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

Corporate Business Plan 2011/12

23 March 2011

Final Draft for Trust Board

Foreword to the 2011/12 Corporate Plan

Welcome to our Corporate Plan for 2011/12. This will be an important year for us – our first full year as a Foundation Trust at a time of great change in the NHS.

This Plan describes the context within which our Foundation Trust will operate and then focuses on our key objectives for the year and how we will achieve them.

We look forward to building on the success of last year and using our ambition to drive more improvement and progress for our patients. We are launching some important new initiatives this year such as ***Living our Values*** which will include every member of staff and ***Best Care*** which will include every ward. Our successful ***EQUIP*** (Efficiency Quality and Productivity) and ***Good2Great*** Leadership programme will continue to support our staff to make their services a success. We will lead and participate in even more projects with local GPs and community and social care staff across North West Surrey to integrate the care we provide for the benefit of patients. And we will deliver our biggest ever financial savings target to maintain financial health in difficult times.

There is a lot to do and this Plan is designed to make sure that we have a successful year. I hope you find it informative and helpful and support its delivery.

(add signature)

Andrew Liles

Chief Executive

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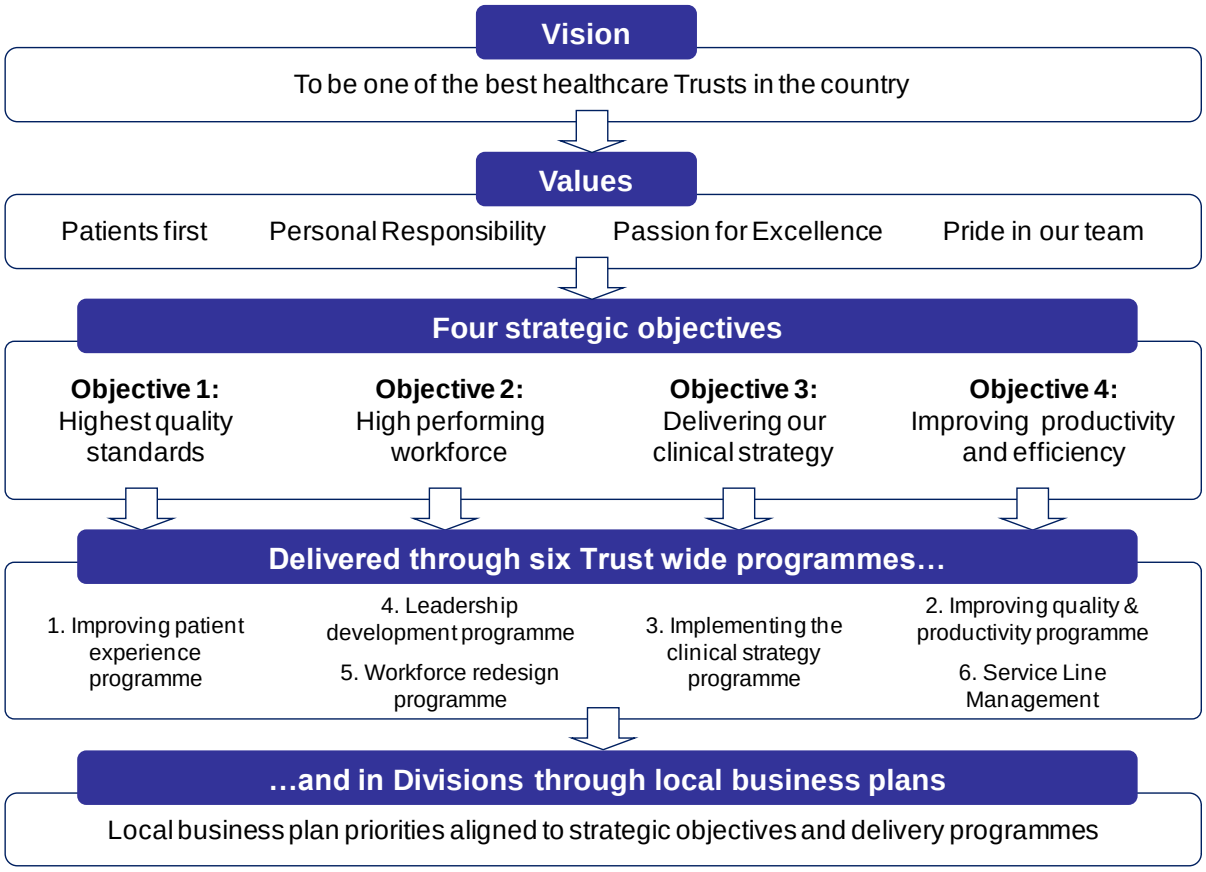
1 Introduction: Delivering our Vision



1.1 The diagram above sets out the architecture of our vision, values and objectives and was developed to form the basis of our 5 year Foundation Trust Business Plan and our successful application to Monitor.

1.2 Our Vision is to be one of the best healthcare Trusts in the country. It represents our ambition for our organisation and our staff and of course our patients. In most areas and measures we are above the average and are improving. We aren't satisfied with above average – we are serious about being one of the best.

1.3 We developed our Values – the 4 Ps – with staff and patient representatives and they are there to guide us all in *how* we realise our vision to be one of the best. Our staff report a real affinity with these values and we have jointly developed a staff pledge that describe the behaviours that support each of our 4 Ps. We are embedding these values through recruitment, appraisal and personal development processes.

1.4 Our 4 Strategic Objectives describe *what* we will do to become one of the best. 2011/12 will be the second year of delivery against these 5 year objectives and the major role of this annual Corporate Business Plan is to set out the details of the actions we will take in this financial year. It is here that the Trust must make sure that its priorities and actions properly reflect the changes in national policy signalled in the Health and Social Care Bill and the priorities and economic pressures resulting from

the 2011/12 Operating Framework.[1] Progress with these actions is monitored by the Trust Board and reported to our Council of Governors.

1.5 The annual priorities and actions for each Strategic Objective are delivered through a mixture of 6 Trust-wide change programmes and Divisional and local business plans. Progress is reviewed by the Programme Board and monthly and half yearly business plan reviews.

1.6 The process of developing and agreeing the coming year's Business Plan commences in October and in future will include the full involvement of our Council of Governors.

[1] The Operating Framework for the NHS in England in 2011/12. Department of Health. 15 Dec 2010.

2 The context within which we operate

2.1 This plan is prepared at a time of unprecedented change in 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. Alongside this financial challenge the NHS is also facing very significant structural change.

2.2 The White Paper and the NHS Operating Framework for 2011/12 set 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 1.5% reduction in the tariff for 2011/12, with further financial challenges created by new payment systems for readmissions and a continued cap on the payments made to acute Trusts for non elective work.

2.3 **North West Surrey locality** is the health economy within which Ashford and St. Peter's operates. Over the last year 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 have been working together through a formal project infrastructure to manage the local response to the national challenge. In addition, the partners have come together to create The Future Model of Care for North West Surrey, which sets out the future strategic direction for this locality,

2.4 Within North West Surrey we have agreed a local approach to how we respond to the 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, reducing emergency admissions, readmissions and multiple admissions by reviewing pathways in a structured and whole system manner that increases the focus on patient experience and also reduces cost in the system
- Sharing risk between partners in NW Surrey, and specifically taking action together to reduce emergency admissions and readmissions, as well as working together on better approaches to demand management
- Delivering more services in community settings in NW Surrey (leading to a smaller acute sector)
- Integrating service delivery across the boundaries of primary, community and secondary care, and across health and social care, particularly for the care of our most vulnerable and elderly patients

2.5 **It is within this national and local context that ASPH has developed its business plan** – describing how we will continue to build on the gains we have made for both patients and staff 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** – focusing on improvements for some of the most vulnerable of our patients, improving the experience of discharge from our hospitals, and embedding a culture that puts the experience of patients absolutely at the heart of what we all do
- Continue to focus on supporting our staff to give their best in the challenging times ahead – supporting the role out of our ***EQUIP*** programme, and equipping our new Specialty Leads for their roles
- Drive up **productivity and efficiency** – going further on theatre utilisation, continuing to improve day case rates, ensuring that our length of stay benchmarks with top quartile performance and reducing Did Not Attend rates and unnecessary follow up appointments in out-patients

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

- **Collaborate** in partnership to integrate services – building on the early success of the North West Surrey partnership work to provide better services for those patients who attend hospital multiple times and are at risk of readmission
- **Collaborate** with our primary care colleagues to develop effective demand management systems – agreeing clinical thresholds for outpatient services
- **Collaborate** with our acute Trust partners to deliver better care in Surrey, and continue to develop 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 and to develop a broader range of specialist services

c) Implementation of these objectives will see the configuration of the Trust change in the following ways:

- A contraction in some of the acute care currently delivered by the organisation.
- A potential growth in the scope of the organisation – with responsibility for some pathways extending into community settings and with the Trust as a key partner in new, community based ways of working such as the “virtual ward”
- A stronger set of clinical networks with Epsom and St Helier Trust
- A set of clinical networks across Surrey for some services.

2.6 The next section sets out the priorities for 2011/12 for each of our Strategic Objectives.

Our Objectives

5 Year Strategic Objective	Priorities for 2011/12
1 **To achieve the highest possible quality standards for our patients meeting and exceeding their expectations, in terms of outcome, safety and experience**	▪ Take personal responsibility to ensure that the patients' individual needs are at the centre of everything we do, embedding the philosophy of "no decision about me without me". ▪ Deliver high quality care, and a positive experience, to all our patients from admission to discharge and beyond, providing care that meets the complex medical and social needs for the older, vulnerable patients including all those with dementia, learning difficulties, a mental health problem and those receiving end of life care. ▪ Integrate acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway, avoiding inappropriate or multiple admissions and readmission following discharge. ▪ Report on the NHS Outcome Framework data to enable patient choice and control, monitor and benchmark performance and drive service improvements
2 **To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust**	▪ Plan, forecast and manage workforce demand and supply through a real alignment with the needs of patients and affordability. ▪ Develop the workforce through the provision of innovative learning methods and competency development ▪ Enable and support the workforce to create a learning organisation, embedding the 4Ps, promoting the health and well being of multi disciplinary teams working across organisational boundaries ▪ Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent
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**	▪ Redesign local health care services integrating the services provided by the acute sector, primary, community and social care to enable the provision of seamless care along the whole of the patient pathway. ▪ Define with primary care, the indications for the referral and treatment of all patients with non urgent (elective) conditions to manage and prioritise the demand for scheduled activity. ▪ Redesign with our partners the emergency care pathway to reduce the number of unscheduled (emergency) admissions. This will focus on the avoidance of hospital admission, effective and appropriate care of patients admitted to the acute Trust and adequate support of patients discharged from the Trust, into the community to avoid readmission. ▪ Continue to develop specialist services and expand existing clinical networks/collaborations to secure new potential markets and repatriate clinical activity currently delivered outside our natural catchment areas.
4 **To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework**	▪ Deliver our cost improvement programme of £12m, 5.5% of income. ▪ Embed service line management and promote a more commercial culture within the Trust, supporting effective and business-like decision-making. ▪ Implement incremental improvements in our IT systems to improve productivity. ▪ Extend use of lean methodology through "EQUIP" programme, increasing the number of pathways transformed through the process and the number of staff trained. ▪ Improve operational efficiency in key clinical areas, such as theatres, out-patients and in-patient wards.

