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

TRUST BOARD
28th April 2011

TITLE	**Corporate Plan 2010-20110- Progress Report Quarter 4**
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 Q4 milestones. Overall good progress has been made across all objectives.
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, and delivery of improved patient and staff experience.
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 were 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 4.
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	18th April 2011
Decision:	For Noting

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

TRUST BOARD
28th April 2011
Corporate Plan 2010-20110- Progress Report Quarter 4

1 Summary

The attached report shows progress against each of the deliverables in the Corporate Business Plan 2010/11.

The following RAG rating has been included in the report.

Green	Action delivered to timetable
Amber- Green	Action commenced, well advanced but not completed.
Amber	Action commenced but not completed.
Red	Action not started.

Overall good progress has been 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.

The Trust launched its Programme Management Office (PMO) in April and a new more robust approach to delivering projects and programmes. This approach, and the PMO function, will provide much greater control in how we deliver change across the organisation. Ultimately, it will help us achieve successful delivery of our integrated

business plan for 2011/12 onwards. Therefore the approach of the Programme Board will evolve further over 2011/12.

5 Conclusion

Good progress has been made across all the objectives. Driving forward the patient experience and quality agenda , together with managing unscheduled care and readmissions are a key focus of the Corporate Plan and Objectives agreed for 2011/12.

Valerie Bartlett
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 Q4	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	Annual report and review/evaluation of strategy and progress	Feedback plan in place . 'Your feedback' used across all wards and being piloted in OPD and paediatrics. Net promoter scores in use. Work continues to ensure completion of feedback by patients	
	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 1st outpatient appointment letters in place for ophthalmology and dermatology letters . Revised guide and map available. Work continues on enhancing the patient leaflets.	
	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		Continue to monitor compliance and breaches, taking action as required	Ward refurbishment programme complete. SSA assessment completed and Declaration published. Monitoring processes in place	
	d) Implement the plan to reduce noise at night so that patients no longer report this as a concern		Evaluation of success of plan	Deep dive' carried out in March following implementation of a range of actions e.g. soft sole shoes recommended, soft closing bins, quiet door closures. Dementia strategy agreed which will help with the management of patient noise. The Picker Inpatient survey results show the Trust has improved significantly in terms of not being bothered by noise at night from staff. Still an issue for patient noise	

