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

TRUST BOARD
27th January 2011

TITLE	**Corporate Plan 2010-2011- Progress Report Quarter 3**
EXECUTIVE SUMMARY	The Board agreed the Corporate Plan 2010/2011 in April 2010.The Plan supports the Integrated Business Plan and enables delivery of the Trust's 4 Strategic objectives. The Trust has in place 6 programmes of work which are enablers to delivery of the Strategic Objectives. The Corporate Business Plan included clear objectives and deliverables for each Quarter. The attached report provides a review of progress against the Q3 milestones. Overall good progress is being made across all objectives. The areas where further attention is required is in relation to managing the level of emergency admissions and embedding improvements in the patients' experience.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Relates to all aspects of the Board Assurance Framework. Failure to deliver the corporate objectives would create a very high level of risk to the Trust in terms of delivery of key service and financial targets, delivery of improved patient and staff experience, and the Trust's application for Foundation status.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The corporate objectives address a number of issues identified as highly significant by patients and key stakeholders. Delivering improvements in the patient experience, offering improved access to single sex environments, improving the measurement of quality, and delivering improvements to current car parking arrangements are all key objectives for the current financial year.
EQUALITY AND DIVERSITY ISSUES	None known.
LEGAL ISSUES	None known.
The Trust Board is asked to:	Note the progress made in Quarter 3. Review the draft Corporate Objectives for 2011/12
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	18th January 2011
Decision:	For Noting

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

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27th January 2011
Corporate Plan 2010-2011- Progress Report Quarter 3

1 Summary

The attached report shows progress against each of the deliverables in the Corporate Business Plan.

The following RAG rating has been included in the report.

Green	Action delivered to timetable
Amber green	Action commenced but not completed. Will be achieved by year end
Amber	Action commenced but not completed. May not be achieved by year end
Red	Action not started. Highly unlikely to be achieved by year end

Overall good progress is being made. It was , however, disappointing to note that the Trust has not been able to progress its strategic objective to develop the renal service due to NHS Surrey's decision not to proceed.

2 Programmes of Work

The Delivery Programme Board drives and performance manages the Trust's programme of change activities required to deliver the corporate objectives. The Programme Board was established in November 2009 and is now well established in its role, meeting monthly to:

- Consider in detail a report prepared by each programme (using a standardised template) describing the status against each deliverable, progress being made & key issues for discussion.
- Fulfil a performance management role, challenging and testing to ensure that each programme is on track and clear about the next steps.
- Set direction and priorities across and within programmes
- Make and reinforce linkages and relationships between programmes and deliverables
- Refresh the delivery programmes in the light of the changing context

The Programme Board is chaired by the Chief Executive and includes the executive directors and senior managers. Each of the Programmes has an executive sponsor and Divisional Director leadership. A report on progress on one of the programmes is discussed at each Trust Executive Committee meeting thus ensuring wide clinical engagement.

3 Refresh of Corporate Objectives

The September Board agreed a refresh of the Corporate Objectives to take into account the implications of the White Paper. These centred around

- Improving information for patients
- Strengthening clinical leadership
- Preparing for the Outcomes Framework and
- Working with GP Commissioners.

The attached Q3 progress report includes the additional actions identified fro objective 2. Work has progressed on other elements including
Improving the Trust web site, introduction of Your Feedback, developing the Informatics Strategy and considering the introduction of the Clinical Outcomes Framework.

The fuller implications of *Liberating the NHS* are now becoming clearer with the publication of the Command Paper and the Health and Social Care Bill so a detailed report will be include in the Q4 report. In addition, detailed actions and milestones have been addressed as part of the Business Planning Processes for 2011/12.

4 Annual Plan 2011/2012

The December Trust Board received a briefing on the Annual Plan 2011/12, including high-level corporate objectives. These have been discussed further at the Programme Board in the light of the Command Paper and NHS Operating Framework 2011/12 and a revised version is attached.

The Council of Governors have an important role in contributing views on forward priorities to the Board and it is intended to start this dialogue at the February Council meeting. It is therefore useful for the Board to consider the draft priorities before they go to the Council.

A draft of the Annual Plan will be available for the February Trust Board

5 Conclusion

Good progress is being made; a further report will be made at the end of Q4.

The main areas of current attention relate to managing emergency admissions and redesign of care pathways through partnership working in NW Surrey, and also embedding the patient feedback strategy.

