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

COUNCIL OF GOVERNORS
18th May 2011

TITLE

CORPORATE PLAN 2011/12 and ANNUAL STRATEGIC PLAN 2011/14

EXECUTIVE SUMMARY

The Board has agreed its Corporate Business Plan 2011/2012. The Plan reflects the 5-year plan approved in January 2010 and sets out priorities to be delivered in 2011/2012 which support the longer term delivery of the four Strategic Objectives. The Plan gives an overview of activity, capacity, budget and workforce together with high level risks and mitigation.

The Trust also has to produce an Annual Plan for Monitor in a prescribed template which covers the same initial year as the Corporate Plan but also looks forward 3 further years.

A copy of the more publically focussed Corporate Business Plan will be available for Governors at the Council meeting.

The Council is asked to:

Note the Corporate Plan and draft Annual Strategic Plan.

Submitted by:

John Headley
Director of Finance and Information

Date:

4th May 2011

Decision:

For noting

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

COUNCIL OF GOVERNORS
18th May 2011

CORPORATE PLAN 2011/12 and ANNUAL STRATEGIC PLAN 2011/14

INTRODUCTION

The Trust's Corporate Plan for 2011/12 has been approved by the Trust Board. The Plan describes the context within which our Foundation Trust will operate and then focuses on our key objectives for the year and how we will achieve them. The Corporate Plan is underpinned by detailed Divisional and Directorate business plans.

An initial presentation on the Business Plan 2011/12 was given to the full Council meeting held on 15th February 2011. At the request of the Council, an open meeting was held on 28th February 2011, with 13 of the 28 Governors able to attend and discussed the draft priorities in more detail. Following an overview of the national and local planning process a discussion took place on each of the draft priorities at this session.

The Governors recognised that they were becoming involved mid-way through the planning cycle and that there would be full involvement for the 2012/13 Plan. They asked that the current Plan be presented in a way they could easily explain to members the intended objectives and benefits it was planned to deliver. An easy read version is being prepared and will be available for Governors at the Council meeting.

The Trust also has to produce an Annual Strategic Plan for Monitor. The Plan has to cover 2011/12 - 2013/14 including financial forecasts for 3 years which reflect forward looking assumptions including those on revenue, staffing, capital, leadership and clinical objectives. The contents of the Corporate Plan 2011/12 will be reflected in Year 1 of the Trust's Annual Strategic Plan for Monitor.

Monitor is obliged by Law to publish foundation trusts' annual plans and to carry out a review of those plans to ensure it can complete its regulatory functions. These plans also form the corner stone of Monitor's ongoing regulatory processes through out the year.

Monitor supply a template for completion. Certain elements can be identified as not for publication. As far as possible we have aligned this new planning document to the Trust's Corporate Plan. The Monitor Annual Strategic Plan has to be submitted by 31st May and will be agreed at the May Board meeting.

The Monitor Annual Strategic Plan is still DRAFT and the first sections are attached for information. The Plan matches the priorities previously discussed and now incorporated into the Trust' Corporate Plan. These sections are draft and were presented to the Trust Board on 28th April. The forward looking sections of the Monitor Annual Strategic Plan will set the scene for discussions with the Council regarding the detailed plan for 2012/13 which will be scheduled for the Autumn i.e. the beginning of the next full planning cycle.

Submitted by: John Headley
Director of Finance and Information

Monitor Independent Regulator of NHS Foundation Trusts

Forward Plan Strategy Document for

Ashford and St Peter's Hospitals NHS Foundation Trust

Plan for y/e 31 March 2012 (and 2013, 2014)

This document completed by (and Monitor queries to be directed to):

Name	
Position	
e-mail address	
Tel. no. for contact	
Date	

Approved on behalf of the Board of Directors by:

Name *(usually Chair)*	

Signature

DRAFT – for Board Review 28th April

The Trust's current position and vision are summarised as:

Our vision

Our vision is to be one of the best healthcare Trusts in the country. It represents our ambition for our patients, our commissioners, our staff and our governors, has been the driving force behind our plans and actions over the last two years and underpinned our application for Foundation Trust status in 2010.

