	
		Plan and Implement regional CQUIN a) Enhancing Quality Programme b) Enhanced Recovery Programme	Baseline Metrics	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed		Achieved	
			Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5	Target achieved	Target on track	Current period's target missed, annual target still achievable	More than 1 period's target missed, annual target still achievable	Target failed	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.	
		Plan & implement up to 4 local CQUINs to be agreed with CCGs. Establish Baseline Agree Improvements	Baseline Metrics	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed		Achieved	
			Quarterly Performance against agreed improvement milestones/trajectories monitored through CQUIN dashboard	5	Target achieved	Target on track	Current period's target missed, annual target still achievable	More than 1 period's target missed, annual target still achievable	Target failed	On target to achieve the locally agreed CQUINs	Full year status cannot yet be fully reported - on target to achieve the locally agreed CQUINs.	
AO4: Plan and Implement PAS upgrade 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)	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	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 dependant 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. See below.	Not achieved - 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 dependant 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. See below.	Not all sub-objectives for the year have been achieved therefore AO4 is not fully achieved. 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.
		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	3	90% + Achieved	80% Achieved	70% Achieved	60% Achieved	<60% Achieved	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.	Not Achieved - The Patient Administration Review Programme will be looking to standardise the approach across all Divisions.	
		Validate all patients on the waiting list who are on "incomplete" pathways.	Divisions meeting improvement trajectory against KPIs within the access policy.	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	The Validation Team is now able to produce a report showing all pathways where patients have attended for one or more OPAs but definitive treatment has yet to be given. Used in conjunction with the existing Outpatient (yet to attend for first OPA) and Elective (on the elective waiting list) PTLs, this new PTL will enable specialties to see every patient on an 18 week pathway. It will be issued for the first time on 3rd April 2014	Achieved - The Validation Team is now able to produce a report showing all pathways where patients have attended for one or more OPAs but definitive treatment has yet to be given. Used in conjuction with the existing Outpatient (yet to attend for first OPA) and Elective (on the elective waiting list) PTLs, this new PTL will enable specialties to see every patient on an 18 week pathway. It will be issued for the first time on 3rd April 2014	
		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	All PTLs are routinely provide to target. The Elective PTL is now in a database format, designed to improve easy of use. The training plan has not been established this year but is a core part of the 18 week compliance PAS upgrade project and will be achieved as part of that over the next few months. A proposal has also been put forward to tighten up the governance of 18 weeks. If this is accepted it will be established by end of May 2014	Achieved - All PTLs are routinely provide to target. The Elective PTL is now in a database format, designed to improve easy of use. The training plan has not been established this year but is a core part of the 18 week compliance PAS upgrade project and will be achieved as part of that over the next few months. A proposal has also been put forward to tighten up the governance of 18 weeks. If this is accepted it will be established by end of May 2014	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
AO5: 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	**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	**Not Achieved** - 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 p	**Not Achieved** - 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 at 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 c	Not all Sub-Objectives for the year have been achieved. Therefore AO5 is not achieved.

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 at 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 c |
	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	**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			
	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	**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			
	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	**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			
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**	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	Divisions were fully involved with the development of the Seasonal Plan (2013/14) and have contributed to the evaluation (After Action Review), which will inform the Seasonal Plan for 2014/15. Shared learning will be reflected in the governance arrangements for 2014/15 and scenario testing will be repeated intermittently throughout the year, to test resilience and enable General Managers / Executives to conitually refresh knowledge and skills.	**Achieved** - Divisions were fully involved with the development of the Seasonal Plan (2013/14) and have contributed to the evaluation (After Action Review), which will inform the Seasonal Plan for 2014/15. Shared learning will be reflected in the governance arrangements for 2014/15 and scenario testing will be repeated intermittently throughout the year, to test resilience and enable General Managers / Executives to conitually refresh knowledge and skills.	All Sub-Objectives for the year have been achieved. Therefore AO6 is achieved.

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 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). |
| | | Regular testing of the robustness of plans | Progress against project plan milestones | **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 | 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 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). | **Achieved** - 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 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). | |
| | | 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** | 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 Emergency Planning and Business Continuity Team have and will continue to represent the Trust on all external Table Top Exercises / live exercises, and also Cold debriefs. This is to ensure that all learning can be incorporated into the Trust Emergency Planning and Business Continuity Programme. In addition, the EP & BC Team have arranged Internal communication cascades to test resilience | **Achieved** - The Emergency Planning and Business Continuity Team have and will continue to represent the Trust on all external Table Top Exercises / live exercises, and also Cold debriefs. This is to ensure that all learning can be incorporated into the Trust Emergency Planning and Business Continuity Programme. In addition, the EP & BC Team have arranged Internal communication cascades to test resilience | |
| **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 | **4** | On target | Delay by 1-3 months | Delay by 4-6 months | Delay by 6-9 months | Delay by up to 12 months | HealthWatch to attend BoD meeting 25/4/14 for discussion and signing of MoU | **Achieved** | All Sub-Objectives for the year have been achieved. Therefore A07 is achieved.

