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

COUNCIL OF GOVERNORS
20th February 2012

TITLE	**Corporate Plan 2011-2012- Progress Report Quarter 3**
EXECUTIVE SUMMARY	The Board agreed the Corporate Plan 2011/2012 in April 2011. The Corporate Business Plan included clear objectives and deliverables for each Quarter. The attached report provides a review of progress against the Q3 milestones. A mixture of amber and amber green indicates some delays in a number of deliverables.
The Council of Governors is asked to:	Note the progress made in Quarter 3.
Submitted by:	John Headley Director of Finance and Information
Date:	17th January 2012
Decision:	For Noting

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

COUNCIL OF GOVERNORS
20th February 2012
Corporate Plan 2011-2012- Progress Report Quarter 3

1 Summary

The attached report shows progress against each of the deliverables in the Corporate Business Plan 2011/12.

The following RAG rating has been included in the report.

Green	Q3 Action delivered to timetable
Amber green	Q3 Action commenced but not completed. Will be achieved by year end
Amber	Q3 Action commenced but not completed. May not be achieved by year end
Red	Q3 Action not started. Highly unlikely to be achieved by year end

A mixture of amber and amber green indicates some delays in a number of deliverables.
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2 Programmes of Work

On 4th April 2011 the Trust launched its Programme Management Office (PMO) and a new more robust approach to delivering projects and programmes. This approach, and the PMO function, will provide much greater control in how we deliver change across the organisation. Ultimately, it will help us achieve successful delivery of our Corporate Business Plan.

The PMO developing well. The Strategic Delivery Board is in place and meeting monthly to review progress on key projects. A Dashboard has been developed and is in place to enable performance management of key projects. A Benefits workshop has taken place and key benefits are now identified for all major projects and are being tracked. The Equip team are linking into PMO and working on major change projects e.g. out-patients and theatres.

Many of the priorities in the Corporate Business Plan fall within the scope of the PMO we can start to see that many of the projects in the attached report are starting to demonstrate clear benefits at the earliest opportunity under the enhanced framework.

3 Conclusion

Good progress has been made across all the objectives and in most of the individual actions. Driving forward the patient experience and quality agenda , together with

managing unscheduled care and readmissions require continued focus , as does delivery of the Cost Improvement Programme.

John Headley
Director of Finance and Information

Milestones associated with corporate objectives

Strategic Objective 1: Quality

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	Trainers deliver cascade training to sustain programme with 60% organisational exposure	The focus of the overall project, in agreement with the Project Board, is delivering the team workshops, securing 95% staff attendance by March 31, 2012. 44% of staff have either attended a workshop or confirmed a booking. Two educational half day Living Our Values workshops were held in December 2011 for ACCT and Rowley Bristow staff. In total, 146 staff attended. By the end of January, 19 in-house facilitators will be in place, concluding the facilitation training programme.		CN/MB
	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	Reports of consequent service improvements via Clinical Governance Meetings Evaluate Patient Diaries intervention Evaluate Schwartz Round usefulness and scope expansion to other areas	Patient diaries currently being piloted on 2 wards;1 medical and 1 surgical. Pilot period extended as early feedback indicates that patients who express interest in the diary often do not use them. A Business Case for a project aimed at developing and embedding a shared decision making approach is to be submitted to January Board. Schwartz Round – attended Royal Free Hospital and observed, very positive. Now negotiating roll-out and support or ASPH implementation with the Kings Fund.		CN

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	Launch Nursing and Midwifery Trust Strategy Design and Implement Best Care Monitoring Dashboard (WQIs, Complaints, Cause for Concern, Incidents, Safeguarding, MCA and DoLs)	Team in place to develop our Nursing and Midwifery Strategy with engagement from all Trust nurses and midwifes. Plan to complete June 2012. Matron monthly audits of Best Care from Oct 2011 and actions to improve patient care underway. Best Care Dashboard included in Quality report to Trust Board. Work continues to refine measures for theatres, critical care, paediatrics, maternity and OPD areas.		CN
	Launch Releasing Time to Care	100% wards completed training and consolidation by end of 2011/12	Commence training Cohort 4 Commence collection of Cohort 1 results	Restructuring project with new tool from the Institute for Innovation and Improvement, using the 15 steps Challenge. Existing milestones not met. Revised project plan in development.		CN
	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	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.	Meeting arranged to review progress with actions around dementia service and review of national recommendations with report to Trust Board in Jan 2012. HCE Specialist Care Element of Best Care Programme now supported with identified leads and workstream definition underway. KPIs to be developed and added to Best Care Dashboard. Recruitment underway for Trust Lead Nurse for Older People (SVA, Dementia and MH)		CN
	Launch Nursing and Midwifery Trust Strategy	Strategy is published	Review framework and principles post consultation Draft full document and agree/ratify	Team in place to develop our Nursing and Midwifery Strategy with engagement from all Trust nurses and midwifes. Plan to complete June 2012.	a	CN