ASPH is already a strong organisation, performing well and making year on year improvements. In 2010/11 we:

- Achieved a green rating for our performance, despite a very challenging winter
- Delivered a year end surplus of £3.3m, and a Financial Risk Rating of 4
- Had our best ever staff attitude survey results, achieving one of the highest response rates in the country and in the top 20% for half of the key findings
- Improved our patient experience, evidenced by our maternity, paediatric and general inpatient survey results
- Had a Standardised Mortality of 82 for the year, and delivered all Hospital Acquired Infection targets. By 31 March 2011 we had 247 consecutive days without an MRSA infection, our best ever performance

However, we are not satisfied with being above average, we are serious about being one of the best. We developed our values – our 4Ps: Patients First, Personal Responsibility, Passion for Excellence and Pride in our Team – with staff and patient representatives and we use them to guide us all in how we realise our vision to be one of the best. Our staff report affinity with these values and we have jointly developed a staff pledge that describe the behaviours that support each of our 4 Ps. We are embedding these values through recruitment, appraisal and personal development processes and the implementation of a programme entitled Living our Values Everyday.

What does being one of the best healthcare Trusts mean?

For us, being of the best means that we will be:

- Consistently achieving the highest possible quality standards for our patients, meeting and exceeding their expectations in terms of outcomes, safety and experience
- Recruiting, retaining and developing a high performing workforce who deliver high quality care and the wider strategy of the Trust
- Delivering the Trust's clinical strategy, working with our partners to create an integrated health and social care system in NW Surrey, developing and delivering specialist secondary and tertiary services within the Trust and increasing our market share
- Delivering excellent levels of productivity and efficiency within the Trust, with devolved clinical leadership within an effective governance framework

The Trust's strategy over the next three years is to:

Our Strategy describes *how* we will become one of the best. It has been developed at a time of unprecedented change in the NHS. After a decade of investment and reform that has helped to drive real improvements for patients, the NHS is entering one of the toughest financial climates it has known. North West Surrey locality is the health economy within which ASPH operates. Over the last year the local health and social care partners have increasingly been working together to develop a clinical strategy for the locality and through a formal project infrastructure to manage the local response to the national challenge.

Our strategy – which is set in this national and local context is summarised in our 4 strategic objectives:

1. **To achieve the highest possible quality standards.** Our Quality Strategy sets out how we will continue to improve outcomes, safety and experience for our patients. Over the next three years we will continue to focus improvements in care and experience for some of the most vulnerable of our patients, improving the experience of discharge from our hospitals and embedding a culture that puts the experience of patients at the heart of all that we do. We will see an annual step change improvement in patient survey results and to be in the top quartile of trusts by 2013/14, to be assessed by the CQC as among the best performing quality organisations, and will sustain our existing low mortality rates.

2. **To develop a high performing workforce**. Our workforce and organisational development strategy sets out how over the next three years we will ***plan*** the workforce we need, ***develop*** the current and future workforce, ***enable*** and support the workforce by creating a culture, values and behaviours which are consistent with a learning organisation and ***build*** an organisation where the roles and responsibilities for leadership and workforce are clear and bring out the best in people. Over the next three years we expect to sustain the lowest vacancy factor, turnover, agency usage and sickness absence levels in the region. We will achieve 100% appraisal coverage in 2011/12 and maintain this throughout the life of the plan and we will reduce our management costs by 30% by 2013/14

