Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 2010

TITLE	**Corporate Plan 2010-20110- Progress Report Quarter 1**
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 Q1 milestones. Overall good progress is being made across all objectives. The areas where further attention is required is in relation to delivery of CIPs and progressing the marketing strategy.
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 1.
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	18th July 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 2010
Corporate Plan 2010-20110- Progress Report Quarter 1

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.

2.1 The focus of each programme over the last quarter has been on

Programme 1: Improving our patient's experience:
- Finalising our patient feedback strategy which puts in place a broader range of systems and processes to obtain feedback from patients, systematically analyse that feedback and ensure we act on it.
- Implementing and assessing the impact of revised visiting times to improve overall patient experience
- Improving patient information
- changing the way we work at night to reduce noise and disturbance for patients

Programme 2: Improving Service Quality, Productivity and Efficiency
- implementing our planned cost improvement programme for 2010/11 and planning programmes for future years

- driving improvements in productivity in theatres
- designing and implementing changes to reduce the number of patients admitted to hospital in an emergency where safe and better alternatives are available to support patients in the community

Programme 3: Implementation of our clinical strategy
- translating the overall Trust clinical strategy into service level strategies
- working with our partners in NW Surrey to deliver four specific system wide projects to reduce repeat and unnecessary hospital admissions
- furthering our plans to develop cardiology and renal services within ASPH

Programme 4: Leadership Development
- Launching our Good to Great Leadership development programme with 100 leaders in the Trust
- Translating our values into a staff pledge to encourage changes in the behaviour and culture of the organisation
- Responding to feedback received through the national and local staff surveys (which have had very high levels of staff engagement)
- improving the quality and coverage of staff appraisal

Programme 5: Workforce Redesign
- completing a review of job plans across the organisation
- replacing paper based processes through the Electronic Staff Record
- developing an integrated workforce plan showing the next level of detail in how we ensure we have the workforce we need to deliver our clinical and organisational strategy

Programme 6: Building Stronger Clinical Directorates
- developing and sharing profit and loss data at specialty level
- strengthening the leadership and capability in clinical directorates
- clarifying the roles and responsibilities of clinical and support directorates

