

ITEM: 08/189

DOC: 10

Meeting: Trust Board
Date: 17 December 2008

Title: Corporate objectives 2008-09: Review of Progress

Executive Summary: The Board agreed objectives for 2008/09 at the June 2008 Trust Board meeting. This paper provides an update against progress for each objective.

Of the 30 objectives the forecast against three have been rated red as they are unlikely to be delivered by year end and these are:

- Keep hospital acquired infection to a minimum
- Reducing staff sickness absence
- Reduce reliance on agency staff

Two of the objectives require consideration for amendment by the board and they are:

Maintain and enhance patient safety. The measure for this objective is to reduce the number of grade 3+ incidents by 10%. Analysis of reporting indicates that clinical incidents are under reported. The board is asked to consider revising the objective to: 'increase reporting of clinical incidents to top decile against national benchmarks for incident reporting' and in 2009/10 to then reinstate the original objective to reduce the number of grade 3+ clinical incidents by 10%.

Improve the quality of nursing care on the wards. The measure for this objective is to increase direct nursing care time to 50% on the 10 "productive wards" in line with nationally recognised best practice. The productive ward programme consists of 15 modules which start with an analysis of how wards are working and what they can improve. The Productive Ward Programme is designed as a two year programme. Five wards initially commenced the programme earlier this year and one ward has completed all of the modules to date. The remaining five wards are commencing the programme this month. The Board is asked to consider revising the objective to: "Ten wards to complete all foundation modules by March 2009" and in 2009/10 to then reinstate the original objective to increase direct nursing care time to 50% on the 10 "productive wards" in line with nationally recognised best practice.

All other objectives are on track at this point to be delivered by year end.

Action: The Trust Board is asked to note the progress made with the annual plan.

The Board is asked to note the additional objective set by NHS London

The Board is asked to approve changes to two objectives as outlined above

Report from: Fiona Elliott
Director of Planning and Performance

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| Sponsor: | David Sloman, Chief Executive |
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| Financial Validation Lead: Director of Finance | Name of finance officer |
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| Compliance with statute, directions, policy, guidance Lead: All directors | Reference: NHS London Performance Management regime |
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| Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development | Reference: |
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| Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance | Reference: Governance |
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| Evidence for self-certification under the Monitor compliance regime Lead: All directors | Compliance framework reference: Board statement Appendix C |
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The Whittington Hospital
Corporate objectives 2008-09: Review of Progress

| Objective | Measure/Benchmark | Time scales | Status | Progress Update |
|--|--|-------------|--------|--|
| Develop well-organised clinical access systems that improve the patient experience | Achieve a rating of green for all access targets, in particular the ED, 18 week and cancer targets. | March 2009 | Green | Performance against key access targets on track as at M8. |
| Ensure DTC operating at optimum capacity and delivering a high quality service to patients | Financial and activity targets met | March 2009 | Amber | Year to date activity behind plan due to under activity and lower price per case than anticipated. DTC plan re-profiled to recoup activity |
| | Ophthalmology surgery transferred from RFH | July 2008 | Green | Agreement in place with RFH for 2008/09. Negotiations re 2009/10 forward ongoing |
| | Day case rates in national top quartile (77.1%) | March 2009 | Green | Surgical day case rates at 77%. |
| | Net promoter score captured from minimum of 10% attendees and reporting positive value – target to be agreed. Overall 90% of patients would recommend DTC to a friend | March 2009 | Amber | Further work underway to improve response rates and ensure feedback is representative of a broader cross section of DTC users. Overall patient feedback positive with a net promoter score of 72% in October. |
| Reduce hospital length of stay | To reduce emergency average length of stay by 0.8 days, achieving upper quartile performance against peer group. | March 2009 | Amber | Length of stay reduced by 0.6 days resulting in closure of 15 medical beds and 16 surgical beds this year, which remain closed. Making Best Use of beds project now focussing on surgical lengths of stay. Business case in development re potential expansion of acute admissions capacity (Mary Seacole) to enable a remodelling of bed base. |

