

Item 09/075
Doc: 4

Meeting: Trust Board Part 1
Date: 20 May 2009

Title: Corporate Objectives 2009/10 and 2008/09 out turn

Executive Summary: Attached for the Board are three documents. First the out turn position against the 2008/09 Director Objectives, secondly the 2009/10 corporate plan and Director objectives and thirdly these mapped to the corporate objectives.

There were 29 Director objectives for 2008/09. Performance against the objectives has been rated green, amber and red in terms of progress towards achievement. The board are advised that red rated objectives have been carried forward into the 2009/10 Director objectives.

The 2009/10 objectives have been developed following an Executive Committee away day where the corporate priorities and risks for the year ahead were analysed. There are 34 objectives for 2009/10.

The corporate objectives remain unchanged for 2009/10. The 2009/10 Director objectives have been mapped to the ten corporate objectives to demonstrate there is action against each to ensure continued improvement.

Action: To note progress against the 2008/09 corporate plan and Director objectives
To discuss the 2009/10 corporate plan and Director Objectives

Report from: Fiona Elliott, Director Planning & Performance

Sponsor: David Sloman, Chief Executive

Financial Validation

Lead: Director of Finance

Name of finance officer

Tim Jaggard, Deputy Director of Finance

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

DH, NHS London guidance

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

Value for Money Domain

Evidence for self-certification

Lead: All directors

Management of the Governance risk rating

**The Whittington Hospital
Corporate objectives 2008-09: Review of Progress**

Objective		Measure/Benchmark	Time scales	Status	Progress Update
CIC	Maintain and enhance patient safety	To reduce the number of grade 3+ clinical incidents by 10%. Objective revised to 'increase reporting of clinical incidents to top 10% decile against national benchmarks for incident reporting'	March 2009		Reporting incidence improving but still low in comparison to other Trusts.
CIC	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		Whittington SMR improved from 84 to 73.1.
CIC	Contributing to the FT application through advice on the development of a coherent clinical strategy	Service and financial impact analysis agreed by Trust Board, local PCTs and NHS London.	September 2008		Active member of HfL CAG 'Darzi Grid' completed and reviewed by PCT CEO, and NHS London. TB discussion of Whittington involvement in care networks and service development plans.
		All risks fully quantified and mitigated in Integrated Business Plan.	October 2008		Clinical lead for Local Hospital feasibility project and informing risk analysis
DW	Reduce HCAI rates across the hospital to a maximum stated in the plan agreed with NHS London	Reduce healthcare associate infection rates across the hospital, to a maximum of 124 cases of <i>Clostridium Difficile</i> .	March 2009		√ <i>C difficile</i> cases significantly reduced: 65 cases for full year against trajectory of 124
		No more than 15 MRSA bacteraemia in 2008/2009			MRSA cases above target: 23 cases against target of 15, and 07/08 outturn of 21. Of these 10 pre-48 hours and 13 post 48 hours.

Objective		Measure/Benchmark	Time scales	Status	Progress Update
DW	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>Objective revised to ‘Ten wards to complete all foundation modules by March 2009’</p>	March 2009		<p>Productive Ward initiative foundation modules “live” in eight wards with a further three to commence in May 2009. Progress has been delayed due to winter pressure demands</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> <p>Net promoter score for PW wards in March 2009 was 64%</p>
DW	Improve the care of older people admitted to the hospital	50% reduction in complaints	Dec 2008		<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 in 2007/08 = 35 Complaints from 2008/09 = 17</p>
KS	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		All access targets achieved in 2008/09
KS	Ensure DTC operating at optimum capacity and delivering a high quality service to patients	Financial and activity targets met	March 2009		Year end activity behind plan and lower price per case than anticipated. DTC plan re-profiled for 2009/10
		Day case rates in national top quartile (77.1%)	March 2009		Surgical day case rates at 77%.

Objective		Measure/Benchmark	Time scales	Status	Progress Update
	Ensure DTC operating at optimum capacity and delivering a high quality service to patients	Net promoter score captured from minimum of 10% attendees and reporting positive value – target to be agreed.	March 2009		Paper based surveys captured monthly. Response rate not yet at 10% but electronic system in place from end of May 2009.
		Overall 90% of patients would recommend DTC to a friend			Overall patient feedback positive with a net promoter score of 74% in March
		Ophthalmology surgery transferred from RFH	July 2008		Agreement in place with RFH for 2008/09. Negotiations re 2009/10 forward ongoing
KS	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		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.
SH	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		GP referrals increased by 16.5% in 2008/9. Market share of referrals for Haringey increased from 31% in April 08 to 32% in Feb 09. Market share of referrals from Islington increased from 39% in April 08 to 41% in Feb 09.
		Ensure 100% consultant led first out patient services have choose and book slots available	March 2009		76% achieved.

