Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th April 2010

TITLE	**Business Plan 2010/11**
EXECUTIVE SUMMARY	This Business Plan for 2010/11 is the Trust's plans for 10/11 in line with its four strategic objectives and the Operating Framework for the NHS. As the Service Level Agreement (SLA) with NHS Surrey has only recently been agreed, a separate paper will be presented to the Board on 29 April setting out a revised budget for 2010/11, along with final confirmed activity and workforce tables.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Board Assurance Framework (BAF) is being renewed in the light of the Business Plan and a revised BAF will be presented to the May Board meeting.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Business Plan reflects the SLA agreed with NHS Surrey, and the strategic programme of change agreed with NHS Surrey.
EQUALITY AND DIVERSITY ISSUES	The Trust's four strategic objectives reflect its ambitions relating to the development of all of its workforce
LEGAL ISSUES	The Business Plan reflects and takes account of the NHS Operating Framework for the NHS and the Trust's Service Level Agreement with NHS Surrey.
The Trust Board is asked to:	Approve the Business Plan 2010/11.
Submitted by:	Valerie Howell, Chief Operating Officer
Date:	23 April 2010
Decision:	For Approving

Ashford and St. Peter's Hospitals NHS
NHS Trust

Corporate Business Plan 2010/11

22 April 2010

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1 Our Objectives for 2010/11

1.1 Our vision is to be one of the best healthcare Trusts in the country. Our integrated business plan sets out our strategy for the five years 2010/11 – 2014/15 to achieve this goal. **This document summarises our business plan for 2010/11, the year in which we become a Foundation Trust.**

1.2 Ashford & St Peter's Hospitals NHS Trust has four strategic objectives. We made good progress against these objectives in 2009/10. Our priorities for 2010/11 within each of these objectives are set out below.

Strategic Objectives	Priorities for 2010/11
1 To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations, in terms of outcome, safety and experience	• Improving patient's experience of our services • Pass and embed the Monitor Quality Governance Assessment • Maintain the Trust's CQC registration
2 To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust	• Ensuring we have in place robust workforce planning (inc job planning, rostering) and medical revalidation • Developing leadership capacity, capability and talent • Supporting and enabling staff through appraisal and health and wellbeing programmes • Improving staff experience
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	• Reducing emergency admissions and redesigning elective care through partnership working in NW Surrey • Developing detailed speciality level clinical strategies • Developing renal and cardiology services • Transferring day surgery to Ashford Hospital and outpatient activity into community settings
4 To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework	• Delivering £9m Cost Improvement Programme, achieve a surplus of £3.3m & secure a Financial Risk Rating of 4 • Driving service improvement through EQUIP programme • Embedding Service Line Management • Delivering all elements of our SLA with commissioners

1.3 The action to achieve each of these priorities is described in more detail on pages 7-14 of this plan, with milestones for each priority described in Appendix 1.

2 The context within which we operate

2.1 This plan is prepared at a critical juncture in the history of the NHS. After a decade of investment and reform that has helped to drive real improvements for patients, the NHS is entering one of the toughest financial climates it has known. The NHS faces an unprecedented set of complex, interconnected challenges over the next five years.

2.2 *'NHS 2010-2015; from good to great'* and the NHS Operating Framework for 2010/11 sets out the response of the NHS to this challenge – describing how, in a very different economic climate, we will retain and build on the huge advances that have been made in terms of quality, access and patient experience. The national financial context is a 0% tariff uplift in 2010/11 and a maximum annual uplift of 0% for the following three years, which is a real terms cut.

2.3 At a regional level within the NHS in South East Coast, significant progress has been made improving the financial and operational performance of the NHS and delivering the SHA's ambitious quality based clinical strategy 'Healthier People, Excellent Care (2008)'. The NHS in South East Coast now faces the same challenges as the rest of the NHS: building on the significant gains that have been made, in a new financial climate. The SEC SHA operating framework sets out how the NHS in this region will respond.

2.4 Within Surrey the impact of the funding formula means that the task of building on our quality gains within the new financial climate poses some very significant challenges. During Autumn 2009 NHS Surrey worked with Tribal Newchurch to undertake a diagnostic of the financial pressures in the county, assessing the likely growth in demand, a range of scenarios for funding growth and possible strategies and initiatives to close the significant gap between the two.

2.5 **North West Surrey locality** is the health economy within which ASPH operates. Increasingly the health and social care partners – ASPH, primary care, Surrey Community Health Services (the community services provider) and the locality leaders of Surrey social services – are now working together through a formal project infrastructure to manage the local response to the national challenge.

2.6 The local approach responds to each of the four key issues facing the NHS described in the operating framework:

- Ensuring quality is the organising principle in NW Surrey, focussing on delivering the national priorities in this locality, reviewing pathways in a structured and whole system basis, introducing the best practice pathways and tariffs, continuing the progress made to eliminate hospital acquired infections at Ashford Hospital, St. Peter's Hospital and the local community hospitals, and, crucially, increasing the focus on improving the patient experience.
- Sharing risk between partners in NW Surrey, and specifically taking action together to reduce emergency admissions to St. Peter's Hospital to no more than 2008/09 levels and maintaining this, against a trend of year on year rises in emergency admissions

- Delivering more services in community settings in NW Surrey (leading to a smaller ASPH), reducing variation in performance and quality across the locality
- Integrating service delivery across the boundaries of primary, community and secondary care, and across health and social care. Working together to manage the care and pathways for the ~2,000 patients at very high risk in this locality, and transforming the lives of patients with Long Term Conditions.

2.7 **It is within this national, regional, Surrey wide and North West Surrey locality context that ASPH has developed its business plan** – describing how we will continue to build on the gains we have made for patients and mature into one of the best acute trusts in the country within a very challenging financial environment. Specifically the implications for ASPH are:

a) Within our hospitals we will:

- Continue to focus on **improving quality** – driving improvements in patient experience, reducing HCAIs, delivering best practice pathways, maintaining our very high standards of outcomes and safety, and continuing to drive up our operational performance to deliver on each of the national service priorities.
- Plan and implement a **reduction in the bed capacity** of our hospitals and manage the associated reduction in our workforce.
- Drive up **productivity and efficiency**, and reduce variation in performance between ASPH and other trusts, and between teams and individuals within ASPH. Our EQUIP programme is a key component of our approach.

b) With our partners in the health and social care system we will:

- Increasingly work in partnership to **Integrate** services, focussing initially on reducing emergency admissions to St. Peter's Hospital, facilitating earlier discharge from hospital, put in place alternative services in community settings, and case manage the patients most at risk in North West Surrey.
- **Collaborate** with our acute Trust partners to deliver better care in Surrey, for example in renal, cancer, cardiology and pathology services, the repatriation of tertiary and specialist secondary care services from London in line with the 'waterfall strategy', and strengthen our relationship with Epsom and St Helier Trust.
- **Compete** with other providers within our natural catchment to increase our market share for planned care, with an emphasis on our London catchment. We will also respond to the opportunity top expand our services from the London sector reviews and reconfiguration of services – particularly affecting the West Middlesex and Kingston Hospitals.

c) The resulting configuration of ASPH will be different in the following ways:

- A contraction in the acute care currently delivered by the organisation.
- A growth in the scope of the organisation – with responsibility for some pathways extending into community settings.
- Through the PCT waterfall strategy, delivering more specialist services previously provided for Surrey patients in London.

3 Monitor Compliance Framework & Performance Management

3.1 In line with our ambition to be one of the best Trusts in the country, Ashford and St Peter's Hospitals NHS Trust expects its performance to be excellent. Whilst the Trust will continue to deliver local NHS Surrey targets and national Care Quality Commission targets, the Board and organisation will focus its attention on securing and sustaining a green rating against the **Monitor compliance framework**. The Trust is well positioned to achieve this having made significant improvements in performance during 2009/10, with an expectation of moving to green on the current compliance framework by 31 March 2010.

