Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 2010

TITLE	**Corporate Plan 2010-20110**
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. In July 2010 the coalition Government published its Health White Paper "Equity and excellence: Liberating the NHS" which sets out the policy direction for the NHS for the next 5 years. The Trust's Corporate Objectives for 2010/11 have been reviewed in the light of this White Paper, to ensure that they fully reflect its themes and emphasis. Updated Trust Objectives for 2010/11 are attached, with additions and changes highlighted in bold italics for the Board to consider.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Relates to all aspects of the Board Assurance Framework. Failure to deliver the corporate objectives or align with the direction of travel in the White Paper would create a very high level of risk to the Trust in terms of delivery of key service and financial targets, and delivery of improved patient and staff experience
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Corporate Objectives address a number of issues identified as highly significant by patients and key stakeholders. Delivering improvements in the patient experience reflects feedback received from patients and visitors.
EQUALITY AND DIVERSITY ISSUES	None known.
LEGAL ISSUES	None known.
The Trust Board is asked to:	Approve this refresh to the Trust's Corporate Objectives for 2010/11. An update on progress on Q2 will then be presented to the Board in October
Submitted by:	Valerie Howell, Deputy Chief Executive
Date:	18th September 2010
Decision:	For Approving

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. ***Review our feedback strategy in the light of the planned expansion of the use of patient generated information, patient surveys and real time patient feedback signalled in the White Paper. Ensure that our feedback strategy systematically takes account of the views and opinions expressed by GPs on behalf of their patients about our services.*** b) Define standards for all written communication with patients ***(and with GPs on behalf of 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 & quality of food available for our patients, leading to positive feedback from patients 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 ***i) Develop and deliver a programme to create an excellent, welcoming first impression of ASPH - refreshing our website, our presence on NHS Choices, our corridors and our front entrance*** ***j) Review our inpatient and outpatient survey action plans to ensure the necessary action is being taken to involve patients more in decisions being made about their care, and in having a choice about all aspects of the services they receive.*** ***k) Ensure that Choose & Book provides a patient focussed view of all of the services available at ASPH***	Chief Nurse

	l) Begin work to describe our vision for the patient experience at ASPH ***m) Improve the process of and patient experience of discharge from hospital*** ***In overall terms we are seeking to make it easier for patients to choose ASPH as their provider of care, and to make ASPH more attractive to patients and commissioners***	
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
4. Preparing the organisation to operate in the new quality environment	***a) Strengthening our relationship with LINks and supporting them as they establish the local HealthWatch*** ***b) Agree roles and responsibilities for internal governance in relation to the new role of the CQC set out in the White Paper*** ***c) Identify current best practice regarding patients accessing/controlling their own health records (in the light of the commitment that patients will have control of their health records), identify how this compares to our own practice, and make recommendations on any changes as a result*** ***d) Put in place the organisational arrangements needed to support the operation of the NHS Outcomes Framework & an explosion in the availability of information for patients/the public about NHS services:*** ▪ ***Review the paper 'Transparency & outcomes: a framework for the NHS'; work through its implications for ASPH*** ▪ ***Assess the capacity and capability of our clinical information systems and processes to support the required ways of working*** ▪ ***Develop & agree the processes by which we a) benchmark our clinical performance at organisational, service &***	***Chief Nurse*** ***Chief Nurse*** ***Director of Finance and Information*** ***Medical Director***

Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust		
	individual clinicians level, b) present this information to the public & referring clinicians (incl via our website)	