Objective		Measure/Benchmark	Time scales	Status	Progress Update
SH	Implement customer focussed marketing	CFM Strategy agreed by the Board Performance targets, metrics and data collection methodologies agreed. Regular Board reporting in place.	October 2008		Strategy approved Metrics agreed. Board reporting in place. Electronic system procured. CFM implementation plan in place.
SH	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		In 08/09 Islington PCT negotiated respiratory consultant time for service development in primary care. Extension to Islington MSK service. Haringey PCT has supervision arrangements in place with our Dermatologists/ diabetologists and rheumatologists. Anticoagulation service now developed in Camden and also continues in Barnet. Response developed to NHS Islington Urgent Care strategy.
PI	Have a hospital that is clean	To consistently achieve 90% on the 49-point cleanliness audits.	From July 2009		A average cleanliness score of 90% plus has been achieved for the past 12 months
PI	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		Equipment decontamination facility now scheduled to open 05 May 2009. (Delays resulting from building alterations and drainage problems on installation) Usage scheduled designed, ready for trial. Records show cleaning to HTM 2030.

Objective		Measure/Benchmark	Time scales	Status	Progress Update
	Develop an exemplar equipment decontamination and management service and to redevelop a single compliant endoscopy service	Expand equipment library			Equipment library opened on 1 December 2008 and covers all hospital
		Relocate and open a compliant endoscopy unit			Endoscopy processing unit is now scheduled to open in July 2009 Business staffing approved and adverts to be published for recruitment late May/early June. Training commences June 09. Project group formed to drive forward Endoscopy decon. Facility reporting to Decon. Committee.
PI	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		Patient satisfaction increased from 61% of patients surveyed thinking that in-patient meals are good or excellent in October 2008, to 66% in March 2009. Out turn assessments at the end of the year show that service quality is achieving 89%, but patient satisfaction 66%. These figures will be used to more accurately set targets for the new year
		Benchmark meal costs	Dec 2008		A cost per patient meal day of circa £6.50 puts the Trust in the mid of national benchmark organisations.
MB	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		96% of staff had appraisal during pover the past year Plans were agreed with each Director/GM for all staff to be appraised and monthly league tables of appraisal completion were introduced. The appraisal documentation was also simplified and e-KSF tool to be used on a voluntary basis not mandatory

Objective		Measure/Benchmark	Time scales	Status	Progress Update
MB	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		Summer 2008 the bank fill rate rose to 76% Work continues to build up the availability of bank staff.
		To maintain turnover at less than 11.5% against a peer benchmark of 12.3%.	March 2009		Gradual increase in turnover rate. March 2008 @ 12.30% due to increases in establishments
MB	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		Staff sickness rate currently at 4.7%, which has continued the pattern of reduction over the past three months. Project Manager appointed and detailed action plan being implemented to reduce sickness absence.

Objectives		Measure/Benchmark	Time scales	Status	Progress Update
GW	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		<p>All coding completed within 9-12 days.</p> <p>The requirement from April 2009 is that clinical coding must be completed within 1 month after discharge i.e. 30 days not 5 working days work is underway to monitor the success of the data project in delivering against the new timescales</p>
GW	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>100% of Pathology and Imaging completed for EMIS GP practices</p> <p>Near 100% internal ordering of Pathology and Imaging for inpatient activity., Outpatients being piloted in Rheumatology with roll out in Cardiology and Thoracic Medicine next. Aim to roll out Trust wide by June 09. GPs pilot in Q1 09/10 pending available funding for licensing. Currently negotiating with Islington PCT to fund.</p> <p>Inpatient discharge letters are live and linked to the TTA process to ensure near 100% compliance with Pharmacy acting as the gatekeepers. The exceptions are Paediatrics and Day Care.</p> <p>Two technical reviews are underway to assess options to use Anglia Order Communications to generate discharge letters for all inpatient and day case admissions ; and to assess if the current method of delivery from Whittington to GP e-mail complies with the latest NHS information security guidance regarding encryption of all person identifiable data in transit.</p> <p>New discharge summaries set to go live by Sept 2009</p>