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 delivery programmes are overseen by a Programme Board. The programmes are summarised in the table below:

Programme	Programme aim
1. Improving our patient experience	To integrate work across a variety of dimensions that together aim to improve the patient experience of care. In the forthcoming year the program will initiate three further areas of work which aim to respond to the areas for improvement identified as a result of patient feedback. These include the following which are described in detail later in the plan - ***Living Our Values***, ***Best Care*** Programme, ***Streamlining Discharge*** Project
2. Improving service quality, productivity and efficiency	To focus on improving the quality of care to patients by finding more efficient ways of working During 2011/12 our ***EQUIP*** team will train an increasing number of our people in Lean methodologies, supporting an ongoing programme of service improvement across the Trust. We will also deliver targeted improvements in the use of theatres (building on very good progress during 2010/11) and outpatient areas, whilst also enabling a reduction in length of stay in some specialties. Programme 2 oversees the delivery of the Trust's £12m cost improvement programme.
3. Implementation of our clinical strategy	To change the configuration of our clinical services, in particular aiming to increase our market share by 1% per annum in our catchment area for elective work. We will develop some emergency and specialist services at St Peter's for patients who would otherwise have had to travel to London for treatment, where this makes a service and financial contribution to the Trust. We will also increase utilisation and efficiency of our services at Ashford Hospital.
4. Leadership development	To develop the full leadership potential of healthcare professionals within North West Surrey to shape and deliver high quality care which meet's the Trust's vision, values and strategic objectives. During 2011/12, Ashford and St Peter's NHS Foundation Trust will continue to design and deliver best in class leadership development programmes in partnership with world class international academics including the ***North West Surrey Future Leaders Programme, Council of Governors and Board of Directors Development Programmes,*** Leading Ashford and St Peter's NHS Foundation Trust from ***Good to Great.***
5. Workforce redesign	To redesign the workforce with the aim of improving the people (patient and staff) experience and achieving efficiencies through improved utilisation of the established workforce, a planned approach to the contingent workforce, introducing new roles and ways of working and achieving efficiencies in skill mix.
6. Service Line Management	To strengthen the business and management capability of our Divisions and clinical specialties through the provision of enhanced management information enabling clinicians to understand the economic implications of how they are managing the care of their patients. Patient level costing, first implemented in 2010/11 will be embedded and we will move to monthly provision of this information. Engagement of the recently appointed specialty leads is the key objective for 2011/12. Programme 6 will also oversee the development and roll out of Outcomes Framework reporting.

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. That all staff, at all times, take a personal responsibility to ensure that the patients individual needs are at the centre of everything we do, embedding the philosophy of "no decision about me without me"	a) Launch ***Living our Values*** (LoV) programme - March 2011. b) Commence ***Living our Values*** Training in April 11, training 30% of the organisation in first 4 months. c) Cascade ***Living our Values*** Training from August 11 to the remaining 70% and new joiners by March 2012. d) Implement Patient Diaries to enable real-time feedback and sign-posting to enable early resolution of issues - June 2011. e) Scope participation in a national Reflective Rounds Project for high volume/exposure teams - May 2011.	Chief Nurse Medical Director Director for Workforce & OD
2. Deliver high quality care, and a positive experience, to all our patients from admission to discharge and beyond, providing care that meets the complex medical and social needs of the older, vulnerable patients including all those with dementia, learning difficulties, a mental health problem and those receiving end of life care.	a) Define ***Best Care*** Programme - Apr 2011. b) Implement senior team Essential Care Spot Checks from Mar 2011. c) Implement Essential Care initiatives; Care Rounds, Essence of Care Benchmarking, Peer Review, High Impact Actions for Nursing and Midwifery during Mar/Apr/May 2011. d) Implement Specialist Care initiatives; Dementia Strategy, End of Life Gold Standards Framework between April and June 2011. e) Launch Releasing Time to Care - April 2011. f) Commission Integrated Dementia Service - September 2011. g) Launch Nursing and Midwifery Trust Strategy - October 2011.	Chief Nurse Medical Director

3. The integration of acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway, avoiding inappropriate or multiple admissions and readmission following discharge.	a) Implement and accelerate Streamlining Discharge Project March 2011. b) Deliver and extend Nursing Home Project April 2011. c) Build and extend Virtual Ward Projects July 2011. d) Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre October 2011. e) Develop integrated and cross organisation health and social care team and launch January 2012.	Chief Nurse Medical Director
4. To report the NHS Outcome Framework data to enable patient choice and control, monitor and benchmark performance and drive service improvements in the Trust	a) Adopt National Outcome Framework (NOF) and develop dashboards - July 2011. b) Publish Outcome data on website - October 2011. c) Publish Quality Account - June 2011. d) Monitor Patient Control and Choice - design and roll-out patient survey focusing on availability, access to information and execution of choice and control January 2012.	Chief Nurse 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

Priority	Action and timescales	Lead Director
1. Plan, forecast and manage workforce demand, and supply through a real alignment with the needs of patients and affordability	a) Deliver an integrated (to the business) workforce plan by the end of March 2012. b) Forecast and deliver workforce plans to provide safe staffing levels and mix (permanent/contingent) particularly in April, August and December 2011. c) Maximise opportunities for role redesign and new ways of working through EQUIP and skill mix reviews throughout 2011/2. d) Introduce a campaign approach to recruitment, particularly for "hot spots" by the end of June 2011. e) Fully utilise the three workforce systems (ESR, Health Roster, CRMS) to plan, forecast and deploy the workforce by the end of March 2012.	Director of Workforce and OD
2. Develop the workforce through the provision of innovative learning methods and competency development	a) Consider and respond to the opportunities and challenges arising from Liberating the NHS – Developing the Healthcare Workforce throughout 2011/12. b) Produce a strategic workforce development plan which anticipates the development needs for 2012/13 by September 2011. c) Publish a Leadership and Management Development Framework and directory by April 2011. d) Deliver leadership and management development programmes, prioritising programmes for Speciality Leads, Ward Sisters, and Therapeutic & Diagnostic professions by the end of March 2012. e) Conduct a comprehensive review of education and training provision (particularly mandatory training, clinical practice, education and tutoring).	Director of Workforce and OD

Objective 2: Recruit, retain and develop a high performing workforce

3. Enable and support the workforce to create a Learning Organisation, embedding the 4Ps, promoting health and well being and working across organisational boundaries	a) Design and deliver a coherent programme of staff events to complement 'living our values' and improve the patient experience "first hand". b) Conduct and act on listening events and staff surveys with a focus on 8 of 38 key findings where the Trust performance is below the national average. c) Participate and act on the findings of national research linking effective team working and patient safety as a learning organisation. d) Promote staff health and well being through a calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, yoga) throughout 2011/12. e) Develop mutually beneficial public and private sector partnerships with local employers and academic centres of excellence.	Director of Workforce and OD
4. Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent	a) Ensure all staff undertake a meaningful appraisal using 360^{o} (bespoke to the 4Ps) where possible. b) Agree productive job plans and flexible utilisation of specialist staff. c) Celebrate a diverse and talented workforce through quarterly staff awards. d) Introduce a talent management system for senior staff (level 4 and 5 staff) by September 2011. e) Ensure all staff are aware of the vision, values, and critical corporate information by April 2011.	Director of Workforce and OD

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. Redesign local health care services, integrating services provided by the acute sector, primary, community and social care to enable the provision of cost effective and seamless care along the whole patient pathway.	a) Continue to participate actively with local partners in the Surrey and North West Surrey Transformation Boards throughout 11/12 working together to improve identified pathways. b) Agree, with partners, by April 2011 three key priorities in the North West Surrey Model of Care. c) Identify the actions required from the Trust and begin implementation from April 2011 onwards. d) Incorporate priorities into the Trust's Specialty Strategies, being developed during 2011/12 and implement a number of specialty specific clinical strategies during 2011/12. e) Develop systems to facilitate clinical conversation between local GPs and consultants, for advice and guidance in individual cases for implementation by June 2011.	Deputy Chief Executive
2. Define with primary care the indications for the referral and treatment of all patients with non urgent (elective) conditions to manage and prioritise the demand for scheduled activity.	a) Through Divisional Directors, specialty leads and GP Consortia leads, work with GPs to identify and develop agreed clinical pathways in a number of specialties from April 2011. b) Implement agreed referral and treatment guidelines and criteria, across the Trust and North West Surrey GPs, starting summer 2011. c) Support the development of a collaborative, North West Surrey approach to referrals management as local approach to NHS Surrey's Fast Steady Stop principles, after pilot phase April 2011. d) Develop more effective clinical services which are responsive to patient and GP requirements, such as one-stop or combined clinics during 2011.	Deputy Chief Executive

3. Redesign with our partners the emergency care pathway to reduce the number of unscheduled (emergency) admissions. This will focus on the avoidance of hospital admission, effective and appropriate care of patients admitted to the acute Trust and adequate support of patients discharged from the Trust into the community to avoid readmission	a. Develop 12 ambulatory care pathways, during 2011/12, aim for three pathways in each quarter, by June, September, December and March. b. Monitor the impact of the extended Nursing Home pilot across further Nursing homes by during 2011 c. Develop measures to support patients after discharge, such as follow-up phone calls and improved written information during 2011/12. d. Evaluate the impact of the "Virtual Ward" supporting older people after discharge and extend scope if evaluation demonstrates success in May 2011 e. Redesign the internal emergency care pathways within the Trust for implementation by Autumn 2011.	Deputy Chief Executive
4. Continue to develop specialist services and expand existing clinical networks/collaborations to secure new potential markets and repatriate clinical activity currently delivered outside our natural catchment areas.	a. Repeat the analysis of Surrey activity sent to non-local/ tertiary providers by July 2011, to identify opportunities for further repatriation of activity. b. Extend the range of clinical networks with other providers, to develop further specialised services including 24/7 vascular and interventional radiology - July 2011. c. Develop and implement plans for the Surrey Pathology partnership during 2011. d. Maintain Surrey designation as provider of bariatric services and achieve designation from South Central specialised commissioning group - May 2011. e. Through the Clinical Strategy Group and Commercial group, review market intelligence for opportunities for bids and continue to use market share and SLR data to identify appropriate services for further development. f. Explore incorporating Epsom General Hospital into our Foundation Trust - July 2011. g. Increase elective market share by 1%.	Deputy Chief Executive

