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

**COUNCIL OF GOVERNORS**
**18th May 2011**

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| **TITLE** | **Chief Executive's report** |
| **EXECUTIVE SUMMARY** | The report gives an overview of issues being addressed by the Trust over the coming months, together with a perspective on the external environment. |
| **The Council is asked to:** | Discuss the report |
| **Submitted by:** | Andrew Liles<br>Chief Executive |
| **Date:** | 23rd April 2011 |
| **Decision:** | To note |

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

**COUNCIL OF GOVERNORS**
**18th May 2011**

**Chief Executive's report to the Council of Governors**

## WHAT IS HAPPENING IN THE TRUST

2010/2011 was a very successful year, in reality one of the strongest ever performances for Ashford and St Peter's and the year in which we became a Foundation Trust. Some of the highlights were**:**

- Achieved FT status – a high pass and the first at the new higher standard
- Unconditional registration with CQC
- CNST level 3 for Maternity
- All Party Parliamentary award for reflections service
- CQC maternity survey improvements
- "Your Feedback" comment cards launched
- MRSA free for c. 8 months
- Improved Quality reporting and revised Clinical Governance
- The Trust's values ( the 4 Ps) are taking hold
- Good 2 Great Leadership programme
- Staff survey – best response rate in country; top 20% for motivation
- EQUIP many successful projects
- Full CPA accreditation in Pathology
- Full compliance for single sex accommodation
- New:
    - Interventional Radiology suite
    - Cardiac lab
    - Lithotripter
    - Diabetes centre (Stephanie Marks)
- Best day case rates in South East and 7th in the country
- Stroke thrombolysis extended to 24 hours
- Doing really well on cancer targets
- Big improvement in fractured neck of femur waiting times
- Innovative Nursing Home project
- 2009/10 financial targets achieved (£6.3 million surplus)
- Move from 11 Directorates to 7 Divisions
- St Peter's site masterplan approved by Runnymede Borough Council; planning approval for 2 new parking decks and ramp demolition
- Refurbishment of St Peter's outpatients

I also attach the report to the Board on how we delivered against the corporate objectives for 2010/11. Again it's encouraging to note the progress achieved. Items which were not concluded will be taken forward into 2011/12.

### Looking ahead to 2011/12

We begin 2011/12 in a strong position, having met our key quality, clinical and financial targets for last year. There is no doubt however that 2011/12 will be one of the toughest years for the NHS with continuing financial pressures and a real cut in income moving forward. That said, we have made strong plans for this year to ensure our patients continue to receive safe, high quality treatment in a positive environment and that we continue to drive our strategy forward. The Council has already seen our Corporate Plan at draft stage and further information is given later on the agenda.

**The Financial outlook**

The Trust Board in March 2011 approved the Corporate Business Plan for 2011/12 including the budget. The Board knew at this point that final negotiations with NHS Surrey were underway and the potential this had to the change the budget. The financial tables showed a budgeted surplus of £3.4m and a Financial Risk Rating (FRR) of 4 (rounded from 3.7).

Following conclusion of our negotiations with NHS Surrey at the April meeting the Trust Board agreed to a reduction in the target surplus of c£1m, in the context of a base contract value of £170.3m with NHS Surrey. The revised budget for 2011/12 therefore sets a surplus of £2.1m and FRR of 3 (rounded from 3.3). The changes to income and budget do not change the number of staff we employ, nor reduce the activity we aim to deliver. We will have a challenging year therefore and we will need to focus on delivery of our financial plan, cost improvements and increasing productivity.

**Staff and Patient Surveys**

In Patient Survey
The Council will receive a specific presentation on the national Inpatients Survey. I would highlight that this is a national survey conducted by all Trusts, and is only one type of feedback information we obtain. We are focussed on developing timely feedback from patients (called 'Your Feedback') which allows us to respond more promptly than the national surveys can allow.

National Staff Survey results
It is known that there is a correlation between how staff feel and how satisfied patients are. It is therefore really encouraging to read the findings of the 2010 national staff survey. Ashford & St Peter's NHS Foundation Trust obtained one of the best response rates in the country with 2095 respondents (71%), which of itself is a strong indicator of staff engagement. The response rate has improved steadily during the period from December 2007 when it was 47%.

In summary, the overall change from Ashford & St Peter's position in 2009 means that :

- 13 key factor scores have improved from their position in 2009.
- No key factor scores have deteriorated from their position in 2009.

The Trust is regarded as in the top (best) 20% of Acute Trusts in 18 of the 38 key factor areas, compared with three in 2009.

We are working with the Divisions and departments, as well as corporately, to continue to improve.

**Developing our Workforce**

As indicated above, a well motivated workforce can have a significant impact on the patient experience. One of our 4 Strategic Objectives is to recruit, retain and develop a high performing workforce.

We now have a number of important staff leadership and development programmes underway. These include:

- **Living our Values** is an initiative which seeks to expose the whole organisation (all 3,200 staff) to real patient stories which provide a narrative describing their experience and emphasising how the attitude of staff made them feel. This will be delivered to ward and speciality groups by trained facilitators. The initial sessions will hear the patient stories and experience and feel the emotions generated. The energy created will then be

harnessed to motivate and sustain staff to build upon our organisational values and behaviours and to resolve to deliver service and care tangibly and empathetically focused on the individual needs of patients – "compassion in action".

- **The Best Care Programme** focuses on improving the provision of essential and specialist care to the vulnerable, elderly and those with dementia and at end of life and will initiate a variety of activities that aim to deliver and monitor the "best care" and identify areas for targeted improvement support. Activity such as "Care Rounding" and ward to ward peer review will be included. Essential care will focus on dignity, hydration and nutrition, safety and comfort ensuring all staff give basic but essential elements of care. Specialist care will focus on more sophisticated care including administering of drugs and therapeutic interventions such as catheterisation and intravenous line insertion as well as meeting the specialist needs of specific patient groups such as those with dementia.