| Objective | Measure/Benchmark | Time scales | Status | Progress Update |
|--|--|---|---------------------------|--|
| Maintain and enhance patient safety | <p>To reduce the number of grade 3+ clinical incidents by 10%.</p> <p>(Suggest objective requires revision to 'increase reporting of clinical incidents to top 10% decile against national benchmarks for incident reporting')</p> | March 2009 | Amber | <p>Reporting incidence is low in comparison to other Trusts. Staff are encouraged to report in areas that have not traditionally done so and initial indications suggest an increase in incidents due to increased reporting.</p> <p>Analysis of incident status will be improved with the implementation of risk management database which will be purchased by April 2009.</p> |
| Secure improvement in external measures of clinical outcomes e.g. SMR and avoidable deaths | To maintain a standardised mortality rate (SMR) of below 90%. The national benchmark is 100%, anything below 100% being better than standard. | March 2009 | Green | SMR updated annually. Whittington SMR currently reported as 84. |
| Contributing to the FT application through advice on the development of a coherent clinical strategy | <p>Service and financial impact analysis agreed by Trust Board, local PCTs and NHS London.</p> <p>All risks fully quantified and mitigated in Integrated Business Plan.</p> | <p>September 2008</p> <p>October 2008</p> | <p>Green</p> <p>Green</p> | <p>'Darzi Grid' completed and reviewed by PCT CEO, and NHS London. TB discussion of Whittington involvement in care networks and service development plans ongoing.</p> <p>Risks identified as HfL detail emerges in relation to possible patient flows across sector and planning tariffs.</p> |
| Reduce HCAI rates across the hospital to a maximum stated in the plan agreed with NHS London | <p>Reduce healthcare associate infection rates across the hospital, to a maximum of 124 cases of <i>Clostridium Difficile</i> and 15 MRSA bacteraemia in 2008/2009.</p> <p>These are the NHS targets.</p> | March 2009 | <p>Green</p> <p>Red</p> | <p><i>C difficile</i> cases significantly reduced: 34 cases at end November against year-to-date trajectory of 80</p> <p>MRSA cases above target: 15 cases by end November.</p> |

| Objective | Measure/Benchmark | Time scales | Status | Progress Update |
|--|--|-------------|--------|--|
| Improve the quality of nursing care on the wards | <p>Increase direct nursing care time to 50% on the 10 “productive wards” in line with nationally recognised best practice.</p> <p>(Suggest objective requires revision to ‘Ten wars to complete all foundation modules by March 2009’)</p> | March 2009 | Amber | <p>Productive Ward initiative foundation modules “live” in five wards with a further five to launching in December 2008.</p> <p>Baseline activity in five wards shows RN direct care time of approx 30%. First ward to complete foundation modules has shown direct care time increase to 40%.</p> |
| Improve the care of older people admitted to the hospital | 50% reduction in complaints | Dec 2008 | Green | <p>New ward managers and matron appointed within year for the JKU (Care of the Elderly Unit). Visible leadership focus on the JKU in the earlier half of the year.</p> <p>Complaints for the JKU from April – Dec 2007/08 = 23</p> <p>Complaints from April – Dec 2008/09 = 13</p> |
| Maintain and increase market share of referrals to the Whittington | Market share of referrals to the Whittington shows an increase of 1% in target specialties. | March 2009 | Green | Difficulty with data collection to demonstrate progress due to RFH and B&CF Cerner implementation issues. Dr Foster data to July 2008 shows increase in market share. Choose and Book referrals demonstrate an upward trend for Whittington for previous six months and downward trend for competitors |
| | Ensure 100% consultant led first out patient services have choose and book slots available | March 2009 | Amber | 76% achieved. Work underway to open up choose and book slots by year end. |