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 £12m, 5.5% of income	a) Hold Divisions to account through performance meetings and ensure that variances are identified and brought back on track promptly. b) Establish and develop Programme Management Office by April 2011 to ensure that cost improvements are delivered in line with the plan. c) Ensure cost improvements link to productivity and that workforce movements are targeted and tracked throughout the year.	Director of Finance & Information
2. Embed service line management and promote a more commercial culture within the Trust.	a) Roll out patient level costing, and engage specialty leads in profit improvement plans for each main specialty, by June 2011. b) Launch the Commercial Group by April 2011 and embed throughout the year. c) Develop commercial competences amongst our leaders.	Director of Finance & Information
3. Implement incremental improvements in our IT systems to improve productivity.	a) Complete roll out of the Trust's wireless network by December 2011. b) Deployment of Patient Centre across different clinical areas throughout the year to improve productivity and to take the first steps towards an electronic record c) Procure and deploy Single Sign-On with Context by March 2012 to enable clinical staff to view and seamlessly update patient records across disparate systems without the need for several logon processes d) Pilot Outpatient arrivals using kiosks, by September 2011. e) Pilot Ante-Natal book information via Web by September 2011.	Director of Finance & Information

4. Extend use of lean methodology through “Equip” programme.	a) 200 people trained to bronze level by end 11/12, and 50 trained to silver. b) Affiliates for each Division in place and trained to bronze level. c) Robust programme of pathway reviews implemented and systematic 30, 60 and 90 day reviews in place.	Deputy Chief Executive
5. Improve operational efficiency in key clinical areas	a) Operating Theatres: increase theatre utilisation up to 85%, achieve a day case rate of 85% and implement 23 hour surgery. b) Outpatients: reduce do not attend rates to 6% and make better use of Ashford hospital. c) Length of stay: reduce Trauma and Orthopaedics bed base by 10 beds and surgical bed base by 5 beds and achieve top quartile length of stay in all specialties by March 2012.	Deputy Chief Executive

6 Monitor Compliance Framework & Performance Management

6.1 In line with our ambition to be one of the best Trusts in the country, Ashford and St Peter's Hospitals NHS Foundation 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 achieved green on the current compliance framework for the first quarter during which it fell under the regime i.e. Quarter 3 2010/11.

6.2 The proposed targets for the Monitor compliance framework for 2011/12 have not yet been published so the table below shows the targets in force during 2010/11:

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
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

6.3 Monitor consulted during January and February 2011 on proposed changes to the Compliance Framework. While the consultation has closed the results have not yet been published. However the key aspects on which Monitor was consulting were:

- changes to Monitor's self-certifications to reflect the recently launched quality governance framework;
- a clarification of the triggers and scope of governance reviews;
- the scoring of material data submission failure or misrepresentation;
- the inclusion, as in previous years, of relevant priorities from the Operating Framework for the NHS 2011/12;
- a revision of how they will incorporate Care Quality Commission judgements in their governance scores;
- the inclusion of foundation trust performance on NHSLA clinical negligence scheme for Trusts (CNST) levels within their governance risk rating;
- the provision of community services by foundation Trusts;
- a refinement of their approach with regard to the treatment of PFI and other finance lease liabilities within their financial risk rating; and
- the regulatory consequences of a financial risk rating of 2.

6.4 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 Deputy Chief Executive and supported by standardised performance reports from each of the divisions
- Half yearly and annual performance reviews for divisions chaired by the Chief Executive
- Monthly balanced scorecard reports to the Trust Board and the Trust Executive Committee
- Delivery Programme 2: Improving service quality, productivity and efficiency oversees the drive for efficiency

6.5 In response to the Compliance Framework the Trust's key objectives in performance terms for 11/12 will be sustained delivery of five A and E quality indicators.

6.6 Key performance issues impacting on the Trust from the Operating Framework 2011/12 include:

- Quality and Outcomes, with national priorities which include maintaining 18 week and cancer waiting times, reducing HCAIs and reducing emergency readmissions.
- Financial control and QIPP - efficiency requirement of 4% nationally, 1.5% tariff reduction across PbR and non PbR prices. Readmissions in 30 days will result in no payment after elective spells and around 25% reduction for readmission after emergency spells. The marginal rate for emergency admissions over threshold also continues at 30%. Additional Best Practice tariffs are being introduced.
- Transition and Reform which maps out the system changes including Pathfinder GP and the shadow NHS Commissioning Board. Although PCTs and SHAs continue to hold statutory accountability in 11/12, the Trust in increasingly working on the North West Surrey agenda with local GP commissioning leads

Ashford & St Peter's Hospitals NHS Trust
DRAFT BALANCED SCORECARD **Position as at:** 2011-2012

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	Annual	Forecast	Actual	Performance			YTD 11-12
1-01	Standardised mortality (Relative Risk)*	82						
1-02	Crude mortality	1.8%						
1-03	MRSA (Hospital only)	4						
1-04	C.Diff (Hospital only)	33						
1-05	Mortality from C.Diff	6%						
1-06	Mortality from VTE	0.35%						
1-07	Mortality from Hip fractures	4.6%						
1-08	Patient Satisfaction (NetPromoter Score)	90%						
1-09	Formal complaints	325						
1-10	SUIs	14						
1-11	Falls - resulting in significant injury (grade 3)	19						
1-12	Hip fractures treated within 36 hrs	85%						
1-13	Readmissions within 30 days - elective	2.97%						
1-14	Readmissions within 30 days - emergency	14.40%						
1-15	Readmissions from Nursing Homes	7.02%						
1-16	Summated Adverse Report Index (SARI)	1552						
1-17	Average Bed Occupancy	94%						

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

	Workforce	Annual Target	Forecast	Actual	Last Month	Performance
2-01	Establishment (WTE)	3182				
2-02	Vacancies (WTE)	<10%				
2-03	Agency Staff ure (WTE)	<35				
2-04	Bank staff ure (WTE)	<310				
2-05	Staff turnover rate	<12%				
2-06	Stability	>91				
2-07	Sickness absence	<3.25%				
2-08	Staff Appraisals	100.0%				
2-09	Consultants WTE:bed ratio	<036:1				
2-10	Nurses WTE:bed ratio	<1.99:1				
2-11	Staff satisfaction	>50% top 20				
2-12	CIPs WTE reduction	115				
2-13	Staff in leadership programmes	600				
2-14	EQUIP Trained	250				

3. To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market

	Clinical Strategy	Annual	Forecast	Actual	Performance			YTD 11-12
3-01	Decrease Emergency Admissions (to 08/09 baseline)	23,077						
3-02	GP Referrals - increase elective activity	98,833						
3-03	Overall Market Share Surrey PCT*	>26%						
3-04	Local Market Share - Woking & W Byfleet*	>75%						
3-05	Local Market Share - Feltham & Bedfont*	>30%						
3-06	Local Market Share - Hounslow*	>9%						
3-07	Local Market Share - East Berkshire	>11%						
3-08	Local Market Share - Mid Surrey (inc. Cobham)*	>2.5%						
3-09	% Day Surgery undertaken at Ashford	70.0%						
3-10	% OP undertaken at Ashford	34.5%						
3-11	% OP undertaken outside Trust	7.0%						
3-12	Bed profile against bed model	454 - subject to validation						
3-13	Average escalation beds opened at SPH	12.5						

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

	Finance & Efficiency	Annual Target	Forecast	YTD Plan	YTD Actual	Performance		
4-01								
4-02	Monitor financial risk rating	4						
4-03	Total income excluding interest (£000)	220,217						
4-04	EBITDA actual (£000)	18,757						
4-05	I&E net surplus (£000)	3,438						
4-06	CIP Savings achieved (£000)	12,000						
4-07	Month end cash balance (£000)	16,100						
4-09	Capital Expenditure (£000)	14,066						
4-10	Average LOS Elective	2.75						
4-11	Average LOS Emergency	4.6						
4-12	Outpatients Did Not Attend	6%						
4-13	Day Care Rate (whole Trust)	85%						
4-14	Theatre Utilisation	85%						
4-15	Non-Elective Cap	tbc						
4-16	Readmissions penalty	tbc						

8 Summary Activity, Capacity and Budget Plan

8.1 The table below summarises the activity, budget, bed capacity and workforce plans for the Trust in 2011/12.

8.2 Although the contract for 2011/12 has not been finalised with our lead commissioner, the Trust has based its planning assumptions on the zero growth scenario proposed by NHS Surrey and this is reflected in the figures shown.

	Activity Plan*	£ Activity Income £'000	Beds	Workforce	£ contribution £'000
Trust total (11/12 budget)	1,802,882	203,336	538	3,196	3,438

* Activity includes all trust activity.

8.3 The second table, below, then models the potential impact and effect of a rise in emergency activity.

Sensitivity analysis for Emergency Work:

Scenarios for 11/12 for Emergency Work	Activity Plan	£ Activity Income £'000	Beds	Workforce	£ Pay and Non Pay £'000
0% Growth in activity	25,693	47,459	258	602	36,654
1% Growth in activity	25,950	47,620	261	606	36,754
3% Growth in activity	26,464	48,317	266	613	37,342
5% Growth in activity	26,978	49,390	271	620	37,881
7% Growth in activity	27,492	50,463	276	628	38,339
10% Growth in activity	28,262	51,698	284	639	39,297

9 Summary Financial Plan

FINANCIAL PLAN 2011/12
STATEMENT OF COMPREHENSIVE INCOME

	Forecast 10/11 £m	Budget 11/12 £m
Income		
Primary Care Trust income	205.9	201.4
Other Income from Activities	1.8	2.0
Income from patient care activities	**207.7**	**203.4**
Education, Training and Research	8.0	8.0
Other Operating Revenue	8.5	8.8
Other Income	**16.5**	**16.8**
TOTAL INCOME	**224.2**	**220.2**
Pay	**(140.4)**	**(134.9)**
Non-Pay		
Supplies and Services - Clinical	(39.9)	(38.4)
Supplies and Services - General	(4.1)	(3.7)
Other Non Pay	(23.2)	(23.0)
Contingency	0.0	(1.5)
Total Non-Pay	**(67.2)**	**(66.6)**
TOTAL EXPENDITURE	**(207.6)**	**(201.5)**
EBITDA	16.6	18.7
Non-Operating Income		
Finance Income	0.1	0.1
Transfer from Donated Asset Reserve *	0.0	0.3
Non-Operating Expenses		
Finance Costs	(0.4)	(0.3)
Depreciation & Amortisation	(8.2)	(8.3)
Dividends Payable on Public Dividend Capital (PDC)	(4.8)	(4.9)
Impairments	0.0	(1.0)
Other non-operating expenses	0.0	(1.2)
SURPLUS	**3.3**	**3.4**
EBITDA Margin	7.4%	8.5%
EBITDA % of Plan Achieved/Planned **	89.4%	89.4%
IS Surplus Margin	1.5%	2.5%

