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

TRUST BOARD
28th July 2011

TITLE	**Corporate Plan 2011-2012- Progress Report Quarter 1**
EXECUTIVE SUMMARY	The Board agreed the Corporate Plan 2011/2012 in April 2011. The Corporate Business Plan included clear objectives and deliverables for each Quarter. The attached report provides a review of progress against the Q1 milestones. A mixture of amber and amber green indicates some delays in a number of deliverables.
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, reducing length of stay and readmissions 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 1.
Submitted by:	John Headley Director of Finance and Information
Date:	19th July 2011
Decision:	For Noting

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

TRUST BOARD
28th July 2011
Corporate Plan 2011-2012- Progress Report Quarter 1

1 Summary

The attached report shows progress against each of the deliverables in the Corporate Business Plan 2011/12.

The following RAG rating has been included in the report.

Green	Q1 Action delivered to timetable
Amber green	Q1 Action commenced but not completed. Will be achieved by year end
Amber	Q1 Action commenced but not completed. May not be achieved by year end
Red	Q1 Action not started. Highly unlikely to be achieved by year end

A mixture of amber and amber green indicates some delays in a number of deliverables.
.

2 Programmes of Work

On 4th April 2011 the Trust launched its Programme Management Office (PMO) 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 Corporate Business Plan.

The Programme Management Office is a centralised support function which:-

- defines and manages the standards of programme and project management within the Trust and provide a common consistent approach to project delivery
- monitors the delivery of projects and programmes
- monitors the delivery of the benefits that we identify at the outset
- provide support to the divisions who are delivering the projects and help build capability and maturity in project skills
- defines governance for projects and programmes

The Trust has recognised that, despite a very successful year in 2010/11, we will need to tackle the more complex and challenging projects and programmes within challenging financial constraints and a changing political landscape.

We also recognise we need to increase the pace of our delivery if we are to

compete in a more demanding market and achieve our vision of being one of the best Trusts in the country. We also need to have assurance that the projects we deliver will achieve the outcomes we require.

The Programme Management Office governs the following strategic programmes and the projects that form part of these programmes:-

Delivery Programme 1: Improving Patient Experience
Delivery Programme 2: Improving Service Quality, Productivity and Efficiency
Delivery Programme 3: Implementing Clinical Strategy
Delivery Programme 4: Leadership Development
Delivery Programme 5: Workforce Redesign
Delivery Programme 6: Service Line Management
Cost and Quality Improvement Programme: Major projects over £100,000

The Strategic Delivery Board oversees the delivery through the PMO. It is chaired by the Chief Executive and involves all the executive directors. On a monthly basis the attendees are extended to include the Divisional General Managers and other senior managers to ensure continual involvement from across the Trust.

Many of the priorities in the Corporate Business Plan fall within the scope of the PMO and therefore we can anticipate that many of the projects in the attached report which have shown a slower start should start to demonstrate clear benefits at the earliest opportunity under the enhanced framework.

5 Conclusion

Good progress has been made across all the objectives and in most of the individual actions. Driving forward the patient experience and quality agenda , together with managing unscheduled care and readmissions require significant focus , as does delivery of the Cost Improvement Programme.

John Headley
Director of Finance and Information

Milestones associated with corporate objectives

QUARTER 1 PROGRESS

Strategic Objective 1: Quality

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	PROGRESS	R/A/G	Lead ED
1.That all staff, at all times, take a personal responsibility to ensure that the patients individual needs are at the centre of everything we do, embedding the philosophy of "no decision about me without me".	Launch Living Our Values Programme	100% staff exposed to approach 20% acting as trainers Each division has champion identified	Launch Programme	Living Our Values Programme launched 87 members of staff have attended a one day Team Workshop - this includes some priority teams. 19 staff took part in the diagnostic pathway (alignment) workshops. 13 staff have undertaken 'Train the Trainer'		CN
	Commence Living Our Values Training 30% of organization in first 4 months.					
	Cascade Living Our Values Training from August 11 remaining 70% and new joiners					
	Implement Patient Diaries to enable real-time feedback and sign-posting to enable early resolution of issues Scope participation in Kings Fund Schwartz (Reflective) Rounds Project for high volume/exposure teams *Use of "Patient Reflection" to influence and drive behaviour change and improved patient experience.*	All areas net Promoter Score greater than 9 improving National Patient Surveys 50% Reduction in Total Complaints Profiled: 30% Trust/Professional 60% Discharge 60% Communication 50% Reduction in incidents reported related to attitude 50% Reduction incidents related to communication	Setting the scene as part of Living our Values Programme Scope and cost Patient Diaries. Intervention; secure funding for diaries Approach Kings Fund for detail and participation requirements of Schwartz Round Project	Costed proposal for the introduction of patient diaries is being finalised. The funding will be reviewed. King's Fund has been approached regarding the Trust participating in the next iteration of the project. Further advice awaited from the King's Fund		CN