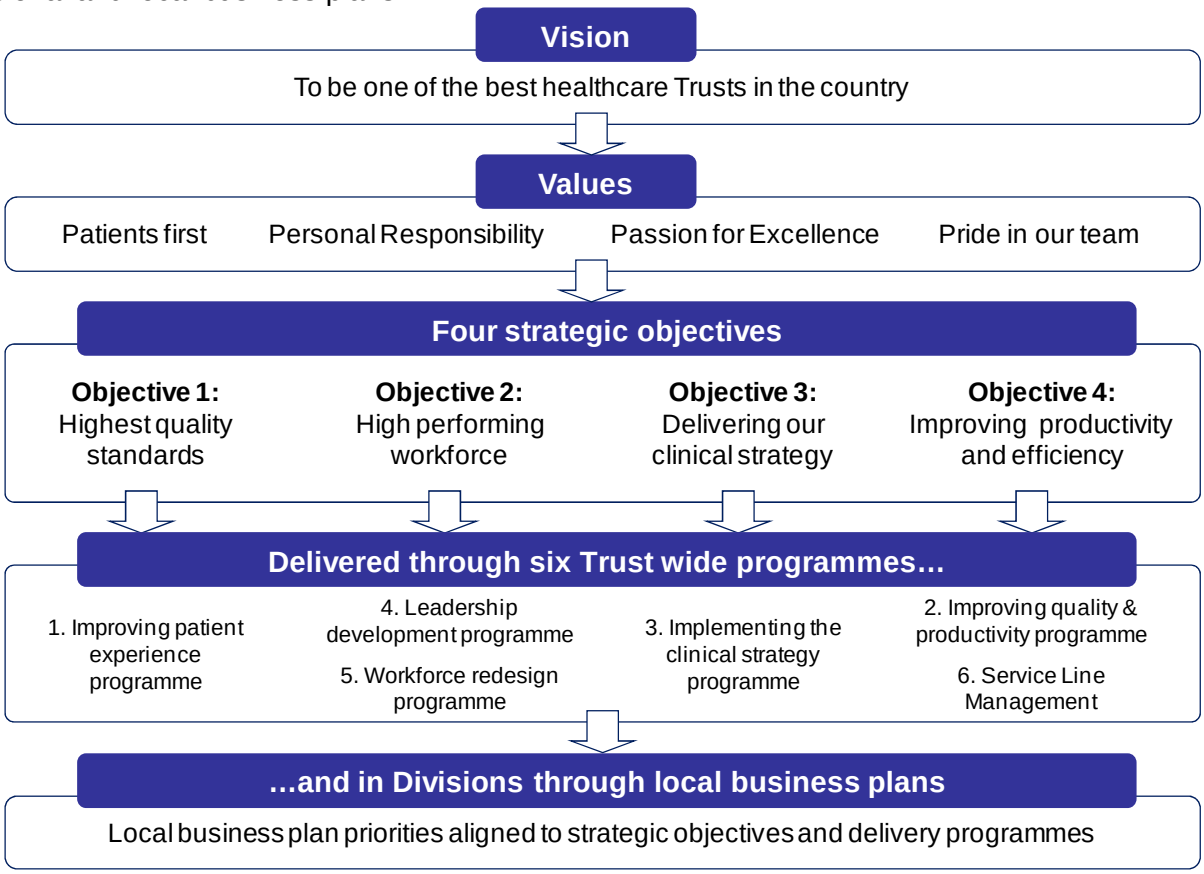
3. **To deliver our clinical strategy.** Over the next three years we will work with our partners to create an ***integrated*** health and social care system in NW Surrey, particularly focusing on providing alternatives to hospital admission, and better services for those patients who attend hospital multiple times and/or are at risk of readmission. We will ***collaborate*** with our acute trust partners to deliver better care in Surrey, and continue to develop our relationship with Epsom and St Helier Trust, particularly focussed on the delivery of services at Epsom Hospital. We will ***compete*** with other providers within our catchment to increase our market share for planned care, and to develop a broader range of specialist secondary and tertiary services at the Trust.

4. **To improve our productivity and efficiency**. We will deliver and sustain efficiency savings of at least 4% per annum for each of the next 3 years and drive a programme of Trust wide redesign which leads to improved theatre utilisation, improved day case rates, further improvements in length of stay, improved outpatient utilisation and a reduction in unnecessary outpatient follow ups. We are using a LEAN based local improvement methodology – our EQUIP programme – to enable local innovation and change to improve efficiency, quality and productivity.