* note that this item was treated as operating income in 2010/11
** Monitor plans assume same level of EBITDA plan achieved as prior year

FINANCIAL PLAN 2011/12
FORECAST FINANCIAL RISK RATING

			2010/11		2011/12	
	Monitor Metric	Weighting	Forecast	Score	Budget	Score
EBITDA	EBITDA Margin	25%	7.4%	3	8.5%	3
	EBITDA % Achieved	10%	89.4%	4	89.4%	4
Financial Efficiency	Return on Assets Excl Dividend (%)	20%	5.2%	4	6.7%	5
	I&E Surplus Margin net of Dividend (%)	20%	1.5%	3	2.5%	4
	Liquidity Ratio (days)	25%	27.6	4	23.9	3
	Weighted Total Score			**3.6**		**3.7**
	Capped Total Score			**4**		**4**

Monitor Metric	Weight	5	4	3	2	1
EBITDA margin	25%	11%	9%	5%	1%	<1%
EBITDA, % achieved	10%	100%	85%	70%	50%	<50%
Return on Assets	20%	6%	5%	3%	-2%	< -2%
I&E surplus margin	20%	3%	2%	1%	-2%	< -2%
Liquid ratio	25%	60	25	15	10	<-10
Weighted Average	**100%**					

FINANCIAL PLAN 2011/12
STATEMENT OF FINANCIAL POSITION

	Forecast ##### £m	Budget 31/03/11 £m
Non Current Assets		
Property, plant & equipment and intangibles	149.9	155.0
Receivables > 1 year	1.0	1.0
Total	150.9	156.0
Current Assets		
Inventories (Stocks)	3.3	3.3
NHS receivables	5.9	5.6
Non-NHS trade receivables	0.7	0.7
Prepayments and accrued income	1.9	1.9
Other receivables	1.8	1.8
Cash in hand and at bank	17.7	16.1
Total	31.3	29.4
Current Liabilities		
Loan repayments due within one year	(2.4)	(2.5)
Trade payables current	(5.5)	(5.7)
Non-NHS trade payables - capital	(0.7)	(0.6)
Finance lease, current	0.0	(0.5)
Current taxes payable	(2.9)	(2.9)
Accruals and deferred income	(13.0)	(13.0)
Other payables	(1.9)	(1.9)
Provisions, current	(0.7)	(0.6)
Total	(27.1)	(27.7)
Net Current Assets/ Liabilities	4.2	1.7
Total Assets less Current Liabilities	155.1	157.7
Loan repayments due after one year	(2.5)	0.0
Finance lease, non-current	0.0	(1.7)
Provisions, non-current	(0.6)	(0.6)
TOTAL ASSETS EMPLOYED	**152.0**	**155.4**
Public Dividednd Capital (PDC)	85.7	85.7
Income & Expenditure reserve	5.1	8.5
Revaluation reserve	59.3	59.3
Donation reserve	1.9	1.9
TAXPAYERS EQUITY	**152.0**	**155.4**
Working Capital Facility	15.0	15.0
Return on Assets	5.2%	6.7%
Liquidity Ratio	27.6	23.9

FINANCIAL PLAN 2011/12
STATEMENT OF CASH FLOWS

	Forecast 10/11 £m	Budget 11/12 £m
Surplus	3.3	3.4
Non-Cash Flows in Operating Surplus		
Financing income/expenses	0.3	0.2
Depreciation & amortisation	8.2	8.3
Impairments	0.0	1.0
Dividends payable on Public Dividend Capital (PDC)	4.8	4.9
Other	0.0	0.3
Increase/(Decrease) in Working Capital		
(Increase)/decrease in inventories	(0.3)	0.0
(Increase)/decrease in NHS Trade Receivables	4.9	(0.3)
(Increase)/decrease in Non NHS Trade Receivables	0.1	0.0
(Increase)/decrease in prepayments and accrued income	1.0	0.0
(Increase)/decrease in other receivables	0.4	0.0
Increase/(decrease) in Trade Payables	0.1	0.2
Increase/(decrease) in Other Payables	(0.1)	0.0
Increase/(decrease) in tax payable	0.1	0.0
Increase/(decrease) in accruals and deferred income	0.7	0.0
Increase/(decrease) in provisions	(0.1)	(0.1)
Net Cash Inflow/(Outflow) from Investing Activities		
Capital expenditure	(9.8)	(14.1)
Increase/(decrease) in capital creditors	0.1	(0.1)
Net Cash Inflow/(Outflow) from Financing Activities		
PDC Dividends paid	(4.8)	(4.9)
Interest paid on Non-Commercial loans	(0.4)	(0.2)
Interest element of finance leases	0.0	(0.1)
Capital element of finance leases	0.0	2.2
Interest received on cash and cash equivalents	0.1	0.1
Repayment of non-commercial loans	(2.4)	(2.4)
(Increase)/decrease in non-current receivables	(0.1)	0.0
Increase/(decrease) in non-current payables	(0.1)	0.0
Other cash flows from financing activities	0.0	0.0
Net increase/(decrease) in cash	6.0	(1.6)
Opening cash	11.7	17.7
Closing cash	17.7	16.1

10 Cost Improvement Plans 2011/12

10.1 The Long Term Financial Model for the Foundation Trust predicted a Cost Improvement Plan (CIP) target of £9 Million in 2011/12. This has been revised to £12 Million following the publishing of the NHS Operating Framework for 2011/12. In order to add assurance to the delivery of this target, and to create additional contingency for cost pressures, the Foundation Trust is aiming to identify £14 Million of plans.

Division / Cost Centre	Pay Cost Savings	Clinical Supplies	Non-Clinical Supplies	Drugs Cost	Miscellaneous Other Operating Expenses	Other	Total
Diagnostics & Therapeutics	900	272	0	100	352	72	**1,696**
Surgical Specialities	660	44	0	62	415	10	**1,191**
Acute Medicine	2,237	41	17	66	220	0	**2,581**
Women's and Children's Health	743	7	78	105	179	94	**1,206**
Trauma & Orthopaedics	516	292	0	96	100	0	**1,004**
Ambulatory Care	512	0	0	0	0	110	**622**
Theatres & Critical Care	750	180	0	60	0	100	**1,090**
Chief Executive	100	0	0	0	0	0	**100**
Deputy Chief Executive	246	0	0	0	233	0	**479**
Facilities	211	0	286	0	80	286	**863**
Finance and Information	52	0	223	0	15	0	**290**
Medical Director	0	0	0	0	0	26	**26**
Nurse Management	109	0	0	0	0	0	**109**
Workforce & Organisational Development	183	0	0	0	11	0	**194**
Other Corporate CIP programmes	300	250	0	0	0	0	**550**
Total	**7,519**	**1,086**	**604**	**489**	**1,605**	**698**	**12,001**

10.2 Programme Management Office (PMO)

In order to deliver the challenging Cost Improvement over the next few years, the Foundation Trust's services will require significant change. The Foundation Trust secured the target of £9 Million of CIPs largely without large scale change programmes. However, this will not be the case in 2011/12. Therefore, the Foundation Trust will set up a Programme Management Office in order to oversee and project manage these significant change programmes. This will be operational by 01 April 2011.

10.3 Governance

Monthly sign off meetings with Executive Directors has been a successful governance tool for delivery of the CIP programme in 2010/11 and these will be in place for the next financial year. In addition, each scheme is risk rated based on a governance framework. Key milestones and measurables are identified for each CIP scheme as part of the registration process and the PMO will offer project management resource for key workstreams as well as assuring good project management discipline in some of the smaller schemes.

ASPH NHS Foundation Trust

Cost Improvement Plan 2011/12

Breakdown by Workstream

Division / Cost Centre	Workforce Redesign	Nursing Review	Back Office Mgmt	Estates & Facilites Savings	Non-Clinical Supplies	Non-PCT Income	Diagnostic Demand Mgmt	Length of Stay	Procurement	Full Year Effect	Drugs and Medicines	Medical Staffing	Quality and Lean	Theatres Redesign	Outpatient Redesign	Total
Diagnostics & Therapeutics	830	45	0	0	204	72	280	0	133	25	107	0	0	0	0	**1,696**
Surgical Specialities	462	158	0	0	0	0	0	20	24	0	62	50	0	415	0	**1,191**
Acute Medicine	68	1,121	39	0	0	0	120	0	127	361	66	679	0	0	0	**2,581**
Women's and Children's Health	274	0	148	0	81	94	0	0	7	173	105	321	3	0	0	**1,206**
Trauma & Orthopaedics	14	0	13	0	0	0	100	413	141	0	156	115	0	0	52	**1,004**
Ambulatory Care	150	0	0	0	0	110	0	0	0	0	0	99	0	0	263	**622**
Theatres & Critical Care	290	0	60	0	0	0	0	100	70	0	60	320	70	120	0	**1,090**
Chief Executive	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	**100**
Deputy Chief Executive	0	0	479	0	0	0	0	0	0	0	0	0	0	0	0	**479**
Facilities	0	0	0	863	0	0	0	0	0	0	0	0	0	0	0	**863**
Finance and Information	0	0	209	0	81	0	0	0	0	0	0	0	0	0	0	**290**
Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	26	0	0	**26**
Nurse Management	0	109	0	0	0	0	0	0	0	0	0	0	0	0	0	**109**
Workforce & Organisational	0	0	194	0	0	0	0	0	0	0	0	0	0	0	0	**194**
Other Corporate CIP programmes	0	300	0	0	0	0	0	0	250	0	0	0	0	0	0	**550**
Total	**2,088**	**1,733**	**1,242**	**863**	**366**	**276**	**500**	**533**	**752**	**559**	**556**	**1,584**	**99**	**535**	**315**	**12,001**

