Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
25th October 2012

TITLE	**Corporate Objectives Q2**
EXECUTIVE SUMMARY	The attached document highlights the Trust's performance at Quarter 2 against the objectives it set itself for 2012/13.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The document highlights the Trust's progress against the objectives set in the 2012/13 business plan. The achievement against the objectives is monitored through the monthly Divisional performance meetings and the associated half yearly reviews.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Patient experience is a key strategic objective; feedback is reported to the Board in the Quality Report.
EQUALITY AND DIVERSITY ISSUES	None known.
LEGAL ISSUES	None known.
The Trust Board is asked to:	Review and note the report.
Submitted by:	Simon Marshall, Director of Finance and Information
Date:	18th October 2012
Decision:	For Noting.

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NHS Foundation Trust

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Corporate Objectives Q2 – Commentary

This paper provides a review of progress made at Quarter 2 against the actions which underpin the Strategic Objectives set in our 2012/13 Corporate Business Plan.

At the end of Quarter 2 we have seen good progress across the objectives with 13 actions marked as achieved and, outside of those actions attributed to the Epsom Transaction, only 3 attracting a red risk rating. Areas identified with an amber status have mitigation plans in place to take these forward for the third quarter.

SO1: Highest quality Care

- 3 actions have been achieved and 7 are progressing well.
- Work towards the Strategy for Older People had slowed over the last quarter, but this now has renewed focus with a project team in place to agree immediate priorities.
- The implementation of Schwartz Rounds to support clinical debrief and team reflection had a slow start, but this should now improve following the identification of a Clinical Lead for the programme.

SO2: High Performing Workforce

- This programme of work is progressing well, with 2 actions having been achieved.
- Reliance on agency staff has reduced following a recent recruitment campaign to the internal staff bank, however hotspots still remain in A&E and medical training grade posts.

SO3: Delivering our Clinical Strategy

- This objective has seen the highest number of strategic actions being achieved at the end of Quarter 2, a total of 6 actions have now been accomplished.
- The overall programme remains on track, with plans in place to mitigate the 4 actions which have amber ratings. These will be monitored through the Clinical Strategy Programme Board.

SO4: Financial Sustainability and Efficiency

- At the end of this Quarter 2 actions have been achieved and work of the rest of the portfolio is progressing well. Only one area is attracting a red risk rating; this is as a result of the time available from Surrey Pathology Services to dedicate engagement to the project due to wider system pressures.

SO5: Integration with Epsom

- Our plans for integration with Epsom are currently delayed pending resolution of: the larger underlying deficit of Epsom at £13.8m for 2012/13; the Surrey Downs CCG wanting to review their future service needs and the commissioning intentions associated with these; the Better Services Better Value review in South West London which is now to directly involve Surrey in the consultation; and ASPH/Epsom synergies which are lower than originally planned.

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Legend:		
	R	Not achieved
	A	In progress
	G	Achieved
	N/A	Objectives no longer achievable due to external decisions
		Action Complete