- **Speciality lead development programme**. We have 33 clinical leads in place. We have launched a new tailored development programme for them. This modular programme aims to provide a developmental forum for speciality leads to meet together, share common leadership challenges and apply tools and techniques in pursuit of our shared vision to be one of the best healthcare Trusts in the country. The programme comprises six modules.

- **Good to Great**. This is the second year we are running this programme which has attracted staff from all disciplines, levels, and parts of the organisation. We have 70 staff participating in 2011/12.

- Our **Ward Leader programme** is well underway. More that 25 ward sisters are participating and the programme focuses on increasing leadership skills, budget management, patient experience, quality, values and communication.

**Car parking at St Peter's Hospital**

Work on improving the car parking at St Peter's is well underway. The decked car park in front of Abbey Wing is under construction, and works on the main outpatient car parking are also in progress. The introduction of barriered car parking at the front of the hospital, with pay on exit – is something often asked for by members of the public. Overall we will create 94 additional patient and visitor spaces, better lighting and security, improved signage and clearly marked parking bays.

The Trust is reviewing its car parking policy. There are a number of reasons for this and we are about to launch a consultation with staff and patient representatives. Keith Goodyear is to be the public Governor on the group with Tanya Bernard being the staff Governor.

**Epsom and St Helier Hospitals NHS Trust**

Epsom and St Helier Hospitals NHS Trust is a large acute Trust that was created in 1999 from the merger of two former NHS Trusts. The Trust provides a full range of services for parts of South West London and Surrey. It also provides tertiary level renal care, pathology and neonatal intensive care services to a wider catchment area.

The Trust's two district general hospitals, Epsom General Hospital, and St Helier Hospital both offer an extensive range of acute services, including 24-hour A&E. Epsom General has been developed as the elective site where A&E and emergency medical services are retained and are supported by an ITU/HDU for those patients requiring on site critical care facilities.

Under the White Paper all NHS Trusts must be or become part of a NHS Foundation Trust by March 2014. NHS London has put together a planning process that requires all London Trusts to

have identified (by Spring 2011) their route to achieve this objective before the 2014 deadline.

Commissioners across South West London and Surrey have recently developed their strategic commissioning plans in response to a number of key policy initiatives. The overall impact of these commissioning plans on the trust has been assessed and, based on the information available, there is strong evidence that Epsom and St Helier Hospitals NHS Trust is not financially sustainable in its current configuration.

Following a decision by the ESHH Board, NHS London, in conjunction with NHS South East Coast and ESHH has established a Transaction Board to oversee the selection of recommended partner(s) and the development and execution of a transaction(s) in order to ensure that through statutory transfers the ESHH is (or shall be part of) a NHS foundation trust by April 2014.

The Transaction Board agreed at its meeting on 17th March 2011 that it would pursue an NHS contested process open to NHS Trusts and Foundation Trusts.

Our Board has considered the opportunity which might be afforded to Ashford and St Peter's hospitals if we considered the Epsom site (not St Helier). This is early days and at the moment we are submitting a response to their PQQ (Pre Qualification Questionnaire). Should the Board decide to take this further, early indications are that we would have until the end of August to make a formal bid if we are shortlisted at PQQ.

Governors have been invited to a strategy seminar where the Board and Council can consider the implications.

## HEALTH AND SOCIAL CARE BILL 2011

### Government Listening Exercise

The Trust continues to keep a watchful eye on the latest national developments and in particular on the pause in the progress of the Health and Social Care Bill through Parliament announced in April. Although it is unlikely that the fundamental principles of the Bill will change, the new 'listening exercise', which was launched by David Cameron at Frimley Park Hospital signals an additional period of consultation on four main themes in the Bill.

- The role of choice and competition in improving quality, including the impact of wider competition under Any Qualified Provider.
- How to ensure public accountability and patient involvement in the new system.
- How new arrangements for education and training can support the modernisation process. This workstream will look at the overall strategy for education and training modernisation, building on the consultation that has just closed, which focused more on the structural reforms.
- How advice from across a range of healthcare professions can improve patient care and get more involved in commissioning decisions.

Meanwhile, work on aspects of the reforms that are not part of the listening exercise continues, but some timing will necessarily slip: the National Commissioning board will now not take up its statutory duties until 1 July 2012 and SHAs will continue until then

My briefing note to the Board is attached

Andrew Liles
April 2011

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

**BRIEFING to TRUST BOARD**
**28th April 2011**

# Health and Social Care Bill

The Government published its Health and Social Care Bill on 19 January 2011 and it began progressing rapidly through Parliament.

MPs debated the Bill on 31 January and the House of Commons committee stage took place between 8 February and 31 March.

**Parliamentary process 'paused'**

Health secretary Andrew Lansley announced on 4 April that the natural 'pause' in the parliamentary process - between the committee and report stages - will be used to consult further on concerns about the proposed reforms.

An NHS Future Forum was announced on 6 April. The forum will be chaired by former RCGP chair Steve Field.

**What's in the Bill?**

The Health and Social Care Bill covers a number of key areas including:

- powers and duties of GP commissioning consortia, the NHS Commissioning Board, local authorities and the Secretary of State
- abolition of PCTs and SHAs
- the new public health service
- changes to the pricing system
- establishing information systems
- economic regulation of health and social care services
- a failure regime for providers
- greater freedoms for foundation trusts
- creation of HealthWatch England and health and well-being boards
- changes to the function of NICE
- abolition of a number of public bodies (as already announced).