11 Capital and Estate Plan

FINANCIAL PLAN 2011/12 CAPITAL PROGRAMME		
Description	**Currently projected 10/11 outturn**	**Allocation 2011/12**
	£	£
Funding		
Purchased Depreciation	9,715	8,016
Donated Additions	251	300
2010/11 Underspend carried forward	0	1,298
Brokerage/carry forward from previous year	750	0
Finance Lease (Modular Offices)	0	3,052
Trading Surpluses	500	1,700
ALLOWABLE CAPITAL EXPENDITURE 2011/12	**11,216**	**14,366**
1A. COMMITTED FROM 2010/11 PROJECTS FOR WHICH ALL/PART ORDERS HAVE BEEN PLACED		
CORPORATE INFRASTRUCTURE		
SPH site incoming power supply upgrade & generator replacement	624	551
Ramp Demolition/Decant/Temp buildings/Car Parking	950	950
Decked car parks 1&2/Dept block car park	990	1,459
Capital Team	386	380
Modular Offices		3,052
IT Infrastructure		
IT Other 2010/11 allocation - work stations on wheels in 2011/12	900	100
Medical Equipment		
Imaging/Endoscopy equipment replacements A&E and RBU	800	116
Patient Environment		
AH Day Surgery	90	100
Theatres/Anaesthetics/Critical Care		
ITU monitoring/CIS system	294	74
1B. ASSUMED FOR 2011/12 &/or COMMITTED FROM 2010/11 BUT FOR WHICH ORDERS HAVE NOT YET BEEN PLACED		
Ambulatory Care		
Ashford OPD Refurbishment Programme (costs assume remodelling, refurb only would reduce cost) £125k pa backlog maintenance funding assumed in costing - subject to Business Case	20	894
Corporate Infrastructure		
Facilities - Telecoms vulnerability/resilience Yrs 1-3	150	150
Estates backlog maintenance & Sustainability schemes - includes £125k pa funding support AH OPD	1,166	1,000
Create offices over Stores (alternative lower cost scheme to be sought)	5	50
IT Infrastructure		
IT - Other annual allocation (£0.5m Wireless technology, £0.5m other inc completion of IT Theatres system)	1,000	1,000
Legislation - H&S/Fire/DDA		
DDA/H&S/Fire schemes annual allocation	100	150
Medical Equipment		
Medical Equipment Group	329	400
Additional endoscopes		200
Patient Environment		
Refurbish ENT OPD		100
Kestrel urgent bathroom works		70
PEATS annual allocation		100
Service Developments		
Paediatrics - NICU Transitional care cots	13	217
Young Persons Unit		90
Donated Additions		300

FINANCIAL PLAN 2011/12
CAPITAL PROGRAMME continued

Description	Currently projected 10/11 outturn £	Allocation 2011/12 £
2. NEW BIDS - DIVISION/DIRECTORATE PRIORITIES		
Acute & Emergency		
Upgrade Clinical Measurement		100
Anaesthetics/Theatres & Critical Care		
Theatres cooler unit at St peters		230
Anaesthetic machines rolling replacement programme (5 years)		120
Operating tables rolling replacement programme (5 years)		60
Diathermy machines rolling replacement programme (7 years)		35
Dragons Den project Fluid waste collection - subject to Business case approval		50
Diagnostics & Therapies		
Refurbishment of Therapy Patient areas relating to Infection Control		26
Pharmacy cold store		42
Estates & Facilities		
Car Parking: Capital cost identified to manage car parking and access to the site in accordance with the travel plan. Costs in relation to St Peters Hospital £162.3k and Ashford Hospital £125.0k		287
Centralisaton of sterile services (CIP)		200
Bed replacement programme £150k (and followed by a threee year rolling programme of £40k)		150
Centralisation of post (CIP)		30
IT Infrastructure		
IM&T - Additional funding to replace core switches		200
Paediatrics		
Create additional consulting room		7
Extend Paeds A&E		250
Surgery		
Bariatric Suite - phased & subject to Business Case approval		100
"Eyes Right" Dragons Den changes AH Eye OPD		21
Urology Treatment Ashford		20
Womens Health		
MLU (phase 1) (phase 2 12/13)		500
Trustwide/Corporate		
Complete Kestrel upgrade		225
Works to ward areas to allow single sex accomodation modifications where necessary.B97		40
Unallocated		170
TOTAL		**14,366**

12 Key Risks and Mitigating Actions

12.1 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.

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

12.3 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's 4 key strategic objectives.

Objective 1: To achieve the highest possible quality standards for our patients

	Risk	High level controls
1.1	CQC registration requirements are not evidenced leading to qualification of Trust Registration and falling patient confidence	• Director led assurance process • Evidence gathered on Performance Accelerator • Early warning indicators and triangulation of data ward to Board • Integrated governance and risk management infrastructure and oversight
1.2	Patient experience is poor due to the Trust not understanding and meeting the needs of our patients or the Trust being unable to respond in a timely way	• Strong feedback mechanism including Your feedback, Net promoter Scores and patient surveys • Programme of organisational change and cultural transformation • Dedicated Patient Experience improvement programme • Engagement and Communications strategy
1.3	Pockets of poor quality care and experience masked by top level performance	• Ward to Board approach including Patient Stories at Board/Board visibility programme/Matrons presentations • Detailed quality metrics including scorecards and Ward Quality Indicators tracking over time • Senior clinical leadership and presence within clinical areas: Essential Care Spot-checks • Best Care programme initiated • Culture of openness supported by whistle-blowing policy • Mortality review group
1.4	The level and content of information provided to patients does not support patient choice and control	• Use of NHS Outcomes Framework data at clinical, divisional and Board level that is published • Quality Account publication • Monitoring of patient perception of choice and control to enable targeted intervention

Objective 2 To recruit retain and develop a high performing workforce		
2.1	Difficulty recruiting to key positions	• Robust internal information and management of vacancies • Sophisticated external intelligence on sources of workforce supply • Targeted recruitment campaigns • New roles and ways of working introduced as required
2.2	Inability to retain staff particularly in shortage specialties	• Focussed retention plans • Positive staff attitude survey results • Robust enabling and supporting plans by division and staff group
2.3.	Deployment of a poor performing workforce	• Integrated performance reports at corporate and Divisional level • Robust individual appraisal processes and systems in place • High levels of participation in leadership and team development programmes • Values and behaviours driving improvement in motivation and productivity

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		
	Risk	**High level controls**
3.1	Inability to provide increased services at Ashford Hospital and in community locations	• Market data avail to support decisions making • Strong clinical engagement through Divisions, underpinned by Divisional marketing strategies
3.2	Not succeeding in reducing emergency admissions and redesigning the elective care pathways	• Good collaborative working with NHS Surrey through the Transformation Board and Future Models of Care work. • Information tools increasingly allow and facilitate prediction and therefore pre-emption of issues on delivery. • Phase 1 & 2 of new MAU/A&E pathway have been implemented
3.3	Inability to engage with GPs individually and collectively as national policy transforms their role on commissioning	• Medical Director and Divisional Directors interface with GPs • Joint work on redeveloping pathways of care e.g. Future Model of Care work • Business Development team working with emerging consortia • early implementation of Fast, Steady, Stop proposals including prior authorisation and pre authorisation of consultant to consultant referrals

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

	Risk	High level controls
4.1	Delivering CIPs is handled ineffectively or in a piecemeal fashion. Insufficient long term planning of CIPs	• Strong Programme management approach. • External advisor has helped challenge and test robustness of proposals
4.2	Failure to secure benefits of service line management and the wider cultural benefits including clinical engagement	• Strong Programme Management approach with Specialty leads now involved. • Moving to patient level costing
4.3	EQUIP programme is not fully embedded with widespread engagement throughout the Trust	• External support through Simpler. • Strong Project Team and leadership • Good clinical engagement with the identification of affiliates in each Division. • Active programme rolling out Bronze and silver level training
4.4	National contract changes putting risk onto providers – Non elective admissions and readmissions cap.	• Activity planning process with clear targets • Clear internal performance review framework • Good recent track record of managing budgets and delivering a surplus • Future Models of Care work streams with locality commissioners
4.5	NHS Surrey / Local Health Economy financial challenges causing a negative impact on the trust	• Focus on North West Surrey Locality relationships • Contract negotiations leading to clear agreement • Activity profiled across the year

13 Conclusion

This document has presented our Corporate Plan for 2011/12, describing our key objectives for the year and how we will achieve them.

The remainder of the document contains the Glossary, explaining abbreviations used in the Corporate Plan. There are also two appendices.

Appendix 1 describes in more detail some of the important Trust initiatives supporting the delivery of our objectives in 2011/12, such as ***Living Our Values*** and ***EQUIP***.

Appendix 2 sets out the detailed milestones for the delivery of our Corporate Objectives.

We hope you have found it helpful and informative.

Abbreviation	Stands for…	Description
ASPH	Ashford and St Peter's Hospitals NHS Foundation Trust	
ATI	Aston Team Inventory	A tool to assess the performance of teams in order to develop more effective multi-disciplinary team working
Best Care	Best Care programme	An initiative to improve essential and specialist care for vulnerable patients
CIP	Cost Improvement Plan	The projects and actions that deliver savings on the Trust's expenditure budget
CQC	Care Quality Commission	The independent regulator of health and social care
CQUIN	Commissioning for Quality and Innovation	The quality improvements and targets that are incentivised with financial payment in the Trust's SLA
CRMS	Clinician Resource Management System	An electronic tool to assist in compiling job plans for clinicians
DNA	Did not attend	
EPF	Employee Partnership Forum	A joint meeting of managers with staff and union representatives, held monthly
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 (see Appendix 1)
ESR	Electronic Staff Record	A computerised staff record system
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
HoN	Head of Nursing	
JLNC	Joint Local Negotiating Committee	A sub-group of EPF between managers and medical staff representatives

LoV	Living our Values	An initiative to improve staff understanding of patients' experience (see Appendix 1)
LTFM	Long Term Financial Model	
Monitor	Monitor	The independent regulator of Foundation Trusts
NHSLA	NHS Litigation Authority	
NPS	Net promoter score	A measure of patient satisfaction. A high score indicates high level of satisfaction.
NW Surrey	North West Surrey locality	The Surrey locality coterminous with ASPH's catchment
OLM	Oracle Learner Management	An electronic system that records training undertaken by individual members of staff which is logged against their overall staff record
PMO	Programme Management Office	A small team overseeing the delivery of some of the Trust's important projects.
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
TEC	Trust Executive Committee	
Virtual Ward	Virtual Ward	A shared approach to managing the care of older people in the community.
VTE	Venus Thromboembolism	Blood clots that form in veins that are swept into the lungs in the blood stream and can cause death
WSSG	Workforce Strategy Steering Group	A sub-committee of the Trust Executive Committee that oversees the design, development and delivery of the Workforce & Organisational Development strategy and advises the Trust Board on all issues relating to the planning, development and management of the workforce.

Appendix 1: Trust initiatives

The Trust is launching a number of important new initiatives this year, such as ***Living our Values*** and ***Best Care***, and will continue other successful initiatives, such as ***EQUIP*** and the ***Good2Great*** leadership programme.

This Appendix tells you more about them:

(i) *Living our Values*

Living our Values is an initiative which aims to share with the whole organisation (all 3,200 staff) real patient stories, which provide a narrative describing their experience and emphasising how staff, and the attitude of staff, made them feel. This will be delivered to ward and speciality groups by trained facilitators. The initial sessions will hear the patient stories and experience and feel the emotions generated. The energy created will then be harnessed to motivate and sustain staff to build upon our organisational values and behaviours and to resolve to deliver service and care tangibly and empathetically focused on the individual needs of patients.

