Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

TITLE	**Corporate Plan 2010-20110- Progress Report Quarter 2**
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 Q2 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 2.
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	18th October 2010
Decision:	For Noting

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Corporate Plan 2010-20110- Progress Report Quarter 2

1 Summary

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

Overall good progress is being made.

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

A chart showing the interrelationship of the Corporate Business Plan, 6 Programmes and strategic objectives is attached.

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 Clinical 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.

Detailed and actions and milestones are being developed and have been addressed as part of the Business Planning Processes for 2011/12. Corporate Objective 2, Workforce, has already been refreshed to include the additional actions.

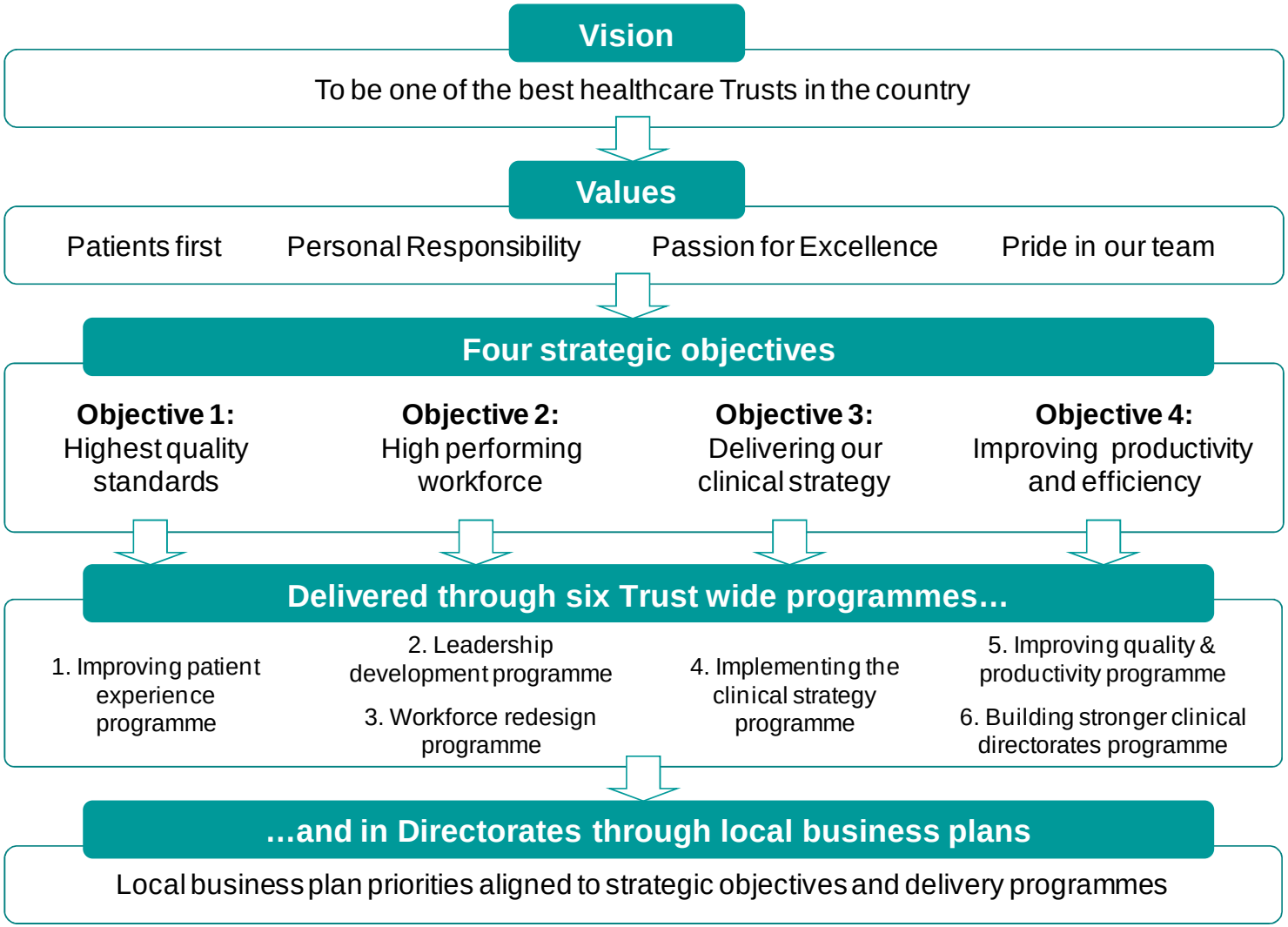
4 Conclusion

Good progress is being made; a further report will be made at the end of Q3.