3.2 The proposed targets for the Monitor compliance framework for 2010/11 are set out below:

Proposed targets, thresholds, weightings and monitoring periods for 2010-11

	Threshold (1)	Weighting	Monitoring Period
Acute targets – national requirements			
Clostridium difficile year on year reduction (to fit the trajectory for the year as agreed with PCT – assumed a 15% reduction if no level agreed in contract)	0	1.0	Quarterly
MRSA – meeting the MRSA objective (2)	0	1.0	Quarterly
All cancers: 31-day wait for second or subsequent treatment (3), comprising **either:**		1.0	Quarterly
surgery	94%		
anti cancer drug treatments	98%		
radiotherapy (from 1 Jan 2011)	94%		
All cancers: 62-day wait for first treatment (4), comprising **either:**		1.0	Quarterly
from urgent GP referral to treatment	85%		
from consultant screening service referral	90%		
from fast track consultant upgrade	tbc %		
Maximum time of 18 weeks from point of referral to treatment in aggregate and by speciality for non-admitted patients (5):	90%	0.5/1.0	Quarterly
Maximum time of 18 weeks from point of referral to treatment in aggregate and by speciality for admitted patients (5):	95%	0.5/1.0	Quarterly
Acute targets – minimum standards			
All cancers: 31-day wait from diagnosis to first treatment (6)	96%	0.5	Quarterly
Cancer: two week wait from referral to date first seen (7), comprising **either:**:		0.5	Quarterly
all cancers	93%		
for symptomatic breast patients (cancer not initially suspected)	93%		
Screening all elective in-patients for MRSA (8)	100%	0.5	Quarterly
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge (9)	98%	0.5	Quarterly
People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)(10)	68%	0.5	Quarterly
All acute and mental health NHS foundation trusts			
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability (19)	N/A	0.5	Annual

3.2 In addition to service performance targets, the revised Compliance Framework for 10/11 creates a series of additional requirements for NHS Trusts. The key changes for the Trust are as follows:

a) Governance and risk ratings

- Incorporation of mandatory services (the services we commit to provide as an FT)
- Use of risk profiles derived from the Care Quality Commission's Quality and Risk Profiles
- A requirement that any compliance conditions placed by the CQC on an NHS Foundation Trust's registration are satisfactorily addressed
- Self certification of a Trust's processes and procedures around medical practitioner licensing and revalidation
- A requirement not to enter into legally binding contracts for major investment without receiving notification from Monitor that the requirements of the Compliance Framework have been met
- Incorporation of the escalation processes around A and E performance introduced in 2009/10
- Incorporation of the specific legal requirement to have regard to the NHS Constitution

b) Finance and risk ratings

- Introduction of the principle that an NHS Foundation Trust may be required to attend a meeting with Monitor if indications of future financial weakness or instability are apparent
- The requirement to self certify each quarter that the Trust expects to continue to deliver an Financial Risk Rating of 3 or better over the subsequent months
- A requirement of Trusts to provide an updated forecast in year
- The calculation of FRRs to be based on and derived from consolidated financial information

3.3 The Trust has a strong performance management framework to support delivery against the Monitor Compliance Framework. This includes:

- Monthly directorate performance meetings chaired by the Chief Operating Officer and supported by standardised performance reports from each of the directorates
- Half yearly and annual performance reviews for directorates chaired by the Chief Executive
- Monthly balanced scorecard reports to the Trust Board and the Trust Executive Committee
- A CIPs Programme Group to oversee the 2010/11 delivery programme

3.4 In response to the Compliance Framework the Trust's key objectives in performance terms for 10/11 will be

- Sustained delivery of four hour A and E performance monitored via daily breach reporting
- A strong focus on revalidation processes and procedures
- Development of self certification processes around financial management

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience

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 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 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 d) Implement the plan to reduce noise at night so that patients no longer report this as a concern e) Improve access to our sites, especially St Peters, increasing the availability of parking f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors 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 h) Pilot revised visiting times, and assess the benefits to patients as a result	Chief Nurse

2. Pass and embed the Monitor Quality Governance Assessment	a) Formulate and embed a strategy focussed on quality b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda c) Ensure that systems and processes are in place to monitor the quality of our services	Medical Director
3. Maintain the Trust's CQC registration	a) Improvement on key metrics in the National Patient Survey, in particular: improvement in the scores for patients having a clear outcome from treatment, understanding the nurse/doctor and having someone to talk to, and having their medicines explained to them in a way they could understand when given medicine to take home 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 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	Chief Nurse

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust

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 b) Extend ESR self service to all directorates/departments by 31 March 2011 c) Embed Healthroster across all directorates by 31 March 2011 d) Finalise the integrated strategic workforce plan (to 2014/5) by 30 April 2010 e) Reduce agency staff usage through better utilisation of the existing workforce	Director of Workforce & Organisational Development
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 b) Revise and implement leadership development programmes for c700 staff by 31 March 2011 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 d) Design and introduce a talent management system for all pay bands by 1 September 2010 e) Ensure at least one internal candidate for all vacancies by 31 March 2011	Director of Workforce & Organisational Development
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 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	Director of Workforce & Organisational Development

	c) Promote the Employee Assistance Programme - starting in May 2010 d) Develop and implement a plan to promote a safe and healthy working environment starting April 2010 e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010	
4. Improve staff experience	a) Introduce a new staff award scheme, with quarterly awards, aligned to our values, by June 2010 b) Trust Board to continue with 150 personal contacts per week (including ED walkabouts) as part of the visibility and assurance plan c) Continue to deliver staff and team briefing sessions as a means of involving and staff in improvement and future plans 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 e) Maximise opportunities to listen and respond to staff issues through staff focus groups and a mid year staff survey in June 2010	Director of Workforce & Organisational Development

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

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 Peter's, 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 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 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	Chief Operating Officer Medical Director Chief Operating Officer
2. Developing detailed speciality level clinical strategies	a) Develop, refine and share detailed clinical strategies at specialty level, including • Benchmarking with other trusts for quality and productivity • Understanding the local market and developing appropriate responses • 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	Director of Strategy

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 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	Director of Strategy
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 b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings	Chief Operating Officer

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework

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 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 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 d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve)	Director of F&I Chief Operating Officer Chief Operating Officer Director of F&I
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: • Procurement: improving the ordering of general stock, reducing batching of stock and therefore reducing cost • Recruitment: reducing the time between a post becoming vacant and new postholder coming into post, therefore reducing temporary staffing costs • Overnight stay hip replacement: reducing the length of stay for elective hips to 23 hours • Emergency fractured neck of femur: reducing the length of stay • Patient flows in A and E: reducing the waiting time in A and E b) Increasing the number of staff trained to bronze level to 50, the number of managers	Chief Operating Officer and Medical Director

	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. b) Refine and enhance the management information available to Directorates to include finance, operational, quality and workforce information to drive better performance. c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Director of Finance and Information Chief Operating Officer Chief Operating Officer
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 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 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	Chief Operating Officer

Balanced Scorecard for 2010/11

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD **Position as at:**

Delivering or exceeding Target		Improvement Month on Month	▲
Underachieving Target		Month in Line with Last Month	◄►
Failing Target		Deterioration Month on Month	▼

1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience.

Patient Safety & Quality	Target 09/10	Outturn 09/10	
Standardised mortality (Relative Risk)	<100	82.6	
MRSA (Hospital & Community)	14	1	
CDiff	90	53	
Patient Satisfaction	-		New to scorecard
Formal complaints	365	401	
SUIs	12	16	
Falls - resulting in significant injury (grade 3)	29	32	
Hip fractures treated within 36 hrs	-		Revised target (from 48 hrs)
Readmissions within 14 days	2.6%	2.9%	
VTE Assessment	-		New to scorecard
Falls - resulting in significant injury (grade 3)	29	32	
Summated Adverse Report Index (SARI)	2421	2699	

2. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

Workforce	Target 09/10	Outturn 09/10	
Establishment (WTE)	< 3289.9	3011	
Vacancies (WTE)	< 10%	9.3%	
Agency Staff use (WTE)	-		Revised (WTE from £)
Bank staff use (WTE)	-		New to scorecard
Staff turnover rate	< 12%	13.0%	
Stability	> 90%	89.6%	
Sickness absence	< 3%	3.4%	
Staff Appraisals	95%	72%	
Consultants WTE:bed ratio	-		New to scorecard
Nurses WTE:bed ratio	-		New to scorecard
Staff satisfaction	-		New to scorecard
Staff in leadership programmes	-		New to scorecard

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.