SO1: Highest Quality Care

	12/13 Priority	12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
1.1	Improve the Patient Experience by enabling the right care, in the right place at the right time supported by effective communication and feedback mechanisms, and facilitated by working with partners across the health economy	Develop Trust wide response plans to key themes of local and national patient surveys (May 2012)					Action Complete	CN
		Implement Best Care Phase 2 enhanced improvement projects – documentation and nursing observations to reduce failure to rescue and preventable harm, supported by **Releasing Time to Care Project** (March 2013)					Representatives for the remaining 4 wards have been identified, activity follow training for all ward reps has been completed.	CN
		Scope the implementation of a Clinical Decision Support Tool (March 2013)					Project on track and has formed part of the Capital Programme.	CN
		Implement *Schwartz Rounds* to support clinical debrief and team reflection (October 2012)					Clinical Lead now identified.	CN
		Deliver a **capacity plan** for our hospitals that makes sure we have the right number of beds located in the right place (June 2012)					A Nursing Establishment scoping meeting has taken place, and project teams have been established for the Surgical and Medical Bed Allocation. The project is on target to make a significant contribution to the 2012/13 CIP.	DCE
1.2	Develop and implement Trust wide strategy and model of care for older people	Equip event (April 2012) to develop vision and **strategy for older people**, reflecting the National Dementia Strategy; identify pathways – and scope for redesign; develop a framework/model of care; Test and cost model (to include approach to accommodation) (July 2012)					Outcomes of Equip event have been presented and first project meeting scheduled for 22/10 to scope the next steps.	CN / MD
		Scope and develop Older Peoples Liaison Team in partnership with adult social care and community services (Oct 2012)					Specification for Liaison Team being drafted prior to discussions with SABP about future services provision.	CN / MD
1.3	Improve outcomes for Chronic Obstructive Pulmonary Disease, Heart-Failure, Pneumonia, Emergency Surgery, Acute Kidney Injury and Urinary Tract Infections	Develop a systematic approach to the review, management and ownership of clinical quality information at corporate, divisional and speciality level (as part of the Quality Strategy) (July 2012)					Clinical Outcome Steering Group meeting monthly, chaired by the MD	CN / MD
		Embed and review effectiveness of Quality and Safety ½ Days (July 2012)					Half days programme embedded. Terms of reference for Divisional groups to be taken to December's IGAC. Review of effectivesness to take place.	CN / MD
		Utilise the Leading Improvement in Patient Safety (LIPS) Programme as a driver for quality and safety improvement and engagement – incentivise through Quality and Innovation Fund (April 2012)					Launched and complete.	CN / MD
		Deliver Enhancing Quality (EQ) Programmes (March 2013)					All schemes on track.	CN / MD
		Reduce number of urinary catheter insertions and reduce "blind" anti-biotic treatment (March 2013)					Monitored via the Safety Monitor; Successful Innovation Fund bid to change current practice.	CN / MD
1.4	Deliver high quality End of Life care, promoting and delivering choice when the time comes	Scale up Gold Standards Framework project for palliative care across Trust (Jan 2013)						CN / MD
		Work with Virgincare to develop rapid discharge team and community support – "Family Liaison Service" (March 2013)					Workstream delayed; Specification for Liaison Team being drafted prior to discussions with SABP about future services provision.	CN / MD

