




**TRUST BOARD**  
**31<sup>st</sup> July 2014**

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| <b>TITLE</b>                                 | <b>Progress with Strategic Objectives: Q1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>EXECUTIVE SUMMARY</b>                     | The attached document highlights the Trust's performance at Quarter 1 against the objectives set for 2014/15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>  | <p>The document highlights the Trust's progress against the objectives set in the 2014/15 business plan. The achievement against the objectives is monitored through the monthly Specialty level performance meetings and the associated half yearly reviews.</p> <p>Our business plan for 2014/15 outlines the key drivers of developing integrated care for our local population and delivering high quality specialist services in Surrey. There are four key strategies with defined objectives to support delivery and these are Best Outcomes, Excellent Experience, Skilled Motivated Workforce and Top Productivity (BEST Strategies).</p> |
| <b>LINK TO STRATEGIC OBJECTIVES</b>          | The paper encompasses all the strategic objectives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b> | Feedback on the patient experience is reported to the Board in the Quality Report, and improvements to the staff experience are reported via the Workforce and OD Committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>EQUALITY AND DIVERSITY ISSUES</b>         | None known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>LEGAL ISSUES</b>                          | None known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>The Trust Board is asked to:</b>          | Review, note and seek assurance from the report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Submitted by:</b>                         | Simon Marshall, Director of Finance and Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Date:</b>                                 | 23 <sup>rd</sup> July 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Decision:</b>                             | For Assurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Best  
outcomes




| Strategic Objective 1:<br>Best Outcomes                                                                                                        |                                                                                                                                            |                                                                                                                                                        |
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| <br><b>Priority a:</b><br><b>Reduce in-hospital mortality</b> | <br><b>Priority b:</b><br><b>Eradicate avoidable harm</b> | <br><b>Priority c:</b><br><b>Reduce inappropriate re-admissions</b> |

| Actions completed during Q1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Priority a)</b></p> <ul style="list-style-type: none"> <li>• Chief of Patient Safety recruited and in position</li> <li>• CQUIN initiated covering evidence based Care Bundles, baseline data is currently being collated</li> <li>• Data collection on in-hospital arrests in progress</li> <li>• Audit of DNAR documentation</li> <li>• Number of actual arrests now reported monthly on the Trust balanced scorecard</li> <li>• Job description written for the Palliative Care Doctor, approach agreed for expanding EOLC facilities at SPH</li> <li>• Antenatal review complete and a workshop with the clinical teams has taken place to share findings and agree priorities and next steps</li> <li>• Integrating Critical Care project in progress with the build of the Acute Dependency Unit commencing in September</li> </ul> <p><b>Priority b)</b></p> <ul style="list-style-type: none"> <li>• Compliance with the WHO surgical safety checklist has improved from 95.9% in April to 97.3% in May, which whilst below improvement target of 98% the upturn against 95% in 2013/14 was sustained this month</li> <li>• Weekly training underway on NICE Falls Guidance, a number of clinical areas (MSSU, SAU, Chaucer, Fielding, Wordsworth ward) have implemented the guidance. Wider engagement required as commitment for all ward staff to attend training is required. Implementation of falls group being progressed, new assessment documentation is being tested in some ward areas</li> <li>• Safer Nursing Staffing Framework implemented</li> <li>• Recommendations from the RCPCH review implemented</li> <li>• Recruiting process underway to the Surrey Health Partners Head of Trust Safety post (Joint partnership post with RSCH)</li> <li>• Team Briefing discussion on culture and implementing the Manchester Patient Safety Framework</li> </ul> <p><b>Priority c)</b></p> <ul style="list-style-type: none"> <li>• LACE is automated on RADAR with work being undertaken to refine</li> <li>• 3 day “Teach-back” being delivered through the Diabetes Nurses and will then be evaluated to inform future plans</li> <li>• Preventing readmissions project refocused with objective to ensure that every patient is contacted by a medical member of staff following discharge within a defined timeframe.</li> </ul> |