	Target 09/10	Outturn 09/10	
GP Referrals - increase elective activity	-		New to scorecard
Decrease Emergency Admissions (to 08/09 ba	-		New to scorecard
% Day Cases undertaken at Ashford	-		New to scorecard
% OP undertaken outside St Peter's	-		New to scorecard
Repatriation for renal & cardiac work	-		New to scorecard
Market Share - Woking & W Byfleet	-		New to scorecard
Market Share - Hounslow & Bedfont	-		New to scorecard
Market Share - Cobham	-		New to scorecard
Bed reductions against bed model	-		New to scorecard

Please note - the Monitor compliance framework will feature as a separate report

4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

Finance	Target 09/10	Outturn 09/10	
Monitor financial risk rating	4	4	
Total income excluding interest (£000)	£216,339	£220,793	
EBITDA actual (£000)	£21,171	£20,548	Revised (WTE from £)
I&E net surplus (£000)	£4,825	£4,825	New to scorecard
CIP Savings achieved (£000)	£6,600	£6,620	
Month end cash balance (£000)	£4,304	£8,034	
Capital resource limit (£000)	£9,433	£9,433	
Pay cost (% of income)	61.6%	60.9%	
Average LOS Elective	-		New to scorecard
Average LOS Emergency	-		New to scorecard
Outpatients Did Not Attend	-		New to scorecard
Outpatients New :Follow up Ratio	-		New to scorecard
Day Case Rate (whole Trust)	-		New to scorecard
Theatre Utilisation	-		New to scorecard

BUSINESS PLAN 2010/11
ACTIVITY PLAN: SPELLS

		NON ELECTIVE SPELLS				ELECTIVE IP SPELLS				DAY CASE SPELLS				TOTAL SPELLS			
Directorate	Specialty	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan
Medicine	General Medicine	10,214	10,027	9,778	249	280	308	319	-11	1,346	1,489	1,282	207	11,840	11,824	11,379	445
	Cardiology	1,294	1,315	1,060	255	60	73	55	18	375	359	182	177	1,729	1,747	1,297	450
	Gastroenterology	132	132	102	30	51	53	50	3	3,629	3,648	3,583	65	3,812	3,833	3,735	98
	Medical Oncology	0		0	0		2	1	1	270	283	282	1	270	285	283	2
	Geriatric Medicine	514	512	525	-13	36	35	49	-14	4	3	3	0	554	550	577	-27
	Respiratory	187	187	228	-41	2	3	1	2	6	7	3	4	195	197	232	-35
	Sub spec activity	106	114	113	1	78	81	0	81	3,052	3,119	0	3,119	3,236	3,315	113	3,201
	TOTAL	**12,453**	**12,290**	**11,806**	**484**	**508**	**556**	**475**	**81**	**8,690**	**8,917**	**5,335**	**3,582**	**21,651**	**21,763**	**17,616**	**4,146**
Surgery	General Surgery	3,897	3,855	3,559	296	1,750	1,771	1,743	28	3,713	3,737	3,798	-61	9,360	9,363	9,100	263
	Urology	1,262	1,251	1,285	-34	959	973	982	-9	3,942	3,998	3,832	166	6,163	6,222	6,099	123
	TOTAL	**5,159**	**5,106**	**4,844**	**262**	**2,709**	**2,744**	**2,725**	**19**	**7,655**	**7,735**	**7,630**	**105**	**15,523**	**15,585**	**15,199**	**386**
Specialist Surgery	ENT	3	4	0	4	107	227	142	85	760	817	848	-31	870	1,048	990	58
	Ophthalmology	7	5	4	1	23	19	16	3	3,793	3,828	3,334	494	3,823	3,852	3,354	498
	MaxFacs	10	10	15	-5	12	12	16	-4	1,288	1,301	1,349	-48	1,310	1,323	1,380	-57
	TOTAL	**20**	**19**	**19**	**0**	**142**	**258**	**174**	**84**	**5,843**	**5,949**	**5,531**	**415**	**6,005**	**6,226**	**5,724**	**502**
T&O	T&O	1,487	1,474	1,359	115	2,221	2,209	2,128	81	2,800	2,805	2,855	-50	6,508	6,488	6,342	146
	TOTAL	**1,487**	**1,474**	**1,359**	**115**	**2,221**	**2,209**	**2,128**	**81**	**2,800**	**2,805**	**2,855**	**-50**	**6,508**	**6,488**	**6,342**	**146**
Children's	Paediatrics	2,724	2,718	2,437	281	187	188	180	8	335	329	273	56	3,246	3,234	2,890	344
	TOTAL	**2,724**	**2,718**	**2,437**	**281**	**187**	**188**	**180**	**8**	**335**	**329**	**273**	**56**	**3,246**	**3,234**	**2,890**	**344**
Womens Health	Gynaecology	642	638		638	627	633		633	1,312	1,328		1,328	2,580	2,599	0	2,599
	Midwifery	5,176	5,287		5,287	0	1		1	2	3		3	5,178	5,291	0	5,291
	TOTAL	**5,818**	**5,925**	**0**	**5,925**	**627**	**634**	**0**	**634**	**1,314**	**1,331**	**0**	**1,331**	**7,758**	**7,890**	**0**	**7,890**
Anaesthetics	Anaesthetics	0	0	0	0			21	-21				0	0	0	21	-21
	Pain Management				0	6	4		4	1,027	1,038	1,009	29	1,033	1,042	1,009	33
	TOTAL	**0**	**0**	**0**	**0**	**6**	**4**	**21**	**-17**	**1,027**	**1,038**	**1,009**	**29**	**1,033**	**1,042**	**1,030**	**12**
A&E	A&E	3,025	2,974	3,115	-141	1	1		1	215	220	179	41	3,241	3,196	3,294	-98
	TOTAL	**3,025**	**2,974**	**3,115**	**-141**	**1**	**1**	**0**	**1**	**215**	**220**	**179**	**41**	**3,241**	**3,196**	**3,294**	**-98**
Pathology	Specialty 1				0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Intensive	Specialty 1				0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Radiology					0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL		**30,685**	**30,506**	**23,580**	**6,926**	**6,401**	**6,595**	**5,703**	**892**	**27,879**	**28,323**	**22,812**	**5,508**	**64,965**	**65,424**	**52,095**	**13,329**