Objectives		Measure/Benchmark	Time scales	Status	Progress Update
GW	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		Currently 30 consultants and approximately 20 junior staff are using MPP. The project has been suspended following the announcement by McKesson UK to withdraw development and support for MPP in the NHS. Negotiations are underway with McKesson UK to access alternative development and support resources to enable the continued roll out.
FE	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 Performance management	October 2008		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. 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. Board self certification assurance work completed by Parkhill and update report to Audit committee in June 2009
FE	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)		Trust withdrew from FT application.

Objectives		Measure/Benchmark	Time scales	Status	Progress Update
FE	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		External review of the activity assumptions for next 10 years, the design feasibility of 'redevelopment' and 'new build' options and costing, the workforce plan and costing presented to TB in April 2009. Agreed will require a strategic solution to sector capacity and work to be presented to PCT and NHS London.
RM	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		Forecasting implemented. Balance sheet management implemented Deputy Director appointed KPMG to reviewed finance function in Nov 2008 confirmed that improvements have been achieved Management information – SLM information under development
RM	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		Presented to Trust Board in December Impact of HRG4 and mff/future tariff/CIP/IFRS/CNST expectations have impacted significantly upon the ability to develop a long term financial plan that is now viable. A balanced plan has been submitted to the SHA for 2009/10. Future CIP to be examined as part of the provider landscape review
RM	Implement service line management	Availability of a full suite of reports	April 2008 and ongoing		Quarterly reports to Trust Board and second phase of implementation plan agreed on a limited pilot basis

Objectives		Measure/Benchmark	Time scales	Status	Progress Update
DS	Implement R&D infrastructure	R&D infrastructure in place	March 2009		Research governance structures agreed and in place
DS	Ensure performance of WFL and its sub-contractors is acceptable	Reduce the deductions applied under the payment mechanism (2007/08 value = £167K)	March 2009		Deductions fell away by year end following the settlement of negotiated agreement.

2009/10 Directors' objectives mapped into corporate objectives

	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Director of Operations										
<ul style="list-style-type: none"> Map capacity to demand in the delivery of clinical services that are cost effective 		√	√				√		√	
<ul style="list-style-type: none"> Improve the support systems and structures underpinning clinical services to improve the patient experience and utilise capacity efficiently 	√	√	√	√			√	√	√	
<ul style="list-style-type: none"> Improve the productivity of elective and non elective clinical services 		√		√		√	√	√	√	
Medical Director										
<ul style="list-style-type: none"> Plan first year of implementation of patient safety campaign 	√	√		√		√		√	√	√
<ul style="list-style-type: none"> Secure improvement in external measures of clinical outcomes 	√	√		√	√	√		√	√	√
<ul style="list-style-type: none"> Through job planning benchmark consultant productivity to ensure maximum utilisation of DCCs and appropriate use of SPAs 	√	√		√		√	√			
Director of Nursing and Clinical Development										
<ul style="list-style-type: none"> Reduce HCAI rates across the hospital to a maximum 	√	√		√		√	√	√	√	√

	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
stated in the plan agreed with NHS London										
<ul style="list-style-type: none"> Improve the quality of nursing care on the wards to increase patient satisfaction scores in this years survey 	√	√	√	√		√		√		√
<ul style="list-style-type: none"> Ensure all wards have commenced the productive ward programme and improve direct care time to minimum of 50% on wards that have completed foundation modules. 	√	√		√		√	√	√		√
Director of Primary Care										
<ul style="list-style-type: none"> To continue implementation of customer focused marketing strategy 		√	√		√	√	√	√		√
<ul style="list-style-type: none"> Maintain and increase market share of referrals to the Whittington from the 2008/09 baseline 		√	√		√	√	√	√		√
<ul style="list-style-type: none"> To work across the primary care interface delivering key projects 	√	√	√	√	√	√	√	√	√	√

