



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
29 November 2018

AGENDA ITEM	15.4	
TITLE OF PAPER	Trust Objectives Progress Report Q2	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
Links to the Divisional Business plans, Quality Report, Performance Reports, iMSK dashboard and other project specific reports linked to projects in place to achieve objectives, these are submitted to TEC.		
STRATEGIC OBJECTIVE(S):		
Quality Of Care	✓	This paper measures achievement against the objectives outlined in the Trust Operational Plan 2018-19
People	✓	
Modern Healthcare	✓	
Digital	✓	
Collaborate	✓	
EXECUTIVE SUMMARY		
	<p>This paper provides a high level overview of the progress against the Trust Objective Plan 2018-19 in quarter 2.</p> <p>Progress is on track for the majority of strategic objectives although some timescales have been adjusted. There has been success in the development of projects against the GiRFT reports with all divisions developing plans and implementing projects against the recommendations. The increased demands on services, particularly non-elective care continues to increase pressure on areas such as A&E. There also continues to be ongoing pressure in the recruitment of clinical staff.</p> <p>The Trust however has made good progress in the development of key partnerships and relationships within the health economy and wider tertiary providers. The Trust is also working with the local GP federation and STP to develop pathways and services.</p> <p>Please note that this is the first report in the new format for reporting against the new strategic objectives within the operational plan. Feedback on the format of the report is welcome to ensure that it provides adequate assurance.</p>	

RECOMMENDATION:	Receive and note progress
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	No issues related to quality and safety identified within the report
Patient impact	Issues relating to the objectives that impact patients are outlined within the individual sections
Employee	Workforce section includes risks and challenges in relation to this area
Other stakeholder	No specific issues identified with key stakeholders in relation to these objectives.
Equality & diversity	No specific equity and diversity issues
Finance	Specific finance issues not covered in this board report
Legal	No legal issues identified
Link to Board Assurance Framework Principle Risk	<i>n/a</i>
AUTHOR(s)	Emma Jackson – Head of Business Development) Stephen Hepworth – Director of Planning and Contracting
PRESENTED BY	Simon Marshall, Director of Finance and information
DATE	23 November 2018
BOARD ACTION	Assurance

Trust Objectives – Progress report

November 2018 (Q2)

1. Purpose

The aim of this paper is to inform the Trust Board of the actions taken by the Clinical Divisions to implement their 2018/19 business plan actions as outlined in the 2018-19 Operational Plan. The paper sets out the progress made to date and the major risks to full completion of the plan.

2. Background

The Divisional Business Plans 2018-19 are set out the Trust Operational Plan 2018-19 at a Clinical Divisional level. The objectives were developed as part of the annual business planning process to respond to national and local guidance such as the requirement to develop a one year Operational Plan and plans to respond to the *NHS Five Year Forward View*. Through joint working within the Local Health Economy the Trust has committed to collaborating with local partners - CCGs, Acute Trusts and Local Authorities to develop Sustainability and Transformation Plans (STPs) which focus on the increased demand on local health services, the challenges for financial sustainability and maintaining quality services. The corporate and divisional objectives contribute to these developments and to the Trust operational and sustainability requirements.

All detailed objectives are available in the Operational Plan, which is reflective of the relaunched Trust Strategy, and this outlines the corporate and divisional objectives and the actions and plans to achieve these. Each objective has a local plan that provides the detail to ensure delivery with actions allocated to a responsible individual. The plans ensure that all actions are allocated to an appropriate graded member of the teams with each individual having no more than a few actions to deliver.

This report provides a high level update on current progress against the objectives, key areas of success and any challenges and risks identified that may impact the ability to meet objectives.

3. Current progress

Currently the focus within the divisions is on the implementation of GiRFT recommendations to reduce variation in practice and improve patient safety.

Divisional objectives have been outlined under the 5 key strategy areas, although some span multiple areas.

There has been notable progress in the development and implementation of stroke services within Quarter 1 and also in the delivery of the pharmacy quality transformation plans.

All divisions are also focussing on the delivery of a sustainable workforce to deliver services.