(ii) Best Care

The ***Best Care*** programme focuses on improving the provision of essential and specialist care within the Trust to the vulnerable, elderly and those with dementia and at end of life. The programme will initiate a variety of activities that will aim to deliver the “best care” for patients, monitor its delivery and identify areas for targeted improvement support. Activity such as “Care Rounding” and ward to ward peer review will be included.

- Essential care will focus on dignity, hydration and nutrition, safety and comfort ensuring all staff are aware of, and deliver, the basic but essential elements of care.
- Specialist care will focus on more sophisticated care including administering of drugs, therapeutic interventions such as catheterisation and intravenous line insertion and care as well as meeting the specialist needs of specific patient groups such as those with dementia.

Best care will run alongside an existing programme - Releasing Time to Care (formerly the Productive Ward Programme) - which supports the delivery of the ***Best Care*** objectives

(iii) Your Feedback

Your feedback a real time feedback tool now used on all ASPH wards. It was developed by the Patient Experience delivery programme and results are now reported in the ward quality indicators. The programme also introduced ***Net Promoter Score*** (NPS) where a high score indicates a very high level of patient satisfaction. NPS is reported in the Ward Quality Indicators matrix.

(iv) Streamlining Discharge Project

The ***Streamlining Discharge Project*** will reinforce the learning from investigations concerning poor discharge practice. There will be a re-launch of the discharge policy and the discharge checklist. All staff involved in discharge planning will undergo specific training and understand their responsibility to the patient in arranging discharge. There will be multidisciplinary input into discharge training and the role and responsibility of the ward sister will be emphasised. The quality of discharge will be the subject to audit and metrics and will be presented within the Ward Quality Indicators. Patient complaints related to discharge will also be monitored and improvement work designed in response.

(v) EQUIP

The Trust established its Lean improvement programme '***EQUIP***' - Efficiency, Quality, Improvement and Productivity - in September 2009. ***EQUIP*** enables the staff who manage and deliver our services to resolve issues with patient pathways and improve care. All groups of staff who deliver or support care for patients are included in the process, including those from primary care. Where possible, patients themselves also take part. ***EQUIP*** uses a structured problem solving process that ensures the team uses data rather than opinion as the basis for decisions.

(vi) Good to Great

The Good to Great leadership programme is open to all staff across the organisation, to enable us to develop our staff to meet the Trust's key strategic objectives and improve patient experience. The programme consists of four Masterclasses, supported by action-learning sets. During the programme, participants work on projects to improve services at the Trust, which they feed back at the end of the year.

Appendix 2: Milestones associated with corporate objectives

Strategic Objective 1: Quality

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	End Q2	End Q3	End Q4
1.That all staff, at all times, take a personal responsibility to ensure that the patients individual needs are at the centre of everything we do, embedding the philosophy of "no decision about me without me".	Launch Living Our Values Programme Commence Living Our Values Training 30% of organization in first 4 months. Cascade Living Our Values Training from August 11 remaining 70% and new joiners	100% staff exposed to approach 20% acting as trainers Each division has champion identified	Launch Programme	Training implemented achieving: 30% exposure to wider organisation including "Trainers" and "Clinical Champions"	Trainers deliver cascade training to sustain programme with 60% organisational exposure	100% organisational exposure achieved Planning complete for 2012/13 sustainability
	Implement Patient Diaries to enable real-time feedback and sign-posting to enable early resolution of issues Scope participation in Kings Fund Schwartz (Reflective) Rounds Project for high volume/exposure teams *Use of "Patient Reflection" to influence and drive behaviour change and improved patient experience.*	All areas net Promoter Score greater than 9 improving National Patient Surveys 50% Reduction in Total Complaints Profiled: 30% Trust/Professional 60% Discharge 60% Communication 50% Reduction in incidents reported related to attitude 50% Reduction incidents related to communication	Setting the scene as part of Living our Values Programme Scope and cost Patient Diaries. Intervention; secure funding for diaries Approach Kings Fund for detail and participation requirements of Schwartz Round Project	Adopted by Divisions as routine improvement methodology Implement Patient Diaries Scope and implement if agreed - participation in Kings Fund Schwartz (Reflective) Rounds Project for high volume/exposure teams	Reports of consequent service improvements via Clinical Governance Meetings Evaluate Patient Diaries intervention Evaluate Schwartz Round usefulness and scope expansion to other areas	

11/12 Priority	11/12 Actions	Outcome - metrics	Q1	Q2	Q3	Q4
2 Deliver high quality care, and a positive experience, to all our patients from admission to discharge and beyond, providing care that meets the complex medical and social needs of the older, vulnerable patients including all those with dementia, learning difficulties, a mental health problem and those receiving end of life care. The integration of acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway, avoiding inappropriate or multiple admissions and readmission following discharge.	Define Best Care Programme: • Implement senior team Essential Care Spot Checks • Implement Essential Care initiatives • Implement Specialist Care initiatives	Ward and clinical setting compliance with improvement trajectory	Define Programme: **Core Elements:** Essential Care (personal care, nutrition, communication, privacy and dignity et al) **Specialist Elements:** Dementia Care Mental Health; Mental Capacity Act, Psychiatric and Psychological Support Implement senior team Essential Care Spot Checks	Implement "Essential Care Programme": Care Rounding Ward to Ward Peer Review Implement "Specialist Care Programme"	Launch Nursing and Midwifery Trust Strategy Design and Implement Best Care Monitoring Dashboard (WQIs, Complaints, Cause for Concern, Incidents, Safeguarding, MCA and DoLs)	Record Baseline Data using Best Care Dashboard and set trajectories for improvement
	Launch Releasing Time to Care	100% wards completed training and consolidation by end of 2011/12	Commence training of wards in Cohort 1	Commence training of Cohort 2 and 3	Commence training Cohort 4 Commence collection of Cohort 1 results	Collection of Cohort 2+ results
	Commission Integrated Dementia Service	Ward and clinical setting compliance with improvement trajectory 30% reduction in admissions case with dementia 20% reduction LOS 30% reduction readmissions 30% reduction in complaints re: dementia 100% compliance with standard	Acute/confusion dementia team in place Medical psychiatric support established. Integrated dementia service mapped Achieve full compliance with national audit standards stroke and dementia – complete gap analysis.	Conduct mapping of complaints related to dementia. Plan to address gaps identified	Commissioning of integrated dementia service Design and Implement Best Care Monitoring Dashboard (WQIs, Complaints, Cause for Concern, Incidents, Safeguarding, MCA and DoLs) Implement and gaps addressed.	Record Baseline Data using Best Care Dashboard and set trajectories for improvement
	Launch Nursing and Midwifery Trust Strategy	Strategy is published	Develop strategy design infrastructure and work groups Agree consultation approach	Draft framework and principles Begin consultation	Review framework and principles post consultation Draft full document and agree/ratify	Publish and launch strategy

11/12 Priority	11/12 Actions	Outcome - metrics	Q1	Q2	Q3	Q4
	Deliver and extend Nursing Home Project	50% Nursing Homes in area involved in project 60% reduction Nursing Home admissions 60% reduction in Nursing Home readmission 20% reduction in LOS National publication on Nursing Home Project	Key consultant and team identified and developed Project extended to 10 home	Project extended to 15 homes Increased level support to include End Of Life Care	Project extended to 20 homes	Project extended to 30 homes Report written & published
	Build and extend Virtual Ward Projects	40% reduction in total readmissions 30% reduction in multiple readmissions National publication on readmission	Completion 16 Bed Pilot	Funding to expand/extend	40 beds supported	Report written & published
	Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre	Operations Centre established Reduced SEC conveyance Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions	Agree the concept principles with key stakeholders	Scope and cost the concept Secure agreement to proceed and establish project/implementation team	Establish and test concept Review/improve pending testing	Launch Operations Centre
	Develop integrated and cross organisation health and social care team	Integrated team established Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions Improved discharge experience: 20% reduction in LOS 60% reduction in discharge related complaints	Agree the concept principles with key stakeholders	Scope and cost the concept Secure agreement to proceed and establish project/implementation team	Establish and test concept Review/improve pending testing	Launch integrated team alongside Operations Centre
	Implement and accelerate Streamlining Discharge Project March	60% reduction in discharge related complaints	Workstreams identified key deliverables • What success will look like • How will delivery be confirmed • Measures of success • Timescales, milestones and accountabilities Initiate Discharge Roadshows for each ward area	Implement first 2 key deliverables for each workstream and monitor: Effective Board Rounds Follow-up calls Discharge Team Operational Audit of "Discharge" Implement Admission Risk Assessment Tool Agree corporate Discharge Documentation and Advice Packs	Implement further 2+key deliverables for each workstream (TBC) and monitor Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre	Conduct Trust wide audit and evaluation of Discharge Processes Develop integrated and cross organization health and social care team and launch

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
3 To report the NHS Outcome Framework data to enable patient choice and control, monitor and benchmark performance and drive service improvements in the Trust	National Outcome Framework adopted (NOF)	Full NOF data reporting and publication	Data warehouse in place Informing Divisional Dashboards Trust Quality Dashboard showing NOF data	Divisional Dashboard reporting NOF data Each division identified 5 areas for improvement	DDs reporting at CGC improvement programmes and demonstrating progress (process and outcome) External and internal benchmarking Individualised service level data generated Developing individualised consultant outcome data	Individualised outcome data used in reappraisal Outcome data used business planning
	Outcome data published on website	Full report on website	Early info available	Full information available with narrative	Consultant and service level individualised information available	
	Quality Account Publication framed around NOF	Review priorities, propose, commence stakeholder engagement: Steering Group Meets	Finalise stakeholder engagement and drafting	Publish Quality Account	Review QA and develop plan for 2012/13: Steering Group Meets	
	Improve and Monitor Patient Control and Choice	Establish baseline data % patients exercising control and choice Establish improvement trajectory for next 2012/13	Review NHS Choices information and utility	Design patient survey focusing on availability, access to information and execution of choice and control	Roll-out survey Evaluate survey and incorporate learning into business planning for next 2012/13	