| Objective | | Measure/Benchmark | Time scales | Status | Progress Update |
|--|--|---|---------------------------------|--------|--|
| Implement customer focussed marketing | | CFM Strategy agreed by the Board | October 2008 | Green | Strategy approved |
| | | Performance targets, metrics and data collection methodologies agreed. Regular Board reporting in place. | | Amber | Metrics agrees. Pilot of data collection methodologies commences in Nov. Patient experience reported through dashboard. Ongoing development of metrics as customer focussed marketing strategy action plan develops. |
| Develop the business in response to Framework for London and local primary care strategies | | Awarded tenders for models of care outside of hospital where aligned with hospital strategy. | In response to tender deadlines | Green | No PCT led tenders to date. Anticipating urgent care centre and polyclinic development tenders in coming months and Trust positioned to influence the tender design and to develop bids to deliver service. Bids related to healthcare for London framework developed and submitted (Stroke) |
| Have a hospital that is clean | | To consistently achieve 90% on the 49-point cleanliness audits. | From July 2009 | Green | A average cleanliness score of 90% plus has been achieved for the past five months |
| Develop an exemplar equipment decontamination and management service and to redevelop a single compliant endoscopy service | | To set up, open, manage and maintain a validated equipment washer service. Establish a decontamination register | Sept 2008 – May 2009 | Green | Equipment decontamination facility scheduled to open February 2009 |
| | | Expand equipment library | | Green | Equipment library opened on 1 December 2008 and will cover all hospital by March 2009 |
| | | Relocate and open a compliant endoscopy unit | | Amber | Endoscopy processing unit is now scheduled to open in July 2009 |
| Provide patients with a quality meal service | | To consistently achieve a score of 90% or higher for inpatient feedback on the quality of the meal service. | July 2008 | Amber | Current data shows that 61% of patients surveyed think that in-patient meals are good or excellent. A more comprehensive study is being developed and launched from February 2009 |
| | | Benchmark meal costs | Dec 2008 | Green | A cost per patient meal day of circa £6.50 puts the Trust in the mid of national benchmark organisations. |

| Objective | | Measure/Benchmark | Time scales | Status | Progress Update |
|-----------|--|---|--------------|--------|--|
| | Increase staff satisfaction with the Whittington as an employer | 90% of staff to have completed an annual appraisal and have a personal development plan in place. This would be top decile performance in the NHS as measured by the national staff attitude survey | October 2008 | Green | The Trust has appraised 96% of substantively employed staff this year and these staff have current PDPs. (56% of staff reported that they had had an appraisal in 2007/08). |
| | | Retain top 20% performance in measure of extent of positive for employing organisation | March 2009 | Amber | Staff survey is completed and analysis is due in March 2009. |
| | Enhance the effectiveness of temporary staffing (office) and their recruitment | Increase % of shifts filled by bank staff from 70% (April 2008) to 80%. | March 2009 | Red | Data unreliable at this time. Analysis of % shifts filled by bank is under development and implementation of the e-rostering system in combination with the electronic staff record will assist in determining this with greater accuracy. |
| | | To maintain turnover at less than 11.5% against a peer benchmark of 12.3%. | March 2009 | Green | Progress against implementation of detailed action plan to increase recruitment of both substantive and bank staff to minimise agency usage underway. Turnover currently at 9.6% |
| | Increase staff productivity by reducing staff sickness absence | Reduction in staff sickness absence from 5.2% to a maximum of 4.2%, against the London comparator benchmark of 4.7%. | March 2009 | Red | Staff sickness rate currently at 5.0%. Project Manager appointed and detailed action plan being implemented to reduce sickness absence. |