Our Outpatient Activity Plan

BUSINESS PLAN 2010/11
ACTIVITY PLAN: OUTPATIENTS

		FIRST OUTPATIENTS				FOLLOW UP OUTPATIENTS				OPD PROCEDURES				TOTAL OUTPATIENTS			
Directorate	Specialty	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan	09/10 Forecast Outturn	10/11 Draft SLA Plan	10/11 Directorate Plan	Variance SLA - Dir Plan
Medicine	General Medicine	223	132	98	34	637	638	1,792	-1,154	1			0	861	770	1,890	-1,120
	Cardiology	4,030	4,125	5,063	-938	1,894	1,863	1,835	28	1,303	1,111		1,111	7,227	7,099	6,898	201
	Gastroenterology	2,046	1,934	1,947	-13	3,265	3,177	4,703	-1,526	17	7		7	5,328	5,117	6,650	-1,533
	Dermatology	1,119	1,130	5,177	-4,047	4,760	4,848	15,202	-10,354	2,565	2,604		2,604	8,444	8,582	20,379	-11,797
	Rheumatology	2,168	2,601	2,168	433	6,472	7,485	6,472	1,013	1,231			0	9,871	10,085	8,640	1,445
	Neurology	1,718	1,656	1,622	34	1,061	1,054	996	58	13	5		5	2,792	2,715	2,618	97
	Medical Oncology	538	516	488	28	1,389	1,397	5,926	-4,529	6	5		5	1,933	1,918	6,414	-4,496
	Geriatric Medicine	1,319	1,366	1,303	63	2,030	2,145	2,820	-675	23			0	3,372	3,511	4,123	-612
	Respiratory	1,748	2,457	2,485	-28	4,544	5,205	9,978	-4,773	1,085			0	7,377	7,661	12,463	-4,802
	Sub spec activity	13,928	14,181	2,330	11,851	24,755	25,025	69,479	-44,454	231	15		15	38,914	39,221	71,809	-32,588
	TOTAL	**28,837**	**30,096**	**22,681**	**7,415**	**50,807**	**52,836**	**119,203**	**-66,367**	**6,475**	**3,747**	**0**	**3,747**	**86,119**	**86,680**	**141,884**	**-55,204**
Surgery	General Surgery	10,236	10,469	6,516	3,953	16,123	13,452	17,818	-4,366	3,847	2,559		2,559	30,206	26,481	24,334	2,147
	Urology	3,485	3,542	3,760	-218	8,976	8,136	9,603	-1,467	649	338		338	13,110	12,015	13,363	-1,348
	TOTAL	**13,721**	**14,011**	**10,276**	**3,735**	**25,099**	**21,588**	**27,421**	**-5,833**	**4,496**	**2,897**	**0**	**2,897**	**43,316**	**38,496**	**37,697**	**799**
Specialist Surgery	ENT	3,470	3,881	5,851	-1,970	5,391	11,033	6,729	4,304	4,553	4,490		4,490	13,414	19,404	12,580	6,824
	Ophthalmology	12,659	12,657	10,486	2,171	27,479	27,801	22,964	4,837	1,366	1,438		1,438	41,504	41,896	33,450	8,446
	Oral Surgery	299	286	4,736	-4,450									299	286	4,736	-4,450
	Orthodontics	4,330	4,522	350	4,172	563	533	1,912	-1,379	4,554	4,411		4,411	9,447	9,466	2,262	7,204
	MaxFacs			0	0	4,542	4,728	4,167	561	1,696	1,533		1,533	6,238	6,261	4,167	2,094
	Other subspec	1,741	1,766		1,766	3,895	3,864			398	387			6,034	6,017	0	1,766
	TOTAL	**22,499**	**23,112**	**21,423**	**1,689**	**41,870**	**47,959**	**35,772**	**12,187**	**12,567**	**12,259**	**0**	**12,259**	**76,936**	**83,330**	**57,195**	**26,135**
T&O	T&O	16,560	17,544	16,771	773	30,842	28,485	32,444	-3,959	3,570	69		69	50,972	46,097	49,215	-3,118
	TOTAL	**16,560**	**17,544**	**16,771**	**773**	**30,842**	**28,485**	**32,444**	**-3,959**	**3,570**	**69**	**0**	**69**	**50,972**	**46,097**	**49,215**	**-3,118**
Children's	Paediatrics	6,269	6,387	4,012	2,375	7,702	7,599	6,656	943	294	7		7	14,265	13,994	10,668	3,326
	TOTAL	**6,269**	**6,387**	**4,012**	**2,375**	**7,702**	**7,599**	**6,656**	**943**	**294**	**7**	**0**	**7**	**14,265**	**13,994**	**10,668**	**3,326**
Womens Health	Gynaecology	6,724	6,303		6,303	6,376	6,602		5,602	4,717	4,629		4,629	17,817	16,534	0	16,534
	Midwifery	5,057	4,879		4,879	24,645	20,554		20,554	6,056	7,678		7,678	35,758	33,111	0	33,111
	TOTAL	**11,781**	**11,182**	**0**	**11,182**	**31,021**	**26,157**	**0**	**26,157**	**10,773**	**12,306**	**0**	**12,306**	**53,575**	**49,645**	**0**	**49,645**
Anaesthetics	Anaesthetics			0	0		12,384	7,546	4,838				0	0	12,384	7,546	4,838
	Pain Management	1,349	1,397	1,575	-178	2,527	2,434		2,434	276	175		175	4,152	4,006	1,575	2,431
	TOTAL	**1,349**	**1,397**	**1,575**	**-178**	**2,527**	**14,818**	**7,546**	**7,272**	**276**	**175**	**0**	**175**	**4,152**	**16,390**	**9,121**	**7,269**
A&E	A&E	288	326	329	-3	35	39	7	32				0	323	365	336	29
	TOTAL	**288**	**326**	**329**	**-3**	**35**	**39**	**7**	**32**	**0**	**0**	**0**	**0**	**323**	**365**	**336**	**29**
Pathology	Specialty 1				0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
ICU	Specialty 1				0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Radiology &					0				0				0	0	0	0	0
	TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL		**101,304**	**104,056**	**77,067**	**26,989**	**189,903**	**199,481**	**229,049**	**-29,568**	**38,451**	**31,460**	**0**	**31,460**	**329,658**	**334,997**	**306,116**	**28,881**

Our Summary activity, capacity, budget and workforce plan for 2010/11

BUSINESS PLAN 2010/11
SUMMARY

		ACTIVITY PLAN (Spells)			CAPACITY PLAN (Beds)			WORKFORCE PLAN (wte)			EXP BUDGET PLAN (£000s)		
Directorate		09/10 Forecast Outturn	10/11 Draft SLA Plan	Variance	09/10 Beds (M12)	10/11 Plan	Variance	09/10 Budget	10/11 Plan	Variance	09/10 Forecast Outturn	10/11 Budget	10/11 CIP
Clinical	Medicine	21,651	21,763	111	292	279	-13	526	500	-26	36,236	34,093	1,251
	Surgery	15,523	15,585	62	84	82	-2	239	234	-5	14,597	13,929	468
	Specialist Surgery	6,005	6,226	221				79	75	-4	6,778	6,626	241
	T&O	6,508	6,488	-20	83	83	0	181	177	-4	16,294	15,482	675
	Children's services	3,246	3,234	-12	59	59	0	222	220	-2	11,426	11,762	402
	Womens Health	7,758	7,890	132	55	55	0	238	233	-5	10,921	10,617	371
	Anaesthetics	1,033	1,042	9			0	246	257	10	20,518	19,825	747
	Emergency Services	3,241	3,196	-45			0	175	170	-4	10,126	9,440	288
	Therapies							126	123	-3	4,256	4,267	182
	Pathology			0			0	184	177	-6	13,890	13,886	472
	Pharmacy							74	72	-2	5,884	5,782	271
	Imaging & Endocsopy			0			0	143	140	-3	9,034	8,650	321
	Intensive Care			0			0	68	67	-1			
	TOTAL	**64,965**	**65,424**	**459**	**573**	**558**	**-15**	**2,500**	**2,445**	**-55**	**159,960**	**154,359**	**5,689**
Corporate	Chief Exec							13	13	0	5,075	5,149	32
	Finance & Info							176	173	-3	24,045	23,895	281
	Chief Operating Officer							147	144	-2	1,008	11,066	614
	Strategy							13	13	0	1,167	1,188	56
	Nursing							131	129	-2	10,632	9,829	337
	Workforce and OD							105	102	-2	4,830	4,460	157
	Others										9,663	7,123	1,834
	Facilities							113	112	-2			
	Capacity Management							31	30	-1			
	TOTAL							**729**	**717**	**-12**	**56,420**	**62,710**	**3,311**
TOTAL		**64,965**	**65,424**	**459**	**1,146**	**1,116**	**-30**	**3,229**	**3,162**	**-67**	**216,380**	**217,069**	**9,000**

Summary Financial Tables

BALANCE SHEET FORECAST

	As at 01/03/2010	As At 01/03/2011
	£'000	£'000
Non Current Assets		
Property, Plant and Equipment	146.7	151.0
Debtors > 1 Year	1.1	1.1
Total	147.8	152.1
Current Assets		
Inventories (Stocks)	3.0	3.0
NHS Debtors	8.3	8.3
Non-NHS Trade Debtors	1.1	1.4
Prepayments	3.3	2.9
Accrued Income	1.6	1.6
Other Debtors	2.5	3.0
Cash in Hand and at Bank	8.0	8.5
Total	27.8	28.7
Current Liabilities		
Loan Repayments due within One Year (inc accrued interest)	-2.5	-2.9
Trade Payables Current	-5.9	-6.9
Non-NHS Trade Creditors - Capital	-0.5	-0.6
Tax and Social Security Costs	-2.8	-2.8
PDC Dividend Provision	0.0	-0.4
Other Creditors	-1.9	-1.9
Accruals	-9.5	-9.5
Deferred Income	-1.9	-1.9
Provisions Current	-0.1	-0.1
Total	-25.1	-27.0
Net Current Assets/ Liabilities	2.7	1.7
Total Assets less Current Liabilities	150.5	153.8
Loan Repayments due after One Year	-4.9	-5.0
Provisions Non-Current	-0.6	-0.4
NET ASSETS	**145.0**	**148.4**
Public Dividednd Capital (PDC)	85.8	85.8
Income & Expenditure Reserve	-4.2	-0.8
Revaluation Reserve	61.7	61.7
Donation Reserve	1.7	1.7
CAPITAL AND RESERVES	**145.0**	**148.4**