Quality of Care – Educate, Learn and Improve



2018/2019 Focus – eliminate repetition of avoidable harm to our patients and to provide an excellent patient experience. In 2018/19 we will achieve this with a singular focus on improving medication safety

Priority		Quarter 2 -Summary of progress including risks and issues	Actions for Quarter 3
Organisational	Learning from deaths and reducing in-hospital mortality	In September 2018 there were 94 inpatient deaths. The RAMI mortality ratio for September was 92.5 which represents a currently stable trend. The Learning from Mortality Reviews Q1 report which is presented to Board this month details the work underway, led by the Chief of Patient Safety, to improve timely completion of SJRs and the progress made to increase the number of staff trained and available to carry out reviews.	Continued monitoring and mortality report to the board.
	Learning from errors and reducing avoidable harm	Pharmacy- In Q1 we successfully enhanced pharmacy capacity to support medicines safety activities (by increasing the funding for the medicines safety officer role from 0.75 to 1wte). Within the quarter we have completed the review of the Adult prescription chart and facilitated the launch of a new improved format in June 2018. The continuous review of reported medication incidents flags insulin as an area to focus our attention. An Insulin learning event was delivered in June 2018, focusing on a recent patient journey through the Trust and highlighting learning and change ideas to prevent recurrence of avoidable harm. There also was learning shared at the Medicines safety presentation at Trust Quality Improvement event in June 2018.	Focus on VTE incidents and omissions of Thromboprophylaxis – change ideas pilots on targeted wards (AMU, Aspen, Swan and Holly) Engagement with regional medicines safety network & initiatives Ongoing delivery of prescribing training to junior doctors (& enlist to antibiotic champion programme for antimicrobial stewardship)

	Learn from patient feedback to ensure a great experience	<p>Scoping work is underway on all elective pathways to improve patient experience.</p> <p>Low cancellation rate for elective pathways is contributing to the patient experience</p> <p>Working with care homes to extend the care home project to cover the management of End of Life Care to improve patient experience</p> <p>Starting to undertake joint reviews of patient pathways with Surrey and Borders Partnership with the objective of improving patient experience and reducing the time spent in the Emergency Department</p> <p>Mental health patients discussed at A&E frequent attenders meetings and joint plans of care with all services to put in place</p>	
	Use quality improvement to create a learning culture	<p>Weekly multidisciplinary medicines safety huddles to enable learning, feedback and improvements in safety culture. These are facilitated by Quality Improvement team and Pharmacy. Outputs of these meeting include the monthly medicines safety infographics and alerts to wards and clinical teams.</p> <p>The Trust has enlisted the support of Institute for Healthcare Improvement (IHI) to deliver leadership coaching and share best practice guide on medicines safety initiatives.</p>	



Being a great place to work and be a patient, where we listen, empower and value everyone.

People – Listen, Empower and Value



To be recognised as a great place to work and be the local employer of choice, we want our staff to be at the centre of decision-making and developing a culture with generates a sense of ownership. Our vision is to provide an outstanding experience and best outcomes for

Priority		Quarter 1 -Summary of progress including risks and issues	Actions for Quarter 3
Organisation	Sustainable workforce	<p>Medical Staffing: The South of England Collaborative Medical Bank was extended to include another NHS Trust taking the membership to five Trusts across the South of England</p> <p>Nursing & Midwifery: An up scaled recruitment plan was introduced in July to increase the number of Band 5 recruits from 250 per year to 400 by September 2019. The plan has six priorities, actions completed in Q2 included:</p> <ul style="list-style-type: none"> - A refreshed recruitment plan (UK and overseas recruitment) and calendar to deliver against a higher target; - 29 Band 5 and 9 Band 6+ Registered Nurses & Midwives joined the Trust in Q2 along with 22 HCA/Mas .This included 5 Healthcare Assistants who have completed a two year secondment to study for a nursing degree and returned to the Trust as Registered Nurses. - The digital media campaign for ED took place in September. The campaign has given us an identifiable recruitment brand. - The Retention programme has taken a refreshed approach to focus on issues at a divisional level. Divisions have been invited to attend individual monthly meetings, for a deep dive into reasons for leaving and to progress 	<ul style="list-style-type: none"> - Extend Collaborative Medical Bank to additional NHS Trusts - Apprenticeship commissioned for nursing degree with intake planned in Quarter 3. Nursing associate procurement completed with two cohorts starting in November 2018. - Further apprenticeships to be explored within other areas of the Trust to create a 'Grow your Own' mindset with recruiting managers. - The digital campaign for Surgical Wards runs in October. The effectiveness of the digital campaigns will be evaluated, including the Trust's offering and package. - Creation of a USP/Trust offering including filming for recruitment videos is in development - Surrey Heartlands streamlining project to establish workstream groups on recruitment,