SO2: High Performing Workforce

12/13 Priority		12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
2.1	Align service improvement with workforce planning and job design	Align workforce plans, the introduction of new roles and ways of working to meet **the national review of 24/7 care** (June 2012)					Implemented on 8 October with new model of care in Acute Medicine.	DW&OD
		Design and deliver a modern and efficient corporate, middle and administrative office, ***CMAO Review*** (March 2013)					Workstream 3 in progress with clinical office review ready for early November consultation. This wil lbe followed by reviews of appointments centre,reception/self check-in, clinical admin and transcription services.	DW&OD
		Manage pay costs through the delivery of the integrated workforce plan, tracking progress at individual post level (Monthly)					The workforce plan is on track to achieve forecast reductions by 31 March 2013. Pay costs are above target due to high use of agency staff.	DW&OD
		Deliver recruitment campaigns which are responsive to workforce planning priorities and vacancy 'hot spots', with high calibre recruits (Quarterly)					Vacancy levels have reduced to 5% in nursing and 6% in healthcare assistants. Hotspots remain in A&E and medical training grade posts	DW&OD
		Implement a coherent temporary staffing solution which supports safe staffing levels, productivity and efficiency (July 2012)					Increased bank membership following recruitment campaign, reliance on agency staff remains in hotspot areas (A&E, medical training grades)	DW&OD
2.2	Ensure mandatory training and professional development activities meet patient experience and outcome priorities	Strengthen the infrastructure (capability, capacity and flexibility) so that staff can access mandatory training as flexibly as possible (April 2012)					Mandatory training matrix revised and to be submitted to TEC once confirmed with committee. Availability of E-Learning increased with further modules now available including Child Protection.	DW&OD
		Implement effective recording (at an individual level) and reporting (at divisional, department and corporate level) of mandatory training (Monthly)					Mandatory training committee reviewing it's TOR to include DGM on the membership to help monitor the mandatory training compliance levels in each division.	DW&OD
		Deliver professional development activities to enhance patient experience and outcome priorities (Monthly)					Training needs analysis and training plan prioritised to focus on those needs that improve patient care	DW&OD
		Evaluate mandatory training and professional development activities to ensure patient experience and outcome priorities are being met (March 2013)					Further CQC standard checks being carried out across the Trust. This internal validation of our performance asks staff if they have received their MT & PD Training.	DW&OD
		Maximise opportunities for improvements to patients arising from research, development and the academic evidence base (Throughout 2012/13)					Partnerships developed with the LETB, Surrey Countywide Workforce and Development Reference Group, RHUL, University of Surrey, CHLRN	DW&OD
2.3	Embed *Living our Values (LoV)* and the *Leadership & Management Commitment Framework*	Embed LoV in the employee pathway from job design to recruitment, induction, appraisal, and individual and team development (Throughout 2012/13)					The LoV programme has been incorporated into the induction programme [since Sept 2012].	DW&OD
		Embed the **listening and improvement cycle** through team development initiatives *(LoV and Aston Team Performance Inventory)* (Throughout 2012/13)					The Team ASPH - Beyond Good to Great programme has just completed Phase 2 and plans for Phase 3 are underway. Team coaching sessions have started and the first Masterclass has been held.	DW&OD
		Update and publish the Leadership & Management (L&M) framework and directory with programmes which are aligned to the delivery of the annual plan (appraisal/360, line management/supervision) (April 2012)					Framework updated to reflect new strategic objectives	DW&OD
		Deliver four new models of care across North West Surrey through the *NW Surrey Future Leaders programme* (March 2013)					A conference is being held in December for programme participants to present their projects on the four models of care to the NWS Transformation Board and other colleagues/partners.	DW&OD
2.4	Continue to improve staff loyalty and experience so that staff are inspired, proud ambassadors of our Foundation Trust	Promote and act on extensive staff feedback channels, encouraging staff to share good practice with their teams and Trust-wide (Throughout 2012/13)					The action plan for the 10 Corporate Commitments - actions from staff feedback - are being monitored by the Workforce Strategy Steering Group. The Board is briefed on progress.	DW&OD
		Conduct a bi-annual staff survey, pro-actively addressing key findings that are below the national average (December 2012)					EPF decided not to run a summer staff survey for 2012 due to staff survey fatigues. The NSS 2012 has been distributed to staff - staff have been asked to fill in their questionnaires and return them to our external contractor by December 3, 2012.	DW&OD
		Maximise opportunities for saying thank you and well done on an individual and team basis both locally and nationally (Throughout 2012/13)					The WOW! Awards launched. The Trust is a finalist in the HSJ Awards and also awaits results on Nursing and NHS Heroes awards submissions.	DW&OD
		Engage and inspire staff to develop and deliver improvement plans (Throughout 2012/13)					Ongoing	DW&OD
		Develop and set standards for a winning employer brand, based on the criteria for the Sunday Times 'Best Companies' (March 2013)					The initation phase complete.	DW&OD

SO2: High Performing Workforce (cont)

12/13 Priority		12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
2.5	Continue to improve the health, safety and wellbeing of staff	Provide dedicated occupational health services to support the management of illness and prompt rehabilitation (Throughout 2012/13)					OH service reviewed and OH now incorporates manual handling team	DW&OD
		Promote active and healthy lifestyles (Throughout 2012/13)					Health, Safety and Wellbeing steering Group established to report to WSSG with progress on Health, Safety and Wellbeing action plan	DW&OD
		Deliver monthly, focussed health promotion awareness (Monthly)					Summer time MOT delivered across both trust sites with focus on clinical areas. On going lifestyle assessment clinics. Lunch time walk club established at SPH	DW&OD
		Deliver a high take-up of the influenza vaccine (December 2012)					Seasonal Flu vaccination plan in place for 2012-2012. Increased flu vaccination target set for Trust by DH at 50%	DW&OD
		Ensure a zero tolerance to violence and aggression (Throughout 2012/13)					98% of staff had received training in conflict resolution which underpins our zero tolerance approach to violence and aggression. All wards gave been provided with the "stop abuse" posters - we (NHS) no longer use the term "zero tolerance" on posters.	DW&OD