Implementation of these objectives will see the configuration of the Trust change over the next three years in the following ways:

- Contraction in some of the acute care currently delivered by the organisation.
- Growth in the scope of the organisation – with responsibility for some pathways extending into community settings and with the Trust as a key partner in new, community based ways of working such as the "virtual ward"
- A stronger set of clinical networks with Epsom and St Helier University Hospitals NHS Trust
- Clinical networks across Surrey for some services.

The annual priorities and actions for each Strategic Objective are delivered through a combination of 6 Trust-wide change programmes and local Divisional business plans. The overall architecture of our vision, values and objectives is summarised in the figure below. The annual priorities and actions for each Strategic Objective are delivered through a mixture of 6 Trust-wide change programmes and Divisional and local business plans.



Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's strategy, with milestones of delivery of each over the period of the plan:

While the priorities in the table below should not be exhaustive, they should represent the key initiatives n the trust's strategy and be consistent with the following sections, where we expect an appropriate level of detail to rest.

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
To achieve the highest possible quality standards for our patients meeting and exceeding their expectations, in terms of outcome, safety and experience				
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"	In order to create tangible improvements to patient experience, shared decision making and patient choice and control all staff must bring the Trust values, the 4Ps, consistently to life in their behaviour, actions and approach to patient interactions.	a) **Living our Values** programme launched, with 30% staff trained by 31 July 11 and 100% by 31 March 12 b) Patient Diaries in place by June 2011.	a) Measurement of patient experience refined to reflect compassion and emotional intelligence b) 80% patients reporting complete satisfaction and "loyalty" c) Top 30 % in national patient & staff survey d) 80% of patient Net Promoter Scores 9&10	a) Recruitment and appraisal reflect emotional intelligence and compassion scores b) 95% patients reporting complete satisfaction and loyalty c) Top 20% in national patient & staff survey d) 90% of patient Net Promoter Scores 9 and 10
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.	This work aims to focus improvement activity in those care areas that touch the majority of our patients and for those for whom we know we do not always get it right.	a) ***Best Care*** Programme launched b) Essential and Specialist Care initiatives implemented by June 11 c) Releasing Time to Care launched Apr 11. d) Integrated Dementia Service commiss-ioned - Sept 2011. e) Nursing and Midwifery Strategy launched - Oct 2011.	a) Integrated dementia service established b) Best practise, enhance quality and time to care projects completed and in embedded; achieve patient facing time to 60% c) National outcome reporting benchmarks the Trust in the top 25% nationally	a) Vertical integration completed b) Achieve patient facing time to 75% c) In top 10% nationally for outcome measures
3. The integration of acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway.	This work aims to improve the experience and consistency of care across organisational boundaries thus avoiding inappropriate or multiple admissions and readmission following discharge.	a) Deliver and extend Nursing Home Project - April 2011. b) Virtual Ward Projects in place July 2011. c) Trust Clinical Advice and Triage/Admission Assessment Operations Centre operational Oct 2011. d) Integrated cross	a) Alternative models to hospital admission in place . b) Reduction of 10% in acute admissions, 60% in admissions from nursing homes and a	a) reduction of total emergency admissions by 25%, readmissions by 60% and a 90% reduction in nursing home admissions b) Vertically