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Priority	**Action and timescales**	**Lead Director**			
	e) Improve access to our sites, especially St Peters, increasing the availability of parking		completed one decked car park and the necessary modifications at the bottom of the ramp to increase the number of car park spaces available.	Preparatory works supporting car parking changes are progressing well and to timetable . Steel deliveries for the decked car park outside Abbey wing commence 18th April 2011	
	f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors		Review progress	In 2010/11, the Patient Environment Action Team assessed the food provision and scored the service Excellent. This assessment looked at the menu, choice, availability, quality and service at both our hospitals. We carried out our own internal patient survey using the better hospital food questionnaire, which highlighted a good satisfaction score and developed actions to address issues raised. The Picker survey shows the Trust still has work to do • Hospital: food was fair or poor. • Hospital: not always healthy food on hospital menu Catering contract will be reviewed in 2011/12	
	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 implemented. Further work to do in 2011/12 to fully embed new systems and procedures	AMBER GREEN
	h) Pilot revised visiting times, and assess the benefits to patients as a result		Decision on way forward	Successful pilot and changes to visiting times implemented	
	i) Develop and deliver a programme to create an excellent, welcoming first impression of ASPH - refreshing our website, our presence on NHS Choices, our corridors and our front entrance			Web site refreshed and represented. Further ongoing work on content. NHS Choices updated. Main reception and corridors redecorated at St Peter's. New external landscaping in place. Patient group reviewed front entrance and made recommendations	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	j) Review our inpatient and outpatient survey action plans to ensure the necessary action is being taken to involve patients more in decisions being made about their care, & in having a choice about all aspects of the care they receive.			CQC results embargoed but Picker comparison shows the trust has improved in terms of • Surgery: what would be done during operation not fully explained. • Surgery: not told how to expect to feel after operation or procedure Putting patients at the centre is a strategic goal going forward	
	k) Ensure that Choose & Book provides a patient focussed view of all of the services available at ASPH			Regular processess in place for assessing performance and updating Directory	
	l) Improve the process of and patient experience of discharge from hospital			Discharge road shows undertaken. Team based training taking place on wards. Trial of follow up telephone calls in place. Discharge work stream	
2. Pass and embed the Monitor Quality Governance Assessment	a) Formulate and embed a strategy focussed on quality	Medical Director	Culture underpinned by behaviours adopted Monitor progress of risk management via Clinical Governance Committee	Quality Strategy ratified. External validation by Monitor of the Trust's Quality Governance arrangements. Redefined Clinical Governance meeting structure to ensure peer review and cross organisational learning. Development of Divisional Quality dashboards	
	b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda		Increased involvement of consultants in the quality agenda at corporate & directorate level Evidence of sustainable benefits being realised through EQUIP programme	Review of central Quality department underway. Appointment to senior management structure imminent. Agreed ownership between MD and CN. Augmentation of structure with Deputy Medical Director Deputy Chief Nurse and revised Nursing structure to support Divisional Quality approach	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	c) Ensure that systems and processes are in place to monitor the quality of our services		Audit effectiveness of process and systems by monitoring delivery of quality objectives Show evidence of data generating service and quality improvement	Essential care spot checks introduced Triangulated dashboard information available at Board and Divisional level Matron role refocused ED/NED visits Care rounding introduced. Accountable Nurse rounding in place	
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		The preliminary results of the 2010 inpatient survey show the Trust has improved significantly on 10 questions. However further work is needed on areas including Nurses: some/none knew enough about condition/treatment. Care: not always enough privacy when discussing condition or treatment. Surgery: what would be done during operation not fully explained. Surgery: not told how to expect to feed after operation or procedure Written information was now in the 'average' rating	
	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		Effectiveness of ward quality indicators report assessed - is it improving our performance	Board continues to benefit from alternate presentations from Matrons and hearing Patients stories. EDs and NEDs participate in Essential Care Spot checks WQIs have been refined throughout the year. Triangulation of information.	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	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 Health check, in particular its performance on delayed discharges			Northwest Surrey Transformation is working very effectively on the Future Model of Care- and includes aspects on discharge. Streamlineing Discharge project in place- included road shows, introduction of out bound calls post discharge etc	
4. Preparing the organisation to operate in the new quality environment	a) Strengthening our relationship with LINKs and supporting them as they establish the local HealthWatch	Chief Nurse		We continue to meet regularly with the Local LINk and will support them once the transition timetable becomes clear	
	b) Agree roles and responsibilities for internal governance in relation to the new role of the CQC set out in the White Paper	Chief Nurse		Shared responsibility with Chief Nurse and Medical Director. Performance Accelerator operating. Executive and operational leads agreed for each standard. Standards built into Divisional dashboards. Review of the Quality Department underway	
	c) Identify current best practice regarding patients accessing/controlling their own health records (in the light of the commitment that patients will have control of their health records), identify how this compares to our own practice, and make recommendations on any changes as a result	Dir Finance & Information		The objective is referring to Liberating the NHS: An Information Revolution and enabling patients to have access to their own health records. The current position is that the Trust is awaiting the publication of the DH's Information Strategy to confirm how access to health records for patients is to be implemented before an action plan can be developed.	
	d) Put in place the organisational arrangements needed to support the operation of the NHS Outcomes Framework & an explosion in the availability of information for patients/the public about NHS services	Medical Director		5 domains recognised Creation of data warehouse(s) for defined outcome criteria Automated/ connection between data warehouse (outcomes) Divisional quality dashboards Development of 'external' face for data presentation in development	

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 Q4	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 (eg Dr Foster data and 360 appraisal feedback) with mid term reviews in September 2010	Director of Workforce & Organisational Development	Conclude evaluation and review of job planning and appraisal process for 2011/2	2010 Review of Job Plans completed with feedback to divisions. 2011 Job Planning Guidance published and CRMS electronic job planning system live in all clinical divisions with job plans uploaded. Revised medical appraisal framework piloted and agreed. 5 medical staff appraisals outstanding at 31 March 2011.	
	b) Extend ESR self service to all directorates/departments by 31 March 2011		Evaluate and review with a view to introdcing employee self service in 2011/2	All areas trained, with access to manager self-service. Paper forms still in use; to be removed. Roll-out of establishment changes to be completed	AMBER-GREEN
	c) Review the cost/benefit of electronic rostering systems by 31 Oct 2010		Evaluate and review	New nursing establishments loaded and rosters being updated. Housekeeping rules being revised. Awaiting virtual server testing to upgrade version of software.	AMBER-GREEN
	d) Finalise the integrated strategic workforce plan (to 2014/5) by 31 May 2010		Evaluate and report on progress	Establishment WTE target of 3290 revised to 3297 to take into account CIP plans and new posts. Year ended at 3295 WTE. Reconciled with Finance exactly for last 3 months.	