SO3: Delivering our Clinical Strategy

12/13 Priority		12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
3.1	Develop effective pathways of care across provider boundaries	To deliver and improve services for elderly care across provider boundaries with Virgincare - Surrey Community Services, Social Care and primary care (March 2013)					Specification for Liaison Team being drafted prior to discussions with SABP about future services provision. New project agreed to support Emergency Care Pathway.	CN
		To roll out the nursing home project to 75% of nursing homes by December 2012 to reduce the inappropriate admission rate from nursing homes.					Project transferred to Primary Care Leadership from October 2012.	DCE / MD
		To deliver the **Systemwide Urgent Care Project**, including:					System-wide project being managed by NWS CCG Unplanned Care Programme Board	DCE / MD
		(i) Developing the RACs as the initial point of contact for all GP urgent referrals (June 2012) (ii) Work in partnership with SECamb to increase the number of ambulance journeys to Walk In Centres following a 999 call (March 2012) (iii) Implement unscheduled care pathways with SECamb to improve the responsiveness and quality of care delivered at St Peter's Hospital. (Dec 2012)					4 pathways developed (cardiac, vascular and stroke)	
		To implement the musculoskeletal pathways with Virgincare (Sept 2012)					AQP Orthopaedic Clinic delivered by ASPH consultants to commence in November.	DCE / MD
3.2	Continue to develop specialist services and expand clinical networks	Develop and scope the potential for new patient pathways to access the Trauma service at St Peter's Hospital, and review the opportunity to co-locate other supportive specialist services (Oct 2012)					Developing ASPH as an enhanced trauma unit is not being progressed until published criteria exist for this type of unit. This is being overseen by the Clinical Strategy Programme Board.	DCE / MD
		Implement year 2 of the business plan for regional Bariatric services (March 2013)					Complete and recognised as business as usual.	DCE / MD
		Implement the Urology clinical strategy (March 2013)					Strategy presented to MD and DCE in October, business cases in the process of being drafted.	DCE / MD
		Deliver the vascular strategy by implementing the required infrastructure, including a dedicated Vascular unit and agreeing the business case for the hybrid theatre (Sept 2012)					The project delivery is comeplte, and team are awaiting the Accreditation visit on 29th October 2012.	DCE / MD
		Develop and strengthen the emergency care pathway to improve the quality of care and support **capacity management** (Dec 2012)					A Nursing Establishment scoping meeting has taken place, and project teams have been established for the Surgical and Medical Bed Allocation. The project is on target to make a significant contribution to the 2012/13 CIP.	DCE / MD
		Re-develop our Renal strategy with Epsom St Helier University Hospitals (Dec 2012)					Plans progressing as part of the Epsom Transaction Clinical Strategy workstream.	DCE / MD
3.3	Promote Innovation in the way we deliver care	Strengthen and broaden our R&D programme to support the improvement of care for our patients (Nov 2012)					On track.	DCE / MD
		Implement the High Impact Innovations to underpin the delivery of the CQUIN programme when developed by NHS Surrey, in response to the *Innovation Health and Wealth* report (*tbc dependent on NHS Surrey)*						DCE / MD
		Launch a new Innovation Fund (April 2012)					9 bids funded to date, c. £116,000.	DCE / MD
3.4	Enhance the role of Ashford Hospital	To redesign the **rehabilitation / re-enablement pathways at Ashford Hospital** with community services and social care. Redesign complete by July 2012. Implementation by December 2012.					Project closed and recommendations made. Two streams of work currently going ahead; 1. Dickens # NOF (within Division) 2. Implementation of rehab tariff 01/04/2013 (Stephen Hepworth)	DCE / MD
		Improving the care for the local community through one stop clinics (Oct 2012)		N/A			Awaiting Epsom (including Ashford) strategy to be defined	DCE / MD
		Improving the patient environment through redesign and refurbishment of the outpatient facilities (Works Stage 1&2 by March 2013)					Project on track.	DCE / MD
		Expanding the delivery of elective care which can be totally provided at Ashford Hospital (urology, ophthalmology, general surgery, gynaecology) *Linked to* ***Excellence in Theatres Project***					Project Benefit Indicators for Sept 12: Theatre session utilisation at Ashford Hospital 81% (target 90%) In-session theatre session utilisation at Ashford Hospital 68% (target 85%)	DCE / MD
		Maximise the day case utilisation of Ashford Hospital, *Linked to* ***Excellence in Theatres Project***						DCE / MD