| <b>Outstanding issues for the period</b>                                                                                                                                                                                                                                                                                                                                                                                               |
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| <ul style="list-style-type: none"><li>• None</li></ul>                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Actions to be completed during Q2 of 2014/15</b>                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Priority a)</b></p> <ul style="list-style-type: none"><li>• Conduct external review of Antenatal and Intrapartum pathways to reduce stillbirth rate and implement recommendations</li></ul> <p><b>Priority b)</b></p> <ul style="list-style-type: none"><li>• Implement new falls guidance -</li></ul> <p><b>Priority c)</b></p> <ul style="list-style-type: none"><li>• Implement 3 day “Teach-back” – in progress Q1</li></ul> |

Excellent  
experience

### Strategic Objective 2: Excellent Experience

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| <br><b>Priority a:<br/>Improve the patient<br/>experience</b> | <br><b>Priority b:<br/>Improve the response,<br/>management and use of the<br/>learning from complaints</b> | <br><b>Priority c:<br/>Improve the staff experience of<br/>delivering care</b> |
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### Actions completed during Q1

#### Priority a)

- Director of Patient Experience for NHSE met with the Improving Cancer Action Group 9<sup>th</sup> July
- Abbey Birthing Centre open
- CQUIN in place for Helpline implementation
- Friends and Family test in outpatients to be implemented in October (this will depend on the appropriate guidance being available)
- Q1 A and E performance delivered
- RTT non admitted and incomplete performance delivered now on on-going basis at aggregate level
- RTT Admitted performance not yet delivering. Revised trajectories agreed with CCG, additional activity in place and targeting end of September for delivery. Two challenged specialties are General Surgery and T and O.
- OPAL team successfully implemented. Slow progress on outstanding consultant recruitment. Benefits continue to be monitored. Interface with A and E being strengthened through acute hub model. Plans being developed for frailty unit. To be progressed during the year.
- Ready to Go - has been rolled out across a number of wards. Focus of workstream now on consultant led care across the hospital, with a focus on strengthening 5 and 7 day cover across medical wards.

#### Priority b)

- Project lead in post (started 1<sup>st</sup> July 2014)
- Trust complaints policy under comprehensive review by project lead,
- Experienced based co-design programme underway, role play workshop has occurred which will feed into the programme.

#### Priority c)

- Junior Doctor Sounding board in progress
- First quarter of the Staff Friends and Family test complete, results will be submitted to NHSE at the end of July and shared within the organisation.
- Nursing and Midwifery Strategy paper to the Board in July

| Outstanding issues for the period                                                                                                            |
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| <ul style="list-style-type: none"><li>• None</li></ul>                                                                                       |
| Actions to be completed during Q2 of 2014/15                                                                                                 |
| <p><b>Priority a)</b> none</p> <p><b>Priority b)</b> none</p> <p><b>Priority c)</b> Implement Junior Doctors Sounding Board (Q2 2014/15)</p> |



| Strategic Objective 3:<br>Skilled, motivated teams                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                          |
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| <br><b>Priority a:</b><br><b>Recruit, retain and develop an affordable, sustainable, highly skilled workforce</b> | <br><b>Priority b:</b><br><b>Improve staff engagement, staff experience, staff wellbeing and team working</b> | <br><b>Priority c:</b><br><b>Implement an improved Education &amp; Development programme</b> | <br><b>Priority d:</b><br><b>Implement a pay and reward framework</b> |