	e) Reduce agency staff usage through better utilisation of the existing workforce		Evaluate and review progress with reducing agency staff usage and develop plan for 2011/2	Reductions in Nursing agency achieved during 2010/11. Overall agency usage held on target for last 9 months. Action plan and targets for reduced medical agency agreed and tracked since December 2010; reduction in medical agency usage in March 2010 compared with previous month.	AMBER (due to sustained medical agency usage)
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	Final Masterclass held and 2011/12 cohort identified	The final masterclass "Leading from Good to Great in Patient Perceptions" held on 29/3. Recruitment to G2G 2011/12 cohort has taken place.	
	b) Revise and implement leadership development programmes for c600 staff by 31 March 2011		Evaluate and review programmes for 2011/2	600 staff participated in Leadership Development in 2010/11. Leadership programmes in place for Ward Managers and Speciality Leads. Further programmes being developed for 2011-12	
	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		Evaluate through patient and staff satisfaction surveys	Values embedded in appraisal paperwork.	
	d) Design and introduce a talent management & succession planning system for all pay bands by 1 September 2010		Review career progression of staff in each pay band.	Talent management system reviewed by Executive Directors for level 4 and agreed to utilise at levels 4 and 5 only. Road to Success launched.	
	e) Ensure at least one internal candidate for all vacancies by 31 March 2011		Review of staff in system and career potential and progression	Appraisal, PDP and succession planning now underpinned by a comprehensive leadership and mangagement development framework.	AMBER-GREEN

3. Supporting and enabling staff through appraisal and health and wellbeing programmes	a) Introduce 360 feedback where appropriate and simplified appraisal documentation across the Trust by 31 March 2011	Director of Workforce & Organisational Development	Evalaute experience of participants and imapct on organsiational culture.	360 tools developed in house incorporating the Trust values and behaviours, currently in pilot phase.	
	b) Design and implement a health & well being calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, counselling services, yoga, etc) by 1 September 2010		Evaluate impact of programme of events for 2011/2	New Calendar of events established for 2011/12 and published via Aspire and H&WB page on Trustnet. Annual report on Calendar of Events for 2010/11 to be submitted to WSSG meeting in May.	
	c) Promote the Employee Assistance Programme - starting in May 2010		Publish EAP take up	Annual report for EAP usage due to be discussed at next WSSG meeting (May) and up-take published via Aspire after the meeting.	
	d) Develop and implement a plan to promote a safe and healthy working environment starting April 2010		Monitor and audit H&S policies	Training Needs Analysis reviewed as part of NHSLA assessment. Root and branch of Trust's mandatory training provision being undertaken.	AMBER-GREEN
	e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010		Repeat Team Inventory and Evaluate impact on organsiational culture	Authorisation for study has now been given. Teams identified; data collection to commence Q1 2011-12	

	f) Ensure coherence and co-ordination of our Trust wide actions to ensure that as an autonomous provider organisation there are employee led improvement projects and initiatives – such as Service Line Reporting, EQUIP, the Good to Great Leadership Programme, clinical specialty leadership roles, to spearhead clinical strategies and plans across the health system.			Specialty Lead role agreed and implemented. Good to Great Programme completed for year one; recruitment to 2nd cohort complete. EQUIP improvement projects	
	g) Track emerging national policy and the planned proposals for consultation on training and education in the NHS, and make local recommendations as required.			Workshop held in March. Proposals reviewed by TEC, WSSG, EPF. Board approval of consultation response in March 2011	
4. Improve staff experience	a) Introduce a new staff award scheme, with quarterly awards, aligned to our values, by June 2010	Director of Workforce & Organisational Development	Hold Annual Staff Awards ceremony	Annual Staff Awards Ceremony was held in March 2011. There were 126 nominations for the 4Ps and volunteers awards. In addition, 22 members of staff received awards for 25 years' service to the Trust.	
	b) Trust Board to continue with 150 personal contacts per week (including ED walkabouts) as part of the visibility and assurance plan		Review effectiveness of plan to inform 2011/2	ED walkabouts, team and staff briefings continue. Programme of 'essential care spotchecks' instigated March 2011	