FINANCIAL PLAN 2010/11
INCOME AND EXPENDITURE ACCOUNT

	£m	£m	£m
INCOME			
Primary Care Trust income	201.8		200.9
Non NHS: Private Patients	0.7		0.7
Other Patient Care Income	1.4		1.3
Income from patient care activities	**203.9**		**202.9**
Education, Training and Research	8.1		8.1
Other Operating Revenue	9.2		9.4
Other Income	**17.3**		**17.5**
TOTAL INCOME	**221.2**		**220.4**
Pay	**-134.8**	**-135.9**	
Supplies and Services - Clinical	-37.8	-37.3	
Supplies and Services - General	-14.8	-13.8	
Other Non Pay	-13.3	-12.5	
Contingency		-1.5	
Total Non Pay	**-65.9**	**-65.1**	
TOTAL EXPENDITURE	**-200.7**		**-201.0**
EBITDA	20.5		19.4
Depreciation	-9.1		-9.9
Finance Costs	-0.4		-0.3
Dividends Payable on Public Dividend Capital (PDC)	-6.2		-5.9
SURPLUS	**4.8** *		**3.3**

* Before impairments

Cost Improvement Programme

Directorate	CIP Description	£	Workstream
Corporate Scheme	Various schemes to improve theatre efficiency and repatriate £1.6M of work currently sent	1,600,000	Theatres
Medical Services	Medical Rehab Beds at AH	759,000	Reduce Beds
Corporate Scheme	Lean techniques in Discharge shaving 0.5 days of medical LOS	600,000	Closure of Beds
Corporate Scheme	Procurement CIP - part of 3 year programme	600,000	Procurement
Corporate Scheme	Length of stay projects from all directorates to close 10 additional medical beds to	400,000	Closure of Beds
Corporate Scheme	Bench-marking of nursing levels through audit commission work	400,000	Closure of Beds
Trauma & Orthopaedics	10% reduction in Prostheses costs	368,000	Procurement
Trauma & Orthopaedics	Reduction in Elective Unit Costs via 1 day LOS improvements & pathway improvements	320,000	Reduce Beds
Corporate Scheme	Lean Day Surgery	250,000	Theatres
Gynaecology	Achieve leve 3 CNST Maternity	249,996	CNST
Maternity Services	Achieve leve 3 CNST Maternity	249,996	CNST
Trauma & Orthopaedics	30% reduction in equipment hire charges	228,000	Non-Pay spend
Medical Services	In-Health Contract	200,000	External Services
Anaesthetics	Chronic Pain Service Redesign	190,000	Chronic Pain Service
Anaesthetics	Reduce Pay Costs thru IDEP	179,898	Inter-directorate Effciency Project
Trauma & Orthopaedics	20% reduction in Outsourcing based on 2009/10 overspend	170,000	Theatres
Trauma & Orthopaedics	Achieve 36 hours for all #NOFs	160,000	Income
Anaesthetics	Reduce Patient Cancellations	150,000	Patient Cancellations
Trauma & Orthopaedics	Close 5 beds on Dickens ward	150,000	Reduce Beds
Emergency Services	Agency spend	139,926	Agency & Locums
Emergency Services	Medical staff reductions	128,000	Medical Staff
Childrens Services	HDU and OPD HoH Income	110,000	Market Share
Surgery & Urology	Follow up ratio n/a due to SWSH guidelines	108,000	Income
Medical Services	Medical Rehab Beds at AH	105,000	Reduce Beds
Anaesthetics	ODP Reduction in Agency Costs	100,000	Agency & Locums
Trauma & Orthopaedics	Reduce f/u appts to 1:1.6 target to prevent income loss	100,000	Income
Trauma & Orthopaedics	10% reduction in MRIs	100,000	Non-Pay spend
Surgery & Urology	Reduce Surgical bed Stock 3.0wte Band 5	99,000	Nursing Levels
Surgery & Urology	Decrease unsocial hours pay	96,000	Nursing Pay
Anaesthetics	Remove on-call staff grades @ AH	90,000	Medical Staff
Childrens Services	Management and Medical Agency	84,000	Agency & Locums
Anaesthetics	10% Drug Budget	80,000	Drug Spend
Trauma & Orthopaedics	Reduce LOS for 800 Trauma pts by 1 day = 2 beds	80,000	Reduce Beds
Corporate Scheme	Synertec Letter and Postal System	80,000	Pay spend
Anaesthetics	Reduce Non-Pay Cost thru IDEP	77,100	Inter-directorate Effciency Project
Critical Care	Flow of level 0 &1 patients	75,396	Patient Flow
Surgery & Urology	Vascular angiography in-house	72,000	External Services
Maternity Services	Reband midwife vacancies	70,000	Skill Mix
Trauma & Orthopaedics	No Agency Admin spend	70,000	Agency & Locums
Pathology	Blood Products	61,200	Non-Pay spend
Anaesthetics	Replace Bair Huggers Supplier	60,000	Non-Pay spend
Childrens Services	FP10: Appropriateness and High Cost Drugs	60,000	Drug Spend
Pathology	Trentco contract for LBC	60,000	Non-Pay spend
Specialist Surgery	Disestablishment of SHO post in Max Facs	60,000	Pay spend
Medical Services	Retirement 3 Sessions	58,000	Consultant PAs
Gynaecology	Medical staff reductions: Colposcopy	57,000	Medical Staff
Anaesthetics	Reduction of Band 2 admin posts	54,000	Non-clinical Posts
Medical Services	Pacemakers	50,000	Non-Pay spend
Others	Other schemes <£50,000	1,954,173	
Total		**11,563,685**	

Ashford and St Peter's Hospitals NHS Trust - Draft 2010/11 Capital Programme - by Directorate

Description	Projected 2009/10 £	2010/11 £	2011/12 £	2012/13 £
Funding				
Depreciation/Block Allocation tbc for 2010/11 and beyond	9,400,000	9,715,000	9,700,000	9,700,000
Donated additions	900,000	251,000	300,000	300,000
Brokerage from 2009/10	-750,000	750,000	0	0
Capital loans subject to approval	0	3,000,000	7,400,000	2,000,000
Trading surplus/reserves - tbc		500,000		
ALLOWABLE CAPITAL EXPENDITURE 2010/11	**9,550,000**	**14,216,000**	**17,400,000**	**12,000,000**
Planned Expenditure				
IMPROVING THE PATIENT EXPERIENCE			500,000	500,000
EMERGENCY SERVICES				
A&E Monitors	*94,470*	*0*	0	0
ENDOSCOPY/IMAGING				
AH Imaging Dept upgrade including additional agreed works	80,000	20,000	0	0
Imaging/Endoscopy equipment replacements		500,000	500,000	500,000
Endoscopy - JAG compliance work		250,000	0	0
FACILITIES				
Decontamination Unit - cost and timing tbc	400,000	166,000	0	0
Facilities - Telecoms vulnerability/resilience Yrs 1-3		*150,000*	*374,000*	tbc
Estates backlog maintenance & Sustainability schemes		850,000	1,000,000	2,400,000
Replacement R22 chiller, DoK wing		67,000	0	0
MEDICINE				
Birch -2010/11		200,000		
May- Timing tbc - ? Part in 09/10, most in 2010/11		100,000		
Air conditioning x 1 ward (Aspen) - split of works & spend across 09/10 & 10	48,987	24,494	0	0
Renal Unit - costs & timings tbc		2,000,000	3,400,000	1,000,000
Renal Unit bid MAU costs - costs & timings tbc		1,000,000	4,000,000	1,000,000
Cardiac - Catheter lab & CT scanner adjacent to A&E + Generator - costs & timing tbc		0	*300,000*	*1,875,000*
PAEDIATRICS				
Paediatrics - NICU Transitional care cots		230,000		
SURGERY				
Falcon (Ph1-3 in 09/10, ? Ph4 in 2010/11)		70,000		
Kingfisher upgrade		325,000		
Kingfisher 6 beds to Joan Booker only (reduced specification & scope)		15,000		
Relocate Urology from AH to Kestrel - tbc		50,000		
Lithotripter installation works (Ph2) costs tbc	*0*	90,000	*0*	*0*
THEATRES/ANAESTHETICS/CRITICAL CARE				
Lap Stack Replacements (5yr programme)	395,000	0	100,000	100,000
Critical Care - ITU patient monitory equipment replacement		*80,000*	0	0
Day Surgery AH - tbc		75,000		
Day Surgery SPH - tbc		200,000		
T&O				
Ward redecorations		50,000		
WOMENS SERVICES				
Maternity - Bathrooms etc Labour ward	200,000	100,000	0	0
OUTPATIENTS				
AH Outpatients upgrade		250,000	350,000	0
SPH Outpatients upgrade		50,000	0	0
PEATS				
General Patient environment (PEATS)		50,000	50,000	50,000
IM&T				
IT - Theatres - costs & timing tbc		358,000	0	0
IT -Other (includes miscodes to 79261)		1,000,000	1,000,000	1,000,000
ANNUAL PROGRAMMES/BACKLOG MAINTENANCE				
Medical Equipment Committee		300,000	400,000	500,000
DDA/H&S/Fire schemes		100,000	300,000	300,000
CORPORATE				
Capital Team	420,000	400,000	410,000	420,000
SPH site incoming power supply upgrade & generator replacement/upgrade		850,000	850,000	0
Relocation of activity to AH		200,000	0	0
Skills lab		0	0	200,000
Staff and visitor restaurant		0	1,000,000	1,000,000
IMPROVEMENTS TO VISITOR & PATIENT CAR PARKING				
Ramp Demolition/Decant/Temp buildings/Car Parking tbc - Costs tbc		1,900,000	tbc	tbc
Masterplan Green Travel Plan - Transport consultancy fees	14,000	0	0	0
Remodelling exterior/bus stop		50,000	0	0
Park & Ride/Decked car parks 1&2 - budget estimate		1,842,000	tbc	0
DONATED		251,000	300,000	300,000
TOTAL	**1,652,457**	**14,213,494**	**14,834,000**	**11,145,000**
Variance	**7,897,543**	**2,506**	**2,566,000**	**855,000**