| Actions completed during Q1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p><b>Priority a)</b></p> <ul style="list-style-type: none"> <li>• Second Portugal Overseas Nurse recruitment exercise completed with 32 nurses arriving in July 2014.</li> <li>• Nursing recruitment and retention strategy agreed May 2014, including Hire Ahead programme, Recruitment Open Days, and 2 year rotation programme for newly qualified Band 5 nurses.</li> <li>• Completion of first phase of Medical Workforce planning for agreed specialities. Physicians Associate roles implemented in Surgery. Overseas recruitment taking place for middle grade roles in A&amp;E.</li> <li>• Through the next round of Business planning process there is an aim for structured exercises at a divisional level that focus on the critical requirements such as, 7 day working, recruitment difficulties and new roles.</li> </ul> <p><b>Priority b):</b></p> <ul style="list-style-type: none"> <li>• As part of the year2 Culture and staff experience programme a number of initiatives are to be launched including change initiatives that are linked to the proposed merger plans.</li> <li>• Implementation plan on value based behaviours has been launched</li> <li>• Communication and engagement strategy has been developed for the partnership work with RSCH and will be reviewed as required</li> <li>• Revised Appraisal policy and procedure drafted for consultation and implementation in Q2</li> <li>• Development of a coaching &amp; innovation virtual hub in order to learn from the current coaching investment (tools, techniques, case studies) and in order to establish a coaching legacy for the Trust, planning in progress for Q4</li> <li>• Plans are being developed to take forward the corporate and divisional 'hotspot' actions, as indicated in the National Staff Survey</li> <li>• staff engagement programme developed as part of the proposed merger programme</li> <li>• First Staff Friends and Family Test completed</li> </ul> <p><b>Priority c):</b></p> <ul style="list-style-type: none"> <li>• Launched ILM Leadership Development training for Band 5 and 6.</li> <li>• Launched a New Consultants Development Programme</li> <li>• Introduced further opportunities for Leadership Academy training programmes</li> <li>• Hosted second Consultants Conference to discuss the proposed merger and other topical</li> </ul> |

issues including future of junior doctor education and training.

- Successful bid to the Leadership Academy for Resilience Training.

**Priority d):**

- Develop the framework and processes to implement the amendments to the new Agenda for Change flexibilities by end of June.

### Outstanding issues for the period

- Promotion of Management and Leadership development programme for band 7 and 8 staff
- Develop a new Rewards strategy framework with a range of benefits and options for staff as part of the Employee Promise.
- Continuing engagement work and action planning with National Staff Survey 'hotspot' teams.
- Evaluation of rostering options for medical workforce prepared for consideration by execs.

### Actions to be completed during Q2 of 2014/15

**Priority a)**

- Implement the recommendations of the Medical workforce planning reviews.
- Identify & commission the training, education and development in order to introduce new roles: Physicians Associates, ANPs, Advanced Paramedics. Explore opportunities for Nurse Consultant posts in specific specialities.
- Identify resourcing solutions for hard to fill vacancies and address vacancy hotspots with an agreed schedule of effective and innovative recruitment
- Implementation of new Agenda for Change (AfC) flexibilities

**Priority b)**





- ASPH/RSCH staff merger briefings pre-FBC completed and the first 'Big Conversation' held with key staff stakeholders.
- 2nd Staff Friends and Family Test completed
- Continuing engagement work and action planning with National Staff Survey 'hotspot' teams.
- Preparation for the National Staff Survey 2014 Fieldwork.
- Launch a coaching hub via Aspire and other communications methods

**Priority c)**

- Launch the ILM Levels 5 and 7 Leadership Development Programme (Bands 7A-8D) cohorts.
- Implement the next cohort of the ILM Level 3 Leadership Development Programme (Bands 5 and 6) Launch a series of masterclasses to aid leaders with change management skills
- Establish the Resilience Training programme, following success with bid to the Leadership Academy.
- Create a new leader induction programme.
- Draft a new Leadership Framework as part of the 'neutral glue' of ASPH and RSCH staff to deliver internal capability.