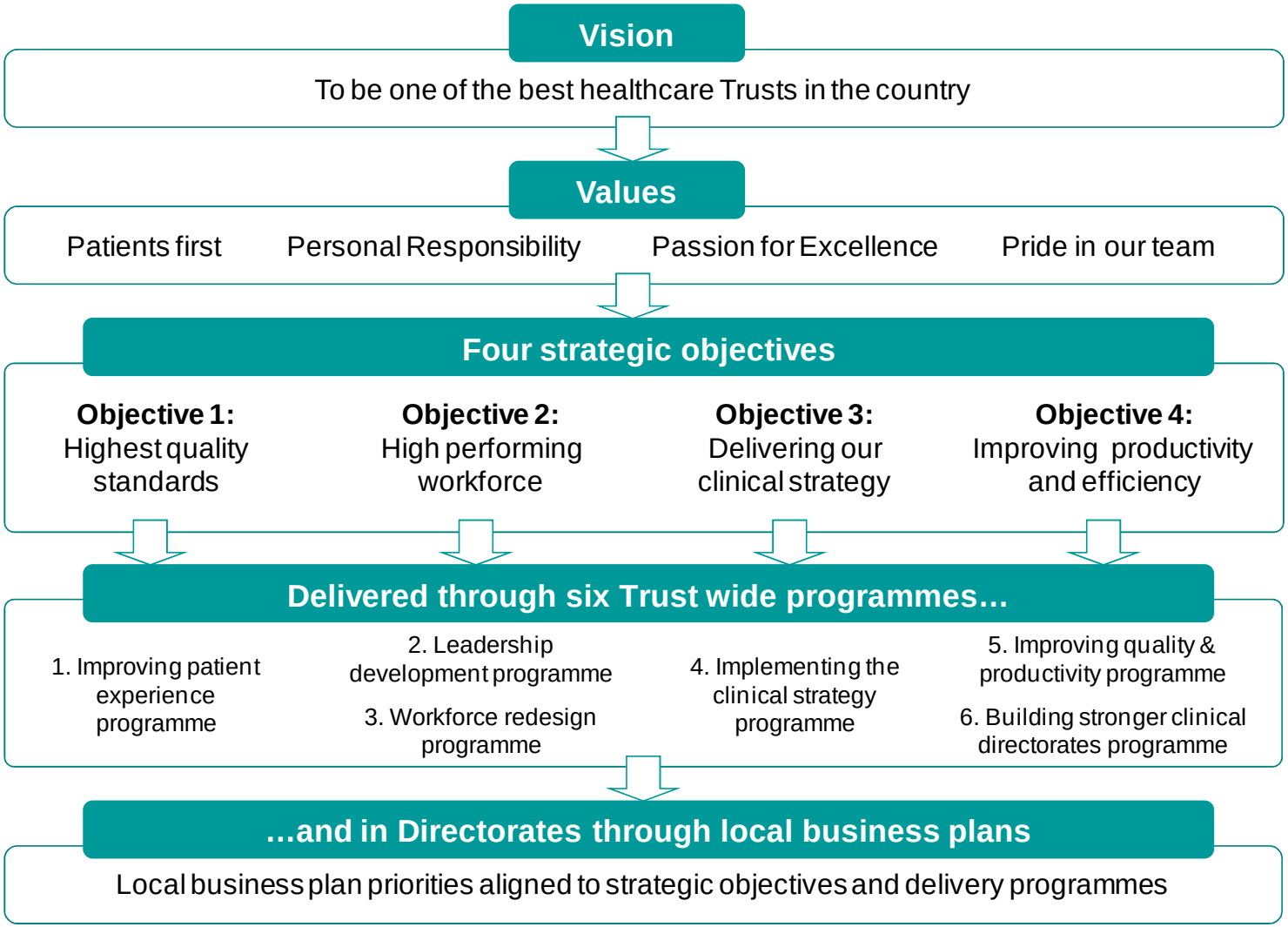
3 Conclusion

Good progress is being made; a further report will be made at the end of Q2.

The main areas of current attention relate to achieve of CIPs and ensuring market share objectives are achieved. However it is important to note that overall market share in Surrey is static and that the Trust will be reviewing its marketing strategy during Q2.

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 Q1	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	Comms and engagement strategy ratified Process to gather real time patient information in place	Strategy in place Pilot of the local development of the Trust's Comment Card ('Your Feedback') to support scanning and early analysis of results July 2010 Embedding principle of daily discussion with patients re: care	
	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	Comms and Engagement strategy in place . Review of patient letters is underway. New letters have been agreed for dermatology	
	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, angio recovery bay to Maple in May, DSU work completed, compliance for Observation bay, continue to raise awareness with staff, monitor and validate breaches	CCU completion date planned 060810 Angiography recovery bay plan to move to maple 090810 DSU SPH complete DSU Ashford on track for Dec 10 Obs Bay- operational change in 0810 Staff awareness on track Performance mgt-on track	
	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	Deep Dive' noise event at night in May which highlighted some key actions to be addressed Noise at Night charter launched CPNs are auditing and promoting this	
	e) Improve access to our sites, especially St Peters, increasing the availability of parking			Planning application submitted. Tenders received in July for work on deck parking in the Abbey Wing car park site	

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Priority	**Action and timescales**	**Lead Director**			
	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	New plated meal system for Maternity services being piloted in September 2010. Protected meal times reviewed by peer review visit by Dartford & Gravesham on privacy & dignity and was commended. New practice development manager appointed will have two days dedicated to nutrition and will drive the MUST etc. forward	
	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		Initiatives examined to fast track patients to the appropriate service area	GP assessment lounge introduced in July will need evaluation. #NOF fast track to T&O working well. Clinical Decision unit in OBS ward 1st of August. Re launch of hotline for GPs to senior Drs & Medicines information phone now open line to pharmacy.	
	h) Pilot revised visiting times, and assess the benefits to patients as a result		Pilot commences the 1st June	Pilot underway. 2 month's feedback being reviewed prior to a formal recommendation being made	
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	Quality Strategy agreed by Board Behaviours underpinning 4 'Ps' have been developed and launched CIPS have a quality risk assessment	
	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	Good to Great Programme launched very successfully EQUIP fully subscribed	
	c) Ensure that systems and processes are in place to monitor the quality of our services		Review existing systems, identifying gaps and deficiencies Clearly identify roles and responsibilities of the governance structure	Ward Quality Indicators continue to evolve	

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Priority	**Action and timescales**	**Lead Director**			
3. Maintain the Trust's CQC registration	a) Improvement on key metrics in the National Patient Survey, in particular: improvement in the scores for patients having a clear outcome from treatment, understanding the nurse/doctor and having someone to talk to, and having their medicines explained to them in a way they could understand when given medicine to take home	Chief Nurse	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	Standards of Care for Nursing have been reviewed and this is now included	
	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	The Board has now heard from 3 patients with a fourth story scheduled in July. This links to the overall Board visibility Programme. The intelligence from all the activities will be drawn together in September	
	c) Working with the broader health and social care community in North West Surrey to improve the Trust's performance on some aspects of the Annual Health check, in particular its performance on delayed discharges		Learning Disability project launch June	ASPH hosted the Launch of Acute Hospital Liaison Learning Disability Nurses across Surrey in June. This is an initiative led by NHS Surrey and Surrey and Borders Foundation Trust which aims to improve the health care for people with learning disabilities within our communities. At the launch we had representatives from all parts of the NHS within Surrey being joined by Mencap and other community groups as well as some patients.	