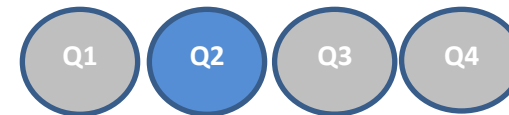
		<p>schemes for the division.</p> <p>One Team approach: Surrey Heartlands streamlining project continued with baseline assessments completed by NHS Trusts in September</p> <p>Temporary Staffing: Implementation of new bank pay structure resulted in 9.7% increase in bank fill across the Trust. Bank recruitment increased with 42 nurses/HCAs inducted</p>	<p>mandatory training, occupational health and doctors in training alignment.</p>
Attract, recruit and retain for our values	<ul style="list-style-type: none"> - Recruitment Events July <ul style="list-style-type: none"> Trust wide Recruitment Event NICU recruitment event ODP University Careers Fair August <ul style="list-style-type: none"> Endoscopy Event September <ul style="list-style-type: none"> Stroke Recruitment Event Trust Wide Recruitment Event Spelthorne Skills and Careers Fair Weybridge Jobs Fair Festival of Volunteering Royal Holloway University. Collaborative recruitment event. <p>In September ASPH hosted a collaborative recruitment event for care roles in organisations in the North West Surrey ICP. Representatives from Surrey County Council, Central Surrey Health, SECAMB and SABP attended the event. Feedback has been very positive and the next event is planned for Q4.</p> <ul style="list-style-type: none"> - Implementation of new bank pay structure. - Staff benefits roadshows held in the period included salary sacrifice lease cars, credit union, simply health savings scheme. 	<ul style="list-style-type: none"> - Recruitment of Royal Holloway Students to join the Trust bank in HCA or Admin roles to provide additional resource over the winter period and strengthen collaboration with the university. - Step into Health Armed Forces events planned engaging with STP members - Develop a robust Health and Well-Being Strategy for the Trust, offering a range of activities and support, which will value and retain staff. 	
Train and develop our staff	<ul style="list-style-type: none"> - Eid celebration event - Peakon engagement project implementation across emergency care pathway 	<ul style="list-style-type: none"> - Peakon engagement project widened to Maternity to support development and retention of staff. - PeakOn contract extended and widened across Surrey Heartlands - Designing and launching next version of Consultant Leadership programme for 2019 	

Build a high performing workforce	<ul style="list-style-type: none"> - Launched new appraisal process and redesigned format - Commissioned new HR Case Management System 	<ul style="list-style-type: none"> - Launched new appraisal process and redesigned format - Embedding new HR Case Management System - Reviewing Managers Toolkit, introducing new Difficult Conversations programme - Introducing mediation training for staff - Review of 360 degree feedback process
Nurture & empower our people	<ul style="list-style-type: none"> - BME Staff Network relaunch in July 2018 - BME Staff Network appointed new executive team in September 2018 - Combined anti-bullying/harassment and anti -aggression/violence co-design with staff publicity campaign in September 2018 (publicity stands/on-line survey) - Launched European employee support programme (Brexit support) October 2018 	<ul style="list-style-type: none"> - Development of BME Staff Network - Re-launch of Diversity & Inclusion Board - Recruit LGBT Staff Network Lead - Review dignity at work policy and procedure - Develop Trust's 'Agile Working' strategy - Review family friendly policies - Publish outcome of respect at work publicity campaign and next steps - Stonewall membership completed November 2018 -
Turnover less than 15% Sickness/absence less than 3% Vacancy rate less than 10%	<ul style="list-style-type: none"> - Launched cohort 1 and 2 of New Leadership programme for Ward Managers as part of the retention programme - Launched application process for the MBA Apprenticeship programme - Leadership and Management Apprenticeship programmes launched May 2018 - Delivery of various team away days and diagnostics using Lumina spark - Completed a review of staff recognition scheme and reviewed options for new approach 	<ul style="list-style-type: none"> - Ward Managers programme to end November 2018, to be followed up with action learning sets and a full evaluation as to the effectiveness of the programme. - Learners commencing with the Open University MBA programme in November 2018. - 30 people signed onto a range of Level 3 and level 5 programmes, with more in the pipeline for 2019. - Delivery of various team away days and diagnostics using Lumina spark. Continued team support using a range of diagnostics. - New Employee of the Month scheme launching in October, with first award in November 2018.



Delivering the most effective and efficient treatment and care by standardising the delivery and outcomes of clinical services.