**Priority d)**

- Launch Trust Clinical Excellence Awards scheme
- Implementation of a range of tax maximisation schemes. (Q2 2014/15)
- Support our national WOW! Awards finalists and continue to promote our internal programme.

| Strategic Objective 4:<br>Top productivity                                                                                                                                                |                                                                                                                                                        |                                                                                                                                              |                                                                                                                                                 |
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| <br><b>Priority a:</b><br>Deliver our cost improvement programme of £14.9m in 2014/15 & 13.3m in 2015/16 | <br><b>Priority b:</b><br>Driving clinical and corporate efficiencies | <br><b>Priority c:</b><br>Secure profitable activity growth | <br><b>Priority d:</b><br>Deliver our long term capital plan |

| Actions completed during Q1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>Priority a)</b></p> <ul style="list-style-type: none"> <li>• Business Development Mangers at a divisional level leading on CIP programmes</li> <li>• £3.0m of CIPs delivered against a plan of £3.5m for Q1, overall financial position £1m behind plan at a £1.4m deficit including asset impairments.</li> <li>• Agency expenditure remains a challenge due to operational issues, medical agency spend down year on year due to recruitment and replacing agency with locum contracts</li> </ul> <p><b>Priority b)</b></p> <ul style="list-style-type: none"> <li>• Actions to deliver year on year improvements in theatre utilisation, outpatient utilisation and length of stay all in hand.</li> <li>• Theatre Utilisation and project plan has been updated and is owed by the divisional and cross divisional teams</li> <li>• Weekly Theatre lists meetings with the CBD Team Leader, implementation of 6,4,2 booking process,</li> <li>• Final stage of Realtime Project is the implementation of electronic discharge Summaries into the Realtime software</li> <li>• Increased commerciality through the provision of training on the new consultant development programme and also through the monthly performance service lines meetings.</li> </ul> <p><b>Priority c)</b></p> <ul style="list-style-type: none"> <li>• The Trust has submitted all the required data in the new CDS format. Work with the CCG to reduce data challenges including pre-running validation checks before data submission has been completed. Discussions over the application of financial penalties will be completed in line with the normal quarter close down process.</li> <li>• Urology service line strategy delivering improved profitability, plans to dedicate the StP day surgery unit to urology targeting a September transfer. Work around improving vascular services remain on-going.</li> <li>• The Ashford Elective Centre Project and Rehab Services Reviews remain ongoing.</li> <li>• Q1 has seen limited impacts from the commissioner's plans for the reinvestment of reablement and emergency admission avoidance funding into the health economy. Discussions continue over the impact this may have on the Trust's limited emergency bed capacity and 4hr access target performance.</li> </ul> |



- The Trust is working with the CCG and 20/20 on the rehab services review, 20/20 have provided the initial draft stage 1 report.
- Acute hub due for 'go-live' July with ambulatory care and new ED pathways
- Tele-care pilot commenced on Maple Ward
- Site Capacity and Escalation plan developed and undergoing testing
- The Trust is working to reduce financial penalties; a newly formed income assurance group has been established that meets bi weekly with actions being implemented. Examples of actions include a significant reduction in 'uncashed' clinics activity.
- Working in partnership with other providers such as Cobham Day Surgery to develop opportunities for growth
- Successful application for AQP status to provide Ambulatory Blood Pressure Monitoring for the North West CCG
- Applications for a number of 'Pre-qualification Questionnaires' (PQQ) with all successfully progressing to the 'Invitation to Tender' stage, however following the information released decision made not to progress. (one area has since re-tendered and Trust will be submitting a further PQQ)

**Priority d)**

- The capital programme remains on track.
- Estate investment Plan: Clinical groups are working with architects to develop the detailed plans associated with the Phase 1 redevelopment proposals for St Peter's Hospital, in order to present a costed outline scheme at the end of Sept 2014.
- Further development will be dependent on agreement to appoint a full design team at that point to fully design and tender a building contract, to enable full Business Case approval by summer 2015.