	c) Continue to deliver staff and team briefing sessions as a means of involving and staff in improvement and future plans		Evaluate the effectiveness of team briefing and staff meetings	A Communications Survey has been launched in the Trust to seek views on the effectiveness of such briefings and meetings, as well as other communication methods.	
	d) Develop and implement corporate, directorate and profession specific improvement plans in response to the latest staff attitude survey results, particularly relating to discrimination, health & well being and physical violence from other staff, from April 2010		Report on Improvements	The National Staff Survey was published by the CQC on March 16, 2011. The results (including notable improvements) have been publicised to staff across the Trust. Subsequently, a Workshop was held in April 2011 to develop action plans at corporate/divisional/directorate and staff group levels. These action plans are being reviewed by corporate groups, teams and individuals for implementation with support from the Workforce & OD Directorate.	
	e) Maximise opportunities to listen and respond to staff issues through staff focus groups and a mid year staff survey in June 2010		Report on outcomes - target to increase number of indicators in top 20%	18 of the 38 key findings were in the top 20% of Trusts. This is an increase of 15 on the previous national survey. The Summer Survey is scheduled for late June-early July 2011.	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**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 reviewed, and operational plan for 11/12 developed. Completion of ambulatory pathways	Initial ambulatory care pathways implemented. Meet and greet service trialled. New ambulance handover area introduced. Virtual ward implemented. Despite a number of new initiatives, reversing the trend in rising emergencies remains a challenge	
	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	Impact of changes assessed	Early supported discharge scheme on place for stroke patients. Full engagement of community staff in fractured neck of femur pathway redesign	
	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	Review and operational plan for 11/12 identified.	Good progress with MW Surrey GPs on prioritisation and scrutiny of consultant to consultant referrals . Clear set of priorities agreed for joint work in 20111/12	

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 Q4	Comments on progress	Overall status: RAG

Priority	Action and timescales	Director			
	d) Developing new ways of working with the Local Authority over service delivery and service change, strengthening our strategic and operational links with social services	Deputy Chief Executive		Regular senior interface meetings now agreed and in place. Effective collaboration in new ventures via NW Surrey Transformation Board	
2. Developing detailed speciality level clinical strategies	a) Develop, refine and share detailed clinical strategies at specialty level, including	Deputy Chief Executive	Clinical strategy work-stream formally reviews progress, considers significant changes to national/local context & commences progress for adaptation of clinical strategy accordingly.	Speciality leads appointed and have developed a clear timetable for completing strategies during 2011/12	
	Benchmarking with other trusts for quality and productivity			Benchmarking on length of stay completed to identify scope fro further efficiencies	AMBER GREEN
	Understanding the local market and developing appropriate responses		Woking and West Byfleet - regained 750 new outpatient appointments, thereby regaining market share. Refresh visits with Big 6 by executive director and clinician colleagues. Cobham area - increase market share by further 1.5% based upon 2010/2011 baseline. Hounslow and Bedfont - growth in market share to exceed outturn 2009/2010.	Strong market presence on Cobham. Detailed marketing activity in East Berkshire and Hounslow. Overall market share stable and increasing	
	Using SLR information to inform the strategy				
	b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire		Incorporate above in SLA for 2011/2012.	Q4 data evidences 15 increase in elective market share in Surrey and increases in Berkshire	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Director**			
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	Delivery of key objectives on mobilisation plan.	Tendering process brought to a close by NHS Surrey.	
	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		Recruitment of additional human resources to enable delivery of any approved increase in cardiological activity. Maintained support from NHS Surrey for continued cardiology repatriation based upon high levels of sustained performance.	No formal tendering has taken place. Evidence of strong continued growth	
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	Review year's performance and target delivery. Identify utilisation levels and agree future targets.	Good success partly prompted by winter pressures on St Peter's site. Achieved.	
	b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings		Agree revised target for 10/11 business plan.	Partial success during the year. Stronger presence in key market areas such as Cobham and Woking, but delivery remains short of stated objective and target number	AMBER GREEN
			End of year review with Cobham and agree plan for 11/12	Scheduled for Q1 2011/12. A number of specialty specific reviews have however taken place	AMBER GREEN
			Develop marketing plan for 11/12	Evidenced and in place via Divisional business plans for 11/12	AMBER GREEN
			Agree further plans for 11/12	Reviewed and new targets set as part of balanced scorecard for 11/12	