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

Delivering our vision



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 Q2	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	Broad range of data being gathered from patients and processes in place to analyse it systematically National inpatient survey completed	Approach to patient experience being reviewed. Revised framework being developed - October-December 2010. Implementation as part of business planning to commence in December. "Your Feedback", patient comment card pilot, commenced in July for review in October, with a relaunch in November 2010. Re-alignment of the Quality Department with Customer Services Department commenced, with completion aimed for December 2010. This organisational change will re-enforce the new divisions taking ownership and being accountable and responsible for quality, which includes Patient Experience.	
	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		Have reviewed all letters to patients and changed them introducing a pack with a supporting letter, map, cost of parking,. Ensure template encompasses our needs as an organisation	The new Project Access Group, comprising representatives from across the organisation, is overseeing the introduction of a new pack for patients prior to admission/appointment. The pack is being piloted in dermatology and ophthalmology. Patient information guidelines are under review, including current and prospective automated systems for the production of patient leaflets.	

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 Q2	Comments on progress	Overall status: RAG

Priority	Action and Timescales	Lead Director			
	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		Endoscopy amber , all other areas compliant	The Trust continues to meet the guidance on same sex accomodation and has had no breeches. Refurbishment of endoscopy is on track for completion in December 2010	
	d) Implement the plan to reduce noise at night so that patients no longer report this as a concern		Evaluate effectiveness	Noise at night caused by: staff wearing inappropriate footwear - policy under review - completion October 2010. Confused patients - work is underway to manage patients with dementia/Delirium, as part of a national strategy for Dementia - October-April 2010.	
	e) Improve access to our sites, especially St Peters, increasing the availability of parking		Have reviewed all letters to patients & changed them, introducing a pack with a supporting letter, map, cost of parking. Ensure template encompasses our needs as an organisation	Planning permission obtained for creating additional parking spaces. Parking changes are under review. See objective (b) for position on literature	
	f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors		Through the Nutrition Steering Group, develop protocols and guidelines relating to nutrition Volunteers trained to support patients at mealtimes	MUST tool forms part of WQI from October 2010. Pilot of steam cuisine completed in Maternity Unit in September 2010 awaiting review with regards to roll out. Paediatric food being reviewed. Visiting hours consultation completed in September 2010 and relaunched in October 2010 with a further re-enforcement of protected mealtimes.	

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 Q2	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
	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			Centralised booking office is being established following an EQUIP event. Timetable is on track. This will include improvements to booking processes.	
	h) Pilot revised visiting times, and assess the benefits to patients as a result		Evaluation of Pilot in August, including seeking views of patients, staff and visitors during pilot	Visiting hours consultation completed in September. Option 5 agreed: 3 pm - 4.30 pm and 6 - 8 pm daily visiting times with added flexibility included at the discretion of the ward sister / nurse in charge.	
2. Pass and embed the Monitor Quality Governance Assessment	a) Formulate and embed a strategy focussed on quality	Medical Director	Consultant appraisals identify quality metrics Culture of risk review at corporate and directorate level developed and embedded	Clinical strategy completed and dashboard constructed. CIP/quality dashboard complete. The CGC meeting format strengthened and the CEAC group supported.	
	b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda		Identify individuals to take on specific roles within the quality agenda Increased engagement in EQUIP process	Good to Great Program in place. Mechanism for supporting young talent in place, with a "Young Blood" group formed. EQUIP increased presence and used for process development and efficiency improvements.	