Modern Healthcare – Standardise and Optimise



Two overriding efficiency objectives –

1. Standardising and eliminating unwanted variation in the delivery and outcomes of clinical services; and
2. Optimising use of our physical infrastructure

Priority		Quarter 2 -Summary of progress including risks and issues	Actions for Quarter 3
Organisational	<p>Getting it Right First Time (GIRFT)</p> <ul style="list-style-type: none"> • Accelerate, at pace, across the Trust • Ambition to become a GIRFT model hospital • Developing a GIRFT Clinical Programme Lead • Monthly performance meetings focused on GIRFT action plans 	<p>In medicine and emergency services 4 key areas for GIRFT identified:</p> <ul style="list-style-type: none"> • IT • Coding • Total time spent in the department • Reduction of emergency admissions through the Emergency Department <p>Introduction of the Obs & Gynae Consultant of the Week rota, Theatre capacity reviewed Planning for virtual clinics for gynaecology has commenced Team based job plans for urology completed and Upper GI almost complete. The remainder of the specialities to be rolled out in the New Year. MSK & Trauma - GIRFT recommendations continuing to be implemented Pain service transformation event held. New model in draft and will soon be out for consultation. MSK Physio and Rheum new models to enable delivery of Biopsychosocial model. Imaging – GIRFT visit now arranged for 30 January 2019. Discussion with</p>	<p>In Q3 Obs & Gynae will be focusing on introducing virtual clinics for specific pathways. The opening of the newly refurbished Blanche Heriot Unit will allow introduction of an number of outpatient procedures, including flexi cystoscopies GIRFT of endocrine, stroke and respiratory services planned for Q3.</p>

		Philips re assisting with Capacity and Demand and service improvement training. In process of reviewing ISAS documentation	
	<p>Emergency pathway</p> <ul style="list-style-type: none"> • Embed best practice patient flow models into the emergency care pathway • Continue to implement actions to reduce the length of stay • Present a business case to the Trust Board for the reform of the emergency care pathway facilitated by physically altering the estate. 	Business case for the New build – modelling completed, clinical model agreed, options appraisal has been undertaken, architects engaged to develop design based on clinical model.	<p>Treatment Centre with Greenbrook Healthcare to run the UTC from the end of October.</p> <p>ECIST visit planned for 12/11 to review A&E and ambulatory care. Improvement project to be put in place supported by ECIST. Space being created in AECU with routine work being transferred to the Infusion Suite on the Ashford site to allow further development of expected medical patients to Ambulatory care rather than the ED and ambulatory pathways.</p> <p>GIRFT of endocrine, stroke and respiratory services planned for Q3.</p>
	<p>Optimising use of our physical infrastructure</p> <ul style="list-style-type: none"> • Theatre utilisation through flexible job planning • Bed usage • Minimising Diagnostic usage • Outpatients and Endoscopy utilisation and alternative pathways • Effectiveness of digestive services across NWS • Shared pharmacy models across the STP • Procurement • Right size the capacity of every surgical speciality to ensure that supply can meet predicted demand 	<p>Builders are undertaking work within the Ashford site ensuring that there are purpose built facilities within outpatients for bariatric patients</p> <p>There have been 3 focused meetings chaired by the Divisional Director of TASCC with work streams being identified</p> <p>Pharmacy – Participated in the NHS Benchmarking Pharmacy Project for 2018 (August 2018)</p> <p>Currently undertaking a robust best value patient catering and retail contract tender that involves all the Trust key stakeholders in the process.</p>	<p>Initial work streams to be focused on has been cancellations and theatre session utilisation. Project officer to be recruited to oversee the theatre utilisation improvement plan.</p> <p>Commence dialogue with potential catering and retail providers</p> <p>Finalise tender specifications</p> <p>Board and TEC paper recommending the way forward</p>