	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Director of Facilities										
<ul style="list-style-type: none"> Improve the average scores for cleanliness to 95% within the Hospital as a whole 	√	√	√	√		√		√	√	
<ul style="list-style-type: none"> Provide patients with high quality meals and an enhanced dining experience as measured through internal patient surveys and improve against the 2008/09 in-patient scores 		√	√			√		√		√
<ul style="list-style-type: none"> Work with the Council of Governors to improve patient experience of ease of access throughout the Trust and demonstrate improvement through assurance reports from the CoG 			√		√			√	√	√
Director of HR										
<ul style="list-style-type: none"> Contribute to the reduction of agency costs 	√	√	√			√	√	√		√
<ul style="list-style-type: none"> Enhance the benefit of appraisal by ensuring that all staff have an agreed PDP for 2009/10 	√	√	√	√		√		√		√
<ul style="list-style-type: none"> Reduce sickness absence 		√		√		√	√	√		√

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IM&T consultant										
<ul style="list-style-type: none"> Ensure the Trust complies with all aspects of information governance 		√	√			√		√		√
<ul style="list-style-type: none"> Develop electronic systems to ensure timely data capture, input and coding and monitoring of the above to protect income in condensed timescales 		√				√	√	√		
<ul style="list-style-type: none"> Make all communications electronic with Islington and Haringey GPs using EMIS 	√	√	√	√	√			√		
<ul style="list-style-type: none"> Enable the electronic transfer of discharge letters to all patients and patients and GPs 	√	√	√	√	√			√	√	
Director of Planning and Performance										
<ul style="list-style-type: none"> Support the Chairman and CEO in the review of the Trust's strategic plan which inputs into the Provider Landscape Review for NCL 		√		√	√		√	√		

	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Director of Planning and Performance										
<ul style="list-style-type: none"> ▪ Develop extended productivity dashboard to enable performance management for divisions 		√				√	√	√	√	√
<ul style="list-style-type: none"> ▪ Develop infection control dashboard 	√	√		√		√		√	√	√
<ul style="list-style-type: none"> ▪ Implement service line management, at least in pilot areas and extend roll out throughout Trust by year end 					√			√		
<ul style="list-style-type: none"> ▪ Improve patient experience in relation to single sex accommodation as measured in the in-patient survey for 2009/10 				√	√		√	√	√	
Director of Finance										
<ul style="list-style-type: none"> ▪ Produce long term financial model for the organisation based on the revised annual plan, the long term implications of HRG4 and MFF and factor potential risks associated with changes to the provider landscape and implementation of HfL 		√					√			√
<ul style="list-style-type: none"> ▪ Ensure robust financial systems are in place to ensure the implementation of SLM 		√				√	√			√
<ul style="list-style-type: none"> ▪ Ensure robust financial systems are in place to monitor budgetary performance at divisional and directorate level and improve forecasting function based on lessons learned in previous year 		√		√		√	√	√		√

**Annual Corporate Plan
Director Objectives
2009/10**

OBJECTIVES		MEASURE/BENCHMARK	TIMESCALES
Director	CORPORATE		
All	<ul style="list-style-type: none"> ▪ All directors to spend at least half a day per fortnight undertaking visible leadership 	Time allocated in diaries Clinical quality data collection robust Reports through to EC at super Tuesdays	Ongoing to year end
All	<ul style="list-style-type: none"> ▪ To determine the future strategic direction of the Whittington 	Full engagement with the sector review	Ongoing
All	<ul style="list-style-type: none"> ▪ All Directors to promote delivery of the Whittington promise through role modelling, ensuring recruitment for attitude and staff appraisal 	All job descriptions describe the attitudes and behaviours required to deliver excellent customer care All staff are appraised	Ongoing to year end
All	<ul style="list-style-type: none"> ▪ Ensure that all access and operating standards are achieved 	Performance targets fully achieved	Ongoing to year end
All	<ul style="list-style-type: none"> ▪ All Directors to fully deliver their cost improvement plans and performance manage budgets to deliver within their control totals 	Risk assessment of deliverability of schemes that may slip Identification of new schemes to deliver shortfall CIP target met by year end	Ongoing to year end