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Priority	**Action and Timescales**	**Lead Director**			
	c) Ensure that systems and processes are in place to monitor the quality of our services		Put in place developments to address system deficiencies Ensure timely, accurate and robust mechanisms for data collection Develop trust and directorate quality reports, with drill down and predictive analysis	Improved quality metrics. Provision of Trust dashboard and development of divisional dashboard. Restructure of Quality Department. Refocus in CGC format to focus on specific quality dashboards and facilitate Divisional 'Peer Review' and cross organisational learning.	
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	Continue delivery of the 10 point plan throughout Q2 Deliver Directorate action plans	QRP for 2009 / 2010 shows an improvement from 2008 / 09. No overall red flags. 2-3 Monthly meetings established with Segun Oladukun, CQC Lead for Surrey. Regular information on quality to be sent monthly to CQC. Outcomes will form part of business planning process.	
	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		Patient stories embedded as a routine part of Board business	Regular weekly visits to clinical and non clinical areas are scheduled. Non-Executives also visit clinical areas. Patient stories to the Board bi-monthly with Matron updates bi-monthly. Divisions present clinical and non clinical outcomes at Performance Management and Clinical Governance meetings chaired by Executives with Executive membership.	

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 Q2	Comments on progress	Overall status: RAG
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		Learning Disability project findings being implemented - ongoing.	

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 Q2	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	Medical appraisal process and timescale agreed and in place for all medical staff (400+)	*Job plans for all consultants received by the Deputy Chief Executive and are under review. *Medical appraisals recorded in ESR is 85.7% as at 8 October 2010. The action plan to complete the 35 outstanding medical appraisals is in progress.	
	b) Extend ESR self service to all directorates/ departments by 31 March 2011		Assess benefits of roll-out of further MSS functionality	*All paper based systems have been eliminated. ESR and Healthroster utilised by all departments. *Benefits of roll-out of Oracle assessed for implementation Q4.	
	c) Embed Healthroster across all directorates by 31 March 2011		Formulate action plan and agree way forward	*Review complete and TEC endorsed recommendations to continue with the current system and address existing weaknesses through project plan for implementation by December 2010.	
	d) Finalise the integrated strategic workforce plan (to 2014/5) by 30 April 2010		Monitor delivery of plan	*Workforce Plan 2010/11 endorsed by the Workforce Strategy Steering Group in June 2010 and published. *Delivery of the Workforce Plan monitored by the Delivery Board and WSSG.	
	e) Reduce agency staff usage through better utilisation of the existing workforce		Benchmark medical staff and reduce agency usage to 40 wte per month	*Decision tree introduced for all agency usage *Agency Staff reduced to 22wte per month (18wte less than target) in August 2010.	

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 2 held	*Official launch of 'Good to Great' on 27 May 2010. *1st Masterclass on 14 June 2010. *Masterclass 2 on 6 October 2010 *Dragons Den 29 November 2010	
	b) Revise and implement leadership development programmes for c700 staff by 31 March 2011		Deliver programmes	*Robust TNA completed. Priority needs and groups for targeted development by December 2010 and further roll-out in January 2011. *Existing programmes revised and delivered	
	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 job design	*Staff Pledge published (which converts values into behaviours) and adopted in all new job descriptions.	
	d) Design and introduce a talent management system for all pay bands by 1 September 2010		Development requirements of staff identified	*An embryonic system has been developed by a sub-group of the Leadership Development Group. *Implementation has been delayed subject to the outcome of listening exercises during October to consider feedback from the Interim Staff Survey	
	e) Ensure at least one internal candidate for all vacancies by 31 March 2011		Agree criteria for entry onto database	*System for identifying and tracking internal candidates being considered	
	f) ***Track emerging national policy and the planned proposals for consultation on training and education in the NHS, and make local recommendations as required.***		**New action (identified June 2010)**	*White Paper recommendations being considered locally to ensure education and training drives improvements in quality of care for patients.	

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	Identify staff for 360 appraisal	*In progess - three companies invited to tender for bespoke 360 tool incorporating the Pledge	
	b) Design and implement a health & wellbeing calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, counselling services, yoga, etc) by 1 September 2010		Promote and launch events	*A calendar of events has been designed and promoted	
	c) Promote the Employee Assistance Programme - starting in May 2010		EAP flyer	*The Employee Assistance Programme has been promoted through roadshows & ASPire during July 2010.	
	d) Develop and implement a plan to promote a safe and healthy working environment starting April 2010		Launch enhanced H&S training programme	*H&S plan developed and will be incorporated into overarching Well Being plan which will be agreed by H&S committee. *Health and Safety training in place	
	e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010		Undertake Aston Team Inventory for selected teams	*CEO sponsored research project in collaboration with Aston University and DH	