| Objectives | | Measure/Benchmark | Time scales | Status | Progress Update |
|------------|---|--|-------------|--|---|
| | All clinical coding for admitted care to be accurate and completed within 5 working days of month end | 100% of admitted episodes to be accurately coded within 5 working days of the month end | March 2009 | Amber | All coding now completed within 10 working days down from 15 working days. Reduction to 5 working days predicated on recruiting additional coding resources – currently out to advert, however this is a hard to recruit group of staff. |
| | Make all communications electronic with Islington and Haringey GPs using EMIS | <p>100% of Pathology and Imaging results</p> <p>25% of Pathology and Imaging orders</p> <p>100% of discharge letters</p> | March 2009 | <p>Green</p> <p>Green</p> <p>Amber</p> | <p>100% of Pathology and Imaging completed for EMIS GP practices</p> <p>Internal ordering of Pathology and Imaging for inpatient activity is live, aiming to go live with Outpatients in December 2008 and then to GPs in Q4 08/09</p> <p>Discharge letter project has been suspended due to new NHS mandated requirement for all person identifiable data to be encrypted. The Trust will implement the centrally mandated encryption solution over the coming months. It is not clear at this point if GPs need to install the software to open the encrypted data which would delay delivery of this objective</p> |
| | Provide access to the McKesson Physician Portal configuration to improve patient safety and release clinical time | 100% of consultants to have used the MPP to support patient care | March 2009 | Green | Currently 30 consultants and approximately 20 junior staff are using MPP. The Trust is on target to achieve 100% utilisation by March - awareness and enthusiasm for MPP is growing and based on latest positive feedback it is anticipated that this will lead to self adoption rather than push for utilisation by IM&T. |

| Objectives | | Measure/Benchmark | Time scales | Status | Progress Update |
|------------|---|---|---|--------|--|
| | Develop and embed the governance framework and Implement a robust performance management system to comply with NHS London and Monitor regimes | Implementation of revised governance model and implementation of EY due diligence report | October 2008 | Green | Board committee reviewed and revised and operating. Integrated governance documentation reviewed and approved by the Audit Committee Risk management framework and processes revised and implemented. Board self certification assurance work in progress |
| | | Performance management | | Green | Performance dashboard developed and evolving. Monthly dashboard and exception reports to Trust Board and Hospital Management Board. Trust benchmarked against national performance where possible, and work underway to identify developments to move to top decile performance. |
| | Co-ordinate the submission of a successful FT application | Integrated Business Plan is completed and ready for submission to Monitor by 1 November 2008 (Submission date revised to Jan 2009) | November 2008 (Submission date revised to Feb 2009) | Green | Completed IBP will be presented to TB in Dec. |
| | Complete an option appraisal for the long term development solution for maternity and neonatal services | Develop a business case which details an option appraisal which enables the Trust Board to decide which solution for maternity and neonatal services should be taken forward. | Dec 2008 | Amber | Activity assumptions for next 10 years complete and approved by Trust Board Design feasibility of 'redevelopment' and 'new build' options complete and costed Workforce plan and costs under review in light of new standards Business case including option appraisal to be presented to Trust Board in February 2009. |

| Objectives | | Measure/Benchmark | Time scales | Status | Progress Update |
|------------|---|---|--|--------------------|--|
| | Ensure that the finance department has the capacity and capability to be fully fit for FT compliance | Implementation of recommendations of the KPMG fitness for purpose review. | October 2008 | Green | Forecasting implemented. Balance sheet management implemented Management information – divisional dashboards due in M7 Deputy Director appointed KPMG to review finance function in Nov. |
| | Produce long term financial model and completion of all financial aspects of the IBP. Ensure that the requirements of Monitor are met | Integrated Business Plan is completed and ready for submission to Monitor by 1 November 2008 (Submission date revised to Jan 2009) | November 2008 Submission date revised to Jan 2009 | Green | Completed IBP will be presented to TB in Dec. |
| | Implement service line management | Availability of a full suite of reports | April 2008 and ongoing | Green | Quarterly reports to Trust Board and second phase of implementation plan agreed on a limited pilot basis starting last quarter 2008/09 |
| | Implement R&D infrastructure | R&D infrastructure in place | March 2009 | Green Amber | Research governance structures agreed and in place Following meeting between Dean of Medical School, CEO and Chairman, R&D strategy is being revisited and will report by end of year. |
| | Ensure performance of WFL and its sub-contractors is acceptable | Reduce the deductions applied under the payment mechanism (2007/08 value = £167K) | March 2009 | Amber | Half year value of deductions = £76K. Expecting deductions to fall away from Jan 2009 following the settlement agreement currently being negotiated. |