Valerie Howell
Deputy Chief Executive

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
1. Improving patient's experience of our services	a) Embed our patient feedback strategy, putting in place a broad range of systems and processes to encourage and obtain feedback from patients, systematically analyse that feedback and ensure we act on it swiftly	Chief Nurse	Directorate plans updated as a result of feedback, reviewed through performance meetings (with feedback to PPEG)	All inpatients areas now have a process for implementing 'Your feedback'. Paediatrics and outpatients are developing their processes with OPD piloting in January 2011. Net promoter scores introduced in all in patient areas	
	b) Define standards for all written communication with patients and review all existing standard letters, patient information and leaflets to ensure compliance with this standard			Revised first outpatient appointment letter and new information leaflet and maps produced and will be used across the trust from February. Pilot of the new documentation in ophthalmology and dermatology being issued supported by synertec processes will commence in February	
	c) Complete the refurbishment of all wards to meet the single sex accommodation standard and put in place operational processes to ensure there are no occasions when a patients' dignity is compromised by sharing accommodation with patients of the opposite sex		Fully compliant - review patient feedback and progress based on inpatient survey	New guidance and revised assurance framework issued by DH in November 2010. Compliance check to be completed by February	
	d) Implement the plan to reduce noise at night so that patients no longer report this as a concern			Local actions completed. Specific actions underway via Dementia Group to address the issue of confused patients	
	e) Improve access to our sites, especially St Peters, increasing the availability of parking		let contracts for the provision of the enabling works on StP site, including decked car park provision.	Building programme has commenced at St Peter's hospital. Leaflet to advise new out patients regarding the disruption has been produced	
	f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors		Evaluate position, review progress through performance reporting processes	Nutritional Audit completed . This identified areas for improvement which are now being developed into an action plan. MUST included on WQIs	

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience			by end Q3	Comments on progress	Overall status: RAG
	g) Streamline booking and scheduling processes in order to minimise the time patients spending waiting in hospital – in outpatients, in A&E and on our wards			Central booking introduced. On track following Equip event. Major redesign programme on out patients scheduled fro 11/12	
	h) Pilot revised visiting times, and assess the benefits to patients as a result		Present evaluation, including to patient groups	Visiting time pilot complete and revised visiting hours successfully implemented	
2. Pass and embed the Monitor Quality Governance Assessment	a) Formulate and embed a strategy focussed on quality	Medical Director	Behaviours embedded. COB established & used by all consultants Dynamic measurement of risk registers	Quality Strategy in place. Draft performance indicators discussed at TEC. COB being used by Divisional Directors and some Consultants. Will form part of new appraisal system. Risk registers have a common format across all Divisions and are reviewed at Clinical Governance Committee	
	b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda		Adoption of EQUIP techniques for CIP planning	Reorganisation of the Quality Team is underway and will be complete by April 2011. Firmed up EQUIP deliverables which will make CIPs easier to identify. EQUIP team are involved in the CIP planning process and Divisions are making more requests for support from EQUIP to deliver CIPs	
	c) Ensure that systems and processes are in place to monitor the quality of our services		Ensure the organisation and external stakeholders are aware of systems and process in place to escalate concerns External benchmarking of process Establish automated data delivery and data review	Whistle blowing and complaints monitoring in place.. Review of Quality Dept structure in order to strengthen approach. Heads of Nursing being appointed who will lead on Quality and Governance. New National Outcomes Framework is being reviewed to help develop ward to board assurance processes using the 5 domains.	

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
3. Maintain the Trust's CQC registration	a) Improvement on key metrics in the National Patient Survey, in particular: improvement in the scores for patients having a clear outcome from treatment, understanding the nurse/doctor and having someone to talk to, and having their medicines explained to them in a way they could understand when given medicine to take home	Chief Nurse	Understand and respond to feedback from 2010 inpatient survey and agree action plan Report progress through performance mtgs	Results from CQC on the National Patient Survey are not due for publication until spring 2011. However, early unpublished data shows a significant improvement in the results compared to the Trust's performance in 2009	
	b) Improving further the connection between patients and the Board (ward to Board) by increasing Non Executive walkabouts, the telling of patient stories at the Board and embedding the ward quality indicators report at all levels in the organisation and ensuring good levels of performance			Programme of patients stories , matrons presentations and Board visibility continues	
	c) Working with the broader health and social care community in North West Surrey to improve the Trust's performance on some aspects of the Annual Healthcheck, in particular its performance on delayed discharges			A focussed programme of activity on discharge is in place. This includes a Discharge Project Group which forms part of Programme 1. Discharge policy reviewed. Awareness road shows being scheduled together with Privacy and Dignity campaign	