	OBJECTIVES	MEASURE/BENCHMARK	TIMESCALES
	OPERATIONS		
KS	<ul style="list-style-type: none"> Map capacity to demand in the delivery of clinical services that are cost effective. 	<p>Capacity plan profiled and details expectation of lists per year/ patients per list by consultant/firm.</p> <p>Monthly achievement of expected performance against agreed demand model and capacity plan.</p> <p>No Saturday or Sunday clinics or theatre lists.</p> <p>Waiting times maintained within 18 weeks</p>	<p>May 2009 and ongoing to year end</p> <p>June 2009 and ongoing to year end</p> <p>April 2009 and ongoing to year end</p> <p>Ongoing</p>
KS	<ul style="list-style-type: none"> Improve the support systems and structures underpinning clinical services to improve the patient experience and utilise capacity efficiently. 	<p>Trust booking processes reviewed using lean methodology. Delivery of improvements in DNA reduction, improved patient feedback, complaint reduction as monitored against targets detailed in the Trust dashboard.</p> <p>Referral turnaround time - 5 working days – excl Cancer</p> <p>Reduction in time taken to clinically grade referrals to within 48 hours</p> <p>Patient offered choice of appointment – 100%</p> <p>Delivery of a single access/bookings centre.</p> <p>Appointments linked to outpatient bookings for all appropriate diagnostic modalities.</p>	<p>May 2009 and ongoing to year end</p> <p>June 2009</p> <p>October 2009</p> <p>December 2009</p>
KS	<ul style="list-style-type: none"> Improve the productivity of elective and non elective clinical services. 	<p>Through newly developed productivity dashboard see actual reductions in key areas – DNAs, hospital cancellations, follow up ratios, and improved theatre list utilisation.</p> <p>Reduce average LoS by 0.5 days</p>	<p>July 2009</p> <p>March 2010</p>

OBJECTIVES		MEASURE/BENCHMARK	TIMESCALES
	MEDICAL		
CIC	<ul style="list-style-type: none"> Plan first year of implementation of patient safety campaign 	<p>Patient safety campaign commenced in the organisation</p> <p>Increase in the reporting of adverse incidents</p> <p>Audit results feeding into clinical quality dashboard and demonstrating improved performance</p> <p>Delivering CQUIN standards</p>	<p>July 2009</p> <p>September 2009</p> <p>August 2009</p> <p>September 2009</p>
CIC	<ul style="list-style-type: none"> Secure improvement in external measures of clinical outcomes 	Reduction in SMR and avoidable deaths	May 2010
CIC	<ul style="list-style-type: none"> Through job planning benchmark consultant productivity to ensure maximum utilisation of DCCs and appropriate use of SPAs 	<p>All consultants job planned</p> <p>All consultants appraised</p>	December 2009

	OBJECTIVES	MEASURE/BENCHMARK	TIMESCALES
	NURSING AND CLINICAL DEVELOPMENT		
DW	<ul style="list-style-type: none"> ▪ Reduce HCAI rates across the hospital to a maximum stated in the plan agreed with NHS London 	<p>No avoidable MRSA bacteraemia</p> <p>C difficile cases reduced to maximum of 92 cases</p> <p>Observed hand hygiene compliance at 95%</p> <p>Ward environment scores at 95%</p>	<p>March 2010</p> <p>March 2010</p> <p>July 2009</p> <p>March 2010</p>
DW	<ul style="list-style-type: none"> ▪ Improve the quality of nursing care on the wards to increase patient satisfaction scores in this years survey 	<p>Improve annual patient survey scores for nursing to top 20% of benchmarked trusts</p> <p>Reduce nursing & midwifery vacancies to below 10% of establishment</p> <p>Reduce agency usage by over 50% on 2008/09 levels</p> <p>Reduce patient complaints by 10% on 2009/10 numbers</p>	<p>2009 survey results due May 2010</p> <p>By December 2009</p> <p>March 2010</p> <p>Monitored monthly. Outturn to be assessed March 2010</p>
DW	<ul style="list-style-type: none"> ▪ Ensure all wards have commenced the productive ward programme and improve direct care time to minimum of 50% on wards that have completed foundation modules. 	<p>Cohort 1 wards to have completed 4 modules</p> <p>Cohort 2 wards to have completed foundation modules and at least one other</p> <p>Cohort 3 to have commenced foundation modules</p>	<p>March 2010</p>