### Outstanding issues for the period

- Corrective actions to improve our financial position remain ongoing.
- CIP delivery behind plan due to on-going operational challenges, monthly meetings with ADOs and divisional leads to review progress against plans
- Full sign off of the CCG rehabilitation / ICT investment plans expected in Q2.
- Further review of the CCG QIIP programme expected during Q2.
- Delay to discharge summary module delaying the implementation of the Realtime project (due for delivery in June, awaiting new delivery date)

### Actions to be completed during Q2 of 2014/15

**Priority a)** Financial recovery plan to ensure full delivery of planned position.

**Priority b)** none

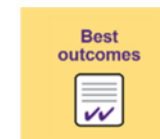
**Priority c)** none

**Priority d)** Complete our estate investment plan business case to support delivery of our clinical strategy (Q2 2014/15)

# Annex – Detailed Objectives

## Best Outcomes:

Priorities, actions and timescales for delivery in 2014/15 – 2015/16



| Priority                                                                                                | Action and Timescales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lead Director           |
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| <p>a) Reduce in-hospital mortality (measured by RAMI, crude mortality, number of mortality reviews)</p> | <ul style="list-style-type: none"> <li>i) Embed and optimise role of Chief of Patient Safety (Q4 2014/15)</li> <li>ii) Implement evidence based Care Bundles; Sepsis (Q2 2015/16) and extend, based on evidence of pathway(s) with sub-optimal outcomes (Q4 2015/16)</li> <li>iii) Reduce Number of in-hospital arrests; Failure to Rescue Programme (Q4 2014/15) and Vital Pac Implementation (Q4 2015/16)</li> <li>iv) Design, scope and pilot a new outreach service (Q4 2014/15), potentially in partnership with hospices and/or community services, to deliver choice of place of death for all those at end of life, and implement the service fully (Q4 2015/16)</li> <li>v) Conduct external review of Antenatal and Intrapartum pathways (Q2 2014/15) to reduce stillbirth rate and implement recommendations</li> <li>vi) Build audit and arm's length peer review capacity and capability, in partnership with RSCH, and expand participation in clinical audit: scope (Q2 2015/16), develop business case and implement (Q4 2015/16)</li> <li>vii) Deliver the Integrating Critical Care Project</li> </ul> | <p>Medical Director</p> |

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| <p>b) Eradicate Avoidable Harm (13/14 is baseline year for VTE, Falls, CAUTI and PUs)</p> | <ul style="list-style-type: none"> <li>i) Expand the safety thermometer to include medication errors and two other harms to be specified based on evidence (Q2 2015/16)</li> <li>ii) Achieve 100% compliance with WHO Checklist (Q4 2014/15)</li> <li>iii) Implement new Falls Nice Guidance (Q2 2014/15)</li> <li>iv) Implement Safer Nursing Staffing Framework and publish actual staffing levels versus establishment % shifts operating below establishment (Q4 2014/15)</li> <li>v) Implement recommendations from RCPCH review (Q4 2014/15)</li> <li>vi) Implement new Trust Safeguarding Team (Q4 014/15)</li> <li>vii) Strengthen “safety culture” and improve dissemination and learning from incidents and audits to front line teams (Q4 2014/15)</li> <li>viii) Focus on VTE using RCA learning (Q4 2015/16)</li> <li>ix) Widen incident reporting to include “Near Misses” (Q4 2015/16)</li> </ul> | <p>Chief Nurse</p>      |
| <p>c) Reduce inappropriate re-admissions</p>                                              | <ul style="list-style-type: none"> <li>i) Expand use of ASPH LACE across Trust (Q4 2014/15)</li> <li>ii) Implement 3 day “Teach-back” (Q2 2014/15)</li> <li>iii) Improve health economy working with 3rd Sector Organisations to prevent readmission (Q2 2015/16)</li> <li>iv) Deliver the Preventing Readmissions Project</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Medical Director</p> |