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	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	Job plans in place for 149 consultants	Job plans for all consultants receieved by the Deputy Chief Executive and are under review.	
	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)	83 'departments' now on self-service; c.20 individuals remain without access and are being chased (to be completed by mid-August)	
	c) Embed Healthroster across all directorates by 31 March 2011		Develop & consider Business Case	Review by Assoc Dir of Health Informatics recommends that Trust continues with an e-rostering system but that alternatives to Healthroster are assessed, the time/cost/effort of replacing the system is identified and the current deficiencies (and remedies) are clearly understood. Next stage to commence in August.	
	d) Finalise the integrated strategic workforce plan (to 2014/5) by 30 April 2010		Publish Workforce Plan 2010	Workforce Plan 2010/11 endorsed by the Workforce Strategy Steering Group in June 2010 and published.	green
	e) Reduce agency staff usage through better utilisation of the existing workforce		Implement action plans to reduce agency usage to 45wte per month	Decision tree introduced by Chief Nurse in July 2010 requiring Executive authorisation for agency usage	amber
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	Official launch of 'Good to Great' on 27 May with 1st Masterclass on 14 June. Action learning sets in place	green
	b) Revise and implement leadership development programmes for c700 staff by 31 March 2011		Revise and promote programmes	Programmes under revision through the Leadership Development Group.	
	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	Staff Pledge published which converts values into behaviours.	

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	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	d) Design and introduce a talent management system for all pay bands by 1 September 2010		Develop Talent Management System	An embryonic syetem has been developed by a sub-group of the Leadership Development Group.	
	e) Ensure at least one internal candidate for all vacancies by 31 March 2011		Develop Talent Management System and database	In process - as above.	
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	In process - trainer identified to commence training in September 2010.	
	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	A calendar of events has been designed and awaits publication.	
	c) Promote the Employee Assistance Programme - starting in May 2010		Relaunch EAP	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		Publish H&S 5 year plan	H&S plan developed. Now to be incorporated into overarching Well Being plan which will be gareed by H&S committee etc.	
	e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010		Identify Teams to participate in Inventory	Michael West, Executive Dean of Aston Business School, will present at the Leadership Masterclass in October 2010.	green
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	Quarterly awards timetabled - nominations submitted for SECHA and national leadership awards, training and development, clinical excellence, annual staff awards	
	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	This was further extended to the Trust Executive Committee who conducted visibility and assurance visits in pairs in June 2010	

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	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**	
	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	Monthly staff and team briefings have continued along with 20 staff breifing sessions by way of preparation for the FT Assessment process with Monitor.	
	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	The Corporate 10 Point Staff Survey plan was published in June 2010 and is aligned to the key findings which were in the lower quartile. This is complimented by directorate plans which are reviewed at the monthly performance review meetings with clinical directorates and quarterly corporate directaorate meetings	
	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	The local 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 the hot spots.	

redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration			by end Q1	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Director**			
1. Reduce emergency admissions and redesign elective care through partnership working in NW Surrey	a) Reverse the growth in emergency admissions to ASPH, with a reduction of 3.7% on 2009/10 – progressing towards our target of reducing to 2008/9 activity levels (a reduction of five admissions per day) through - Developing high quality primary care as part of the emergency service at St Peters, and working with the ambulance service to divert patients that would more appropriately treated elsewhere - Developing case management for the 501 patients who were admitted 4 times or more in 2008/9, & extending case management to other patients at high risk of readmission	Deputy Chief Executive	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.	Strong daily reporting of trends in emergency admissions.. Series of new schemes and pilots under way, and further changes planned for August /September. Further plans in place for schemes to start August 10. NW Surrey Transformation Board focusing on joint working to address the issue, including case management project and joint operations room. Month 3 data shows downward trend in emergency admissions.	
	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	Programme of work on fractured neck of femur planned as part of Equip programme during 09/10. Good inter agency discussions under way on opportunities for greater efficiency across the pathway. Stroke Network addressing issues of stroke pathway.	
	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.	Project team agreed as part of NW Surrey Transformation Board and now in place. Specialties to focus on agreed.	
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	Deputy Chief Executive	Each clinical directorate will have produced a draft clinical strategy which will be shared with co-dependent clinical directorates.	Clinical strategies in place for each directorate. To be reviewed across the organisation during Q2.	

redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration			by end Q1	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Director**			
	Understanding the local market and developing appropriate responses Using SLR information to inform the strategy		Completed analysis for Woking and West Byfleet, Cobham and Hounslow and Bedfont and prepared formal action plans linked with operational managers.	Market share information produced quarterly and presented to TEC and Board. Action plans in place with local directorates, although more progress needed in some clinical directorates.	
	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).	Bid submitted, outcome awaited.	
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.	Awaiting final ITT from PCT	
	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.	Strategic direction discussed at Tec. To be reviewed at July Board meeting	
4. Transfer day surgery to Ashford Hospital and outpatient activity into community settings	a) Transfer day surgery from St Peters Hospital to Ashford Hospital, increasing the proportion of the Trust's day surgery undertaken at Ashford Hospital from 40% in 2009 to 60% by March 2011	Deputy Chief Executive	Review current pattern of day surgery across Trust. Identify all procedures to be moved to day case and set future benchmark based on BADS guidance. Agree shift of lists in line with overall objective.	Review completed. Agreement via TEC to re-open day surgery unit at SPH in order to repatriate day surgery work from in patient lists into the two day surgery units.	
	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.	To be agreed in Q2	

redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration	by end Q1	Comments on progress	Overall status: RAG

Priority	Action and timescales	Director
	community settings	

Complete negotiations with Cobham re shift of outpatient work for Cardiology, Specialist Surgery, Surgery.	Negotiations completed for cardiology, specialist surgery (ENT) and under way for dermatology.	
Implement marketing plan for Woking and West Byfleet.	Competitor analysis and action plan for Woking have been widely circulated	
Develop proposals for further outpatients within Feltham and Teddington	Several specialties for outreach clinics in Feltham centre for Health have been identified. NHS Richmond is to invite Trusts to submit proposals to increase activity at Teddington Memorial	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q1	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
1. Deliver our cost improvement programme of £9m, surplus of £3.3m and Financial Risk Rating of 4	a) Project manage the delivery of the full CIP programme for 2010/11, and quickly establish detailed CIPs for 2011/12 and 2012/13	Director of F&I	10/11 CIPs on track. 11/12 and 12/13 2 year forward plans brought to Finance Cttee.	CIPs at £1.4m YTD are £163k short of plan. This shortfall is being managed through Directorate Performance meetings and we believe the full year target of £9m will be achieved. 2 year forward plan brought to both Finance Committee and Trust Board	
	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	Complete tendering process to secure external support for theatre utilisation work. Complete shift in day surgery work as set out in 4a above.	Tender exercise completed and work on the utilisation programme began 5 July 2010. Agreement on shift of day surgery work now secured.	
	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	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.	Capacity plan now in place and updated on regular basis according to site changes. Plans in place to complete work programme on single sex accommodation, and to reduce length of stay and therefore bed numbers throughout the Trust. LoS programme refreshed as a result of high demand in Q1	
	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	Changes introduced in May report with further improvements in June report.	
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	Deputy Chief Executive 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 Awareness Session for Managers. Develop forward two year plan for EQUIP. Recruit to clinical lead for EQUIP.	VSAs for 2010/11 now agreed and programmes of work underway. Equip clinical lead post recruited to. Further 8 people trained in bronze. Lean awareness training sessions continue to take place on a monthly basis. The Trust continues to take part in the Surrey Academy.	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q1	Comments on progress	Overall status: RAG
Priority	**Action and timescales**	**Lead Director**			
	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				
	b) Increasing the number of staff trained to bronze level to 50, the number of managers completing lean awareness training to 200, and training the first 15 people to silver level				
3. Embedding Service Line Management	a) Fully implement Service Line Reporting so that Directorates receive SLR information on a quarterly basis to complement budget reports and provide a more strategic view of underlying financial performance.	Director of Finance and Information	Q4 09/10 report	Q4 09/10 report will be brought to Finance Committee and Trust Board in August.	
	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	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.	IRIS performance management system now in place and operational. Performance management system now in place for corporate services from July 2010. Performance framework agreed by TEC and to be approved by Board July 2010.	
	c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Deputy Chief Executive	Workshop on Service Line Management to clarify principles and ways of working. Development of future OD plan for Service Line Management.	Workshop has taken place.	

Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework			by end Q1	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	Implementation of daily performance reporting on emergency admissions. Establishment of NW Surrey transformation Project 1. Agreement with directorates of capacity plan for 11/12.	Daily performance reporting in place. NW Surrey Transformation Project One in place and now meeting regularly. A range of pilot schemes in place in the Trust to reduce emergency admissions, and further pilot schemes planned for August 10. Data at month 3 shows downward trend in emergency admissions.	
	b) Delivering the planned levels of elective activity			Q1 shows good performance against plan.	
	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		Lead Managers for best practice tariffs agreed and data collection underway. Changes to pathways agreed and implemented.	Lead managers agreed, data collection under way	
	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	Clear accountability for Cquin targets established. Good level of participation in EQ programme. VTE assessment level increasing. Strong focus on in-patient survey, and clear directorate level action plans. More work to be done to improve access to smoking cessation services.	