Risks

The Trust has robust and effective processes in place to identify and manage risks to the organisation, so that we are able to deliver our Strategy and continue to improve the way we provide our services and engage with our patients, the public and our staff.

Our organisational risks are identified and managed in the context of our Integrated Governance and Risk Management Strategy. The Trust key risks can be considered in terms of 4 elements; Quality/ Finance/ Workforce/ Efficiency and Productivity.

The Board Assurance Framework describes the key risks which could threaten the achievement of the Trust's Strategic Objectives, and then outlines the controls and assurances together with any further actions needed to manage the risks. Therefore for this Corporate Business Plan which represents a year in delivering the objectives, risks are described in terms of delivering the Trust 4 key strategic objectives.

Objective 1: To achieve the highest possible quality standards for or patients		
	Risk	**High level controls**
1	CQC registration requirements are not evidenced leading to qualification of Trust Registration and falling patient confidence	1. Approach to overseeing Registration has been agreed with Directors 2. Evidence is gathered on Performance Accelerator 3. Programme of activity to embed ownership at service level 4. Early warning indicators for many Regulations including ward metrics
2	Not understanding the needs of our patients due to inadequate feedback mechanisms	1. Engagement and Communications Strategy agreed 2. Public and Patient Engagement Group well established. Also Patients Panel and LINks. 3. Different tools being trialled e.g. hand-helds 4. Ward to Board assurance process
3	Environmental standards, including Single Sex accommodation (SSA), do not meet expectations/standards	1. Self assessment on SSA completed 2. SSA delivery plan in place 3. Breach monitoring system in place 4. Funded programme of capital works to complete outstanding wards.
4	Insufficient assurance to support Monitor assessment of Quality through Board Memorandum and external validation	1. Project plan prepared. Gap analysis underway. 2. Sources of external validation being considered 3. Link to Quality Account
Objective 2 **To recruit retain and develop a high performing workforce**		
1	Trust's reputation as an attractive employer is not maintained with poor staff experience evidenced in national survey	1. Action plan to address the findings of the national staff survey including focus on mandatory training. 2. Active Employee Partnership Forum

	Risk	High level controls
2	Insufficient planning for medical revalidation	1. Trust's approach to medical appraisal is being refined 2. National guidance available
3	Appraisal processes (for all staff) and job planning (medical and dental) are ineffective and not embedded	1. Actions to focus on quality of appraisals are being developed 2. Improved recording and monitoring systems 3. Linkage with delivery of annual plan are being strengthened
4	Leadership is insufficiently developed throughout the Trust to support organisational transformation	1. Talent management system being developed. 2. Leadership Development programme being commissioned
5	Behaviours underpinning the Trust's values are not clear and embedded	1. Work on defining behaviours to support the Trust 4 values is underway
Objective 3 **To develop the Trust clinical strategy; refining our market position to better meet the needs of patients and commissioners and increasing market penetration**		
1	Not being the preferred provider (through a consortium) of renal services for Surrey	1. Stakeholder and external clinical independent advice are testing quality and robustness of consortium proposal 2. Strong project management
2	Failure to provide increase services at Ashford Hospital and in community locations	1. Market data available to support decision making 2. Clinical strategy group 3. Buy-in from Clinical directorates
3	Not succeeding in reducing emergency admissions and redesigning the elective care pathways	1. Good collaborative working with NHS Surrey through Transformation Board- projects agreed and setup with Project leads 2. 501 Project 3. Information tools being designed to enable Trust to anticipate and therefore pre-empt issues with delivery
Objective 4 **To improve the productivity and efficiency of the Trust in a financially sustainable manner within an effective governance framework**		
1	Delivering CIPs is handled ineffectively or in a piecemeal fashion. Insufficient long term planning of CIPs	1. Strong Programme management approach. 2. Good track record of delivery in 2009-2010. 3. External advisor has helped challenge and test robustness of proposals
2	Failure to secure benefits of service line management and the wider cultural benefits including clinical engagement	1. Programme management in place with lead 2. Financial accountant to support development 3. Reports currently produced for 1st six months of 2009/10
3	EQUIP programme is not fully embedded with widespread engagement throughout the Trust	1. External support through Simpler 2. Strong Project team/resource in place and plans to enhance in 2010/11 3. Active programme of rolling out training to Bronze level across organisation

Delivery Programmes

The Trust's change activity is being delivered through six trust-wide programmes, which provide the focus and a disciplined project methodology and programme environment to deliver the Trust's ambitions. The programmes align and prioritise the Trust's existing activity to the actions most critical to achieve our objectives. The programmes are summarised in the table below:

Programme	Programme aim
1. Improving our patient experience	Although patient experience has improved, this programme aims to improve the poor experience some patients have in our hospitals – as reported through the patient surveys and other feedback mechanisms. The purpose of this programme is to develop and oversee implementation of the programme of Trust-wide activity, to improve patient experience in the Trust, addressing the key issues raised by patients through recent surveys, complaints and patient groups.
2. Improving service quality, productivity and efficiency	To systematically improve the way we work, so that our services provide higher quality at lower cost. As a key component of this programme, we have commenced a long- term LEAN based programme of improvement and organisational development – to reduce waste and increase efficiency in a patient focussed manner. The programme will increase the redesign capability of the organisation and focus attention on a set of specific redesign activities.
3. Implementation of our clinical strategy	To change the configuration of our clinical services so that they better meet the needs of patients, align the needs and expectations of our commissioners, make better use of our sites and resources, and increase our market share by 1% per annum in our catchment. We will develop emergency and specialist services at St Peter's, serving patients who would otherwise have had to travel to London for treatment, where this makes a service and financial contribution to the Trust, and we will increase utilisation and efficiency of our services at Ashford Hospital.
4. Leadership development	To develop the leadership capability and capacity we need to deliver our vision; to be a cornerstone of acute health care provision in Surrey and beyond.
5. Workforce redesign	To redesign our workforce so that we have fewer staff but of a higher calibre, with the right skills for the services we deliver currently and in the future – and to do so without reducing quality, patient or staff experience.
6. Building Stronger Clinical Directorates	To devolve to frontline services the ownership of the integrated clinical, operational and financial objectives of the organisation – ensuring that clinicians and managers in the Trust have the information and the appropriate levels of authority and responsibility to manage and improve the quality, operational performance and financial aspects of their service.