**Press release*: Government embarks on national tour to listen to views on NHS plans***

Health Secretary Andrew Lansley will next week start a listening tour of England to hear people's views on the Government's plans to modernise the NHS.

Last week the Prime Minister, Deputy Prime Minister and Health Secretary announced that the Government would be taking time to pause and reflect on the views raised so far, to listen to health professionals and to improve the proposals further before the Bill progresses to the next stage.

Although there is broad support for the principles of reform, the Government has made clear it is keen to take this natural break in the Bill process to listen to views and to make improvements to the changes wherever possible.

In the first of a series of listening events taking place up and down the country in the coming weeks, the Health Secretary will next week hear the views of charities and the voluntary sector, before heading to Liverpool where he will hear from nurses at the Royal College of Nursing annual congress.

The Health Secretary will take part in a seminar with nurses and listen to their views on the Government's plans. Mr Lansley, his ministerial team and the NHS Future Forum are keen to hear from a range of frontline health professionals. They will be engaging staff on plans to:

• Give professionals more power;
• Give patients more control;
• Bring together the best providers of healthcare; and
• Make services more local.

**Health Secretary Andrew Lansley said:**

"It's time to pause, listen and reflect so we can improve the NHS we all know and love. I care passionately about the NHS and want to safeguard its future - that is why we are increasing the NHS budget by £11.5 billion.

"But demands are so great that we need to modernise the NHS in order to sustain it for future generations. It must be able to meet the challenges of increasing demand on its services, an ageing population and rising costs of new drugs and treatments. For example if the NHS was performing at truly world-class levels we would save an extra 5,000 lives from cancer every year.

"We are modernising the NHS to improve our country's health and save lives. I encourage people to get involved so that we have an NHS is truly world class."

The views raised around the country will be reflected to the **NHS Future Forum** - a new group of patient representatives, doctors, nurses and other health professionals that will be brought together to listen and report back to Government.

**Issues which may be considered**

Some questions have been posted on the DH website (http://healthandcare.dh.gov.uk/) under the themes of accountability, leadership, choice and competition, and education and training (outlined below)

<u>Accountability and patients</u>

How can we ensure commissioning decisions are made transparent to the public, and that commissioning consortia engage fully with patients, carers and communities?

How can we best ensure that the NHS commissioning budget, held by the new NHS Commissioning Board, is allocated transparently and used with proper accountability to the public at local level, and Parliament at a national leave? [sic]

Are we doing enough to make sure the NHS at local level has the freedom it needs to take locally-based decisions?

<u>Advice and leadership</u>

What early action is being taken in your area to improve quality of services through clinically-led commissioning? What is working well?

How can commissioning consortia best engage and take on views from across the range of health professions in taking their commissioning decisions?

What more could we do to ensure that commissioners collaborate to join up services to fit around the lives of patients and carers, and the particular circumstances of certain conditions?

Choice and competition

Which are the types of services where choice of provider is most likely to improve quality?

What is the best way to ensure a level playing field between the different kinds of provider who could be involved?

What else can be done to make patient choice a reality?

Education and training

Will the proposed changes to the education and training system support the aims of the modernisation process?

How can health professionals themselves take greater ownership of the education and training of their own professions, whilst meeting the needs of healthcare employers?

How can we ensure that the values of the NHS are placed at the heart of our education and training arrangements?

How can we best combine local and national knowledge and expertise to improve staff training and education?

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

**TRUST BOARD**
**28th April 2011**
**Corporate Plan 2010-20110- Progress Report Quarter 4**

## 1 Summary

The attached report shows progress against each of the deliverables in the Corporate Business Plan 2010/11.

The following RAG rating has been included in the report.

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|---|---|
| Green | Action delivered to timetable |
| Amber- Green | Action commenced, well advanced but not completed. |
| Amber | Action commenced but not completed. |
| Red | Action not started. |

Overall good progress has been made. It was, however, disappointing to note that the Trust has not been able to progress its strategic objective to develop the renal service due to NHS Surrey's decision not to proceed.

## 2 Programmes of Work

The Delivery Programme Board drives and performance manages the Trust's programme of change activities required to deliver the corporate objectives. The Programme Board was established in November 2009 and is now well established in its role, meeting monthly to:

- Consider in detail a report prepared by each programme (using a standardised template) describing the status against each deliverable, progress being made & key issues for discussion.
- Fulfil a performance management role, challenging and testing to ensure that each programme is on track and clear about the next steps.
- Set direction and priorities across and within programmes
- Make and reinforce linkages and relationships between programmes and deliverables
- Refresh the delivery programmes in the light of the changing context

The Programme Board is chaired by the Chief Executive and includes the executive directors and senior managers. Each of the Programmes has an executive sponsor and Divisional Director leadership. A report on progress on one of the programmes is discussed at each Trust Executive Committee meeting thus ensuring wide clinical engagement.

The Trust launched its Programme Management Office (PMO) in April 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 integrated

business plan for 2011/12 onwards. Therefore the approach of the Programme Board will evolve further over 2011/12.

## 5 Conclusion

Good progress has been made across all the objectives. Driving forward the patient experience and quality agenda , together with managing unscheduled care and readmissions are a key focus of the Corporate Plan and Objectives agreed for 2011/12.