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	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	Project extended to 20 homes	The Nursing Home Project currently covers 12 nursing homes. It has consistently shown a reduction of 30-40% on emergency admissions for over 18 months now. Extension to the remaining is awaiting the appointment of the 4th Geriatric consultant. The programme was been extended in the quarter to include EOL and a joint pharmacy ward round at the Nursing homes.		MD
	Build and extend Virtual Ward Projects	40% reduction in total readmissions 30% reduction in multiple readmissions National publication on readmission	40 beds supported	This scheme is integrated into the wider North West Surrey project of a virtual ward. Currently the Trust uses Medihome to help discharge patients out of the acute hospital earlier. Further close integration with the recently expanded community re-enablement ward is to occur.		MD
	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	Establish and test concept Review/improve pending testing	The majority of this project is progressing well with new pathways being developed with SECAM and the professional development of the Critical Care Practitioners. The R&D work stream will require further focus during Q4.		CN/DCE
	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	Establish and test concept Review/improve pending testing.	Single point of access hub in MAU in partnership with Social services; model defined and location agreed		CN/MD
	Implement and accelerate Streamlining Discharge Project March	60% reduction in discharge related complaints	Implement further 2+key deliverables for each workstream (TBC) and monitor Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre	Discharge training : Phase 1 – complete Phase 2 – in design (to deliver effective Board Rounds). MAU Hub implemented and working up to full operation.		CN

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	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	We have not been able to publish as national guidelines on Outcome Framework content have not been published.		DoF&I
	Outcome data published on website	Full report on website	Consultant and service level individualised information available	We have not been able to publish as national guidelines on Outcome Framework content have not been published.		DoF&I
	Quality Account Publication framed around NOF	Review priorities, propose, commence stakeholder engagement: Steering Group Meets	Review QA and develop plan for 2012/13: Steering Group Meets	Planning meeting arranged with Associate Dir Quality and Board Secretary – invitations to steering group and workshop for patient representatives and governors is being planned. HCE		CN
	Improve and Monitor Patient Control and Choice	Establish baseline data % patients exercising control and choice Establish improvement trajectory for next 2012/13	Roll-out survey Evaluate survey and incorporate learning into business planning for next 2012/13	The OPD exit survey was piloted in December. Need for a further measure identified. Research for the Shared Decision Making BC indicates that measures in relation to satisfaction/experience re shared decision making have been developed and are being piloted at the Health Foundation sites; publication awaited and will be used on launch of project.		CN