	OBJECTIVES	MEASURE/BENCHMARK	TIMESCALES
	PRIMARY CARE		
SH	<p>To continue implementation of customer focused marketing strategy.</p> <ul style="list-style-type: none"> ▪ To develop a customer care improvement strategy ▪ To improve customer care in ED as part of the ED transformation work ▪ To improve patient information across the Trust & have a clear system in place. 	<p>Electronic patient experience feedback in place across the trust</p> <p>Real time patient experience feedback captured from 10% of patients being treated across the Trust.</p> <p>Patient experience feedback being utilised by teams to make improvements</p> <p>Customer Care improvement strategy in place</p> <p>Patient information improved in 5 priority areas –</p> <p>Improvement in the HCC outpatient and inpatient survey for 2009</p> <p>CQUIN targets achieved for 2009 re patient experience</p>	<p>May 2009.</p> <p>October 2009.</p> <p>July 2009.</p> <p>July 2009.</p> <p>September 2009.</p> <p>May 2010.</p> <p>March 2010.</p>
SH	<ul style="list-style-type: none"> ▪ Maintain and increase market share of referrals to the Whittington from the 2008/09 baseline 	<p>Market share of referrals in 1st outpatient appointments at least maintained at 2008/09 levels and opportunistic growth exploited with new Trust or primary care developments.</p> <p>DTC surgical activity achieved as per plan</p>	<p>March 2010.</p>
SH	<p>To work across the primary care interface delivering key projects</p> <ul style="list-style-type: none"> ▪ Co-creating Health ▪ Local polyclinic development ▪ Local urgent care centre development ▪ Integrated care pathways as appropriate ▪ Engaging external customers and stakeholders locally 	<p>National demonstration site. Will be identified as successful site and influence next stage of programme; leading self-management agenda in the NHS.</p> <p>Whittington services being delivered in local polyclinic developments.</p> <p>Model agreed and local implementation plan. Link to polyclinic development.</p> <p>Relationship with LINKs developed and constructive</p> <p>Relationship with Overview & Scrutiny in Haringey and Islington maintained and supported.</p>	<p>March 2010.</p> <p>March 2010.</p> <p>September 2010.</p> <p>Ongoing.</p>

OBJECTIVES		MEASURE/BENCHMARK	TIMESCALES
PI	FACILITIES <ul style="list-style-type: none"> Improve the average scores for cleanliness to 95% within the Hospital as a whole 	To consistently achieve a score of 95% for all clinical areas as part of the VLP audit programme	12 months to March 2010
PI	<ul style="list-style-type: none"> Provide patients with high quality meals and an enhanced dining experience as measured through internal patient surveys and improve against the 2008/09 in-patient scores 	To consistently achieve a patient satisfaction rating of 70% based upon bi-monthly in-patient surveys carried out by members of the Council of Governors (data gathering methodology to be reviewed as the patient experience programme is rolled out)	3 months from January 2010 to March 2010
PI	<ul style="list-style-type: none"> Work with the Council of Governors to improve patient experience of ease of access throughout the Trust and demonstrate improvement through assurance reports from the CoG 	To agree with the council of governors a programme of works against which progress to address issues will be measured. These include; <ul style="list-style-type: none"> SEATING <ul style="list-style-type: none"> Kenwood wing corridors O/s Lift A L3 by Imaging Pharmacy TRANSPORT <ul style="list-style-type: none"> Changing location of bus stops Improving access for disabled people WAYFINDING <ul style="list-style-type: none"> Maps to be located inside the New Wing. Design and install landmarks around the site. Improved notices for people using lifts Improved signage for directions to either ED or Main Entrance Renaming Jenner Exit/Night Exit PARKING <ul style="list-style-type: none"> Improve management of drop off zone and portering availability at front of hospital 	Regular review throughout the year with CoG members, with target completion of all initiatives by March 2010

OBJECTIVES		MEASURE/BENCHMARK	TIMESCALES
	IT		
GW	<ul style="list-style-type: none"> Ensure the Trust complies with all aspects of information governance 	Delivering the information governance strategy	Ongoing and fully met by March 2010
GW	<ul style="list-style-type: none"> Develop electronic systems to ensure timely data capture, input and coding and monitoring of the above to protect income in condensed timescales 	Delivery of the data related CIP targets	Ongoing and fully met by March 2010
GW	<ul style="list-style-type: none"> Make all communications electronic with Islington and Haringey GPs using EMIS 	Achieving the targets set out in the IM&T strategy	As per timescales in the strategy
GW	<ul style="list-style-type: none"> Enable the electronic transfer of discharge letters to all patients and patients and GPs 	Achieving the agreed CQUIN standards	From September 2009 and then ongoing