Valerie Bartlett
Deputy Chief Executive

| Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience | | | by end Q4 | Comments on progress | Overall status: RAG |
|---|---|---|---|---|---|
| **Priority** | **Action and timescales** | **Lead Director** | | | |
| 1. Improving patient's experience of our services | a) Embed our patient feedback strategy, putting in place a broad range of systems and processes to encourage and obtain feedback from patients, systematically analyse that feedback and ensure we act on it swiftly | Chief Nurse | Annual report and review/evaluation of strategy and progress | Feedback plan in place . 'Your feedback' used across all wards and being piloted in OPD and paediatrics. Net promoter scores in use.<br>Work continues to ensure completion of feedback by patients | |
| | b) Define standards for all written communication with patients and review all existing standard letters, patient information and leaflets to ensure compliance with this standard | | | Revised 1st outpatient appointment letters in place for ophthalmology and dermatology letters . Revised guide and map available. Work continues on enhancing the patient leaflets. | |
| | c) Complete the refurbishment of all wards to meet the single sex accommodation standard and put in place operational processes to ensure there are no occasions when a patients' dignity is compromised by sharing accommodation with patients of the opposite sex | | Continue to monitor compliance and breaches, taking action as required | Ward refurbishment programme complete. SSA assessment completed and Declaration published. Monitoring processes in place | |
| | d) Implement the plan to reduce noise at night so that patients no longer report this as a concern | | Evaluation of success of plan | Deep dive' carried out in March following implementation of a range of actions e.g. soft sole shoes recommended, soft closing bins, quiet door closures. Dementia strategy agreed which will help with the management of patient noise.<br><br>The Picker Inpatient survey results show the Trust has improved significantly in terms of not being bothered by noise at night from staff. Still an issue for patient noise | |

| Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | e) Improve access to our sites, especially St Peters, increasing the availability of parking | | completed one decked car park and the necessary modifications at the bottom of the ramp to increase the number of car park spaces available. | Preparatory works supporting car parking changes are progressing well and to timetable . Steel deliveries for the decked car park outside Abbey wing commence 18th April 2011 | |
| | f) Improve the choice and quality of food available for our patients, leading to positive feedback from patients and visitors | | Review progress | In 2010/11, the Patient Environment Action Team assessed the food provision and scored the service Excellent. This assessment looked at the menu, choice, availability, quality and service at both our hospitals. We carried out our own internal patient survey using the better hospital food questionnaire, which highlighted a good satisfaction score and developed actions to address issues raised.<br>The Picker survey shows the Trust still has work to do<br>• Hospital: food was fair or poor.<br>• Hospital: not always healthy food on hospital menu<br><br>Catering contract will be reviewed in 2011/12 | |
| | g) Streamline booking and scheduling processes in order to minimise the time patients spending waiting in hospital – in outpatients, in A&E and on our wards | | | Central booking implemented. Further work to do in 2011/12 to fully embed new systems and procedures | AMBER GREEN |
| | h) Pilot revised visiting times, and assess the benefits to patients as a result | | Decision on way forward | Successful pilot and changes to visiting times implemented | |
| | i) Develop and deliver a programme to create an excellent, welcoming first impression of ASPH - refreshing our website, our presence on NHS Choices, our corridors and our front entrance | | | Web site refreshed and represented. Further ongoing work on content. NHS Choices updated. Main reception and corridors redecorated at St Peter's. New external landscaping in place. Patient group reviewed front entrance and made recommendations | |

| Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience | | | by end Q4 | Comments on progress | Overall status: RAG |
|---|---|---|---|---|---|
| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | j) Review our inpatient and outpatient survey action plans to ensure the necessary action is being taken to involve patients more in decisions being made about their care, & in having a choice about all aspects of the care they receive. | | | CQC results embargoed but Picker comparison shows the trust has improved in terms of • Surgery: what would be done during operation not fully explained.<br>• Surgery: not told how to expect to feel after operation or procedure<br><br>Putting patients at the centre is a strategic goal going forward | |
| | k) Ensure that Choose & Book provides a patient focussed view of all of the services available at ASPH | | | Regular processess in place for assessing performance and updating Directory | |
| | l) Improve the process of and patient experience of discharge from hospital | | | Discharge road shows undertaken. Team based training taking place on wards. Trial of follow up telephone calls in place. Discharge work stream | |
| 2. Pass and embed the Monitor Quality Governance Assessment | a) Formulate and embed a strategy focussed on quality | Medical Director | Culture underpinned by behaviours adopted<br><br>Monitor progress of risk management via Clinical Governance Committee | Quality Strategy ratified.<br>External validation by Monitor of the Trust's Quality Governance arrangements.<br>Redefined Clinical Governance meeting structure to ensure peer review and cross organisational learning.<br>Development of Divisional Quality dashboards | |
| | b) Ensure that the Trust develops sufficient capability and capacity within the organisation to continue to deliver and develop the quality agenda | | Increased involvement of consultants in the quality agenda at corporate & directorate level<br><br>Evidence of sustainable benefits being realised through EQUIP programme | Review of central Quality department underway. Appointment to senior management structure imminent. Agreed ownership between MD and CN. Augmentation of structure with Deputy Medical Director Deputy Chief Nurse and revised Nursing structure to support Divisional Quality approach | |

| Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | c) Ensure that systems and processes are in place to monitor the quality of our services | | Audit effectiveness of process and systems by monitoring delivery of quality objectives<br><br>Show evidence of data generating service and quality improvement | Essential care spot checks introduced<br><br>Triangulated dashboard information available at Board and Divisional level<br><br>Matron role refocused<br><br>ED/NED visits<br>Care rounding introduced. Accountable Nurse rounding in place | |
| 3. Maintain the Trust's CQC registration | a) Improvement on key metrics in the National Patient Survey, in particular: improvement in the scores for patients having a clear outcome from treatment, understanding the nurse/doctor and having someone to talk to, and having their medicines explained to them in a way they could understand when given medicine to take home | Chief Nurse | | The preliminary results of the 2010 inpatient survey show the Trust has improved significantly on 10 questions. However further work is needed on areas including<br>Nurses: some/none knew enough about condition/treatment.<br>Care: not always enough privacy when discussing condition or treatment.<br>Surgery: what would be done during operation not fully explained.<br>Surgery: not told how to expect to feed after operation or procedure<br><br>Written information was now in the 'average' rating | |
| | b) Improving further the connection between patients and the Board (ward to Board) by increasing Non Executive walkabouts, the telling of patient stories at the Board and embedding the ward quality indicators report at all levels in the organisation and ensuring good levels of performance | | Effectiveness of ward quality indicators report assessed - is it improving our performance | Board continues to benefit from alternate presentations from Matrons and hearing Patients stories. EDs and NEDs participate in Essential Care Spot checks<br><br>WQIs have been refined throughout the year. Triangulation of information. | |