Appendix 2: Milestones associated with corporate objectives

Strategic Objective 2: Workforce

11/12 Priority	11/12 Actions	Outcome - Metrics	End Q1	End Q2	End Q3	End Q4
1. Plan, Forecast and Manage workforce demand, and supply through a real alignment with the needs of patients and affordability	Deliver an integrated (to the business) workforce plan by 31/3/12.	3186 establishment at 31/03/12	Achieve a total establishment of 3277 with 35 reductions and 15 growth	Achieve a total establishment of 3238 with 44 reductions and 5 growth Develop workforce planning guidance 2012/13.	Achieve a total establishment of 3212 with 31 reductions and 5 growth Collate divisional workforce plans 2012/3	Achieve a total establishment of 3186 with 31 reductions and 5 growth in line with business plan Finalise workforce plan 2012/13.
	Forecast and deliver workforce plans to provide safe staffing levels and mix (permanent/contingent) particularly in April, August and December 2011	Average 85/15 permanent/contingent mix by 31/03/12	Monitor provision of permanent /contingent staffing mix at 90/10(particularly in April) and develop action plans for outliers Introduce robust local orientation arrangements for contingent workforce	Implement action plans as required and continue to monitor permanent /contingent staffing mix at 90/10 (particularly in August)	Monitor provision of permanent/contingent staffing mix at 80/20 (particularly December)	Monitor provision of permanent/contingent staffing mix at 80/20 and develop robust plans for 2012/3
	Maximise opportunities for role redesign and new ways of working through EQUIP and skill mix reviews throughout 2011/2	5 new roles introduced by 31/03/12	Conduct skill mix review 1 (Nursing & Midwifery). Link to Endoscopy and Medical records Equip pathways and identify opportunities for role redesign	Conduct skill mix review 2 (Admin & Clerical). Implement changes from skill mix 1. Link to Outpatient Physiotherapy and Avoiding Emergency Admissions EQUIP pathways and identify opportunities for role redesign	Conduct skill mix review 3 (Medical). Implement changes from skill mix 2. Link to Discharge and Ophthalmology EQUIP pathways and identify opportunities for role redesign	Conduct skill mix review 4 (Diagnostics). Implement changes from skill mix 3. Link to Cardiac Physiology EQUIP pathways and identify opportunities for role redesign
	Introduce a campaign approach to recruitment, particularly for “hot spots” by 30 June 2011	10% or less vacancies in ‘hot spots’	Deliver campaign approach to recruitment for ‘hot spots’ (Healthcare Assistants, A&E middle grades)	Deliver campaign approach to recruitment for ‘hot spots’ (Staff nurses, (Newly Qualified midwives)	Deliver campaign approach to recruitment for ‘hot spots’ (Healthcare Assistants, A&E middle grades)	Deliver campaign approach to recruitment for ‘hot spots’ (Staff nurses, (Newly qualified midwives)

11/12 Priority	11/12 Actions	Outcome - Metrics	End Q1	End Q2	End Q3	End Q4
	Fully utilise the three workforce systems (ESR, Health Roster, CRMS) to plan, forecast and utilise the workforce by 31/3/12	<35 WTE agency per month (average) at 31/03/12	Develop capability in Emergency Services & Acute Medicine and Ambulatory Care in the utilisation of HealthRoster, ESR, CRMS to achieve effective deployment of workforce.	Develop capability in Surgery and Trauma & Orthopaedics, in the utilisation of HealthRoster, ESR, CRMS to achieve effective deployment of workforce.	Develop capability in Womens and Children's Services in the utilisation of HealthRoster, ESR, CRMS to achieve effective deployment of workforce.	Develop capability in Diagnostics and Therapeutics in the utilisation of HealthRoster, ESR, CRMS to achieve effective deployment of workforce.
2. Develop the workforce through the provision of innovative learning methods and competency development	Consider and respond to the opportunities and challenges arising from Liberating the NHS – Developing the Healthcare Workforce throughout 2011/2	Relationship with, and impact upon, shadow Skills Network	Receive and consider outcome of consultation process	Identify risks & opportunities and develop mitigation plans	Develop relationship with the shadow skills network	Provide strong employer led input through robust workforce and education and training plans
	Produce a strategic workforce development plan which anticipates the development needs for 2012/13 by September 2011	50 student nurses, 16 student midwives, 256 doctors in training,51.69 WTE medical students and 30 therapists by 31/03/12	Collate LED Plans 2011/12	Prioritise and confirm education & training commissions 2011/12	Submit commission to shadow skills network	Review development plan in conjunction with business planning 2012/3
	Publish a Leadership and Management Development Framework and directory by 1/4/2011	600 staff participating in leadership development programmes	Publish Leadership and Management Framework and directory	Promote, monitor and report on programmes	Evaluate programmes and revise as required	Publish Leadership and Management Framework and directory for 2012/13.
	Deliver leadership and management development programmes, prioritising programmes for Speciality Leads, Ward Sisters, and Therapeutic & Diagnostic professions by 31 March 2012	High-performing specialty leads, ward sisters and healthcare professionals at level 3	Launch programmes	Evaluate programmes and amend as required	Review programmes and target groups	Finalise programmes and target groups for 2012/13
	Conduct a comprehensive review of education and training provision (particularly mandatory training, clinical practice, education and tutoring)	95% compliance with mandatory training requirements	Conduct an independent review of mandatory training and implement changes as required	Conduct a review of clinical professional development and training	Implement changes, from the review of clinical professional development and training as required	Finalise the LED Plan for 2012/3

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	End Q2	End Q3	End Q4
3. Enable and Support the workforce to create a learning organisation culture, embedding the 4Ps, promoting the health and well being of multidisciplinary teams and working across organisational boundaries	Design and deliver a coherent programme of staff events to complement 'living our values' and improve the patient experience "first hand"	Improved patient satisfaction, as indicated in local and national surveys	Roll out programme in Ambulatory Care, Paediatrics, Emergency & Acute Medicine – target 750 staff Train 20 in house trainers	Roll out programme in Surgery, Women's service, Trauma & Orthopaedics – target 900 staff	Roll out programme in Diagnostics, Estates, Corporate – target 900 staff	Roll out programme for remaining 600 staff. Use evaluation of year 2011/2 to shape 2012/3 'living our values'
	Conduct and act on listening events and staff surveys with a focus on 8 of 38 key findings where the Trust performance is below the national average	Improved staff satisfaction (no KF below average and increased number of KF's in top 20%)	Publish results of the 2010 national staff survey and develop an action plan to address the 8 key findings	Conduct the summer staff survey (target the 8 key findings) Host listening events (at least 2 on each site, alongside local staff survey launch)	Publish results of summer survey and refine action plan Conduct national staff survey	Promote and host two listening and learning events
	Participate and act on the findings of national research linking effective team working and patient safety as a learning organisation	Improved team working	Ensure that 30 plus teams participate in the Aston University Teams project	Analyse feedback corporately and by team	Develop and implement an action plan in response to the analysis	Evaluate impact of Aston Team Inventory and develop forward plan
	Promote staff health and well being through a calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, yoga) throughout 2011/2	Improved staff health and well being – improved KF 28 and 29 metrics in staff attitude survey	• Blood pressures Checks – Ashford • Pedometer Challenge • Lifestyle Assessment Clinic • Arthritis Care Awareness Week • Skin Awareness / Sun Protection Month Lifestyle Assessment Clinic • Long Term Absence and Depression OH Audit Info • Diabetes Awareness Week • Lifestyle Assessment Clinic • Stress Awareness	• Employee Assistance Programme Awareness • Musculoskeletal Awareness Month • Lifestyle Assessment Clinic • Sexual Health awareness • Lifestyle Assessment Clinic	• Seasonal Flu' Campaign Month • Lifestyle Assessment Clinic • Mens Health week BP and Cholesterol Checks • Breast Cancer Awareness Month • Drug & Alcohol • Lifestyle Assessment Clinic	• Healthy Eating • Lifestyle Assessment Clinic • Fitness & Exercise • Lifestyle Assessment Clinic • No Smoking Day • Lifestyle Assessment Clinic

11/12 Priority	11/12 Actions	Outcome - metrics	End Q1	End Q2	End Q3	End Q4
	Develop mutually beneficial public and private sector partnerships with local employers and academic centres of excellence	4 strategic relationships with employers and education	Hold European summer exchange programme for healthcare Managers in partnership with The Royal Holloway University of London Visit local schools to promote and recruit summer placements	Provide summer placements for students as an alternative to other sources of temporary staff supply	Visit 2 large local companies and develop proposals for joint working in 2012/3	Confirm partnership working (eg provision of occupational health and payroll services and purchasing of leadership and management development programmes)
4. Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent.	Ensure all staff undertake a meaningful appraisal using 360° (bespoke to the 4Ps) where possible	Pledge embedded and culture change achieved. 1200 staff participating in 360	300 staff to have participated in 360 Medical appraisal policy agreed and in place	600 staff to have participated in 360 appraisal Medical appraisal active	900 staff to have participated in 360 appraisal and results from local staff survey indicates that appraisal meaningful	1200 staff to have participated in 360 appraisals Medical Appraisal evaluation complete
	Agree productive job plans and flexible utilisation of specialist staff	<35 WTE agency and 300 WTE bank per month (average) at 31/03/12 100% completion of consultant job plan reviews with greater than 7.5 to 2.5 DCC/SPA average ratio	Agree Job plans with all Consultants All suitable specialist staff rostered flexibly	Conduct corporate review of job plans.	Feedback to divisions from mid-year job plan review	Publish job planning guidance for 2012/13
	Celebrate a diverse and talented workforce through quarterly staff awards	Improved recognition of high performance	Hold successful Staff Awards Ceremony Deliver "Writing for Publication" workshops	20% increase in nominations for national and regional awards At least 10% increase in national publications	Promote national and local clinical excellence awards Maintain at least 10% increase in national publications	Promote local staff awards Agree targets for national publications and awards with each division for 2012/3
	Introduce a talent management system for senior staff (level 4 and 5 staff) by September 2011	Enhanced talent pool	Agree and introduce a framework for level 5 leaders	Agree and introduce a framework level 4 leaders	Evaluate impact of the talent management system at levels 4 and 5	Consider the extension of a talent management system for levels 1 to 3
	Ensure all staff are aware of the vision, values, and critical corporate information by April 2011.	95% of staff understand their role in achieving Trust vision, values and objectives	Issue Pocket Diary for 1 April 2011 to 31 March 2012 to 3500 staff	Issue Pocket Diary to all new starters (including junior doctors)	Evaluate impact of pocket book diary	Decide whether to produce for 2012/13.

Appendix 2: Milestones associated with corporate objectives

Strategic Objective 3: Clinical Strategy

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
1. Redesign local health care services, integrating services provided by the acute sector, primary, community and social care to enable the provision of seamless care along the whole patient pathway	Continue to participate actively with local partners in the Surrey and North West Surrey Transformation Boards throughout 11/12 on identified pathways. Agree with partners by April 2011 three key priorities in the North West Surrey Model of Care. Identify the actions required from the Trust and begin implementation from April 2011 onwards.	To be confirmed via NW Surrey Transformation Board	Q1 change programme implemented	Q2 change programme implemented	Q3 change programme implemented	Q4 change programme implemented
	Incorporate priorities into the Trust's Speciality Strategies, being developed during 2011-12	Clinical strategies in place for all specialties	Development of format and standardised approach to clinical strategies for Speciality Leads, and agreed timetable for production. Three initial Clinical strategies produced.	Ambulatory care pathways implementation of improvements to ambulance demand management implementation of changes to medical workforce. Preparation of winter plans and sign off. Further seven clinical strategies in place.	Further ten clinical strategies in place.	Further ten clinical strategies in place.
	Develop systems to facilitate clinical conversation between local GPs and consultants, for advice and guidance in individual cases for implementation by June 2011	Feedback from GPs and triage service	Agree system with North West Surrey GPs. Reinstate Practice Manager meetings. Hold first two meetings.	Implement agreed communications across Trust.	Review improvements with Consultants and GPs. Further Practice Manager meeting.	Evaluation and planning for 2012/13.