Strategic Objective 2: Workforce

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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 3212 with 31 reductions and 5 growth Collate divisional workforce plans 2012/3	▪ Achieved 3268 at 31/12/12 with cumulative 98 reductions and 64 budgeted growth.		DW&OD
	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. <40 WTE agency and <300 WTE bank per month (average) at 31/03/12	Monitor provision of permanent/contingent staffing mix at 80/20 (particularly December)	▪ Positive provision of permanent / contingent workforce (91/9) 9% of establishment – average use 242 bank (within target 305WTE) and 39 WTE agency (within target 40 WTE) in quarter 3.		DW&OD
	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 3 (Medical). Implement changes from skill mix 2. Link to Discharge and Ophthalmology EQUIP pathways and identify opportunities for role redesign	▪ Medical & Dental skill mix review in progress. ▪ Nursing & Midwifery review completed. Outcome and changes being incorporated into workforce plans for 2012/13.		DW&OD
	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)	▪ Recruitment campaigns held for Staff nurses, Healthcare Assistants and Midwives. Vacancy rates have reduced to 10% for qualified nurses, 16% for healthcare assistants (improvement from 22% at end of quarter 2), 12% vacancy for midwives.		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	Fully utilise the three workforce systems (ESR, Health Roster, CRMS) to plan, forecast and utilise the workforce by 31/3/12	Increase/develop capability of managers for effective utilisation of the workforce, measured by number of people using systems	Develop capability in Womens and Children's Services in the utilisation of HealthRoster, ESR, CRMS to achieve effective deployment of workforce.	▪ Women's and Children's hierarchy updated on ESR, managers trained. ▪ Project teams established to fully roll out manager self-service and effectiveness of Healthroster (training in place, guidelines updated).		DW&OD
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	Develop relationship with the shadow skills network	▪ Shadow network in place. ASPH represented by Andrew Liles and Raj Bhamber.		DW&OD
	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	Submit commission to shadow skills network	▪ Commission submitted, awaiting confirmation from SHA.		DW&OD
	Publish a Leadership and Management Development Framework and directory by 1/4/2011	600 staff participating in leadership development programmes	Evaluate programmes and revise as required	▪ Programmes currently being evaluated and programme in place for 2012-13 based on L & M framework and LED plan		DW&OD
	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	Review programmes and target groups	▪ Leadership and Management programmes completed for ward managers, New programme planned to commence March 2012 incorporating feedback from, and response to, CQC inspection.		DW&OD
	Conduct a comprehensive review of education and training provision (particularly mandatory training, clinical practice, education and tutoring)	95% compliance with mandatory training requirements	Implement changes, from the review of clinical professional development and training as required	▪ Mandatory training review complete; further refinement of reporting undertaken. Challenge sessions for divisions have taken place to improve compliance. ▪ Professional development being reviewed in line with LED planning.		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
3. Inspire 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 Diagnostics, Estates, Corporate – target 900 staff	▪ 1600 staff have attended or are booked onto a Living Our Values workshop by 31 March 2012. Workshop attendance is reviewed at performance review meetings and clinical governance meetings. The names of staff not yet attended have been distributed to directorate and divisional leads. The workshops have been re-advertised.		DW&OD
	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 summer survey and refine action plan Conduct national staff survey	▪ The summer survey results were published and actions plans are in place. ▪ The Trust achieved 63.6% response rate in the national survey– the highest response rate of acute trusts overseen by the Picker Institute. The results are expected in March 2012.		DW&OD
	Participate and act on the findings of national research linking effective team working and patient safety as a learning organisation	Improved team working	Develop and implement an action plan in response to the analysis	▪ ATI results pending.		DW&OD
	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	• Seasonal Flu' Campaign Month • Lifestyle Assessment Clinic • Mens Health week BP and Cholesterol Checks • Breast Cancer Awareness Month • Drug & Alcohol • Lifestyle Assessment Clinic	▪ Overall seasonal 'flu uptake 43.9%. Increase of 1% uptake of frontline staff receiving Seasonal Flu Vaccination. ▪ Lifestyle Assessment clinics held. ▪ World Aids Day promoted. ▪ Breast care awareness month promoted. ▪ Good uptake of information from Drug and Alcohol Awareness information stands. ▪ National Stress Awareness event delivered on both sites Trust EAP services promoted. ▪ 150 pedometers used, 76 staff provided their step count and achieved a total of 3 million steps completing the Isle of Man stage of the Olympic Torch route.		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	Develop mutually beneficial public and private sector partnerships with local employers and academic centres of excellence	Four strategic relationships with employers and education	Visit 2 large local companies and develop proposals for joint working in 2012/3	▪ A database of Chambers of Commerce has been developed to take forward this objective in Quarter 4.		DW&OD
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	900 staff to have participated in 360 appraisal and results from local staff survey indicates that appraisal meaningful	▪ 118 users on the system. 360 appraisal tool evaluated through user survey. Tool to be updated by provider to improve the user with more functionality. Uptake monitored through scorecard. Ongoing face to face training in place.		DW&OD
	Agree productive job plans and flexible utilisation of specialist staff	100% completion of consultant job plan reviews with greater than 7.5 to 2.5 DCC/SPA average ratio	Feedback to divisions from mid-year job plan review	▪ Corporate review of job plans for each division completed. Average DCC/SPA ratio for 2011 job plans is 7.9 to 2.1 for full-time consultants, and 7.7 to 2.3 for part-time consultants (FTE).		MD
	Celebrate a diverse and talented workforce through quarterly staff awards	Improved recognition of high performance	Promote national and local clinical excellence awards Maintain at least 10% increase in national publications	▪ The Trust is a finalist in the Patient Experience Network Awards on January 18, having submitted an application in Q3. ▪ Locally, the Chief Nurse's Award for the best ▪ improvements in patient care is now being awarded monthly.		DW&OD
	Introduce a talent management system for senior staff (level 4 and 5 staff) by September 2011	Enhanced talent pool	Evaluate impact of the talent management system at levels 4 and 5	▪ Talent management system agreed. CMAO programme will assess and harness talent. Talent management and succession planning for Level 5 undertaken and evaluated as part of Board Development work.		DW&OD
	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	Evaluate impact of pocket book diary	▪ Development of 2012/13 diary in progress – to build on 2011/12 product by building in mandatory training card, annual leave card, corporate calendar, vision, values and other critical information (publish in February 2012)		DW&OD