11/12 Priority	11/12 Actions	Outcome - metrics	Q1	PROGRESS	R/A/G	Lead ED
2 Deliver high quality care, and a positive experience, to all our patients from admission to discharge and beyond, providing care that meets the complex medical and social needs of the older, vulnerable patients including all those with dementia, learning difficulties, a mental health problem and those receiving end of life care. The integration of acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway, avoiding inappropriate or multiple admissions and readmission following discharge.	Define Best Care Programme: • Implement senior team Essential Care Spot Checks • Implement Essential Care initiatives • Implement Specialist Care initiatives	Ward and clinical setting compliance with improvement trajectory	Define Programme: **Core Elements:** Essential Care (personal care, nutrition, communication, privacy and dignity et al) **Specialist Elements:** Dementia Care Mental Health; Mental Capacity Act, Psychiatric and Psychological Support Implement senior team Essential Care Spot Checks	Business case approved at Strategic Delivery Board		CN
	Launch Releasing Time to Care	100% wards completed training and consolidation by end of 2011/12	Commence training of wards in Cohort 1	Cohort 1 commenced with 5 wards included. Launch of Cohort 2 (6 further wards) scheduled for 21 July 2011		CN
	Commission Integrated Dementia Service	Ward and clinical setting compliance with improvement trajectory 30% reduction in admissions case with dementia 20% reduction LOS 30% reduction readmissions 30% reduction in complaints re: dementia 100% compliance with standard	Acute/confusion dementia team in place Medical psychiatric support established. Integrated dementia service mapped Achieve full compliance with national audit standards stroke and dementia – complete gap analysis.	Business case for the introduction of 'Dementia navigators' is being finalised. The service will enhance the current older person's liaison psychiatry service which currently exists. Support for funding is requested from pump priming funding from NHS Surrey/Surrey County Council/NWGPCC as part of QIPP, over the next 2 years The National Sentinel Stroke Audit 2010 showed a real improvement from 2008 and the Trust is now recorded in the upper quartile against the indicators. An action plan has been agreed focussing on • screening and function assessment after admission • promotion of continence • communications with Patients and Carers, particularly regarding diagnosis and prognosis • improved discharge through the Early Supportive Discharge Pilot with Surrey Community Health		CN