	OBJECTIVES	MEASURE/BENCHMARK	TIMESCALES
	Human Resources		
MB	<ul style="list-style-type: none"> Contribute to the reduction of agency costs 	<ul style="list-style-type: none"> SLAs in place to cover all staff groups to ensure VfM and quality Reduction in nursing & midwifery vacancies based on service plans, as at 1/4/09 18% vacancy rate, to below 10% 	<p>By 31/3/10 subject to PASA tendering timetable</p> <p>By 31/3/10</p>
MB	<ul style="list-style-type: none"> Enhance the benefit of appraisal by ensuring that all staff have an agreed PDP for 2009/10 	<ul style="list-style-type: none"> Publicity campaign Appraisal surgeries/training for staff and managers supported by Director/Senior manager visible leadership 95% of staff to have completed an annual appraisal and have a Personal Development Plan in place 	<p>By 30/9/09</p> <p>By 30/9/09</p> <p>By 30/9/09</p>
MB	<ul style="list-style-type: none"> Reduce sickness absence 	<ul style="list-style-type: none"> Monthly information packs to Directors/GMs Self service ESR implemented for sickness absence data to improve reporting Sickness absence reduced to 4.2% 	<p>By 31/5/09</p> <p>By 31/7/09</p> <p>By 31/3/10</p>

OBJECTIVES	MEASURE/BENCHMARK	TIMESCALES	
FE	<p>PLANNING AND PERFORMANCE</p> <ul style="list-style-type: none"> ▪ Support the Chairman and CEO in the review of the Trust's strategic plan which inputs into the Provider Landscape Review for NCL 	<ul style="list-style-type: none"> ○ Stakeholder engagement ○ Analysis of options ○ Development of Whittington Position statement for submission to RT in June 2009 ○ Business plans developed following any decision to change service configuration ○ Board development programme 	<p>May 2009</p> <p>June 2009</p> <p>June 2009</p> <p>November 2009</p> <p>Ongoing</p>
FE	<ul style="list-style-type: none"> ▪ Develop extended productivity dashboard to enable performance management for divisions ▪ Develop infection control dashboard 	<ul style="list-style-type: none"> ○ Productivity dashboard being used in divisions ○ Infection control dashboard in place 	<p>July 2009</p> <p>July 2009</p>
FE	<ul style="list-style-type: none"> ▪ Implement service line management, at least in pilot areas and extend roll out throughout Trust by year end 	<ul style="list-style-type: none"> ○ SLM being used in pilot areas ○ Implement roll out throughout Trust 	<p>September 2009</p> <p>March 2010</p>
FE	<ul style="list-style-type: none"> ▪ Improve patient experience in relation to single sex accommodation as measured in the in-patient survey for 2009/10 	<ul style="list-style-type: none"> ○ All adult wards in GNB provide single sex accommodation ○ All theatre recovery areas managing patients in single sex accommodation ○ Analysis of single sex breaches through dashboard made more robust ○ Develop a solution for improved segregation in Isis ward and paed inpatients ○ Communication strategy for all staff awareness of target 	<p>October 2009</p> <p>July 2009</p> <p>July 2009</p> <p>August 2009</p> <p>June 2009</p>

OBJECTIVES		MEASURE/BENCHMARK	TIMESCALES
	FINANCE		
RM	<ul style="list-style-type: none"> Produce long term financial model for the organisation based on the revised annual plan, the long term implications of HRG4 and MFF and factor potential risks associated with changes to the provider landscape and implementation of HfL 	<ul style="list-style-type: none"> Annual plan submitted to NHS London and Trust Board Model impact of options within the provider landscape review Maintain and update annual plan on an ongoing basis to reflect new information and assumptions 	<ul style="list-style-type: none"> March 2009 to May 2009 May 2009 onwards April 2009 onwards
RM	<ul style="list-style-type: none"> Ensure robust financial systems are in place to ensure the implementation of SLM 	<ul style="list-style-type: none"> Produce suite of SLM reports Continue with data quality improvements 	<ul style="list-style-type: none"> May to June 2009 Ongoing
RM	<ul style="list-style-type: none"> Ensure robust financial systems are in place to monitor budgetary performance at divisional and directorate level and improve forecasting function based on lessons learned in previous year 	<ul style="list-style-type: none"> Finalise opening budgets and activity targets and sign off with accountable leads & assumptions explicit Report reasons and key variances in more detail at Trust Board and EC Understand reasons for 2008/09 outturn v forecast and discuss with accountable leads and refine forecasting methodology 	<ul style="list-style-type: none"> April to May 2009 May 2009 onwards May 2009