		organisation health and social care team launched Jan 2012.	40% reduction in readmission c) Integrated dementia service in place d) Return to active nursing with proactive interventions and care established	integrated health care system in place with clear alternatives to hospital admission
4. To report the NHS Outcome Framework data and monitor and benchmark performance and drive service improvements in the Trust.	Increasingly available and detailed outcome data will enable patient choice and control.	a) National Outcome Framework adopted and dashboards developed - July 11. b) Outcome data on website - Oct 2011. c) Quality Account published - Jun 11. d) Monitor Patient Control and Choice - design and roll-out patient survey - Jan 2012.	a) Divisional and Trust dashboards based on national outcome data collected through data warehouse b) All data nationally benchmarked where possible c) Outcome data is publically available and informs quality accounts, service development and consultant appraisal	a) Trusts in 25% national in terms of quality performance b) Automated system for data collection and reporting c) Incorporation of local outcome markers d) Established as a leader in the development of patient experience metrics
To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust				
5. Plan, forecast and manage workforce demand, and supply through a real alignment with the needs of patients and affordability	Delivers an integrated (to the business) workforce plan which provides safe staffing levels and mix. Maximises opportunities for role redesign and new ways of working through EQUIP and skill mix reviews Further improves recruitment, particularly for "hot spots" Ensures the three workforce systems (ESR, Health Roster, CRMS) are used to plan, forecast and deploy the workforce	a) Workforce establishment of 3186 WTE by 31/03/11 b) Provision of 80/20 permanent/ contingent mix c) 4 skill mix reviews. Role redesign achieved through EQUIP programme d) 8 strategic recruitment campaigns in respect of 4 vacancy 'hot spots' (10% or less vacancy factor) e) Agency usage at 35 WTE per month or less (average). Enhanced capability to use workforce systems in all clinical divisions	a) Workforce establishment of xxxx WTE 31/03/12 b) Provision of 85/15 permanent/contingent mix c) Role redesign mainstreamed through EQUIP programme d) 10% of less vacancy factor in 'hot spots' e) Agency usage at 25 WTE per month or less (average)	a) Workforce establishment of xxxx WTE 31/03/13 b) Provision of 85/15 permanent/ contingent mix c) Role redesign mainstreamed through EQUIP programme d) 10% less vacancy factor in 'hot spots' e) Agency usage at 15 WTE per month or less (average)
6. Develop the workforce through	Trust able to respond to the opportunities	a) 50 student nurses, 16 student	a) Strategic workforce	a) Strategic workforce

the provision of innovative learning methods and competency development	and challenges arising from Liberating the NHS – Developing the Healthcare Workforce Strategic workforce development plan created which anticipates the development needs for 2012/13 Leadership and Management Development Framework in place Education and training provision reviewed to ensure it is fit for purpose to deliver strategy	midwives, 256 doctors in training, 52 medical students and 30 therapists hosted b) 600 staff participating in leadership development programmes c) High-performing specialty leads, ward sisters & healthcare professionals at level 3 d) 95% compliance with mandatory training requirements. Reviews conducted of mandatory training and CPD, with actions implemented	developments plans in place and implemented, in consultation with Skills Network b) Plans to develop future workforce aligned to clinical strategy and labour market factor c) 600 staff participating in leadership development programmes d) Profession/ staff-group specific development programmes designed and delivered e) 100% compliance with mandatory training requirements	development s plans in place and implemented, in consultation with Skills Network b) Plans to develop future workforce aligned to clinical strategy and labour market factors c) 600 staff participating in leadership development programmes d) Professi on/staff-group specific development programmes designed and delivered e) 100% compliance with mandatory training requirements
7. Enable and support the workforce to create a Learning Organisation, embedding the 4Ps, promoting health and well being	Coherent programme of staff events in place to complement 'living our values' and improve the patient experience "first hand" Addresses staff surveys findings with a focus on 8 of 38 areas where the Trust is below the national average Acts on the findings of national research linking effective team working and patient safety as a learning organisation	a) Improved patient satisfaction b) Improved staff satisfaction (no KF below average and increased number of KF's in top 20% of comparator Trusts) c) Improved multi-disciplinary team working d) Improved staff health and well-being – improved scores for KF 28 and 29 in staff survey e) 4 strategic relationships with employers and education	a) Top quartile patient satisfaction scores b) Improved staff satisfaction (no KF at average or below and increased number of KF's in top 20% of comparator Trusts) c) Improved multi-disciplinary team working d) Above average scores for KF 28 and 29 in staff survey e) Further mutual benefits explored and realised	a) Sustain ed top quartile patient satisfactions scores b) Improve d staff satisfaction (all KF's above average and increased number of KF's in top 20% of comparator Trusts) c) Improve d multi-disciplinary team working d) Top quartile scores for KF 28 and 29 in staff survey e) Further mutual benefits explored and