11/12 Priority	11/12 Actions	Outcome - metrics	Q1	PROGRESS	R/A/G	Lead ED
	Launch Nursing and Midwifery Trust Strategy	Strategy is published	Develop strategy design infrastructure and work groups Agree consultation approach	Senior Nursing and Midwifery Leadership team in place. 2 strategy workshops held		CN
	Deliver and extend Nursing Home Project	50% Nursing Homes in area involved in project 60% reduction Nursing Home admissions 60% reduction in Nursing Home readmission 20% reduction in LOS National publication on Nursing Home Project	Key consultant and team identified and developed Project extended to 10 home	6 month trial nearing completion. Consistently showing c 40-50% reduction in re admissions across the pilot Nursing Homes. Also, c 10% reduction in all Nursing Home re admissions. Planning to scale up to cover all 42 Nursing Homes subject to Business case approval Project is being submitted in national HSJ awards		MD
	Build and extend Virtual Ward Projects	40% reduction in total readmissions 30% reduction in multiple readmissions National publication on readmission	Completion 16 Bed Pilot	Consumed into North West Surrey Transformation work on a step up/step down virtual ward. Also incorporated into work on single point of access		MD
	Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre	Operations Centre established Reduced SEC conveyance Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions	Agree the concept principles with key stakeholders	Pause in the concept while options for 111 (NHS Direct) pilot underway		CN/DCE
	Develop integrated and cross organisation health and social care team	Integrated team established Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions Improved discharge experience: 20% reduction in LOS 60% reduction in discharge related complaints	Agree the concept principles with key stakeholders	Single point of access meeting held to agree principles and concept.		CN/MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
	Implement and accelerate Streamlining Discharge Project March	60% reduction in discharge related complaints	Workstreams identified key deliverables • What success will look like • How will delivery be confirmed • Measures of success • Timescales, milestones and accountabilities Initiate Discharge Roadshows for each ward area	Series of roadshows held- well attended with good feedback. Business case approved by Strategic Delivery Board. Project leadership to be agreed		CN
3 To report the NHS Outcome Framework data to enable patient choice and control, monitor and benchmark performance and drive service improvements in the Trust	National Outcome Framework adopted (NOF)	Full NOF data reporting and publication	Data warehouse in place Informing Divisional Dashboards Trust Quality Dashboard showing NOF data	Completed: Data warehouse built by Information Services Team and made available to Ardentia for developing reports. In progress: Ardentia have developed some reports with drill down capability to provide a Trust, divisional and specialty view. Reports are being refined and will be reviewed with Divisions during July/August. In progress: Once Divisions and clinical leads are happy with performance and any data quality issues understood trust wide reporting will be released : August/September.		DoF&I
	Outcome data published on website	Full report on website	Early info available	In Progress: The final Outcome Framework guidance has not been released and many of the indicators are still in the definition stage. This should not prevent the Trust from developing or using the indicators but recommend that they are not published (public) as Outcomes Framework indicators until there is confirmed national definitions.		DoF&I
	Quality Account Publication framed around NOF	Review priorities, propose, commence stakeholder engagement: Steering Group Meets	Finalise stakeholder engagement and drafting	Stakeholder engagement took place. Quality Account approved and published		CN
	Improve and Monitor Patient Control and Choice	Establish baseline data % patients exercising control and choice Establish improvement trajectory for next 2012/13	Review NHS Choices information and utility	The Trust is actively encouraging patients to put positive comments onto NHS Choices 15 positive comments have been posted since beginning of the year and 5 negative comments. Overall rating for Ashford Hospital is 5 out of 5 people would recommend, and for St Peter's, 17/29 would recommend. A project plan is being prepared to update and improve information on individual service areas with better links to and from the Trust website.		CN