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. |
	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 at 31/03/14	**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	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	**Achieved**	
	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**	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	Two successful events held. 60+ attendees Next event planned for 22/5/14	**Achieved**	
	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**	90% + Achieved	70% Achieved	50% Achieved	30% Achieved	<10% Achieved	Database still under development. A longer term programme to continue development of VCO relationships over the next two years will remain.	**Achieved**	
	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**	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 between EKHUFT and 20 - 30 different Voluntary and Community Organisations has happened at least every three months. KentCan has now ceased operating.	**Achieved**	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
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)	3 new groups - REPORTING ANNUALLY	1	2 new groups by end-March 2014		1 new group by end-March 2014		No new groups end-March 2014	No new research groups have formed during 2013-14 FY	Not Achieved -See Commentary	
		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	5	10% increase by end-March 2014 (compared to TOTAL from 2011-2013)		5% increase by end-March 2014		No increase	Total grant & industry income for period April 2010 to end-March 2013 was £1.53m. Same for period April 2013 to end-March 2014 was £1.28m. Forward projection of 2013-14 income would equate to a 150% in income after 3 years c.f. 2010-13.	Achieved	**The majority of the sub-objectives have been achieved, with the exceptions in the commentary below. Overall A08 is achieved for 2013-14.** 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. We have seen a very significant increase in research-related income, our new patient-facing website is active, important policies & processes have been put in place and patient & public involvement in R&D activities has been enhanced. We look forward to a major Trust-wide awareness raising campaign relating to research early in 2014-15 FY. 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&D department from Dover to Canterbury (where the majority of research active clinicians in EKHUFT are based) and new patentable in
		Increase in peer-reviewed publications	10% increase	5	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	46 publications in year 2013-14 by PubMed searching against author affiliation to EKHUFT = 10% increase (N.B. May differ from figure in 2013-14 R&D report as other publications are often identified by authors themselves)	Achieved	
	Supporting other's research	Increase in new non-commercially funded CRN Portfolio studies	10% increase	5	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	33 non commercial CRN studies approved = 13% increase	Achieved	
		Increase in new commercially funded studies	10% increase	1	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	10 commercial studies approved = decline on last year	Not Achieved -See Commentary	
		Increase in recruitment to CRN Portfolio studies	10% increase	5	>=10% increase YTD		5-9% increase YTD		<5% increase YTD	Projected year-end recruitment is 1510 vs. 1209 in 2012-13 = 25% increase	Achieved	
	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%	87 % for year overall. Was 100% in last 3 quarters.	Achieved	
		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	R&D Department still located in Dover. Low likelihood of move to KCH. Move to QEGM has been mooted.	Not Achieved -See Commentary	
		Establish working group to develop policy relating to non-medically qualified research staff development	Policy relating to non-medically qualified research staff development developed	5	Working group established & reported (I.e completed)		Working group established & ongoing		Working group not established	Kim Manley delivered report to R&D Committee in March. Recommended actions to be taken forward.	Achieved	
		Establish mentoring programme to benefit "novice" medically qualified researchers	Mentoring programme in place	1	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	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 be part of this.	Not Achieved -See Commentary	
		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	Working group involved EKHUFT & UoK is meeting and progress continues to be made towards establishing a Clinical Trials Unit in the county at the next application round (anticipated to be 2015 but could be beyond this)	Achieved	
		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	New website operational at end of 2013-14 FY	Achieved	
		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 in place during 2013-14 FY	Achieved	
		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	R,D&I metrics embedded in Divisional scorecard at end of 2013-14 FY	Achieved	
		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	Research PAs awarded during 2013-14 FY	Achieved	
		Patient/public representation on IPGS Panel & R&D Committee (by **31st Sept 2014**)	Pateint/public representation in place by Q2 2014/15 - **REPORTING ANNUALLY**	3	2 reps in place by end-March 2014		1 rep in place by end-March 2014		No reps in place by end-March 2013	1 P&P rep in place on both committee & IPGS panel at end of 2013-14 FY	Not Achieved -See Commentary	
	Effective engagement & communication	One additional EKHUFT employee on REC and as CLRN priority group lead (by **31st March 2015**)	1 additional EKHUFT employee in place - **REPORTING ANNUALLY**	U/C	On track to have 1 employee in place by end-March 2015				Not on track to have employee in place by end-March 2015	With transition of networks from topics & LCRNs to new KSS-wide research network, appointments to specialty group lead posts has not been completed at end of 2013-14 FY so unable to comment		
	Increase innovation and linking R&I and high quality clinical care	Review all "Bright Ideas" and track implementation	All Bright ideas tracked	3	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	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.	Not Achieved -See Commentary	
		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 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	68 Bright Ideas received in 2013-14, compared to 55 in previous year	Achieved	
		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	Policy revised & ratified by R&D Committee during 2013-14 FY	Achieved	
		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 commercialisation process being completed by end-Mar 2014		Severe risk to commercializations process being completed by end-Mar 2014	Process in place	Achieved	
		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	1	1 patentable innovation developed by EKHUFT employee by end-March 2014				No patentable innovation developed by EKHUFT employee by end-March 2014	No new patentable innovations have been developed by an EKHUFT employee by end-March 2014 to our knowledge	Not Achieved -See Commentary	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
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 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	Not Achieved -See Commentary	A number of the sub objectives have been achieved, therefore overall A09 is partially achieved. 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 liaising with clinical leads for service development. 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.