Priority	**Action and timescales**	**Lead Director**
1. Ensuring we have robust workforce planning (inc job planning, rostering) and medical revalidation in place	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) Review the cost benefit of electronic rostering systems by October 2010 d) Finalise the integrated strategic workforce plan (to 2014/5) by 31 May 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 c600 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 and succession planning 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,	Director of Workforce & Organisational Development

	physiotherapy, counselling services, yoga, etc) by 1 September 2010 c) Promote the Employee Assistance Programme - starting in May 2010 d) Develop & implement a plan to promote a safe & healthy working environment starting April 2010 e) Introduce the Aston Team inventory along with teambuilding programmes by Sept 2010 ***f) Ensure coherence and co-ordination of our Trust wide actions to ensure that as an autonomous provider organisation there are employee led improvement projects and initiatives – such as Service Line Reporting, EQUIP, the Good to Great Leadership Programme, clinical specialty leadership roles, to spearhead clinical strategies and plans across the health system.*** ***g) Track emerging national policy and the planned proposals for consultation on training and education in the NHS, and make local recommendations as required.***	
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 the development of a coherent 24/7 urgent care service in NW Surrey and by:*** • 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 ***and increased shared decision making*** for the cohort of patients who are admitted to hospital 4 times or more in a 12 month period ***and involving patients as well as professionals in the design of new service models*** • ***Implementing ambulatory care pathways for key pathways with Surrey Community Health & SECAmb*** • ***Introducing internal changes to the configuration of A&E and MAU which support ambulatory care, early senior decision making and the improved management of medical patients***	Deputy CEO
	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
	c) Implementing redesigned elective referral pathways so that fewer patients are referred inappropriately to hospital, more patients are cared for closer to home, and an increased proportion of patients in NW Surrey choose to be treated at ASPH, their nearest hospital	Deputy CEO
	d) Developing new ways of working with the Local Authority over service delivery and service change, strengthening our strategic and operational links with social services	***Deputy CEO***
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	Deputy CEO

	b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire	
3. Developing renal, cardiology and pathology 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 c) Develop and implement a successful business case for an integrated Surrey wide Pathology service	Deputy CEO
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 5.5% to 7% the proportion of outpatient activity undertaken in community settings ***c) Ensure that the improvements in access to these services are communicated effectively with general practitioners, patients and the public***	Deputy CEO
5. Developing our relationships with GPs as partners and commissioners	***a) Put in place the account/client relationship management systems and processes to*** • systematically develop, strengthen and manage our clinical and managerial relationships with each of the five main PbC clusters referring patients to ASPH • supports improved knowledge and understanding of primary care and the external market within the newly formed Clinical Divisions ***b) Support the NW Surrey PbC clusters as organisations, and their lead clinicians they develop into commissioning consortia*** ***c) Refresh our processes for engagement with GPs across NW Surrey, ensuring that we understand their needs, have processes in place to respond to them, and that we are building clinical relationships with them*** ***d) Engage with local GPs in a process to develop and agree the future model of care for NW Surrey***	***Deputy CEO***

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 Mar 11, 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 Deputy CEO Deputy CEO 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 & 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 completing lean awareness training to 200, and training the first 15 people to silver level	Deputy CEO and Medical 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. b) Refine and enhance the management information available to Directorates to include finance, operational, quality and workforce information to drive better performance.	Director of Finance and Information Deputy CEO

	c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates	Deputy CEO
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) Review performance ahead of the introduction of best practice tariffs for interventional radiology, day case breast surgery, hernia repairs and some orthopaedic surgery*** e) Achieve maximum possible payments through CQUIN programme, including participation and pathway results for EQ programme, increased VTE assessments, improved patient survey results, electronic discharge summary produced on day of discharge, referrals to GPS when patients present in A&E with alcohol related symptoms, smoking cessation and chlamydia screening uptake	Deputy CEO
5. Ensure we have the appropriate processes and capability to operate in the new commercial environment	***a) In the context of the policy direction to provide further freedoms for providers, increase our commercial acumen, understanding the competitive regulations and environment within which we operate*** ***b) Develop the 2011/12 business planning process including the development of a balanced scorecard and plan to measure and improve clinical outcomes, productivity, market share and workforce metrics at service level, including using Service Line Reporting data*** ***c) Agree roles and responsibilities for internal governance in relation to the new role of Monitor as economic regulator, as this is clarified***	***Director of F&I*** ***Deputy CEO*** ***Director of F&I***