Strategic Objective 2: Workforce

11/12 Priority	11/12 Actions	Outcome - Metrics	End Q1	PROGRESS	R/A/G	Lead ED
1. Plan, Forecast and Manage workforce demand, and supply through a real alignment with the needs of patients and affordability	Deliver an integrated (to the business) workforce plan by 31/3/12.	3228 establishment at 31/03/12	Achieve a total establishment of 3278 with 42 reductions and 26 growth	Forecast revised to 3244 at 31/3/12. At 31/5/11, 51 posts reduced and increase of 47 posts within budget for 2011/12.		DW&OD
	Forecast and deliver workforce plans to provide safe staffing levels and mix (permanent/contingent) particularly in April, August and December 2011	Average 85/15 permanent/contingent mix by 31/03/12 <40 WTE agency and <305 WTE bank per month (average) at 31/03/12	Monitor provision of permanent/contingent staffing mix at 90/10 (particularly in April) and develop action plans for outliers	At 31/5/11 permanent 91% and contingent 9%. The contingent is made up of 8% bank and 1% agency.		DW&OD
	Maximise opportunities for role redesign and new ways of working through EQUIP pathways and skill mix reviews throughout 2011/2	5 new roles introduced by 31/03/12	Conduct skill mix review 1 (Corporate/ middle office) Link to Endoscopy and Medical records Equip pathways and identify opportunities for role redesign	Middle office workstreams underway. Project to align to QIPP methodology of Simplify, Standardise, Share, to identify options and deliver savings		DW&OD
	Introduce a campaign approach to recruitment, particularly for "hot spots" by 30 June 2011	10% or less vacancies in 'hot spots'	Deliver campaign approach to recruitment for 'hot spots' (Healthcare Assistants, A&E middle grade doctors)	Nursing event held April 2011, HCA recruitment completed. Calendar Q2 2011 to Q2 2012 agreed 6/7/11. A&E plan in place for middle grades.		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	PROGRESS	R/A/G	Lead ED
	Fully utilise the three workforce systems (ESR, Health Roster, CRMS) to plan, forecast and utilise the workforce by 31/3/12	Increase/develop capability of managers for effective utilisation of the workforce, measured by number of people using systems	Develop capability in Emergency Services & Acute Medicine and Ambulatory Care in the utilisation of HealthRoster, ESR, CRMS. Divisional management teams using systems	Establishments and hierarchies updated in Acute & Emergency Medicine. In progress in Ambulatory Care.		DW&OD
2. Develop the workforce through the provision of innovative learning methods and competency development	Consider and respond to the opportunities and challenges arising from Liberating the NHS – Developing the Healthcare Workforce throughout 2011/2	Relationship with, and impact upon, shadow Skills Network	Receive and consider outcome of consultation process	Submitted response by deadline. CEO member of Skills Network Steering Group.		DW&OD
	Produce a strategic workforce development plan which anticipates the development needs for 2012/13 by September 2011	105 student nurses, midwives and scientists, 52 Medical Students,256 doctors in training, 30 therapists by 31/03/12	Collate LED Plans 2011/12	LED plans collated, first draft of commissioning plan submitted. CPD panel met and agreed requests for funding		DW&OD
	Publish a Leadership and Management Development Framework and directory by 1/4/2011	600 staff participating in leadership development programmes	Publish Leadership and Management Framework and directory	First version published in June 2011		DW&OD
	Deliver leadership and management development programmes, prioritising programmes for Speciality Leads, Ward Sisters, and Therapeutic & Diagnostic professions by 31 March 2012	High-performing specialty leads, ward sisters and healthcare professionals at level 3	Launch programmes	Programmes launched in Q1		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	PROGRESS	R/A/G	Lead ED
	Conduct a comprehensive review of education and training provision (particularly mandatory training, clinical practice, education and tutoring)	95% compliance with mandatory training requirements	Conduct an independent review of mandatory training and implement changes as required	Review completed; framework for training requirements and frequency against roles agreed by professional leads and educators for implementation		DW&OD
3. Enable and Support the workforce to create a learning organisation culture, embedding the 4Ps, promoting the health and well being of multidisciplinary teams and working across organisational boundaries	Design and deliver a coherent programme of staff events to complement 'living our values' and improve the patient experience "first hand"	Improved patient satisfaction, as indicated in local and national surveys	Roll out programme in Ambulatory Care, Paediatrics, Emergency & Acute Medicine – target 750 staff Train 20 in house trainers	Programme launched in May. 93 members of staff trained. 19 in-house trainers will be in place by 19 July.		DW&OD
	Conduct and act on listening events and staff surveys with a focus on 8 of 38 key findings where the Trust performance is below the national average	Improved staff satisfaction (no KF below average and increased number of KF's in top 20%)	Publish results of the 2010 national staff survey and develop an action plan to address the 8 key findings	2010 national survey results published; action plan to address 8 key findings agreed and implemented		DW&OD
	Participate and act on the findings of national research linking effective team working and patient safety as a learning organisation	Improved team working	Ensure that circa 30 teams participate in the Aston University Teams project	26 teams identified and data being collected		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	PROGRESS	R/A/G	Lead ED
	Promote staff health and well being through a calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, yoga) throughout 2011/2	Improved staff health and well being – improved KF 28 and 29 metrics in staff attitude survey	• Blood pressures Checks – Ashford • Pedometer Challenge • Lifestyle Assessment Clinic • Arthritis Care Awareness Week • Skin Awareness / Sun Protection Month Lifestyle Assessment • Clinic • Long Term Absence and Depression OH Audit Info • Diabetes Awareness Week • Lifestyle Assessment Clinic • Stress Awareness	Q1 events promoted and ran successfully		DW&OD
	Develop mutually beneficial public and private sector partnerships with local employers and academic centres of excellence	4 strategic relationships with employers and education	Hold European summer exchange programme for healthcare Managers in partnership with The Royal Holloway University of London. Visit local schools to promote and recruit summer placements	The Royal Holloway cancelled its Summer European Management School, due to take place on June 29. Work experience and shadowing programmes are in place, running throughout the year for students aged 16 and upwards.		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	PROGRESS	R/A/G	Lead ED
4. Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent	Ensure all staff undertake a meaningful appraisal using 360° (bespoke to the 4Ps) where possible	Pledge embedded and culture change achieved. 1200 staff participating in 360	300 staff to have participated in 360 Medical Appraisal policy agreed and in place	66 individuals completed. Medical Appraisal policy and systems in place.		DW&OD
	Agree productive job plans and flexible utilisation of specialist staff	100% completion of consultant job plan reviews with greater than 7.5 to 2.5 DCC/SPA average ratio	Agree Job plans with all Consultants. All suitable specialist staff rostered flexibly	Consultant Job Planning in progress in all divisions using electronic tool.		DW&OD
	Celebrate a diverse and talented workforce through quarterly staff awards	Improved recognition of high performance	Hold successful Staff Awards Ceremony Deliver "Writing for Publication" workshops	Staff Awards Ceremony held and celebrated staff achievements. "Writing for Publication" workshop planned for Q2		DW&OD
	Introduce a talent management system for senior staff (level 4 and 5 staff) by September 2011	Enhanced talent pool	Agree and introduce a framework for level 5 leaders	Framework publicised in L&M directory		DW&OD
	Ensure all staff are aware of the vision, values, and critical corporate information by April 2011.	95% of staff understand their role in achieving Trust vision, values and objectives	Issue Pocket Diary for 1 April 2011 to 31 March 2012 to 3500 staff	Diary and leave card issued to staff and available on intranet		DW&OD