SO4: Financial Sustainability and Efficiency

12/13 Priority		12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
4.1	Secure income growth as an alternative to cost cutting	Create and implement partnerships with organisations that **increase NHS revenue streams è**					4 AQP outpatient clinics are now in placein Community settings with VirginCare. Plans to test and develop the strategic case for specialist expansion in plastics, cardiac surgery and renal are underway.	DoFI
		Actively develop strategies to **grow private patient income**, although never at the expense of NHS patient care **è**					Above expected income levels from BMI Runnymede; more focus is now needed on new income streams from A&E.	DoFI
		Undertake a review of data capture within the organisation to ensure all activity is correctly charged (Sept 2012)					Review complete and all actions delivered.	DoFI
		Take the necessary actions to ensure the **delivery of CQUINS è** (March 2013)					Project plans in place for each CQUIN, Q2 CQUIN report submitted to Commissioners.	CN
		Create and implement a positioning and communication strategy with all partners who have a direct impact on our income					Engagement with CCGs is ongoing; a positioning paper in draft form for future Trust Board.	DoFI
4.2	Deliver our Cost Improvement Programme (CIP) of £12m, 5.5% of income	Secure benefits of Surrey Pathology Services (Sept 2012)					Project remains on track.	DoFI
		Ensure that CIP is underpinned by workforce reduction (March 2013)					The workforce plan is on track to achieve forecast reductions by 31 March 2013. Pay costs are above target due to high use of agency staff.	DW&OD
		Purchasing savings of £1m (March 2013)					On target to achieve £1m by March but currently reviewing scope to deliver more.	DoFI
		Create a new transformational approach to financial efficiency which builds on best practice in the FT sector					2013/14 - 2015/16 business planning process revised to support transformational objectives	DoFI
4.3	3. Maximise the benefits of SLR and patient level costing to improve commerciality	Relaunch patient level costing to specialty leads (June 2012)					The launch using the latest month 5 data is now underway.	DoFI
		Identify variability between clinicians (Sept 2012)					This has slipped into Q3 and will now be alligned with our business planning processes	DoFI
		Divisions to prepare exit or transformation strategies for loss making activities (Dec 2012)	N/A				This is being alligned with our business planning processes	DCE
		All major commercial contracts reviewed by the Commercial Group during the year (March 2013)						DoFI
4.4	Use developments in Information Technology to support clinical and business priorities	Procure and implement systems agreed by the Capital Programme, including: **ePrescribing** Trustwide (Dec 2012); a virtual electronic patient record; casenote tracking (Dec 2012); replacement storage for our medical images (Dec 2012); transcription service (July 2012); patient self check-in (June 2012); a new benchmarking tool so we can judge our performance against other similar sized Trusts					ePrescribing: Procurment in final stages. Anticipated contract award December 12 Virtual Electronic Patient Record: Business Case in development Casenote Tracking: Currently reviewing the business need Storage for Medical Images: Philips awarded contract. Project Board established. Planning for implementation underway Transcription: Preferred bidder selected. Delay in award due to legal challenge of another supplier. Self Check-In: Preferred bidder selected. Contract being drawn up. Formal award	DoFI
		Deploy Patient Centre to achieve electronic order communications (Dec 2012)					Deployment of Patient Centre delayed due to Surrey Pathology Services support for the project being unavailable.	DoFI
		Deploy Datix to ensure that we capture all incidents and that they are managed appropriately					Datix Web currently being deployed across the Trust. Anticipated completion December.	DoFI
		Introduce "self-service" information reporting from the desktop					Work underway. First automated reports to be delivered December.	DoFI
		Exploit our new wireless network and explore how we can enhance patient entertainment whilst in our hospitals (March 2013)					IT Network Strategy currently under review. Awaiting procurement of replacement Core Switches to handle increased traffic.	DoFI
		Produce weekly internal and external scorecards (May 2012)					Completed and ongoing.	DoFI
		Re-tender for Finance and Procurement system and outsourcing (Feb 2013)	N/A				On hold and rescheduled for July 2013.	DoFI
4.5	Drive clinical efficiencies to ensure the financial sustainability of the Trust	Complete implementation of **Realtime** and reduce lengths of stay by 15% (Sept 2012)					There is a delay by RealTime in developing functionality required by the Trust to migrate from our IPL system.	DCE
		Having improved DNA rates in 2011/12, reducing them from 11% to 7%, sustain performance and continue to improve this rate further. (Sept 2012)					There has been some deterioration in performance but actions plans have been developed to mitigate this.	DCE
		Consolidate the **integrated management structure for Critical** Care (October 2012)					Options for co-location have been agreed and audit of the critical care medical model has commence.	DCE
		Implement the learning from the **Outpatient Efficiency** Project (June 2012)					Complete	DCE
		Scope and develop the business case for the **Improving Discharge Management** project (Dec 2012)					Phase One event held with Surgery and Orthopaedic Wards, project dashboard created.	DCE
		Integration of therapy services (June 2012)					Therapy Review will be presented to TEC in October.	DCE
		Develop and implement the **Facilities programme** (March 2013)					Transport project is on target for completion by April 2013. An architect has been appointed to commence work on a feasibility survey.	DCE