	Delivery of the Trust Financial Plan	<p>In September the Trust reported a YTD surplus of £3.9m against a plan of £4.1m resulting in an adverse variance of £0.2m. When adjusted for non-control total items the Trust was just below the YTD NHSI control total by £0.03m. Within this the pre-PSF position was £0.6m ahead, whilst the Trust recorded a £0.6m loss on the Q2 A&E PSF income due to not meeting the agreed trajectory. The FSR score YTD was a 2 against a plan of 1 - within that there is a worsening agency metric.</p> <p>The Trust is operationally ahead of plan by £0.6m YTD mainly due to (i) £0.4m of non-recurrent items in the Q1 results and (ii) a £0.3m underspend on the medical pay budgets due to the delayed start to that pay award (now effective from October 2018).</p>	Monthly review meetings continue to be held with all Divisions in order to ensure traction on the 2018/19 savings programme and to identify additional savings.
	Delivery of the capital programme for 2017/18	<p>Board masterclass – Estates deep dive undertaken to set out current estates strategy and emerging strategies and decisions to be made.</p> <p>The sale of the West Site delayed in order to address Highways England’s objection to the planning permission</p> <p>The Ramp 80% vacated for demolition</p> <p>Office Re-locations plan 80% delivered</p> <p>Electrical resilience plan for the St Peters site being implemented. Risks identified on electrical infrastructure. Design work to improve generator back up to those areas which are deficient. Installation of dual supplies to certain areas for resilience purposes.</p> <p>Five year backlog maintenance plan in place that identifies Trust requirements over next 5 years which remove high and significant risk. This covers infrastructure such as ventilation, windows, fire safety, legionella risk, electrical distribution and roofing.</p> <p>Waste group met to evaluate the early feedback from CQC and agreed an action plan to address bin mapping, signage, training and the requirements for investment in new ward bins</p>	<p>The Ramp completely vacated and demolition completed (excluding Urgent Treatment Centre which is retained until new ED/UTC/Assessment centre built).</p> <p>West Site disposal planning application approved by Runnymede Council and subject to referral to Secretary of State for Housing, Communities and Local Government.</p> <p>West Site enabling works commence and plans for re-locations completed and started.</p> <p>Main Office re-locations project completed</p> <p>Electrical resilience design work completed and programme agreed.</p> <p>MRI project enabling works completed. MRI works progressing. Site handed over to Alliance. Electrical works programmed for completion in November 2019.</p>

	Progress and deliver with our system partners the Joint Delivery Programme		
	Develop a cancer strategy and begin its implementation	Cancer strategy has been drafted and has been disseminated to the divisions for comment	Will go to TEC for review and once finalised will be used to inform the divisional business planning process



Using digital technology and innovations to improve clinical pathways, safety and efficiency and empower patients

Digital – Automate and Innovate



Focus on:

1. Automation of transactions; and
2. Innovation and digitisation of our clinical pathways

The Trust is a principal leader in the digital workstream of the Surrey Heartlands STP, ensuring alignment, collaborating and integration.

Priority		Quarter 2 -Summary of progress including risks and issues	Actions for Quarter 3
Organisation	Replacement of the Wi-Fi system	<p>The WIFI replacement programme is well underway, with a solid implementation plan in place to deliver site-wide at SPH and TBU. The first step was to install the cabling, which is complete. The installation and configuration takes place over June and July. Both sites will be complete by the end of July 2018.</p> <p>This will refresh the estate, ensuring staff are able to take full advantage of mobile technology, such as using iPads to view patient records on Evolve, record vital signs on our iPod Touches and record the birth of a baby using our new maternity system. Patients will also benefit as the new technology has much improved bandwidth.</p> <p>Risks/Issues: more access points are required than in the original design – these have been added to the order, but still bringing in an overall cost that is lower than the next competitor’s quote.</p>	Complete the implementation plan and implementation at the Ashford Hospital site.
	Safe implementation of an Order communications system	<p>A high level implementation plan is in place. End-to-end testing for Radiology orders is complete, ready for GPs to commence sending radiology orders.</p> <p>Risks and Issues</p> <p>The implementation of the pathology element of the project (the main and most complex part) is dependent upon certain pieces of work to be completed</p>	Commence testing and configuration of the pathology modules

		at FPH and also development and testing of an upgraded version of the software. Current plans are in place for a November roll-out and no current indication that this is at risk	
	Trust wide roll out of an e-prescribing system	This will be included as part of the overall ePR procurement – the documentation for this is under development	Issue the ITT for the ePR
	Replacement of ED system with separate but integrated systems for the UCC and A&E departments	As above	As above
	Work with partners to develop intra-operable systems and innovative technologies	This work is ongoing. We are working with our STP partners. Surrey-wide comms have been issued regarding the Surrey Care Record project which we are currently implementing (Phase One only – GP patient information available in ED settings)	Phase One of the Surrey Care Record is set to go live in August 2018
	Embed and exploit existing systems and technologies	Ongoing. There has been some good work going on with Bluespier, embedding the system more fully	Further identification of exploitation opportunities of existing systems
	Increase automation of reporting and development of self-service options	A new board dashboard has been developed and feedback is being sought.	Roll-out of new dashboard
	Ensure the realisation of the clinical and financial benefits of Kainos Evolve implementation	Ongoing exploitation. This is proving to be a challenge within outpatients clinics with minimal uptake of the opportunity to write of notes directly into Evolve	Continue to pursue opportunities to use Evolve within Outpatients, to reduce reliance on paper and scanning



Working with our partners in health and care to ensure provision of a high quality, sustainable NHS to the communities we serve.