	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.***		**New action (identified June 2010)**	*The monthly Balanced scorecard reports on the number of people participating in Leadership Development programmes including EQUIP.	
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 Staff Development Awards ceremony	*Quarterly awards timetabled *3 finalists shortlisted for NHS South East Coast Best of Health Awards *2 winners promoted *Learning and Development Awards will take place on 30 November 2010 *Staff Awards Ceremony (provisional March 2011)	
	b) Trust Board to continue with 150 personal contacts per week (including ED walkabouts) as part of the visibility and assurance plan		Conduct visits	*This was further extended to the Trust Executive Committee who conducted visibility and assurance visits in pairs in June 2010. *Weekly visits continue	
	c) Continue to deliver staff and team briefing sessions as a means of involving and staff in improvement and future plans		Map the cascade process for team briefing	*Monthly staff and team briefings have continued along with 20 staff briefing sessions by way of preparation for the FT Assessment process with Monitor. *The cascade process for team briefing has been mapped.	

	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		Implement corporate and directorate actions in a targeted manner	*The Corporate 10 Point Staff Survey plan was updated in light of the staff survey results and shows significant improvements relating to discrimination, health and well being, and physical violence. *This is complimented by directorate plans which are reviewed at the monthly performance review meetings with clinical directorates and quarterly corporate directorate meetings	
	e) Maximise opportunities to listen and respond to staff issues through staff focus groups and a mid year staff survey in June 2010		Convert results of survey into delivery plan	*The local summer staff survey was issued in July with a two week fieldwork period and yielded a 56.5% response rate which is a further improvement on last year. *It focused on 16 of the 40 key findings where the Trust previously benchmarked average and below, only 3 of which now benchmark below average and of these 2 have improved. *A delivery plan is in place *The National SAS fieldwork has started and ends December 2010.	

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 Q2	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	Options for medical take reviewed and way forward agreed. Specification for primary care front door scheme agreed. Programme of work with SECAmb agreed and implementation started. Ambulatory care pathways being implemented. Any successful innovation bids activated.	Some adjustments to medical take agreed and implemented. Specific actions for primary care front door scheme agreed but decision made to defer implementation. Closer operational working with SECAM achieved. Some ambulatory care pathways implemented. Major review of pathway for emergency admissions through EQUIP week 18th October	
	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	Service reviews completed for stroke and fractured neck of femur and redesigned pathways agreed	Fractured neck of femur pathway reviewed via Equip and significant changes to pathway, trauma prioritisation agreed which will lead to improved access to theatres, shorter length of stay, improved morbidity and increased efficiency. Community services fully involved in review. Stroke pathway and potential for early discharge scheme being reviewed and assessed via stroke network for implementation later in 2010/11	

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 Q2	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
	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	Changes to booking/referral systems identified.	Some initial changes to elective referral pathways agreed with GP consortia, particularly in terms of orthopaedic pathways with PIMS (Woking). Additional pathway changes also agreed via development of out patient clinics in Cobham.	
2. Developing detailed speciality level clinical strategies	a) Develop, refine and share detailed clinical strategies at specialty level, including	Deputy Chief Executive	Completed second iteration of directorate clinical strategies. Commenced engagement programme to showcase clinical strategy.	Directorate strategies completed. Aggregated overall clinical strategy to be produced by November 2010	
	Benchmarking with other trusts for quality and productivity		Develop standard data set of benchmarking information to allow meaningful comparison with other providers.	Series of benchmarking exercises under way with Audit Commission. Regular review of Better Care, Better Value indicators. Initial comprehensive review of benchmarked length of stay data.	
	Understanding the local market and developing appropriate responses		Commence response to the relevant market analysis to achieve the following: Woking and West Byfleet - stem loss of market share and return to market growth: Cobham - increase market share through joint partnership working: Hounslow and Bedfont - increase market-share through use of part of Hounslow and other facilities	Divisional level and specialty level reports on market share now produced regularly. Initial data for Q1 shows improvement in market share position for Woking and West Byfleet. Several successful new out patient clinics have been established in Cobham. Further work required on market share in Hounslow and Bedfont. Initial competitor analysis completed and action plan identified.	
	Using SLR information to inform the strategy			Good roll out of SLR data as a result of increased investment in SLR team. Initial business cases emerging based on SLR data (e.g. Trauma and Orthopaedics)	