Strategic Objective 3: Clinical Strategy

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
1. Redesign local health care services, integrating services provided by the acute sector, primary, community and social care to enable the provision of seamless care along the whole patient pathway	Continue to participate actively with local partners in the Surrey and North West Surrey Transformation Boards throughout 11/12 on identified pathways. Agree with partners by April 2011 three key priorities in the North West Surrey Model of Care. Identify the actions required from the Trust and begin implementation from April 2011 onwards.	To be confirmed via NW Surrey Transformation Board	Q1 change programme implemented	The Trust is an active participant with North West Surrey Transformation Board. This objective is now being managed as part of Surrey QIPP		MD
	Incorporate priorities into the Trust's Speciality Strategies, being developed during 2011-12	Clinical strategies in place for all specialties	Development of format and standardised approach to clinical strategies for Speciality Leads, and agreed timetable for production. Three initial Clinical strategies produced.	Clinical Strategy Group has been redesigned with full involvement from Divisions. Currently being undertaken by Divisions		MD
	Develop systems to facilitate clinical conversation between local GPs and consultants, for advice and guidance in individual cases for implementation by June 2011	Feedback from GPs and triage service	Agree system with North West Surrey GPs. Reinstate Practice Manager meetings. Hold first two meetings.	Regular clinical interface meeting chaired by Medical Director. It facilitates conversation between key commissioning GPs and available divisional directors. The Trust continues to host GP spotlight seminars (quarterly), with talks focussing on specific specialties within the Trust. Head of Business Development holds regular meetings with the Thames Medical locality. The local Practice Managers have their own meeting which is run bimonthly/ quarterly and the Trust is trying to arrange an invitation to attend this. The Trust has run one successful PCT/ Trust led meeting focused on DocMan. The Trust led meeting hasn't happened yet as information is being collected from practice managers about what they would like to see at this meeting.		MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
2. Define with primary care the indications for the referral and treatment of all patients with non urgent (elective) conditions to manage and prioritise the demand for scheduled activity.	Through Divisional Directors, speciality leads and GP Consortia leads, work with GPs to identify and develop clinical pathways Implement agreed referral and treatment guidelines and criteria, across the Trust and North West Surrey GPs Support the development of a collaborative, North West Surrey approach to referrals management as local approach to NHS Surrey's Fast Steady Stop principles.	Number of specialities covered by new prior authorisation and consultant to consultant authorisation process. Number of specialities for which clinical thresholds have been agreed.	Prior authorisation and consultant to consultant authorisation process implemented for all Thames Medical, SASSE and Woking GPs. Agreement reached on timetabled programme of work to develop for pathways and first 3 pathways addressed. Agreement reached with NHS Hounslow on timetabled roll out of similar approach in Hounslow	Consumed within NW Surrey Transformation programme under the QIPP agenda		MD
	Develop more effective clinical service delivery, responsive to patient and GP requirements, such as one-stop or combined clinics.	One stop clinics operational in 11/12	Implement Paediatrics, all one stop.	Paediatrics implemented a one stop allergy service at the beginning of the year. The service is now looking at creating an extra clinic room, partly as a result of the EQUIP event held to organise the one stop allergy service.		MD
3. Redesign with our partners the emergency care pathway to reduce the number of unscheduled (emergency) admissions. This will focus on the avoidance of hospital admission, effective and appropriate care of patients admitted to the acute Trust and adequate support of patients discharged from the Trust into the community to avoid readmission.	Develop 12 ambulatory care pathways during 2011/12, aim for three pathways in each quarter, by June, September, December and March.	Implementation of 12 ambulatory care pathways during 11/12.	Identify 3 specialties for implementation of one stop clinics and implement	Clinical Champion has adopted a new approach to developing the pathways leading to a change to the project timeline. Cellulitis and abdominal pain pathway designed and ready for implementation in July		MD
	Monitor the Nursing Home pilot across 20 further homes by March 2011	Programme 1. Reduction in length of stay for patients admitted from nursing homes covered by project. Reduction in repeat admissions from nursing homes.	Scaling up of nursing home project to cover 20 nursing homes	6 month trial nearing completion. Consistently showing c 40-50% reduction in re admissions across the pilot Nursing Homes. Also, c 10% reduction in all Nursing Home re admissions. Planning to scale up to cover all 42 Nursing Homes subject to Business case approval		MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