				realised
8. Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent	All staff undertaking a meaningful appraisal, and have agreed productive job plans – with flexible utilisation of specialist staff Diverse and talented workforce celebrated Talent of staff is developed All staff are aware of the vision, values, and critical corporate information	a) Pledge embedded and culture change achieved. 1200 staff participating in 360 b) Agency usage reduced. 100% consultant job plans reviewed. Specialist staff flexibly rostered c) Quarterly internal staff awards d) Enhanced talent pool e) 100% appraisal coverage. 95% of staff understand their role in achiev-ing Trust vision, values & objectives	a) Additional 1200 staff participating in 360 b) Reduction in agency usage. 100% consultant job plans reviewed. Specialist staff flexibly rostered c) Quarterly internal staff awards and national awards d) Succession plans in place for all level 4 and 5 positions e) 100% of staff understand their role in achieving Trust vision, values and objectives	a) Additional 1200 staff participating in 360 b) Agency usage reduced. 100% consultant job plans reviewed. Specialist staff flexibly rostered c) Quarterly internal staff awards and national awards d) Succession plans in place for all level 3 positions e) 100% of staff understand their role in achieving Trust vision, values and objectives
To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration				
9. Redesign local health care services, integrating services provided by the acute sector, primary, community and social care to enable the provision of cost effective and seamless care along the whole patient pathway.	Support delivery of an integrated health and social care system in NW Surrey.	a) Active participation with partners in NW Surrey resulting in redesign of identified pathways b) Three key priorities from the NW Surrey Model of Care being implemented. c) Specialty Strategies developed with a number being implemented d) Systems in place to facilitate clinical conversation between local GPs and consultants, for advice and guidance in individual cases	a) Continued active participation in and joint work with local partners leading to improved pathways and delivering agreed efficiencies. b) Agreed strategy that flows from the NW Surrey Future Model of Care Work being implemented c) Supporting the transition to new models of commissioning. d) Specialty strategies articulated and Trust's overall clinical strategy	a) Robust ways of working with new GP commissioning groups established b) NW Surrey Future Model of Care reviewed with GPs. c) Year 2 of the Trust's clinical strategy being implemented

			revised.	
10. 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.	Will support the delivery of an integrated health and social care system where demand is managed effectively.	a) System wide referral and treatment guidelines developed, agreed and beginning to be implemented by summer 2011 b) Collaborative, NW Surrey approach to referrals agreed and being implemented. c) Increased number of one-stop or combined clinics in place during 2011.	a) Further clinical pathways agreed with GPs, these pathways extended to all commissioning GPs. b) Referral and treatment guidelines and criteria for 2012/13 restated; a clear commissioning and management framework in place c) Referral management approach applied to all services commissioned from the Trust.	a) Process of developing agreed clinical pathways with GPs continuing. b) Annual review undertaken of referral and treatment guidelines c) Roll out of the Trust's Equip programme continued, establishing more efficient one stop services across specialties
11. 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	Will improve patient survey results. Will improve productivity and efficiency.	a) 12 ambulatory care pathways developed, three pathways in each quarter b) Impact assessed of the extended Nursing Home pilot across further homes c) Measures developed to better support patients after discharge. d) "Virtual Ward" evaluated – if successful, scope extended in May 11 e) Internal emergency care pathways redesigned for implementation by Autumn 2011.	a) Further 20 ambulatory care pathways rolled out (5 per quarter) b) Nursing home pilot, subject to evaluation, rolled out to all NW Surrey nursing homes c) Subject to evaluation virtual ward model rolled out across all appropriate clinical services. d) Emergency Care Pathway continues to be transformed through joint work with colleagues in NW Surrey	a) A further 15 ambulatory care pathways rolled out b) Approach to managing non elective demand and reducing readmissions reviewed in order to identify further opportunities for improvement and to action these. c) Robustness of communication and support to patients and GPs post discharge reviewed and further opportunities