**Great Experience:**

Priorities, actions and timescales for delivery in 2014/15 – 2015/16



| Priority                            | Action and Timescales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lead Director |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| a) Improving the patient experience | <ul style="list-style-type: none"> <li>i) Focus on improving the experience for vulnerable groups, integrating pathways across the whole system; focussed on dementia and cancer (Q4 2014/15); mental health (Q4 2015/16) linked to campaign “No Health without Mental Health and using issues raised in the patient survey to prioritise interventions.</li> <li>ii) Open Birthing Unit (Q2 2014/15) to improve women’s experience of birth</li> <li>iii) Implement “Help Line” to empower and reassure (Q4 2014/15)</li> <li>iv) Introduce Friends and Family (F&amp;F) Test in Outpatients (Q4 2014/15)</li> <li>v) Deliver on Francis Declaration (Q4 2014/15 and Q4 2015/16)</li> <li>vi) Strengthen Friends &amp; Family Test feedback mechanisms so that teams can respond rapidly to patient feedback and make and own the necessary improvements (Q4 2014/15)</li> <li>vii) Achieve Referral to Treatment and 4 hour Emergency Department performance (2014/15 and 2015/16)</li> <li>viii) Deliver the ‘Ready to Go’ No Delays Project and Care of the Older Person Model.</li> </ul> | Chief Nurse   |

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| <p>b) Improve the response, management and use of the learning from complaints</p> | <ul style="list-style-type: none"> <li>i) Review existing process and redesign as necessary implementing recommendations from post Francis national review (Q4 2014/15)</li> <li>ii) Implement a complaints process peer review with RSCH (Q1 2015/16)</li> <li>iii) Implement Hospital Watch Experts (Q3 2015/16)</li> <li>iv) Strengthen complaints feedback mechanisms so that teams can respond rapidly to patient complaints and make and own the necessary improvements (Q2 2015/16)</li> <li>v) Design an intervention for junior and middle grade doctors that involves them in the complaints process (Q2 2015/16)</li> </ul> | <p>Chief Nurse</p> |
| <p>c) Improve the staff experience of delivering care</p>                          | <ul style="list-style-type: none"> <li>i) Implement Junior Doctors Sounding Board (Q2 2014/15)</li> <li>ii) Implement Staff Friends and Family test (Q4 2014/15)</li> <li>iii) Support cultural refresh programme (Q4 2014/15)</li> <li>iv) Implement Nursing and Midwifery Strategy (Q4 2015/16)</li> </ul>                                                                                                                                                                                                                                                                                                                           | <p>Chief Nurse</p> |

## Skilled, Motivated Teams:

Priorities, actions and timescales for delivery in 2014/15 – 2015/16



| Priority                                                                                       | Action and Timescales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lead Director                               |
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| <p>a) Recruit, retain and develop an affordable, sustainable and highly skilled workforce.</p> | <ul style="list-style-type: none"> <li>i) Agree &amp; implement a workforce plan to support delivery of the clinical strategy (Q4 2015/16).</li> <li>ii) Identify training, education and development for staff to deliver the new workforce models (Q4 2015/16)</li> <li>iii) Review and explore workforce opportunities through the partnership working with RSCH that support service improvements and economies of scale. (Q4 2015/16)</li> <li>iv) Identify resourcing solutions for hard to fill vacancies and address vacancy hotspots with an agreed schedule of effective and innovative recruitment (Q4 2014/15)</li> <li>v) Further develop the in house bank to ensure improved supply and availability of bank workers and implement recommendations and solutions from the Temporary staffing project (Q4 2014/15)</li> </ul> | <p>Director of Workforce Transformation</p> |
| <p>b) Improve Staff Engagement, Experience and Team working</p>                                | <ul style="list-style-type: none"> <li>i) Build staff advocacy of ASPH as a place to work &amp; be treated through a range of strategies (Q4 2014/15)</li> <li>ii) Implement a virtual coaching &amp; innovation hub and further develop a coaching culture, and deliver the Improving Staff Culture &amp; Experience project (Q4 2014/15)</li> <li>iii) Develop an implementation plan and launch the value based behaviours (Q4 2014/15)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       | <p>Director of Workforce Transformation</p> |