| Objective 1: To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations , in terms of outcome, safety and experience | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | c) Working with the broader health and social care community in North West Surrey to improve the Trust's performance on some aspects of the Annual Health check, in particular its performance on delayed discharges | | | Northwest Surrey Transformation is working very effectively on the Future Model of Care- and includes aspects on discharge. Streamlineing Discharge project in place- included road shows, introduction of out bound calls post discharge etc | |
| 4. Preparing the organisation to operate in the new quality environment | a) Strengthening our relationship with LINKs and supporting them as they establish the local HealthWatch | Chief Nurse | | We continue to meet regularly with the Local LINk and will support them once the transition timetable becomes clear | |
| | b) Agree roles and responsibilities for internal governance in relation to the new role of the CQC set out in the White Paper | Chief Nurse | | Shared responsibility with Chief Nurse and Medical Director. Performance Accelerator operating. Executive and operational leads agreed for each standard. Standards built into Divisional dashboards.<br>Review of the Quality Department underway | |
| | c) Identify current best practice regarding patients accessing/controlling their own health records (in the light of the commitment that patients will have control of their health records), identify how this compares to our own practice, and make recommendations on any changes as a result | Dir Finance & Information | | The objective is referring to Liberating the NHS: An Information Revolution and enabling patients to have access to their own health records.<br><br>The current position is that the Trust is awaiting the publication of the DH's Information Strategy to confirm how access to health records for patients is to be implemented before an action plan can be developed. | |
| | d) Put in place the organisational arrangements needed to support the operation of the NHS Outcomes Framework & an explosion in the availability of information for patients/the public about NHS services | Medical Director | | 5 domains recognised<br>Creation of data warehouse(s) for defined outcome criteria<br>Automated/ connection between data warehouse (outcomes)<br>Divisional quality dashboards<br>Development of 'external' face for data presentation in development | |

| Objective 2: To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| 1. Ensuring we have in place robust workforce planning (inc job planning, rostering) and medical revalidation | a) Introduce a job planning/appraisal timetable for all medical staff underpinned by information (eg Dr Foster data and 360 appraisal feedback) with mid term reviews in September 2010 | Director of Workforce & Organisational Development | Conclude evaluation and review of job planning and appraisal process for 2011/2 | 2010 Review of Job Plans completed with feedback to divisions. 2011 Job Planning Guidance published and CRMS electronic job planning system live in all clinical divisions with job plans uploaded. Revised medical appraisal framework piloted and agreed. 5 medical staff appraisals outstanding at 31 March 2011. | |
| | b) Extend ESR self service to all directorates/departments by 31 March 2011 | | Evaluate and review with a view to introdcing employee self service in 2011/2 | All areas trained, with access to manager self-service. Paper forms still in use; to be removed. Roll-out of establishment changes to be completed | AMBER-GREEN |
| | c) Review the cost/benefit of electronic rostering systems by 31 Oct 2010 | | Evaluate and review | New nursing establishments loaded and rosters being updated. Housekeeping rules being revised. Awaiting virtual server testing to upgrade version of software. | AMBER-GREEN |
| | d) Finalise the integrated strategic workforce plan (to 2014/5) by 31 May 2010 | | Evaluate and report on progress | Establishment WTE target of 3290 revised to 3297 to take into account CIP plans and new posts. Year ended at 3295 WTE. Reconciled with Finance exactly for last 3 months. | |

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| | e) Reduce agency staff usage through better utilisation of the existing workforce | | Evaluate and review progress with reducing agency staff usage and develop plan for 2011/2 | Reductions in Nursing agency achieved during 2010/11. Overall agency usage held on target for last 9 months. Action plan and targets for reduced medical agency agreed and tracked since December 2010; reduction in medical agency usage in March 2010 compared with previous month. | AMBER (due to sustained medical agency usage) |
| 2. Developing leadership capacity, capability and talent | a) Launch "The Leading ASPH from Good 2 Great" programme for the top 100 leaders in May 2010 | Director of Workforce & Organisational Development | Final Masterclass held and 2011/12 cohort identified | The final masterclass "Leading from Good to Great in Patient Perceptions" held on 29/3. Recruitment to G2G 2011/12 cohort has taken place. | |
| | b) Revise and implement leadership development programmes for c600 staff by 31 March 2011 | | Evaluate and review programmes for 2011/2 | 600 staff participated in Leadership Development in 2010/11. Leadership programmes in place for Ward Managers and Speciality Leads. Further programmes being developed for 2011-12 | |
| | c) Translate the Trusts values into behaviours and embed these into the workforce pathway (inc designing jobs, promoting talent, leadership and appraisal systems) by 31 August 2010 | | Evaluate through patient and staff satisfaction surveys | Values embedded in appraisal paperwork. | |
| | d) Design and introduce a talent management & succession planning system for all pay bands by 1 September 2010 | | Review career progression of staff in each pay band. | Talent management system reviewed by Executive Directors for level 4 and agreed to utilise at levels 4 and 5 only. Road to Success launched. | |
| | e) Ensure at least one internal candidate for all vacancies by 31 March 2011 | | Review of staff in system and career potential and progression | Appraisal, PDP and succession planning now underpinned by a comprehensive leadership and mangagement development framework. | AMBER-GREEN |