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
1. Ensuring we have in place robust workforce planning (inc job planning, rostering) and medical revalidation	a) Introduce a job planning/appraisal timetable for all medical staff underpinned by information (e.g. Dr Foster data and 360 appraisal feedback) with mid term reviews in September 2010	Director of Workforce & Organisational Development	Mid term appraisal/job plan reviews conducted for all medical staff	2010 review of Job Plans pending. 2011 Job planning guidance published. Revised appraisal framework being piloted. 9 medical staff appraisals outstanding at the start of Jan 2011	
	b) Extend ESR self service to all directorates/departments by 31 March 2011		Roll out to relevant departments	Self service in place. Preparatory work underway in Jan/Feb 11 to roll out March/ April	
	c) Review the cost/benefit of electronic rostering systems by 31 Oct 2010		Implement decision	Contract renewed. Relaunch/refresh planned for Q4 with upgraded to software	
	d) Finalise the integrated strategic workforce plan (to 2014/5) by 31 May 2010		Monitor delivery of plan	Q3 update presented to WSSG Jan 2011. 3290 WTE at end of Q3 against end of Q4 target of 3270. CIP plans and new posts to be reviewed	
	e) Reduce agency staff usage through better utilisation of the existing workforce		Agree consultant productivity metrics and reduce agency usage to 35wte per month	Agency usage on target and plans being monitored for medical agency	
2. Developing leadership capacity, capability and talent	a) Launch "The Leading ASPH from Good 2 Great" programme for the top 100 leaders in May 2010	Director of Workforce & Organisational Development	Masterclass 3 held Dragon's den event	Programme continues: next masterclass in January - Innovation and Productivity	
	b) Revise and implement leadership development programmes for c600 staff by 31 March 2011		Deliver programmes	Ward managers Programme in place for January. To promote interdisciplinary workshops where appropriate on the programme	
	c) Translate the Trusts values into behaviours and embed these into the workforce pathway (inc designing jobs, promoting talent, leadership and appraisal systems) by 31 August 2010		Values and Behaviours embedded into appraisal	Values and behaviours incorporated into documentation. 360 roll out pending	
	d) Design and introduce a talent management & succession planning system for all pay bands by 1 September 2010		Facilitate development.	Talent management proposal revised by Executive Directors and sanctioned for 2nd tier (Change to original plan)	

Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
1. Reduce emergency admissions and redesign elective care through partnership working in NW Surrey	a) Reverse the growth in emergency admissions to ASPH, with a reduction of 3.7% on 2009/10 – progressing towards our target of reducing to 2008/9 activity levels (a reduction of five admissions per day) through - Developing high quality primary care as part of the emergency service at St Peters, and working with the ambulance service to divert patients that would more appropriately treated elsewhere - Developing case management for the 501 patients who were admitted 4 times or more in 2008/9, & extending case management to other patients at high risk of readmission	Deputy Chief Executive	Changes to medical take implemented. Potential provision options identified and any tendering options pursued. Implementation of changes to pathways agreed with SECAmb. Roll out of ambulatory care pathways.	Reduction in emergency admissions not yet delivered. However some changes in emergency pathway within the Trust agreed through Equip and now implemented. 5 ambulatory care pathways to be implemnetd by end Q4 with primary care coleeagues. Undertaking from Community to fund virtual beds in order to reduce admissions. Nursing home pilot project was successful and discussions are underway to review the potential to roll out. EBD facilitator in place to help with process redesign. Link made with new models of care	
	b) Implementing redesigned care pathways, with more care in community settings, for patients following stroke and fractured neck of femur, leading to a reduction in acute bed days for patients with these conditions	Medical Director	Pathway change being implemented	Fractured neck of femur pathway reviewed via Equip programme and changes successfully implemented. Early discharge scheme for stroke to be implemented Q4	
	c) Implementing redesigned elective referral pathways so that fewer patients are referred inappropriately to hospital, more patients are cared for closer to home, and an increased proportion of patients in NW surrey choose to be treated at ASPH, their nearest hospital	Deputy Chief Executive	Implementation of changes to booking and referral systems.	Some progress made with redesigning new processes (in the light of planned NHS Surrey changes) and agreeing these in principle with local GPs. This work to be continued in January 2011 with a view to establishing a more formal referral management centre and implementing some of the changes planned as part of 'Fast Steady Stop'	

Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
2. Developing detailed speciality level clinical strategies	a) Develop, refine and share detailed clinical strategies at specialty level, including	Deputy Chief Executive	Clinical strategy understood within the Trust and approved by TEC and Board. Completed engagement programme.	Engagement programme completed. Clinical strategy to be written up and disseminated by end Feb 2011	
	Benchmarking with other trusts for quality and productivity		Iterate benchmarking data set	Benchmarking now undertaken in a number of key areas, e.g. length of stay, day case rates, medical staffing and nurse staffing.	
	Understanding the local market and developing appropriate responses		Sustain improved market share in Woking through improved GP relationships with 'Big 6': Cobham - commence delivery of a matured portfolio of services at Cobham Day Hospital: Hounslow and Bedfont - sustain growth in areas previously defined.	Good progress in developing new out patient services at Cobham. Market share in Woking improved and stabilised. Focus for Q4 on improving market share in Hounslow and Feltham.	
	Using SLR information to inform the strategy		Review updated SLR data to inform service developments and market shifts.	Patient level costing data available .	
	b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire		Commence delivery of increased services in London and define proposition for Berkshire.	See above. Good progress in improving and sustaining market share in Woking and NW Surrey. Positive feedback from NHS Richmond through tendering process now to be followed through in Q4.	
3. Developing renal and cardiology services	a) To create a successful bid in partnership with the Surrey Renal Services Consortium to locate the service for Surrey patients in Surrey, resulting in a high quality local service for patients who presently travel into South West London for inpatient care	Deputy Chief Executive	Appointment as provider. Commencement of mobilisation plan.	Tendering process now brought to a close by NHS Surrey.	

Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	b) Continue to repatriate cardiology activity from London providers to St Peters and continue to grow our cardiology business. Seek to win any cardiology activity tendered by NHS Surrey		Mobilisation plan enacted for delivery of PPCI.	Mobilisation plan developed. Discussions underway with NHS Surrey	
4. Transfer day surgery to Ashford Hospital and outpatient activity into community settings	a) Transfer day surgery from St Peters Hospital to Ashford Hospital, increasing the proportion of the Trust's day surgery undertaken at Ashford Hospital from 40% in 2009 to 60% by March 2011	Deputy Chief Executive	Repatriate outsourced day case work (e.g.: general surgery).	Target achieved. 70% of Day Surgery now undertaken at Ashford	
	b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings			Some increase in outpatinet clinics in the community eg Cobham and Woking	
				Market share is Cobham and Mid-Surrey is 1.9% (ahead of target). Cardiology, ENT, Dermatology and Urology clinics operational.	
			Continue to review marketing data.	Market share is Woking improved and stabilised as a result of the action plan.	
			Implement service change.	Developments in Feltham Health Centre on hold at present .Marketing action plan for Hounslow includes Feltham practices. Teddington: plans have been developed to be able to increase vascular service in line with PCT bid along with developments in rheumatology and orthopaedics.	