SO5: Integration with Epsom

	12/13 Priority	12/13 Actions	Q1	Q2	Q3	Q4	Commentary	Responsible
5.1	Ensure key stakeholder alignment for pre and post merger integration plans	Establish and launch stakeholder mobilisation plan (including staff stakeholders), post preferred partner agreement (March 2012)					-	ID
		Execute key stakeholder events Phase 1 (understanding – May 2012), Phase 2 (alignment – July 2012), Phase 3 (Commitment – Sept 2012)					-	ID
		Collate key stakeholder feedback, review and improve delivery integration plan (June 2012 and August 2012)					-	ID
		Publish integration plan to cover pre-transaction programme alongside first 100 days actions (w.e.f. 1st Jan 2013) and ensure overall programme utilised ASPH Governance systems and disciplines to support delivery governance (March 2012)					Draft Integration Plan preprared but currently on hold pending resolution regarding way forward due by end October 2012. Formal publication of delay to transaction completion until July 2013 has been communicated.	ID
5.2	Secure all necessary approvals and deliver all transition governance mechanisms	Agree Heads of Terms and preferred partner status based on agreed supporting delivery plan and services specification with key responsibilities and timings (March 2012)					-	ID
		Establish transition governance processes and mechanisms based on Heads of Terms (April 2012)					-	ID
		Establish internal management and technology systems plan (July 2012)					-	ID
		Gain support endorsements / agreements from Dept. Health (March 2012), Co-operation and Competition Panel (CCP) (Sept 2012), and Monitor (Nov 2012)					CCP support confirmed in September 2012, remianing areas ongoing.	ID
		Sign final transfer agreement that specifically includes all legal, regulatory and operational criteria for secure delivery of patient services (Nov 2012)					See below	ID
5.3	Develop and deliver ASPH and Epsom integration efficiency and financial savings	Compile and gain agreement to preferred partners financial, clinical and HR due diligence plan list to for part of Heads of Terms, to ensure merger benefits are sustained at required levels (February 2012)					Areas 5.3.and 5.4 are now under review based on 4 key changes to the transaction around a larger proposed 12/13 deficit of Epsom at £13.8m, the Surrey Downs CCG wanting to review the future service needs from Epsom and the commissioing intentions associated with these,the Better Services Better Value review in South West London now to directly involve Surrey in the consultation, and ASPH/Epsom synergies lower than originally planned	ID
		Develop robust delivery plans / owners and financial phasing models for integration / synergy savings (outline May 2012, detailed July 2012) and ensure alignment with existing ASPH/Epsom savings plans						ID
		Benefits delivery tracking starts through Finance following month 10 results (Feb 2012)						ID
5.4	Enhance the established key clinical partnerships to optimise the delivery of patient driven integrated care services	Develop enhanced benefits modelling of key clinical partner agreements (Royal Marsden Hospital, Central Surrey Health, Surrey and Sussex Healthcare, Surrey Social Services), and, Surrey and Borders Partnership Trust) and timings for new / enhanced service opportunities (August 2012)						ID
		Develop robust plans for implementation of agreed partner clinical service development, delivery and benefits realisation (Sept 2012).						ID
		Develop robust plans for implementation of agreed partner clinical service development, delivery and benefits realisation (Sept 2012).						ID
		Ensure final 2012/13 partnership agreements (for delivery from Jan 2013) are reviewed and supported through appropriate partner governance channels (Sept 2012)						ID