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| 3. Supporting and enabling staff through appraisal and health and wellbeing programmes | a) Introduce 360 feedback where appropriate and simplified appraisal documentation across the Trust by 31 March 2011 | Director of Workforce & Organisational Development | Evalaute experience of participants and imapct on organsiational culture. | 360 tools developed in house incorporating the Trust values and behaviours, currently in pilot phase. | |
| | b) Design and implement a health & well being calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, counselling services, yoga, etc) by 1 September 2010 | | Evaluate impact of programme of events for 2011/2 | New Calendar of events established for 2011/12 and published via Aspire and H&WB page on Trustnet. Annual report on Calendar of Events for 2010/11 to be submitted to WSSG meeting in May. | |
| | c) Promote the Employee Assistance Programme - starting in May 2010 | | Publish EAP take up | Annual report for EAP usage due to be discussed at next WSSG meeting (May) and up-take published via Aspire after the meeting. | |
| | d) Develop and implement a plan to promote a safe and healthy working environment starting April 2010 | | Monitor and audit H&S policies | Training Needs Analysis reviewed as part of NHSLA assessment. Root and branch of Trust's mandatory training provision being undertaken. | AMBER-GREEN |
| | e) Introduce the Aston Team inventory along with teambuilding programmes by September 2010 | | Repeat Team Inventory and Evaluate impact on organsiational culture | Authorisation for study has now been given. Teams identified; data collection to commence Q1 2011-12 | |

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| | f) Ensure coherence and co-ordination of our Trust wide actions to ensure that as an autonomous provider organisation there are employee led improvement projects and initiatives – such as Service Line Reporting, EQUIP, the Good to Great Leadership Programme, clinical specialty leadership roles, to spearhead clinical strategies and plans across the health system. | | | Specialty Lead role agreed and implemented. Good to Great Programme completed for year one; recruitment to 2nd cohort complete. EQUIP improvement projects | |
| | g) Track emerging national policy and the planned proposals for consultation on training and education in the NHS, and make local recommendations as required. | | | Workshop held in March. Proposals reviewed by TEC, WSSG, EPF. Board approval of consultation response in March 2011 | |
| 4. Improve staff experience | a) Introduce a new staff award scheme, with quarterly awards, aligned to our values, by June 2010 | Director of Workforce & Organisational Development | Hold Annual Staff Awards ceremony | Annual Staff Awards Ceremony was held in March 2011. There were 126 nominations for the 4Ps and volunteers awards. In addition, 22 members of staff received awards for 25 years' service to the Trust. | |
| | b) Trust Board to continue with 150 personal contacts per week (including ED walkabouts) as part of the visibility and assurance plan | | Review effectiveness of plan to inform 2011/2 | ED walkabouts, team and staff briefings continue. Programme of 'essential care spotchecks' instigated March 2011 | |

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| | c) Continue to deliver staff and team briefing sessions as a means of involving and staff in improvement and future plans | | Evaluate the effectiveness of team briefing and staff meetings | A Communications Survey has been launched in the Trust to seek views on the effectiveness of such briefings and meetings, as well as other communication methods. | |
| | d) Develop and implement corporate, directorate and profession specific improvement plans in response to the latest staff attitude survey results, particularly relating to discrimination, health & well being and physical violence from other staff, from April 2010 | | Report on Improvements | The National Staff Survey was published by the CQC on March 16, 2011. The results (including notable improvements) have been publicised to staff across the Trust. Subsequently, a Workshop was held in April 2011 to develop action plans at corporate/divisional/directorate and staff group levels. These action plans are being reviewed by corporate groups, teams and individuals for implementation with support from the Workforce & OD Directorate. | |
| | e) Maximise opportunities to listen and respond to staff issues through staff focus groups and a mid year staff survey in June 2010 | | Report on outcomes - target to increase number of indicators in top 20% | 18 of the 38 key findings were in the top 20% of Trusts. This is an increase of 15 on the previous national survey. The Summer Survey is scheduled for late June-early July 2011. | |

| Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Director** | | | |
| 1. Reduce emergency admissions and redesign elective care through partnership working in NW Surrey | a) Reverse the growth in emergency admissions to ASPH, with a reduction of 3.7% on 2009/10 – progressing towards our target of reducing to 2008/9 activity levels (a reduction of five admissions per day) through<br><br>- Developing high quality primary care as part of the emergency service at St Peters, and working with the ambulance service to divert patients that would more appropriately treated elsewhere<br>- Developing case management for the 501 patients who were admitted 4 times or more in 2008/9, & extending case management to other patients at high risk of readmission | Deputy Chief Executive | Changes to Medical Take reviewed, and operational plan for 11/12 developed. Completion of ambulatory pathways | Initial ambulatory care pathways implemented. Meet and greet service trialled. New ambulance handover area introduced. Virtual ward implemented. Despite a number of new initiatives, reversing the trend in rising emergencies remains a challenge | |
| | b) Implementing redesigned care pathways, with more care in community settings, for patients following stroke and fractured neck of femur, leading to a reduction in acute bed days for patients with these conditions | Medical Director | Impact of changes assessed | Early supported discharge scheme on place for stroke patients. Full engagement of community staff in fractured neck of femur pathway redesign | |
| | c) Implementing redesigned elective referral pathways so that fewer patients are referred inappropriately to hospital, more patients are cared for closer to home, and an increased proportion of patients in NW surrey choose to be treated at ASPH, their nearest hospital | Deputy Chief Executive | Review and operational plan for 11/12 identified. | Good progress with MW Surrey GPs on prioritisation and scrutiny of consultant to consultant referrals . Clear set of priorities agreed for joint work in 20111/12 | |

| Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration | by end Q4 | Comments on progress | Overall status: RAG |
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| Priority | Action and timescales | Director | | | |
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| | d) Developing new ways of working with the Local Authority over service delivery and service change, strengthening our strategic and operational links with social services | Deputy Chief Executive | | Regular senior interface meetings now agreed and in place. Effective collaboration in new ventures via NW Surrey Transformation Board | |
| 2. Developing detailed speciality level clinical strategies | a) Develop, refine and share detailed clinical strategies at specialty level, including | Deputy Chief Executive | Clinical strategy work-stream formally reviews progress, considers significant changes to national/local context & commences progress for adaptation of clinical strategy accordingly. | Speciality leads appointed and have developed a clear timetable for completing strategies during 2011/12 | |
| | Benchmarking with other trusts for quality and productivity | | | Benchmarking on length of stay completed to identify scope fro further efficiencies | AMBER GREEN |
| | Understanding the local market and developing appropriate responses | | Woking and West Byfleet - regained 750 new outpatient appointments, thereby regaining market share. Refresh visits with Big 6 by executive director and clinician colleagues. Cobham area - increase market share by further 1.5% based upon 2010/2011 baseline. Hounslow and Bedfont - growth in market share to exceed outturn 2009/2010. | Strong market presence on Cobham. Detailed marketing activity in East Berkshire and Hounslow. Overall market share stable and increasing | |
| | Using SLR information to inform the strategy | | | | |
| | b) Actively seek to regain lost elective market share in NW Surrey and seek to increase elective market share in West London and Berkshire | | Incorporate above in SLA for 2011/2012. | Q4 data evidences 15 increase in elective market share in Surrey and increases in Berkshire | |

| Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Director** | | | |
| 3. Developing renal and cardiology services | a) To create a successful bid in partnership with the Surrey Renal Services Consortium to locate the service for Surrey patients in Surrey, resulting in a high quality local service for patients who presently travel into South West London for inpatient care | Deputy Chief Executive | Delivery of key objectives on mobilisation plan. | Tendering process brought to a close by NHS Surrey. | |
| | b) Continue to repatriate cardiology activity from London providers to St Peters and continue to grow our cardiology business. Seek to win any cardiology activity tendered by NHS Surrey | | Recruitment of additional human resources to enable delivery of any approved increase in cardiological activity. Maintained support from NHS Surrey for continued cardiology repatriation based upon high levels of sustained performance. | No formal tendering has taken place. Evidence of strong continued growth | |
| 4. Transfer day surgery to Ashford Hospital and outpatient activity into community settings | a) Transfer day surgery from St Peters Hospital to Ashford Hospital, increasing the proportion of the Trust's day surgery undertaken at Ashford Hospital from 40% in 2009 to 60% by March 2011 | Deputy Chief Executive | Review year's performance and target delivery.<br>Identify utilisation levels and agree future targets. | Good success partly prompted by winter pressures on St Peter's site. Achieved. | |
| | b) Transfer outpatient activity into community based locations, increasing from 8% to 10% the proportion of outpatient activity undertaken in community settings | | Agree revised target for 10/11 business plan. | Partial success during the year. Stronger presence in key market areas such as Cobham and Woking, but delivery remains short of stated objective and target number | AMBER GREEN |
| | | | End of year review with Cobham and agree plan for 11/12 | Scheduled for Q1 2011/12. A number of specialty specific reviews have however taken place | AMBER GREEN |
| | | | Develop marketing plan for 11/12 | Evidenced and in place via Divisional business plans for 11/12 | AMBER GREEN |
| | | | Agree further plans for 11/12 | Reviewed and new targets set as part of balanced scorecard for 11/12 | |

| Objective 3: To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Director** | | | |
| | c) Ensure that the improvements in access to these services are communicated effectively with general practitioners, patients and the public | | | Delivered via Spotlight seminars, GP news and regular communication with primary care colleagues and members. | |
| 5. Developing our relationships with GPs as partners and as commissioners | a) Put in place account/client relationship management systems and processes to systematically develop, strengthen and manage our clinical and managerial relationships with each of the five main PbC clusters referring patients to ASPH, and to support improved knowledge and understanding of primary care and the external market within the newly formed Clinical Divisions | Deputy Chief Executive | | Effective engagement of clinicians in e.g.. Future Model of Care. Strong engagement of Divisions in regular review of market share data and agreement on key marketing activities via monthly performance management meetings. Strong relationship management approach in place with PbC clusters. | |
| | b) Support the NW Surrey PbC clusters as organisations, and their lead clinicians they develop into commissioning consortia Developing our relationships with GPs as partners and commissioners | | | Effective working relationships with PbC clusters established via Future Model of Care and collaborative approach to development of future strategy for NW Surrey as well as key demand management initiatives | |
| | c) Refresh our processes for engagement with GPs across NW Surrey, ensuring that we understand their needs, have processes in place to respond to them, and that we are building clinical relationships with them | | | Effective working relationships with Thames Medical and SASSE established via both Future Model of Care and local referral and demand management initiatives. Collaborative approach to prior authorisation and consultant to consultant referrals agreed and implemented. | |
| | d) Engage with local GPs in a process to develop and agree the future model of care for NW | | | Phase One of Future Model of Care completed and further work programme now being identified. | |

| Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| 1. Deliver our cost improvement programme of £9m, surplus of £3.3m and Financial Risk Rating of 4 | a) Project manage the delivery of the full CIP programme for 2010/11, and quickly establish detailed CIPs for 2011/12 and 2012/13 | Director of F&I | 10/11 CIPs on track. 11/12 CIPs approved by Finance Cttee. | CIP target achieved | |
| | b) Improve theatre efficiency by minimising late starts and early finishes in order to eliminate sub contracting of activity to other providers and to improve patient experience | Deputy Chief Executive | Continue programme of implementation. | New theatre system has created better information and utilisation. Overall reduction in outsourcing has been achieved | |
| | c) Implement a project to reduce average length of stay allowing the closure of one ward (with some additional seasonal closures) by March 2011, minimising the time patients spend in hospital | Deputy Chief Executive | develop 11/12 plan. | Winter pressures have increased length of stay for emergency patients. Surgical and tTrauma and Orthopaedic length of stay are decreasing | |
| | d) Improve monthly forecasting and relevance of Finance report (succinct narrative and focus on key variances and actions to improve) | Director of F&I | | Completed | |
| 2. Driving service improvement through EQUIP programme | a) Build on the success of the 2009/10 EQUIP programmes - which deliver a decrease in length of stay of over 2 days and improved flow time of patients through day surgery - with the implementation of service improvement through five new EQUIP programmes:<br><br>1. Procurement: improving the ordering of general stock, reducing batching of stock and therefore reducing cost<br><br>2. Recruitment: reducing the time between a post becoming vacant and new post holder coming into post, therefore reducing temporary staffing costs<br><br>3. Overnight stay hip replacement: reducing the length of stay for elective hips to 23 hours<br>4. Emergency fractured neck of femur: reducing the length of stay<br>5. Patient flows in A and E: reducing the waiting time in A and E | Deputy Chief Executive and Medical Director | Agree next set of pathways.<br>Assess benefits delivered and agree sustainability plan.<br>Train a further ten people to bronze level.<br><br>Evaluate embeddedness in Trust. | Bronze training restarted and regular programme for 11/12 implemented.<br>Benefits clearly tracked on all pathways at 30/60/90 day intervals<br><br>Affiliates identifed for Divisions | |

| Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | b) Increasing the number of staff trained to bronze level to 50, the number of managers completing lean awareness training to 200, and training the first 15 people to silver level | | | | |
| 3. Embedding Service Line Management | a) Fully implement Service Line Reporting so that Directorates receive SLR information on a quarterly basis to complement budget reports and provide a more strategic view of underlying financial performance. | Director of Finance and Information | Q3 11/12 report. Identify key SLR messages for 11/12 budget and CIPs programme. | Q3 report available w/c 6 April. SLR messages incorporated in Divisional business plans. Stronger link needed between SLR and budgets/CIP | |
| | b) Refine and enhance the management information available to Directorates to include finance, operational, quality and workforce information to drive better performance. | Deputy Chief Executive | Evaluate embeddedness in Trust<br><br>New date warehouse system implemented. Review robustness of framework for 11/12 | Implemented via dashboard and available to Divisions both for operational performance and quality. Further refinements required in 2011/12 | |
| | c) Provide clarity on internal customer-supplier relationships between clinical Directorates whilst re-aligning Corporate Functions to support the Clinical Directorates | Deputy Chief Executive | | Corporate services now have clearly identified links to each Division. Formal Service level agreements to be developed in 11/12 | |
| 4. Delivering all elements of our SLA with commissioners | a) Manage the reduction in emergency admissions to meet the 2008/9 capped level through<br><br>Partnership working in NW Surrey transformation Board<br>Internal redesign of A&E and emergency processes<br>Implementation of improved data and information to track emergency admission levels<br>Managing down variation in admission rates between teams | Deputy Chief Executive | | Emergency admissions not yet reduced to 08/09 out turn levels. However number of new initiatives are in place via NW Surrey Transformation B0oard (nursing home scheme, Virtual ward) | |

| Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| | b) Delivering the planned levels of elective activity<br><br>c) Implementing the best practice tariffs to secure maximum quality benefit and maximum income to the Trust for cataracts, cholecystectomy, fragility hip fracture and stroke care | | | Elective activity down in Q4 although month 12 shows solid improving trend.. Strong performance on best practice tariffs | |
| | d) Review performance ahead of the introduction of best practice tariffs for interventional radiology, day case breast surgery, hernia repairs and some orthopaedic surgery | | | Strong track record of delivery | |
| | e) Achieve maximum possible payments through CQUIN programme, including<br><br>Participation and pathway results for EQ programme<br>Increased VTE assessments<br>Improved patient survey results<br>Electronic discharge summary produced on day of discharge<br>Referrals to GPS when patients present in A&E with alcohol related symptoms<br>Smoking cessation<br>Chlamydia screening uptake | | | Strong track record of delivery | |
| | | | | 92% achievement subject to verification by NHS Surrey | |
| 5. Ensure we have the appropriate processes and capabilities to operate in the new commercial | a) In the context of the policy direction to provide further freedoms for providers, increase our commercial acumen, understanding the competitive regulations and environment within which we operate | Director of F&I | | Workshop with Capsticks in March for Executives. Need to extend awareness across next tier | |

| Objective 4: To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework | | | by end Q4 | Comments on progress | Overall status: RAG |
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| **Priority** | **Action and timescales** | **Lead Director** | | | |
| environment | b) Develop the 2011/12 business planning process including the development of a balanced scorecard and plan to measure and improve clinical outcomes, productivity, market share and workforce metrics at service level, including using Service Line Reporting data | Deputy Chief Executive | | Business planning process amended for 11/12 and some adjustments to process/templates made. Considerable improvement in overall content of business plans as evidenced via end of year performance reviews and sign off meetings for 11/12. Will warrant further review for 11/12 | |
| | | | | | |