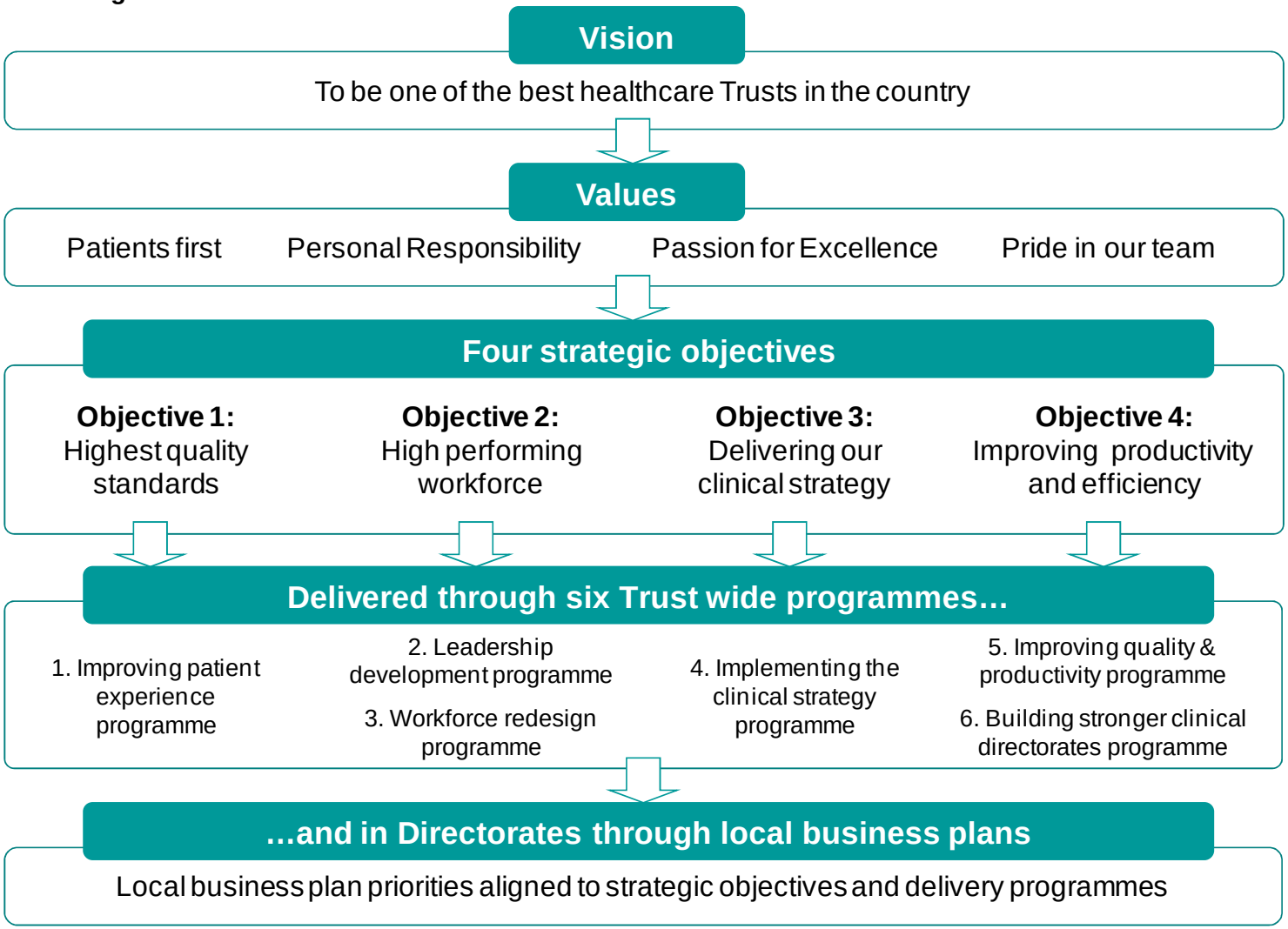
Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
1. Deliver our cost improvement programme of £9m, surplus of £3.3m and Financial Risk Rating of 4	a) Project manage the delivery of the full CIP programme for 2010/11, and quickly establish detailed CIPs for 2011/12 and 2012/13	Director of F&I	10/11 CIPs on track. 11/12 CIPs planning underway.	10/11 CIPs are on target and we expect to deliver £9m CIP. 11/12 CIP planning away but further work needed to secure £11m target.	
	b) Improve theatre efficiency by minimising late starts and early finishes in order to eliminate sub contracting of activity to other providers and to improve patient experience	Deputy Chief Executive	Implementation and delivery of key changes eg: repatriation of out-sourced work.	Initial theatre utilisation project complete. Finance team confirming delivery of planned savings. Sign off meeting to take place during Jan 11. Further programme of work being planned for 11/12.	
	c) Implement a project to reduce average length of stay allowing the closure of one ward (with some additional seasonal closures) by March 2011, minimising the time patients spend in hospital	Deputy Chief Executive	Implement capacity plan.	Some small scale closures achieved during 10/11. More fundamental review of opportunites for 11/12 now completed	
	d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve)	Director of F&I		Finance report has been improved to focus on key issues. Forecast is underpinned by Divisional forecasts. Engagement programme completed.	
2. Driving service improvement through EQUIP programme	a) Build on the success of the 2009/10 EQUIP programmes - which deliver improved patient experience and financial savings through the intoriduction of an OPD central booking office and improved flow time of patients through day surgery - with a number of new EQUIP pathways:	Deputy Chief Executive and Medical Director			