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
2. Define with primary care the indications for the referral and treatment of all patients with non urgent (elective) conditions to manage and prioritise the demand for scheduled activity.	Through Divisional Directors, speciality leads and GP Consortia leads, work with GPs to identify and develop clinical pathways Implement agreed referral and treatment guidelines and criteria, across the Trust and North West Surrey GPs Support the development of a collaborative, North West Surrey approach to referrals management as local approach to NHS Surrey's Fast Steady Stop principles.	Number of specialities covered by new prior authorisation and consultant to consultant authorisation process. Number of specialities for which clinical thresholds have been agreed.	Prior authorisation and consultant to consultant authorisation process implemented for all Thames Medical, SASSE and Woking GPs. Agreement reached with NHS Hounslow on timetabled roll out of similar approach in Hounslow Agreement reached on timetabled programme of work to develop for pathways and first 3 pathways addressed.	Clinical thresholds for further five pathways agreed and implemented.	Clinical thresholds for further five pathways agreed and implemented.	Clinical thresholds for further five pathways agreed and implemented.
	Develop more effective clinical service delivery, responsive to patient and GP requirements, such as one-stop or combined clinics.	One stop clinics operational in 11/12	Implement Paediatrics, all one stop.	Identify further		
3. Redesign with our partners the emergency care pathway to reduce the number of unscheduled (emergency) admissions. This will focus on the avoidance of hospital admission, effective and appropriate care of patients admitted to the acute Trust and adequate support of patients discharged from the Trust into the community to avoid readmission.	Develop 12 ambulatory care pathways during 2011/12, aim for three pathways in each quarter, by June, September, December and March.	Implementation of 12 ambulatory care pathways during 11/12.	Identify 3 specialties for implementation of one stop clinics and implement	Implement further 3 one stop clinics	Implement further 3 one stop clinics	Implement further 3 one stop clinics

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
	Monitor the Nursing Home pilot across 20 further homes by March 2011	Programme 1. Reduction in length of stay for patients admitted from nursing homes covered by project. Reduction in repeat admissions from nursing homes.	Scaling up of nursing home project to cover 20 nursing homes	. Further roll out to cover 26 nursing homes.	Further roll out to cover 35 nursing homes.	Further roll out to cover 40 nursing homes.
	Evaluate measures to support patients after discharge, such as follow-up phone calls and improved written information.	Patient survey results. Reduction in complaints. Reduction in admissions.	Review via patient experience workstream.	Review via patient experience workstream.	Review via patient experience workstream.	Review via patient experience workstream.
	Evaluate the impact of the “Virtual Ward” supporting older people after discharge and extend scope if evaluation demonstrates success. May 2011.	Reduced readmissions. Reduced A&E attendances.	Implementation of virtual medical ward building on winter pilot	Continued implementation of virtual ward post project evaluation.	Continued implementation of virtual ward post project evaluation.	Review of virtual ward and development of year 2 (12/13) project plan.
	Redesign the internal emergency care pathways within the Trust for implementation by Autumn 2011.	Reduced A&E waiting times. Improved SECAMB handover times.				

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
4. Continue to develop specialist services and expand existing clinical networks/collaborations to secure new potential markets and repatriate clinical activity currently delivered outside our natural catchment areas.	Repeat the analysis of Surrey activity sent to non-local/ tertiary providers by July 2011, to identify opportunities for further repatriation of activity.	Activity analysis completed	Scope data requirements	Review and identify scope. Feed into Clinical Strategy.	Incomplete in Divisional and Spec Strategies.	Review and identify further actions and work programme for 12/13
	Extend the range of clinical networks with other providers, to develop further specialised services including 24/7 vascular and interventional radiology (July 2011).	Clinical Network established with Epsom	Preparatory work for implementation	Clinical Network in operation for interventional radiology and vascular services with Epsom.	Review further opportunities.	Develop plans
	Develop and implement plans for the Surrey Pathology partnership during 2011.	Seamless service provision. Recurrent cost savings.	TB	TBC	TBC	TBC
	Maintain Surrey designation as provider of bariatric services and achieve designation from South Central specialised commissioning group (May 2011).	Designation maintained for Surrey. Designation by South central specialised commissioning. Weight Management Service established at ASPH (tbc).	SC designation	Subject to NHS Surrey plans, implement Weight Management service	Continue service provision.	Continue service provision.
	Through the Clinical Strategy Group and Commercial group, review market intelligence for opportunities for bids and continue to use market share and SLR data to identify appropriate services for further development.	Market share in target territories maintained. Market development plans in speciality strategies. New bids consistent with Trust strategy.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.
	Explore incorporating Epsom General Hospital into our Foundation Trust	Board paper and decision	Exploratory discussions	Board decision.	Further review.	Further planning.
	Increase elective market share by 1%	Market share increased by 1% for elective work.	Market analysis and identification of opportunities.	Marketing activity.	1% improvement delivered.	Review and develop plan for 12/13.

Appendix 2: Milestones associated with corporate objectives

Strategic Objective 4: Productivity and Efficiency

11/12 Priority	11/12 Actions	Outcome – Metrics	Q1	Q2	Q3	Q4
Deliver our cost improvement programme of £12m, 5.5% of income	Establish and develop Programme Management Office to ensure that CIPs are delivered in line with the plan.	£12m CIP (5.5% of income)	£2.5m	£2.8m	£3.2m	£3.5m
Embed service line management and promote a more commercial culture within the Trust	Roll out patient level costing, and engage specialty leads in profit improvement plans for each main specialty	Data delivery improved and issues resolved	FY 2010/11, resolve theatre time	Q1 2011/12, resolve prostheses	Implement monthly reporting	Embed and speed up monthly reporting
	Launch and embed Commercial Group	Monthly meetings, workplan covering all commercial partnerships and revenue generation, business case review	Launch commercial group	Improvement in quality of business cases to TEC		Annual report to Finance Cttee
	Develop commercial competencies amongst our leaders	Capsticks seminar, development of senior and middle managers	Seminar	Dev't event		
Implement incremental improvements in our IT systems to improve productivity.	Complete roll out of wireless	Wards + Work Areas	Deployment completed by end Q3			
	Deployment of Patient Centre to improve productivity and to take the first steps towards an electronic patient record	Divisions Specialties Number of Staff trained	Acute Women + Children's	T&O	Theatres Diagnostics	Ambulatory Surgery
	Procure and deploy Single Sign-On with Context to enable clinical staff to view patient records across disparate systems.	Delivery dates	Procure	Deployment start Q2 Deployment completed Q4		
	Pilot Outpatient arrivals using kiosks	Delivery dates	Preparation	Pilot	Lessons	Deploy
	Pilot Ante-Natal book information via Web		Preparation	Pilot	Lessons	Deploy

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
Extend use of lean methodology through “Equip” programme	Via Equip team, monitored via Programme 2. Quarterly meetings with external contractor.	- Number of people trained to bronze and silver - number of affiliates in place and trained to bronze level - number of pathways redesigned via Equip process	New bronze training launched 36 staff trained to bronze new silver training launched 15 new staff trained to silver affiliates all in place with individual training programme Outbriefs relaunched Q1 workprogramme implemented and 75% pathways green rated	- Further 36 staff trained to bronze level further 15 staff trained to silver level all affiliates trained to bronze level Good to Great participants supported to develop "lean" skills and identify potential improvement projects	Further 50 staff trained to bronze level Further 10 staff trained to silver level affiliates each engaged on one eqiup pathway redesign within their Division/another Division 75% of pathways rated green	Further 50 staff trained to bronze level Further 10 staff trained to silver level training programme for 12/13 developed pathway programme for 12/13 developed 90% of existing pathways rated green
Improve operational efficiency in key clinical areas	Theatre utilisation. To further improve theatre utilisation, including: - utilisation up to 85% - top 5 in the country in terms of day case rates - move of breast surgery and some urological procedures to day case basis - implementation of 23 hour surgery - overall review of theatre timetable and implementation of any changes	Metrics to include: - theatre utilisation - volumes of 23 hour surgery - day case rates and benchmarked performance	- Theatre utilisation to 82% plan for roll out of 23 hour surgery developed with clear timetable for implementation plans developed for further expansion of day case work in breast surgery and urology - timetable review complete - Equip event on endoscopy completed, actions agreed and implementation under way	Theatre utilisation at 83% move from in patient to day case work for urology and breast surgery achieved 23 hour surgery implemented across the Trust changes arising from timetable review implemented position benchmarked to identify options for further improvement	Theatre utilisation at 84% Top 5 performance in day case rates continued implementation of changes arising from timetable review improvement plan agreed and changes being implemented for emergency surgery Second pass at day surgery pathway via Equip	Theatre utilisation at 85% Continued implementation of changes arising from timetable review action plan developed and being implemented following Equip day surgery event
	Out patients. Phase one of efficiency programme, to include: - reduction in DNA rates of 3% - reduction in new:follow up ratios - improvement in patient experience improvement utilisation of Ashford	Metrics to include: - DNA rates - new:follow up ratios	Ambulatory care pathways - agree specialty specific improvement plans with Specialty Leads to achieve top decile length of stay - confirm quality improvement programme, agree metrics and begin implementation	Continue to deliver efficiency programme Monitor patient experience via your feedback and take appropriate actions begin delivery of Ashford out patients refurbishment	Continued delivery of efficiency programme, review of overall progress and benchmarked performance Continued implementation of actions arising from your feedback Continuation of Ashford out patients refurbishment	Continued delivery of efficiency programme DNA rate down by 3% new: follow up ratios within NHS Surrey envelope year two of outpatients programme identified and action plan developed

11/12 Priority	11/12 Actions	Outcome - Metrics	Q1	Q2	Q3	Q4
	Length of stay. - as a result of improvements in length of stay in trauma and orthopaedics to reduce the bed base by 10 beds in T and O - to introduce and formalise 23 hour surgery - to realign the bed base in medicine - to implement a programme of quality improvement in the hospital which improves the experience of patients and achieves greater efficiencies	Top quartile performance for length of stay in each specialty	Implementation of agreed changes to bed base to release beds from trauma and orthopaedics and surgery and create additional medical beds	Length of stay benchmarking repeated to assess scope for further improvement	Further improvements agreed and implemented	Review and development of plan for 12/13