	Evaluate measures to support patients after discharge, such as follow-up phone calls and improved written information.	Patient survey results. Reduction in complaints. Reduction in admissions.	Review via patient experience workstream.	Follow up phone calls to patients is embedded in day case Unit. Pilot underway in other areas including MAU. Discussions initiated with NHS Direct to scope feasibility of a partnership		CN
	Evaluate the impact of the "Virtual Ward" supporting older people after discharge and extend scope if evaluation demonstrates success. May 2011.	Reduced readmissions. Reduced A&E attendances.	Implementation of virtual medical ward building on winter pilot	Consumed into North West Surrey Transformation work on a step up/step down virtual ward. Also incorporated into work on single point of access		MD
	Redesign the internal emergency care pathways within the Trust for implementation by Autumn 2011.	Reduced A&E waiting times. Improved SECAMB handover times.		Formal Programme within the PMO with 4 main work streams. All work streams have formal programme boards meeting regularly with a detailed action plan. Benefits' tracking has improved with daily statistics launched. Daily board rounds have been relaunched in Medicine and brought forward in the day. Ambulatory pathways are beginning to impact on number of admissions being avoided.		MD
4. Continue to develop specialist services and expand existing clinical networks/collaborations to secure new potential markets and repatriate clinical activity currently delivered outside our natural catchment areas.	Repeat the analysis of Surrey activity sent to non-local/ tertiary providers by July 2011, to identify opportunities for further repatriation of activity.	Activity analysis completed	Scope data requirements	The initial analysis looking at opportunities to repatriate work from tertiaries was carried out by Russell Cake as part of Surrey PCT's Waterfall project... There have been a number of developments over the past 12 months contributing to this objective. ▪ see bariatric below ▪ The Trust also has agreement from Surrey PCT to start providing a Dental Implant service. Currently all Surrey patients go into London, particularly Guy's & St Thomas. To commence from Sept 2011.		MD
	Extend the range of clinical networks with other providers, to develop further specialised services including 24/7 vascular and interventional radiology (July 2011).	Clinical Network established with Epsom	Preparatory work for implementation	On 1st April ASPH cemented a partnership with Epsom and St Helier University Hospitals Trust to provide a joint vascular service. Epsom now operates as part of the surrey vascular network and on 4th July 2011, Mr. Tahir Ali, vascular surgeon commenced work in a joint post between the two organisations. The clinical relationship was further enhanced by the provision of a joint intervention radiology 24/7 service between Epsom and ASPH. This partnership has already seen a number of vascular emergency patients being operated on at ASPH where previously they would have been transferred to St George's..		MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
	Develop and implement plans for the Surrey Pathology partnership during 2011.	Seamless service provision. Recurrent cost savings.	TBC	Trust board has agreed the Business case. Formal consultation with staff is now underway		MD
	Maintain Surrey designation as provider of bariatric services and achieve designation from South Central specialised commissioning group (May 2011).	Designation maintained for Surrey. Designation by South central specialised commissioning. Weight Management Service established at ASPH (tbc).	SC designation	Trust was awarded a three year contract with South Central Specialised Commissioning Group (SCSCG) to provide Bariatric Surgery to their patients. The contract started on June 1st 2011 and SCSCG includes Isle of Wight, Portsmouth, Southampton, Hampshire, Berkshire, Bucks, Oxford & Milton Keynes PCTs. As a separate but related development the Trust has agreement from Surrey PCT to start providing Gastric Bypass and Gastric Sleeve procedures at ASPH, rather than Surrey patients having to go to St George's. Currently we only perform Gastric Banding but the expansion into the other procedures is due to start in August 2011.		MD
	Through the Clinical Strategy Group and Commercial group, review market intelligence for opportunities for bids and continue to use market share and SLR data to identify appropriate services for further development.	Market share in target territories maintained. Market development plans in speciality strategies. New bids consistent with Trust strategy.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.	Market Data and SLR information circulated. Commercial Group established and functioning.		MD
	Explore incorporating Epsom General Hospital into our Foundation Trust	Board paper and decision	Exploratory discussions	Successful submission of the Pre qualification Questionnaire. ITT now received and Trust response being worked up		CE/DCE
	Increase elective market share by 1%	Market share increased by 1% for elective work.	Market analysis and identification of opportunities.	The Market share information shows a stable position for Surrey PCT work confirming that we have a broadly stable market share of a currently shrinking market. There has been a large increase in the market share in Hounslow which has increased from 6.9% to 9.7%. Market data available		MD