	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.	Achieved	
	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.	Achieved	
	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		Achieved	
	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	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)	Not Achieved -See Commentary	
	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	Annual marketing assessment updated to schedule.	Achieved	
	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	Working groups have been established	Achieved	
AO10: Support increased efficiency and effectiveness across the Trust via the implementation of major infrastructure projects (Linked to SO 5 & SO 6)	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		Achieved	The majority of the sub-objectives have been achieved, with changes to projects requiring reprofiling. AO 10 is therefore achieved for 2013-14 The 13-14 Monitor plan of £30.7m is 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. 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.
	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)	Not Achieved -See Commentary	
		Energy project - Phase I	Completed March 2014	2	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Recruited new Trust Energy Lead, resulting in an agreed programme now due to complete in July 2014	Not Achieved -See Commentary	
		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	Completed December	Achieved	
		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		Achieved	
		Dover hospital	Commence new build May 2013	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Completion 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. On Programme	Achieved	
	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	Presented to March board, strategy and approach agreed.	Achieved	
		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		Achieved	
		Identify and release surplus assets and space using Corporate Landlord approach: 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	New Property change manager recruited to complete programme	Achieved	
	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	WHH completed, KCH to completed staff parking in June/July	Achieved	
		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	A trust green travel plan exists for all sites, and corporately. Practical implementation such as new bus routes, cycle to work scheme, car sharing and daily parking scratchcards are all now implemented.	Achieved	
	Information Technology											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. The award of the Telecommunications project is imminent. Sub-objectives relating to sustainability have been achieved in 2013-14
	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	4	All required actions completed according to aged timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		Achieved	
	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 aged timescale	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		Achieved	
	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 aged timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		Achieved	
	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 aged timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		Achieved	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
	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 ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q		Achieved	
	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		Achieved	
	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		Achieved	
		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	Achieved	
		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. New procurement lead in post and taking part in sustainable development group.	Achieved	
		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	Meetings held with SITA and Serco and attending sustainable development meetings. Project plan being reviewed and updated.	Achieved	
AO11: Drive increased efficiency and effectiveness of Trust corporate led services and activities (Linked to SO 5 & SO 6)	**Procurement**											**AO11 has been achieved.**
	Deliver procurement strategy	Establish clear approach to regional savings and procurement opportunities	March 2014	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months	Future procurement strategy and approach agreed at March FIC - category management being deployed. Staff consultation underway.	Achieved	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.
		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	Date agreed with MTW to showcase Trust's procurement team and initiatives. Further dates agreed with KMPT.	Achieved	
		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		Achieved	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.
		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		Achieved	
		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		Achieved	
	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		Achieved	
	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		Achieved	
	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		Achieved	
		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		Achieved	
		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		Achieved	
		Report on progress to Health and Safety Executive (HSE)	Attendance at Q2 & Q4 CHSC meetings	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		Achieved	
		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 timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		Achieved	
			Present KPIs on a quarterly basis at RMGG	5	On target, with actions completed according to timescales	Delayed 1 month	Delayed 2 months	Delayed 3 Months	Delayed 4+ months		Achieved	
	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	Public Consultation complete with independent analysis of the results underway	Achieved	
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. 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	1	All required actions completed according to ageed timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	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 would compliment the final strategy is being explored. The data analysis which supports both solutions is now complete.	**Not Achieved -See Commentary**	
	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		Achieved	**AO12 has been achieved.** 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.
	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		Achieved	
	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	Achieved	

Annual Objective	Sub-objective	Milestones	Metrics	Q4 RAG Score	5	4	3	2	1	Commentary Q4	Achieved/Not Achieved 2013/14 Statement	Annual Objective Achievement Summary (for Trust Annual Report)
	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, QEGM to incorporate ECIST recommendations & new models of care (including health care village)	May-13	3	All required actions completed according to aeged timescale	Delay 1Q	Delayed 2Q	Delayed 3Q	Delayed 4Q	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.	Not Achieved -See Commentary	
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	Presented at high level at a number of conferences and internal meetings. Has not yet been written up as a document for IM&T.	Achieved	AO 13 is achieved.
	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	Achieved, greater use of forecasting incorporated as well.	Achieved	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.
	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	Achieved and being used in the buddying work at Medway trust.	Achieved	
	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	Pilot on track for development and project plan in place for each speciality.	Achieved	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.
	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	Achieved, 200k income secured alread	Achieved	
	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	Available in pilot phase.	Achieved	
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		Achieved	
	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		Achieved	
	Enhance service line reporting	Incorporate SLR information into EPR reviews	SLR information system in place	5	Complete	On plan to achieve	In Planning	Delays possible	Delays expected / Delayed		Achieved	AO 14 is achieved.
	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		Achieved	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.
	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	2	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 final forecast is that the CIPs will be £3.9M short of the required target	Not Achieved -See Commentary	
	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		Achieved	