Strategic Objective 3: Clinical Strategy

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	Q3 change programme implemented	Change programme continues		MD
	Incorporate priorities into the Trust's Speciality Strategies, being developed during 2011-12	Clinical strategies in place for all specialties	Further ten clinical strategies in place.	As noted in last month's report the focus has moved away from individual clinical strategies to an overarching business development strategy. In delivering this strategy work has been undertaken with Assura to bid for ECN accreditation and development of an integrated MSK pathway. A marketing approach for Hounslow has been developed and the preparatory work is underway. Development work on tertiary services is being focused on Vascular and Renal.		MD
	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	Review improvements with Consultants and GPs. Further Practice Manager meeting.	Future leaders programme in place. Spot light seminars continue Updated service directory being prepared. Specific Ashford marketing/information brochure is being produced		MD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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.	Clinical thresholds for further five pathways agreed and implemented.	The prior authorisation process, based on NHS Surrey's thresholds was implemented all specialties during Feb/March 2011. Audit was carried by Thames Medical, with data provided to NHS Surrey. Audit showed very good compliance by ASPH clinicians with the PCT criteria. It was therefore agreed with Thames Medical, supported by NHS Surrey, that the prior authorisation process would be suspended in September 2011. Consultant to consultant referrals are notified to Thames Medical. Thames Medical has been able to use the information to identify pathway work needed to get more patients to the right place, first time. The NWS CCG and the Transformation Board have identified a work programme for planned care. Pathways will include MSK, Cardiology, Ophthalmology - defining referral thresholds, alternative access to specialist advice, referral pathways between primary and secondary care		MD
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.	Implement further 3 one stop clinics	All ambulatory care pathways have been implemented three months ahead of programme . All of next year's best practice ambulatory care pathways are now being investigated for an early implementation		MD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	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.	Further roll out to cover 35 nursing homes.	Currently 12 nursing homes are covered as part of the pilot. Extension to the remaining is awaiting the appointment of the 4th Geriatric consultant. The programme was been extended in the quarter to include EOL and a joint pharmacy ward round at the Nursing homes.		MD
	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 work stream.	Follow up phone calls to patients is embedded in day case unit. Discharge team under review Discharge leaflet and planning documentation is reviewed		MD
	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.	Continued implementation of virtual ward post project evaluation.	As reported last quarter – Consumed into North West Surrey Transformation work on a step up/step down virtual ward. Also incorporated into work on single point of access		MD
	Redesign the internal emergency care pathways within the Trust for implementation by Autumn 2011.	Reduced A&E waiting times. Improved SECAMB handover times.		A full A&E recovery plan has been implemented which has been meeting its timetable for implementation. The new CDU opened in December together with the GPDU A&E waiting times remains a risk to the organisation		MD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	Complete in Divisional and Spec Strategies.	Business Development Strategy created and projects have started on several key streams e.g. vascular, Hounslow, integrated pathways with Assura.		MD
	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	Review further opportunities.	Work being undertaken to link Vascular with SASH. Speculative approach made to link vascular with WMUH. Speculative approach made to HWP to integrated neurophysiology		MD
	Develop and implement plans for the Surrey Pathology partnership during 2011.	Seamless service provision. Recurrent cost savings.	TBC	Reconfiguration is due to begin 1st February with GP blood sciences work transferring to Frimley first. ASPH microbiology work will be transferred over a 2 – 3 week period in February with blood sciences outpatient work following soon after the GP work. Services will transfer to St Peters from Frimley and Royal Surrey in the latter part of March.		CE
	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).	Continue service provision.	The expansion of Bariatric activity is continuing. The first patients were received from the South Central contract. The development of the weight management contract has been postponed by NHS Surrey until 2012/13		MD
	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.	All market share data is provided at POD and speciality level to clinical areas. The data is reviewed quarterly by TEC. During Q3 bids were won to retain the Neurophysiology activity from Frimley Park and the Trust won the Ophthalmology service for Hounslow. The Trust is awaiting the results of the ECN accreditation tender it jointly put in with Assura		MD