Strategic Objective 4: Productivity and Efficiency

11/12 Priority	11/12 Actions	Outcome – Metrics	Q1	PROGRESS	R/A/G	Lead ED
Deliver our cost improvement programme of £12m, 5.5% of income	Establish and develop Programme Management Office to ensure that CIPs are delivered in line with the plan.	£12m CIP (5.5% of income)	£2.5m	CIPs delivery is £0.5m behind. PMO is in place.		DoF&I
Embed service line management and promote a more commercial culture within the Trust	Roll out patient level costing, and engage specialty leads in profit improvement plans for each main specialty	Data delivery improved and issues resolved	FY 2010/11, resolve theatre time	FY 2011/12 PLC issued, including actual theatre time per patient.		DoF&I
	Launch and embed Commercial Group	Monthly meetings, workplan covering all commercial partnerships and revenue generation, business case review	Launch commercial group	Commercial Group has monthly through Q1		DoF&I
	Develop commercial competencies amongst our leaders	Capsticks seminar, development of senior and middle managers	Seminar	Seminar held (Beachcrofts not Capsticks)		DoF&I
Implement incremental improvements in our IT systems to improve productivity.	Complete roll out of wireless	Wards + Work Areas	Wards, Theatres, A&E at SPH Wards, Theatres at Ashford	Completed and ready for "go live" Completed and ready for "go live" Whole deployment across the Trust to be completed end August 2011		DoF&I
	Deployment of Patient Centre to improve productivity and to take the first steps towards an electronic patient record	Divisions Specialties Number of Staff trained	Acute Women + Children's	Deployed for Therapies on all Wards. Awaiting the release of iSOFT's version 4.2 before deploying Trust-Wide		DoF&I
	Procure and deploy Single Sign-On with Context to enable clinical staff to view patient records across disparate systems.	Delivery dates	Procure	Procurement documents and specification in progress. Tender process to begin in September.		DoF&I
	Pilot Outpatient arrivals using kiosks	Delivery dates	Preparation	In discussions with iSOFT and Ambulatory Care about pilot. iSOFT to confirm costings.		DoF&I
	Pilot Ante-Natal book information via Web		Preparation	Preparations to commence September.		DoF&I