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 Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Director**			
	c) Ensure that the improvements in access to these services are communicated effectively with general practitioners, patients and the public			Delivered via Spotlight seminars, GP news and regular communication with primary care colleagues and members.	
5. Developing our relationships with GPs as partners and as commissioners	a) Put in place account/client relationship management systems and processes to systematically develop, strengthen and manage our clinical and managerial relationships with each of the five main PbC clusters referring patients to ASPH, and to support improved knowledge and understanding of primary care and the external market within the newly formed Clinical Divisions	Deputy Chief Executive		Effective engagement of clinicians in e.g.. Future Model of Care. Strong engagement of Divisions in regular review of market share data and agreement on key marketing activities via monthly performance management meetings. Strong relationship management approach in place with PbC clusters.	
	b) Support the NW Surrey PbC clusters as organisations, and their lead clinicians they develop into commissioning consortia Developing our relationships with GPs as partners and commissioners			Effective working relationships with PbC clusters established via Future Model of Care and collaborative approach to development of future strategy for NW Surrey as well as key demand management initiatives	
	c) Refresh our processes for engagement with GPs across NW Surrey, ensuring that we understand their needs, have processes in place to respond to them, and that we are building clinical relationships with them			Effective working relationships with Thames Medical and SASSE established via both Future Model of Care and local referral and demand management initiatives. Collaborative approach to prior authorisation and consultant to consultant referrals agreed and implemented.	
	d) Engage with local GPs in a process to develop and agree the future model of care for NW			Phase One of Future Model of Care completed and further work programme now being identified.	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q4	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 approved by Finance Cttee.	CIP target achieved	
	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	Continue programme of implementation.	New theatre system has created better information and utilisation. Overall reduction in outsourcing has been achieved	
	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	develop 11/12 plan.	Winter pressures have increased length of stay for emergency patients. Surgical and tTrauma and Orthopaedic length of stay are decreasing	
	d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve)	Director of F&I		Completed	
2. Driving service improvement through EQUIP programme	a) Build on the success of the 2009/10 EQUIP programmes - which deliver a decrease in length of stay of over 2 days and improved flow time of patients through day surgery - with the implementation of service improvement through five new EQUIP programmes: 1. Procurement: improving the ordering of general stock, reducing batching of stock and therefore reducing cost 2. Recruitment: reducing the time between a post becoming vacant and new post holder coming into post, therefore reducing temporary staffing costs 3. Overnight stay hip replacement: reducing the length of stay for elective hips to 23 hours 4. Emergency fractured neck of femur: reducing the length of stay 5. Patient flows in A and E: reducing the waiting time in A and E	Deputy Chief Executive and Medical Director	Agree next set of pathways. Assess benefits delivered and agree sustainability plan. Train a further ten people to bronze level. Evaluate embeddedness in Trust.	Bronze training restarted and regular programme for 11/12 implemented. Benefits clearly tracked on all pathways at 30/60/90 day intervals Affiliates identifed for Divisions	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	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				
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	Q3 11/12 report. Identify key SLR messages for 11/12 budget and CIPs programme.	Q3 report available w/c 6 April. SLR messages incorporated in Divisional business plans. Stronger link needed between SLR and budgets/CIP	
	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	Evaluate embeddedness in Trust New date warehouse system implemented. Review robustness of framework for 11/12	Implemented via dashboard and available to Divisions both for operational performance and quality. Further refinements required in 2011/12	
	c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Deputy Chief Executive		Corporate services now have clearly identified links to each Division. Formal Service level agreements to be developed in 11/12	
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		Emergency admissions not yet reduced to 08/09 out turn levels. However number of new initiatives are in place via NW Surrey Transformation B0oard (nursing home scheme, Virtual ward)	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	b) Delivering the planned levels of elective activity 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			Elective activity down in Q4 although month 12 shows solid improving trend.. Strong performance on best practice tariffs	
	d) Review performance ahead of the introduction of best practice tariffs for interventional radiology, day case breast surgery, hernia repairs and some orthopaedic surgery			Strong track record of delivery	
	e) 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			Strong track record of delivery	
				92% achievement subject to verification by NHS Surrey	
5. Ensure we have the appropriate processes and capabilities to operate in the new commercial	a) In the context of the policy direction to provide further freedoms for providers, increase our commercial acumen, understanding the competitive regulations and environment within which we operate	Director of F&I		Workshop with Capsticks in March for Executives. Need to extend awareness across next tier	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q4	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
environment	b) Develop the 2011/12 business planning process including the development of a balanced scorecard and plan to measure and improve clinical outcomes, productivity, market share and workforce metrics at service level, including using Service Line Reporting data	Deputy Chief Executive		Business planning process amended for 11/12 and some adjustments to process/templates made. Considerable improvement in overall content of business plans as evidenced via end of year performance reviews and sign off meetings for 11/12. Will warrant further review for 11/12	