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|                                                                                                               | <ul style="list-style-type: none"> <li>iv) Develop a Diversity agenda that promotes good practice (Q4 2015/16)</li> <li>v) Implement a communication &amp; engagement strategy for the partnership work with RSCH (Q4 2014/15)</li> <li>vi) Implement a Health, Wellbeing and Building Staff Resilience programme (Q4 2015/16)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| c) Implement an improved Education & Development strategy/programme, developing staff skills and capabilities | <ul style="list-style-type: none"> <li>i) Develop and deliver a learning, education and development plan (Q4 2015/16)</li> <li>ii) Ensure full utilisation of external funding opportunities for skills development (Q4 2015/16)</li> <li>iii) Introduce programmes to support non-registered staff to deliver their full potential &amp; develop their career journey, and B5-7 staff to deliver their full potential as line managers &amp; leaders (Q4 2014/15)</li> <li>iv) Enhance corporate and individual performance management processes across the Trust (Q4 2014/15)</li> <li>v) Implement a revised statutory and mandatory training matrix, aiming for 100% compliance (Q4 2014/15)</li> </ul>                                                                | Director of Workforce Transformation |
| d) Implement a pay and reward framework with performance related reward benefits to suit individual need      | <ul style="list-style-type: none"> <li>i) Implement a framework linked to performance based on an effective appraisal system, enabling the use of the current AfC pay flexibilities to link incremental progression to performance. (Q4 2014/15)</li> <li>ii) Implement a revised Clinical Excellence Awards scheme based on assessment of performance against divisional metrics, rather than through individual application process. (Q4 2014/15)</li> <li>iii) Develop a 'Total Reward' system of 'cafeteria' benefits that enable staff to have flexibility and choice in aspects of their terms and conditions, for example buying and selling annual leave. (Q4 2014/15)</li> <li>iv) Implementation of a range of tax maximisation schemes. (Q2 2014/15)</li> </ul> | Director of Workforce Transformation |





**Top Productivity:**

Priorities, actions and timescales for delivery in 2014/15 – 2015/16

| Priority                                                                           | Action and Timescales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lead Director                       |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a) Deliver our cost improvement programme of £14.9m in 2014/15 & £13.3m in 2015/16 | i) Continue to deliver our transformation programme through a project management office approach under-pinned by strong internal financial control (Q4 2015/16)<br>ii) Deliver our detailed transformation action plan for pay, non-pay and service line contribution initiatives (Q4 2015/16)<br>iii) Agency expenditure reduced from 7.8% of pay bill in 2013/14 to 3.5% by end of 2014/15 and 2.5% by end of 2015/16. (Q4 2015/16)                                                                                                                                                         | Director of Finance and Information |
| b) Driving clinical and corporate efficiencies                                     | i) Deliver a year on year 5% improvement in theatre utilisation, 3% outpatient utilisation and 5% length of stay (Q4 2015/16). Deliver the RealTime Project and Outpatient Clinic Review.<br>ii) Release the excess capacity and staffing costs as a result of efficiency improvements (Q4 2014/15)<br>iii) Increase commerciality by improving clinicians understanding of their service lines financial performance and confidence in the underlying data (Q4 2014/15)<br>iv) Identify and deliver opportunities to reduce corporate overheads, including through partnership with RSCH (Q2 | Director of Finance and Information |

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|                                                                          | 2015/16)<br>v) Deliver the transformation / exit plan as appropriate from any remaining loss making service lines (Q2 2015/16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |
| c) Securing profitable activity growth as an alternative to cost cutting | <ul style="list-style-type: none"> <li>i) Developing specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy (Q1 2014/15) ; deliver the Ashford Elective Centre Project and Rehab Services Review</li> <li>ii) Work in partnership with other providers, our CCGs &amp; GPs to develop growth opportunities (Q4 2014/15)</li> <li>iii) Negotiate with commissioners a plan for the reinvestment of reablement and emergency admission avoidance funding into the health economy (Q1 2014/15)</li> <li>iv) Work with the CCG to respond data challenges, reduce financial penalties, deliver required pathway changes and to further improve the quality of our underlying data (Q4 2015/16)</li> </ul> | Director of Finance and Information |
| d) Deliver our long term capital plan                                    | <ul style="list-style-type: none"> <li>i) Complete our estate investment plan business case to support delivery of our clinical strategy (Q2 2014/15)</li> <li>ii) Identify our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q2 2014/15)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Director of Finance and Information |