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
Extend use of lean methodology through "Equip" programme	Via Equip team, monitored via Programme 2. Quarterly meetings with external contractor.	- Number of people trained to bronze and silver - number of affiliates in place and trained to bronze level - number of pathways redesigned via Equip process	New bronze training launched 36 staff trained to bronze new silver training launched 15 new staff trained to silver affiliates all in place with individual training programme Outbriefs relaunched Q1 work programme implemented and 75% pathways green rated	28 Staff trained to Bronze level (73 since programme commenced) 0 staff trained to silver level in Q1 (6 in total since programme commenced) Most Divisions now have affiliates in place Out briefs were relaunched, utilising monthly managers briefing but further refresh of approach needed. Q1 work programme is being refocused on a major programme of work on Theatre efficiency. Due to commence in Q2		DCE
Improve operational efficiency in key clinical areas	Theatre utilisation. To further improve theatre utilisation, including: - utilisation up to 85% - top 5 in the country in terms of day case rates - move of breast surgery and some urological procedures to day case basis - implementation of 23 hour surgery - overall review of theatre timetable and implementation of any changes	Metrics to include: - theatre utilisation - volumes of 23 hour surgery - day case rates and benchmarked performance	- Theatre utilisation to 82% plan for roll out of 23 hour surgery developed with clear timetable for implementation plans developed for further expansion of day case work in breast surgery and urology - timetable review complete - Equip event on endoscopy completed, actions agreed and implementation under way	In the first quarter theatre activity has been relatively static on both sites. SPH site achieving 88.9% of session time utilised (above a set target of 85%) ASH site achieving 79.3% of session time utilised. The 23 hour surgery development, expansion of day case surgery at Ashford and the breast and urology surgery will be part of the outcomes in the Excellence in Theatre Project. The EQUIP event for Endoscopy has been postponed, however a project plan has been implemented to transfer all Endoscopy procedures from Ashford to St Peters by 1st August 2011.		DCE
	Out patients. Phase one of efficiency programme, to include: - reduction in DNA rates of 3% - reduction in new:follow up ratios - improvement in patient experience improvement utilisation of Ashford	Metrics to include: - DNA rates - new:follow up ratios	Ambulatory care pathways - agree specialty specific improvement plans with Specialty Leads to achieve top decile length of stay - confirm quality improvement programme, agree metrics and begin implementation	The Business case to support the reduction of DNA rates has been completed and actions are being put in place during July. New system will be live from 1 August 2011. 3 pathways were introduced in Q1. Plan remains to implement 17 pathways across the year.		DCE

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	PROGRESS	R/A/G	Lead ED
	Length of stay. - as a result of improvements in length of stay in trauma and orthopaedics to reduce the bed base by 10 beds in T and O - to introduce and formalise 23 hour surgery - to realign the bed base in medicine - to implement a programme of quality improvement in the hospital which improves the experience of patients and achieves greater efficiencies	Top quartile performance for length of stay in each specialty	Implementation of agreed changes to bed base to release beds from trauma and orthopaedics and surgery and create additional medical beds	The Trust has faced significant capacity challenges over Q1. The number of escalation beds reduced significantly in June (to 17). Elective length of stay remains flat but emergency length of stay has increased. Plans are on track to close further surgical beds during August. This will in turn create additional medical capacity.		DCE

CE	**Chief Executive**
CN	**Chief Nurse**
DCE	**Deputy Chief Executive**
D0F&I	**Director of Finance and Information**
DW&OD	**Director of Workforce and Organisational Development**
MD	**Medical Director**

Green	Q1 Action delivered to timetable
Amber green	Q1 Action commenced but not completed. Will be achieved by year end
Amber	Q1 Action commenced but not completed. May not be achieved by year end
Red	Q1 Action not started. Highly unlikely to be achieved by year end