Glossary of terms

Abbreviation	Stands for…	Description
CIP	Cost Improvement Plan	The projects and actions that deliver savings on the Trusts expenditure budget
CQC	Care Quality Commission	The national regulator of healthcare providers
CQUIN	Commissioning for Quality and Innovation	The quality improvements and targets that are incentivised with financial payment in the Trusts SLA
EQ	Enhancing Quality	A new regional programme to improve quality and outcomes
EQUIP	Efficiency, Quality, Improvement and Productivity Programme	The Trust's own continuous improvement programme based on LEAN principles and releasing front line staff to make improvements
FRR	Financial Risk Rating	The rating applied by Monitor to all existing and applicant Foundation Trusts to assess their financial health
HCAI	Health Care Acquired Infection	Infections and conditions patients acquire during or as a result of their care in our hospitals
Monitor	Monitor	The independent regulator of Foundation Trusts
NW Surrey	North West Surrey locality	The Surrey locality coterminous with ASPH's catchment
SLM	Service Line Management	The creation of effective self governing units within the hospital to allow clinicians and managers the autonomy, accountability and capabilities to deliver improvements in quality and productivity
SLR	Service Line Reporting	Understanding and reporting of the profit and loss position, often referred to as "contribution" on distinct lines or business units
VTE	Venus Thromboembolism	Blood clots that form in veins that are swept into the lungs in the blood stream and can cause death

Appendix 1: Draft milestones associated with corporate objectives

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and			by end Q1	by end Q2	by end Q3	by end Q4
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	Comms and engagement strategy ratified Process to gather real time patient information in place	Broad range of data being gathered from patients and processes in place to analyse it systematically		
	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		Patient communication strategy in place	Have reviewed all letters to patients and changed them introducing a pack with a supporting letter, map, cost of parking,. Enusre template encompasses our needs as an organisation		
	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		Refurbishment of CCU, angiorecovery bay to Maple in May, DSU work completed, complaince for Observation bay, continue to raise awareness with staff,monitor and validate breaches	Endoscopy amber , all other areas compliant	Fully compliant	
	d) Implement the plan to reduce noise at night so that patients no longer report this as a concern		Develop a noise reduction strategy for nightime	Evaluate effectivness		
	e) Improve access to our sites, especially St Peters, increasing the availability of parking					
	f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors		Develop an annual audit programme for nutrition and MUST tool introduced, Relaunch protected meal times alongside the changes to visiting times	Through the Nutrition Steering Group, develop protocols and guidelines relating to nutrition	Evaluate position	
	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					
	h) Pilot revised visiting times, and assess the benefits to patients as a result		Pilot commences the 1st June	Evaluation of Pilot in August and decision to be taken as to whether to continue.	Reevaluate at the end of quarter 3	

Appendix 1: Draft milestones associated with corporate objectives

Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and			by end Q1	by end Q2	by end Q3	by end Q4
Priority	**Action and timescales**	**Lead Director**				
2. Pass and embed the Monitor Quality Governance Assessment	a) Formulate and embed a strategy focussed on quality	Medical Director	Behaviours underpinning values agreed Process of ongoing quality impact assessment for all developments and CIPs in place	Consultant appraisals identify quality metrics Culture of risk review at corporate and directorate level developed and embedded	Behaviours embedded. COB established & used by all consultants Dynamic measurement of risk registers	Culture underpinned by behaviours adopted Monitor progress of risk management via Clinical Governance Committee
	b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda		Leadership and talent management programme established EQUIP programme escalated to include all areas within the Trust	Identify individuals to take on specific roles within the quality agenda Increased engagement in EQUIP process	Adoption of EQUIP techniques for CIP planning	Increased involvement of consultants in the quality agenda at corporate & directorate level Evidence of sustainable benefits being realised through EQUIP programme
	c) Ensure that systems and processes are in place to monitor the quality of our services		Review existing systems, idnetifying gaps and deficiencies Clearly identify roles and responsibilities of the governance structure	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	Ensure the organisation and external stakeholders are aware of systems and process in place to escalate concerns External benchmarking of process Establish automated data delivery and data review	Audit effectiveness of process and systems by monitoring delivery of quality objectives Show evidence of data generating service and quality improvement
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	Develop a standard that is enforced by clinicians stating named nurse and consultant to discuss and agree Care plan with patient or relative within 24 hours of admission			
	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		Develop programme and present to the Board by the end of quarter 1 and implement	Evaluate effectiveness		
	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 launch June			

Appendix 1: Draft milestones associated with corporate objectives

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 Q1	by end Q2	by end Q3	by end Q4
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	Job plans in place for 149 consultants	Medical appraisal process and timescale agreed and in place for all medical staff (400+)	Mid term appraisal/job plan reviews conducted for all medical staff	Conclude evaluation and review of job planning and appraisal process for 2011/2
	b) Extend ESR self service to all directorates/departments by 31 March 2011		Replace paper based processes for 83 depts with ESR manager self service (MSS)	Assess benefits of roll-out of further MSS functionality	Roll out to relevant departments	Evaluate and review with a view to introdcing employee self service in 2011/2
	c) Embed Healthroster across all directorates by 31 March 2011		Develop & consider Business Case	Formulate action plan and agree way forward	Implement decision	Evaluate and review
	d) Finalise the integrated strategic workforce plan (to 2014/5) by 30 April 2010		Publish Workforce Plan 2010	Monitor delivery of plan	Monitor delivery of plan	Evaluate and report on progress
	e) Reduce agency staff usage through better utilisation of the existing workforce		Implement action plans to reduce agency usage to 45wte per month	Benchmark medical staff and reduce agency usage to 4o wte per month	Agree consultant productivity metrics and reduce agency usage to 35wte per month	Evaluate and review progress with reducing agency staff usage and develop plan for 2011/2
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	100 leaders identified and programme launched	Masterclass 2 held	Masterclass 3 held Dragon's den event	Final Masterclass held and 2011/12 cohort identified
	b) Revise and implement leadership development programmes for c700 staff by 31 March 2011		Revise and promote programmes	Deliver programmes	Deliver programmes	Evaluate and review programmes for 2011/2
	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		Patient and Staff focus groups held to develop behaviours	Values and Behaviours embedded into job design	Values and Behaviours embedded into appraisal	Evaluate through patient and staff satisfaction surveys
	d) Design and introduce a talent management system for all pay bands by 1 September 2010		Develop Talent Management System	Development requirementsof staff identified	Facilitate development.	Review career progression of staff in each pay band.
	e) Ensure at least one internal candidate for all vacancies by 31 March 2011		Develop Talent Management System and database	Agree criteria for entry onto database	Populate system	Review of staff in system and career potential and progression

Appendix 1: Draft milestones associated with corporate objectives

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 Q1	by end Q2	by end Q3	by end Q4
Priority	**Action and timescales**	**Lead Director**				
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 in house faciliators and commence training	Identify staff for 360 appraisal	360 Appraisals, undertaken and feedback given.	Evalaute experience of participants and imapct on organsiational culture.
	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		Design calendar of events	Promote and launch events	Promote events	Evaluate impact of programme of events for 2011/2
	c) Promote the Employee Assistance Programme - starting in May 2010		Relaunch EAP	EAP flyer	EAP on site	Publish EAP take up
	d) Develop and implement a plan to promote a safe and healthy working environment starting April 2010		Publish H&S 5 year plan	Launch enhanced H&S training programme	Gap analysis of staff incidents against plan	Monitor and audit H&S policies
	e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010		Identify Teams to participate in Inventory	Undertake Aston Team Inventory for selected teams	Hold team building events	Repeat Team Inventory and Evaluate impact on organsiational culture
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	Nominate individuals and teams for national and regional awards	Hold Staff Development Awards ceremony	Promote local Clincial Excellence Awards	Hold Annual Staff Awards ceremony
	b) Trust Board to continue with 150 personal contacts per week (including ED walkabouts) as part of the visibility and assurance plan		Complete Visibility and Assurance Plan	Conduct visits	Conduct visits	Review effectiveness of plan to inform 2011/2
	c) Continue to deliver staff and team briefing sessions as a means of involving and staff in improvement and future plans		Publish annual calendar of team and staff briefings	Map the cascade process for team briefing	Monitor attendance and impact of team and staff briefings	Evaluate the effectiveness of team briefing and staff meetings
	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 results from 2009 and hold workshop to develop improvement plans 2010/11	Implement corporate and directorate actions in a targetted manner	Monitor delivery of actions and plans	Report on Improvements
	e) Maximise opportunities to listen and respond to staff issues through staff focus groups and a mid year staff survey in June 2010		Issue local Staff Survey targetting hot spots	Convert results of survey into delivery plan	Deliver improvements	Report on outcomes