Collaborate – Sustain and Thrive



To respond to future health needs and to truly redesign care pathways, a fundamental shift in the way care is commissioned and provided needs to be achieved. The trust is collaborating as a member of Surrey Heartlands Health and Care Partnership across the STP.

Priority		Quarter 2 -Summary of progress including risks and issues	Actions for Quarter 3
Organisation	Work with partner organisations to progress the development of Alliance Models	ICP- Partnership board has been set up with leaders of all system partners attending Currently working on improvements in the Integrated Care Bureau and the Locality Hubs. A Partnership road map has been developed with includes comprehensive set of workstreams for the next twelve months	Recruitment to the ICP Programme team to be completed High level Model of Care work programme to be completed and plans for co-design events over the next three months Mapping of all out of hospital transformation activity completed and working arrangements rationalised Governance workshop to be organised Population health management workplan completed
	Work with partner organisations to develop and maintain tertiary links	In Q1 2018/19 ASPH have been developing a relationship with The Evelina London (part of Guy's and St. Thomas'). This has involved meetings between The Evelina and ASPH to explore potential service offerings and opportunities for both organisations. Two areas are being assessed for potential partnership in the mid-term: Gastro and Paediatric Surgery.	Continued discussions with SGH about current service offering and gaps in provision. Consideration and implementation of an appropriate process for assessment and decision of future tertiary provider for Gastro and Paediatric Surgery. Continued discussions with SGH, The Evelina and other potentially other providers on other areas of secondary/tertiary care.

	Complete the Paediatric service strategy	The Paediatric department has worked alongside MES division in establishing the new UTC, new clinical referral / triaging pathways for patients who attend the UTC and financial support, which is up and running from 1 ^{/11/18} and seeing Paediatric patients. The PAU build next to Ash ward project plan and final tendering has taken place with building work to start on early December 18. Paediatrics department has reviewed many of their tertiary service provision and renewed SLAs to ensure stronger clinical networking and better provision of care for patients locally. NICU opened its new cots and is now on target for income plan.	The Paediatric strategy is being drafted and will be presented to TEC.
	Support the development of STP work streams	The Trust continues to be an active partner in Surrey Heartlands Health and Care Partnership. The leadership team in the Trust attend key governance meetings for the STP. The Chief Executive and Medical Director attend the Transformation Board and the Chairman attends a regular meeting of chairs. The Trust also continues to play a leadership role in many of the key work streams. For example the Director of Finance also leads the digital work stream. The Trust is also a partner in the NW Surrey Health and Care Partnership comprising all key health and care partners in NW Surrey. The Trust has supported the development of the ICP by the secondment of its Deputy Chief Executive. The ICP has started work on key work streams including governance and the development of its out of hospital model of care.	All key work streams to continue development against key objectives in Q2 Q2 the ICP will continue to work to its agreed roadmap, progressing key objectives.
	Implementation of vascular review outcomes	Negotiations between the three trusts are ongoing. ASPH vascular team developing internal/ASPH operational pathways of care for the 4 vascular index cases (that involve hub and spoke care) and for those conditions that will be cared for totally at ASPH (e.g. diabetic foot, surgical debridement etc..). These to include activity volumes to determine resources (minimum staffing levels, bed capacities etc..) required at ASPH. Briefing sent to JHOSC.	Agree approach to the development of the service delivery model with partners Establish governance structure for joint programme board with Frimley Health and St George's. Establish internal project group to lead workstreams A public and patient engagement event is being planned to ensure their views, concerns and ideas inform the process

			Business case to be approved by trust Board
	Investigate potential to develop joint service with the Royal Surrey County Hospital	Agreement for Nuclear Medicine Service to transfer to RSCH, tariff agreed and contract under development. Clinical Model is being finalised for partnership for Haematology services with the RSCH	Sign haematology contract Agree the Nuclear Medicine contract
	Implementation of stroke business case	Stroke care centralised to St. Peter's site Patient flow monitoring in place Early Supportive Discharge service specification under discussion with commissioners Programme management in place with monthly stroke board and fortnightly project team meetings	Continued tracking of milestones ESD service specification Further stroke pathway development. Continued patient flow monitoring and volumes of Stroke to St Peter's from SECamb. Proposed HASU on AMU to create dedicated

NB: Updates from BSPSS were requested but were unavailable for the time of publication.