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
	1. Procurement: improving the ordering of general stock, reducing batching of stock and therefore reducing cost			EQUIP team scoped pathway and found that significant changes are due in 2011 to IT purchasing system. These are controlled by a national supplier and hard to influence or predict. Many of the issues relate to IT, therefore an event now would be of dubious benefit. A list of other recommended actions (which would not need an event) has been submitted for IT's consideration.	
	2a. Recruitment: reducing the time between a post becoming vacant and new postholder coming into post, therefore reducing temporary staffing costs			EQUIP team in discussion about how to progress outstanding actions	
	2b. HR / Finance interface			New electronic ESR process designed. To start January 2011	
	3. Overnight stay hip replacement: reducing the length of stay for elective hips to 23 hours			Pilot didn't run as key surgeon's list moving to other Trust. Tackling via Enhanced Recovery	
	4. Emergency fractured neck of femur: reducing the length of stay			Excellent event held October. Operational teams are pro-actively driving forward action plan implementation. On target to deliver reduction in LoS	
	5a. Patient flows in A and E: reducing the waiting time in A and E			Successful event held. Redesigned emergency pathway agreed and implemented. Some difficulty sustaining this during winter	
	5b. A&E referrals to Medicine				
	6. T&O admin			Admin pathway reviewed and significant changes implemented	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
	7. Paediatric allergy			Event led to development of a one stop clinic, which has just been piloted very successfully. Also held a productive 6S event in the area	
	b) Increasing the number of staff trained to bronze level to 50, the number of managers completing lean awareness training to 200, and training the first 15 people to silver level			EQUIP team trained to deliver training. Training scheduled from Feb to bring numbers trained up to targets quoted for Bronze and Silver	
3. Embedding Service Line Management	a) Fully implement Service Line Reporting so that Directorates receive SLR information on a quarterly basis to complement budget reports and provide a more strategic view of underlying financial performance.	Director of Finance and Information	Q2 11/12 report	Patient level costing data is being worked on. This will be available at the end of January.	
	b) Refine and enhance the management information available to Directorates to include finance, operational, quality and workforce information to drive better performance.	Deputy Chief Executive	Roll out plan. Implementation	New scorecards developed and made availble to Divisions	
	c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Deputy Chief Executive	Development of SLAS between Clinical and Corporate directorates.	Not yet in place	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q3	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
4. Delivering all elements of our SLA with commissioners	a) Manage the reduction in emergency admissions to meet the 2008/9 capped level through Partnership working in NW Surrey transformation Board Internal redesign of A&E and emergency processes Implementation of improved data and information to track emergency admission levels Managing down variation in admission rates between teams	Deputy Chief Executive		Reduction in emergenecy admissions not yet delivered although significant change programmes under way with primary care coleagues and internally	
	b) Delivering the planned levels of elective activity			Elective activity under performing in year	
	c) Implementing the best practice tariffs to secure maximum quality benefit and maximum income to the Trust for cataracts, cholecystectomy, fragility hip fracture and stroke care			Best practice tariff secured for cholecystectomy, fragility hip fracture and stroke care. Expected income for BPT c. £300k full year.	
	d) Achieve maximum possible payments through CQUIN programme, including Participation and pathway results for EQ programme Increased VTE assessments Improved patient survey results Electronic discharge summary produced on day of discharge Referrals to GPS when patients present in A&E with alcohol related symptoms Smoking cessation Chlamydia screening uptake			CQUINS being achieved ahead of target for EQ, electronic dishcarge summaries, A&E Alcohol letters and Chlamydia screening. Partial achievement of smoking and VTE assessment targets but overall achieving income target to date.	

Delivering our Vision



Summary: Draft priorities for 2011/12

5 year objective	DRAFT Priorities for 11/12 v2
To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations, in terms of outcome, safety and experience	• Changing our behaviours and culture so that everyone is working to improving each patient's experience in the Trust • Delivering the outcome goals within the NHS Outcomes Framework; eliminating HCAI • "Sorting out" discharge from hospital • Navigating the 'information revolution', publishing outcome info
To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust	• Develop new roles and more efficient & effective ways of working through employee led service improvement • Develop our capability to improve services, through enhanced appraisal, team-working, personal & organisational development • Enabling and supporting staff through health & well-being programmes, recognition schemes and listening opportunities
To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration	• Redesign emergency pathways leading to lower levels of emergency admissions to ASPH • Understand the reasons for elective readmissions and take actions to reduce these. • Increasing elective market share - focus on borders and London. Increase utilisation of Ashford for day surgery and outpatients • Putting in place arrangements to manage our GP relationships • Service redesign agreed through model of care work • Continue to improve the reputation and brand of ASPH
To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework	• Delivering a CIP programme of £11m • Scaling up EQUIP to deliver change across the whole Trust • Appointing & developing clinical specialty leads • Embed the use of SLR information to drive improvement • Delivering a major programme of change & efficiency in outpatients • Improve our ability to make grounded commercial decisions • Preparation for the Informatics revolution