				for improvement identified
12. 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.	Support the increase of market share.	a) Opportunities for further repatriation of activity from non-local/tertiary providers identified b) Specialised services developed - including 24/7 vascular and interventional radiology - July 2011. c) Surrey Pathology Partnership being implemented d) Bariatric services designated by South Central specialised commissioning group - May 2011. e) Opportunity to incorporate Epsom General Hospital into our FT explored - July 2011. f) Elective market share increased by 1%.	a) Opportunities for further repatriation of activity from non-local/tertiary providers identified b) Portfolio of specialist services further developed, with a particular focus on cardio vascular services. c) Opportunities for managed clinical networks across Surrey identified and followed through. d) Market data continues to be reviewed and used to identify opportunities for appropriate bids. e) If successful Epsom General Hospital incorporated into FT f) Market share increased by 0.5%	a) Opportunities for further repatriation of activity from non-local/tertiary providers identified b) Portfolio of specialist services further developed c) Clinical strategy group continues to monitor market share data and opportunities for appropriate strategic bids and joint ventures. d) Market share increased by a further 0.5%
To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework				
13. Deliver our cost improvement programme of £12m, 5.5% of income	Support the delivery of our objectives for productivity and efficiency.	a) Divisions held to account through performance meetings, variances brought back on track promptly. b) Cost improvements are delivered in line with the plan. c) Cost improvements link to productivity and workforce movements are targeted and tracked throughout the year	a) Proposals for middle office developed b) Top quartile length of stay in all specialties c) Theatre utilisation increased to 87% d) Benefit of Surrey Pathology Services realised	a) Contact centre for middle office implemented b) Ashford MRI service brought in house c) Further improvements made in length of stay

14. Embed service line management and promote a more commercial culture within the Trust.	Will support the delivery of strong financial performance, FRR rating and increased efficiency.	a) Patient level costing, rolled out, specialty level profit improvement plans agreed , by June 11. b) Commercial Group launched by April 2011 and embedded c) Commercial competences of leaders developed	a) 25% reduction in number of loss making services b) New private patient income streams developed c) All main partner and supplier contracts reviewed by Commercial Group	a) Further 25% reduction in number of loss making services
15. Implement incremental improvements in our IT systems to improve productivity.		a) Wireless network roll out complete by December 2011. b) Clinical staff able to view and update patient records across disparate systems with single logon by Mar 12 c) Outpatient arrivals using kiosks piloted, by September 2011. d) Ante-Natal book information via Web by Sept 2011.	a) Electronic Document Management procured b) New Transcription Service implemented c) PACS re-procured d) Systems integration programme commenced	a) Business case developed for an enterprise-wide system
16. Extend use of lean methodology through "Equip" programme.		a) 200 people trained to bronze level by end 11/12, and 50 trained to silver. b) Affiliates for each Division in place and trained to bronze level. c) Robust programme of pathway reviews implemented and systematic 30, 60 and 90 day reviews in place.	a) Further 300 people trained to bronze, taking total to 500 b) Equip affiliates in Divisions trained to silver level, able to run own Rapid Improvement Events c) Annual programme of work in place to reflect organisational priorities. Key focus on unscheduled care. All pathways assessed as Green. d) Governance of Equip strengthened	a) Further 250 people trained to bronze level and 30 to silver level b) Year 2 of programme of improvements on unscheduled care delivered c) All pathway reviews assessed as Green.
17. Improve	Supports the	a) Theatre utilisation up	a) Theatre	a) Theatre

operational efficiency in key clinical areas	achievement of productivity and efficiency targets.	to 85%, 85% day case rate, 23 hour surgery implemented b) Outpatient do not attend rates reduced to 6%, better use being made of Ashford Hospital. c) Trauma and Orthopaedics bed base reduced by 10 beds and surgical bed base by 5 beds though reduced LoS, achieving top quartile length of stay in all specialties by March 2012.	utilisation increased to 87%. Day case rate benchmarked and revised stretch targets set. b) DNA rate in out patients reduced to 4% c) Top quartile LoS in all specialties maintained	utilisation increased to 88% b) DNA rates in outpatients reduced to 3.75% c) Top quartile LoS in all specialties maintained,