Appendix 1: Draft milestones associated with corporate objectives

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 Q1	by end Q2	by end Q3	by end Q4
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	Chief Operating Officer	Ensure daily reporting and performance management in place. Establishment of RAC. Review of Medical Take. NW Surrey Transformation Board Programme 1 in place. Workstreams agreed project management secured. Funding for innovation bid submitted.	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.	Changes to medical take implemented. Potential provision options identified and any tendering options pursued. Implementation of changes to pathways agreed with SECAmb. Roll out of ambulatory care pathways.	Changes to Medical Take reviewed, and operational plan for 11/12 developed. Completion of ambulatory pathways
	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	NW Surrey transformation board strengthened and work underway to review pathways	Service reviews completed for stroke and fractured neck of femur and redesigned pathways agreed	Pathway change being implemented	Impact of changes assessed
	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	Chief Operating Officer	Elective specialities agreed. Transformation team established. Project management secured. Work Plan agreed.	Changes to booking/referral systems identified.	Implementation of changes to booking and referral systems.	Review and operational plan for 11/12 identified.

Appendix 1: Draft milestones associated with corporate objectives

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 Q1	by end Q2	by end Q3	by end Q4
Priority	**Action and timescales**	**Director**				
2. Developing detailed speciality level clinical strategies	a) Develop, refine and share detailed clinical strategies at specialty level, including	Director of Strategy	Each clinical directorate will have produced a draft clinical strategy which will be shared with codependent clinical directorates.	Completed second iteration of directorate clinical strategies. Commenced engagement programme to showcase clinical strategy.	Clinical strategy understood within the Trust and approved by TEC and Board. Completed engagement programme.	Clinical strategy work-stream formally reviews progress, considers significant changes to national/local context & commences progress for adaptation of clinical strategy accordingly.
	Benchmarking with other trusts for quality and productivity			Develop standard data set of benchmarking information to allow meaningful comparison with other providers.	Iterate benchmarking data set	
	Understanding the local market and developing appropriate responses		Completed analysis for Woking and West Byfleet, Cobham and Hounslow and Bedfont and prepared formal action plans linked with operational managers.	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	Sustain improved market share in Woking through improved GP relationships with 'Big 6': Cobham - commence delivery of a matured portfolio of services at Cobham Day Hospital: Hounslow and Bedfont - sustain growth in areas previously defined.	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.
	Using SLR information to inform the strategy				Review updated SLR data to inform service developments and market shifts.	
	b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire		Submit proposition for Richmond residents (Teddington).	Undertake detailed analysis of Berkshire market opportunities.	Commence delivery of increased services in London and define proposition for Berkshire.	Incorporate above in SLA for 2011/2012.

Appendix 1: Draft milestones associated with corporate objectives

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 Q1	by end Q2	by end Q3	by end Q4
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	Director of Strategy	Board approval of business case, subject to NHS Surrey maintaining timeline. Final definition of clinical model and agreement of commercial arrangements. Submission of bid.	Appointment as preferred bidder.	Appointment as provider. Commencement of mobilisation plan.	Delivery of key objectives on mobilisation plan.
	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		Business case defining future direction of cardiology services at TEC.	Successful bid for preferred provider for PPCI and sustained delivery of repatriated cardiology activity, as described in SLA with NHS Surrey.	Mobilisation plan enacted for delivery of PPCI.	Recruitment of additional human resources to enable delivery of any approved increase in cardialogical activity. Maintained support from NHS Surrey for continued cardiology repatriation based upon high levels of sustained performance.
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	Chief Operating Officer	Review current pattern of day surgery across Trust. Identify all procedures to be moved to day case and set furture benchmark based on BADS guidance. Agree shift of lists in line with overall objective.	Implement changes to current theatre lists.	Repatriate outsourced day case work (eg: general surgery).	Review year's performance and target delivery. Identify utilisation levels and agree future targets.
	b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings		Agree objectives with each directorate as part of business planning.			Agree revised target for 10/11 business plan.
			Complete negotiations with Cobham re shift of outpatient work for Cardiology, Specialist Surgery, Surgery.	Implement Cobham changes.		End of year review with Cobham and agree plan for 11/12
			Implement marketing plan for Woking and West Byfleet.	Continue to review marketing data.	Continue to review marketing data.	Develop marketing plan for 11/12
			Develop proposals for further outpatients within Feltham and Teddington	Complete negotiations for any changes.	Implement service change.	Agree further plans for 11/12

Appendix 1: Draft milestones associated with corporate objectives

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q1	by end Q2	by end Q3	by end Q4
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 and 12/13 2 year forward plans brought to Finance Cttee.	10/11 CIPs on track	10/11 CIPs on track. 11/12 CIPs planning underway.	10/11 CIPs on track. 11/12 CIPs approved by Finance Cttee.
	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	Chief Operating Officer	Complete tendering process to secure external support for theatre utilisation work. Complete shift in day surgery work as set out in 4a above.	Secure external support. Agree work programme and identify savings.	Implementation and delivery of key changes eg: repatriation of out-sourced work.	Continue programme of implementation.
	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	Chief Operating Officer	Agree annual capacity plan taking into account pre planned changes for single sex accommodation. Identify potential savings and budget lines. Develop project plan for any specific ward closures.	Implement capacity plan. Agree and implement changes to budgets. Implement changes on altered wards.	Implement capacity plan.	develop 11/12 plan.
	d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve)	Director of F&I	New format Finance report introduced	Improved monthly forecast (overall forecast linked to Directorate forecasts)		
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 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	Chief Operating Officer and Medical Director	Agree pathways; confirm process owners; agree teams for VSA and carry out all VSA's. Train a further 10 people in bronze training. Continue to take part in the Surrey Academy. Continue to run once a quarter a Lean Awarness Session for Managers. Develop forward two year plan for EQUIP. Recruit to clinical lead for EQUIP.	Continue Rapid Improvement Events, based on specific themes identified in VSA. Agree and track benefits to be realised.	Continue RIES. Undertake to train a further ten people to bronze level.	Agree next set of pathways. Assess benefits delivered and agree sustainability plan. Train a further ten people to bronze level. Evaluate embeddedness in Trust.
	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			Agree staff and Clinician Engagement Plan.	Roll out plan.	

Appendix 1: Draft milestones associated with corporate objectives

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q1	by end Q2	by end Q3	by end Q4
Priority	**Action and timescales**	**Lead Director**				
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	Q4 09/10 report	Q1 10/11 report. Training for clinical directoretes.	Q2 11/12 report	Q3 11/12 report. Identify key SLR messages for 11/12 buget and CIPs programme.
	b) Refine and enhance the management information available to Directorates to include finance, operational, quality and workforce information to drive better performance.	Chief Operating Officer	Implement new IRIS performance Management System. Agree programme to expand to include finance and HR information. Agree migration to data warehouse system. Agree performance management framework for the Trust.	Changes to system agreed and implemented. Implement plan for migration.	Roll out plan. Implementation	Evaluate embeddedness in Trust New date warehouse system implemented. Review robustness of framework for 11/12
	c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Chief Operating Officer	Workshop on Service Line Management to clarify principles and ways of working. Development of future OD plan for Service Line Management.		Development of SLAS between Clinical and Corporate directorates.	
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	Chief Operating Officer	Implementation of daily performance reporting on emergency admissions. Establishment of NW Surrey transformation Project 1. Agreement with directorates of capacity plan for 11/12.	See objective 3.		
	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			Performance management via monthly directorate performance meetings. See objective 3.		
	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		Clear accountability for CQUINS etc., agreed within Trust with lead manager for each objectives	Performance management via monthly directorate performance meetings.		