Strategic Objective 4: Productivity and Efficiency

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	Explore incorporating Epsom General Hospital into our Foundation Trust	Board paper and decision	Further review.	The tender proposal was submitted to time and to a high standard. Work to decide whether to incorporate Epsom within the Trust continues.		CE/DW&OD
	Increase elective market share by 1%	Market share increased by 1% for elective work.	1% improvement delivered.	This scheme has been replaced by the development of the business development strategy. Actions being taken include the implantation of a marketing plan for Hounslow		MD
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)	£3.2m	During Q3 CIP delivery was £2.95m with a total year to date position of £7.7m. This is against a YTD target ot £8.6m. The main areas of underperformance are A&E due to the high level of agency staff which has been slightly offset by Information overachieving by £140k.		DoF&I
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	Implement monthly reporting	Regular meetings are continuing with Divisions and refinement of the SLR system continues. Changes are being made as a result of engagement with the clinical staff. Qlickview has been procured for deployment in Q4. This will facilitate move to monthly reporting in 2012/13.		DoF&I
	Launch and embed Commercial Group	Monthly meetings, workplan covering all commercial partnerships and revenue generation, business cases		The commercial group continues to meet and review business cases, business development issues and contracts that the Trust holds		DoF&I
	Develop commercial competencies amongst our leaders	Capsticks seminar, development of senior and middle managers		The finance team have held training meetings with relevant staff in the Divisions. The AD of BD is holding sessions with key clinical staff		DoF&I
Implement incremental improvements in our IT systems to improve productivity.	Complete roll out of wireless	Wards + Work Areas				DoF&I
	Deployment of Patient Centre to improve productivity and to take the first steps towards an electronic patient record	Divisions Specialties Number of Staff trained	Theatres Diagnostics	On hold due to reprioritisation of Real Time deployment		DoF&I
	Procure and deploy Single Sign-On with Context to enable clinical staff to view patient records across disparate systems.	Delivery dates	Progress slipped due to reprioritisation of Real Time deployment			
	Pilot Outpatient arrivals using kiosks	Pilot	Lessons	Progress slipped due to reprioritisation of Real Time deployment Awaiting confirmation of funding from capital programme		DoF&I
	Pilot Ante-Natal book information via Web	Pilot	Lessons	Project on-hold, pending appointment of Web Services Manager		DoF&I

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
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	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	By end of Q3 2011 we have trained 78 people in Bronze through the Trust EQUIP projects underway in Q3, include: - Theatre Efficiency - Outpatient Efficiency - EQ Heart Failure		DCE
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 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	The project aims to deliver a number of changes and that will result in the Trust’s operating department and day surgery facilities move from “Good to Great”, with specific focus on: • Ensuring all procedures to be performed in the correct location • Increasing day surgery procedures carried out at Ashford Hospital • Reducing cancellations, DNAs and late starts • Increasing theatre utilisation • Improving the patient experience		DCE

11/12 Priority	11/12 Actions	Outcome - metrics	End Q3	Progress	R/A/G	ED Lead
	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	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	The project is focussed on activity relating to reductions DNAs, by implementing a service utilising automated and technology based patient reminders, and a wider workstream looking at reducing un-used slots and increasing efficiency in Outpatient clinics. DNA rate has been reduced from 10.7% to 7.04% in November.		DCE
	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	Further improvements agreed and implemented	Data analysis underway to understand LoS issues and identify areas to focus on. Currently the clinical leads for top 10 clinical diagnosis are being identified. The bed base in T&O has been reduced by 10 as a result of LoS reductions. The area is now used for medical escalation The consultancy firm 20/20 has been engaged to undertake a demand and capacity study to ensure that the bed base within the organisation is set correctly. The new plan for MAU configuration will be completed by middle of February		DCE

CE	**Chief Executive**
CN	**Chief Nurse**
DCE	**Deputy Chief Executive**
D0F&I	**Director of Finance and Information**
DW&OD	**Director of Workforce and Organisational Development**
MD	**Medical Director**

Green	Q3 Action delivered to timetable
Amber green	Q3 Action commenced but not completed. Will be achieved by year end
Amber	Q3 Action commenced but not completed. May not be achieved by year end
Red	Q3 Action not started. Highly unlikely to be achieved by year end