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 Q2	Comments on progress	Overall status: RAG
Priority	**Action and Timescales**	**Lead Director**			
	b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire		Undertake detailed analysis of Berkshire market opportunities.	GP spotlight seminar planned for early November following market analysis. Focus on vascular, stroke and cardiology services.	
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 preferred bidder.	Competitive dialogue process with NHS Surrey continues and has yet to be concluded.	
	b) Continue to repatriate cardiology activity from London providers to St Peter's and continue to grow our cardiology business. Seek to win any cardiology activity tendered by NHS Surrey		Successful bid for preferred provider for PPCI and sustained delivery of repatriated cardiology activity, as described in SLA with NHS Surrey.	Discussion with NHS Surrey on the preferred way forward for PPCI continues, and these discussions are as yet unconcluded.	
4. Transfer day surgery to Ashford Hospital and outpatient activity into community settings	a) Transfer day surgery from St Peter's 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	Implement changes to current theatre lists.	Successful repatriation of trauma and orthopaedic and ophthalmology day surgery work to Ashford during Q2.	
	b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings		Implement Cobham changes.	Successful introduction of several new outpatient clinics at Cobham, including cardiology and specialist surgery. Further developments in Q3 planned in terms of urology and dermatology.	

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 Q2	Comments on progress	Overall status: RAG
	Continue to review marketing data.	Regular quarterly data on market share reported to Trust Board, TEC and Divisions. During Q3 and 4 the Trust will move to monthly reporting of market share data.	
	Complete negotiations for any changes.	Negotiations with GP surgeries and consortia (Cobham and PIMS) successfully concluded.	

Priority	Action and Timescales	Lead Director

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q2	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	During month 5 and month 6 the shortfall has been largely closed. Month 6 forecats is £8.9m versus target £9m with good momentum to close gap.	
	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	Secure external support. Agree work programme and identify savings.	External support secured. Project progressing well. All milestones achieved. Savings targets on track.	
	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. Agree and implement changes to budgets. Implement changes on altered wards.	Capacity plan agreed. Winter plan to be signed off by early November setting out any changes for remainder of year. Continued reduction in beds in line with plans for single sex accommodation, with overall programme on track. Benchmarking of length of stay completed, identifying further opportunities for change in Q4.	
	d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve)	Director of F&I	Improved monthly forecast (overall forecast linked to Directorate forecasts)	Trust level forecast underpinned by Divisonal forecasts and included in Finance Report to faciltate Finance Committee discussion,	
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:	Deputy Chief Executive and Medical Director	Continue Rapid Improvement Events, based on specific themes identified in VSA. Agree and track benefits to be realised.	Successful VSAs delivered and a series of RIEs. 20 staff in organisation now trained to Bronze level. Proposals being developed during October for further spread of Equip programme across the organisation.	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q2	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 2. Recruitment: reducing the time between a post becoming vacant and new postholder 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			1.VSA delivered and benefits tracked 2. VSA and RIEs implemented. Benefits being tracked 3. VSA and RIE delivered. pathway changes underway and being tracked 4. RIE delivered. Changes already introduced and being tracked. 5. RIE to take place week 18th October	
	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			Up to 20 people trained in bronze training plan being revised for Q3 & Q4	
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	Q1 10/11 report. Training for clinical directorates.	Q1 report will be combined with Q2 as current focus is implementation of new system enabling faster transition to patient level costing.	
	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	Changes to system agreed and implemented. Implement plan for migration.	Improved workforce metrics and reports in place. New standardised performance report for Divisions to be introduced from November.	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q2	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	See objective 3.	See objective 3.1	
	b) Delivering the planned levels of elective activity		Performance management via monthly directorate performance meetings.	Marginal reduction in planned levels of elective activity in year, although previous profiling would suggest activity levels to be on plan in Q3 and Q4.	
	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		See objective 3.	Good track record of achievement in all areas and regular performance management of delivery in place via monthly performance meetings	
	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		Performance management via monthly directorate performance meetings.	Good progress in many areas, including smoking cessation, electronic discharge letters, chlamydia screening. Strong progress on Enhancing Quality Programme. VTE assessment currently at amber, but uptake continues to improve. Awaiting National In Patient Survey Results (due February 2011).	