

**TRUST BOARD**  
**26 October 2017**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	6.4
<b>TITLE OF PAPER</b>	Q2 Trust Objectives Progress Report	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
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.		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
Best outcomes	✓	
Excellent experience	✓	
Skilled & motivated teams	✓	
Top productivity	✓	
<b><u>ASPH values(s)</u></b>		
Patients first	✓	
Personal responsibility	✓	
Passion for excellence	✓	
Pride in our team	✓	
<b>EXECUTIVE SUMMARY</b>		
<p>This paper provides a high level overview of the progress against the Trust Business Plan high level key objectives in Quarter 2. These objectives were outlined in the Business Plan 17/18 as part of the Operational Plan for 2017-19.</p> <p>Progress is on track for the majority of strategic objectives although some timescales have been adjusted. The notable success has been the implementation of the Surrey Integrated Musculoskeletal Service (iMSK) virtual fracture clinics, There has been some success in recruitment to vacant posts but in particular appointment to Consultant level and Nursing posts remain an ongoing risk. The increased demands on services, particularly non-elective care continues to increase pressure on areas such as A&amp;E.</p>		
<b>RECOMMENDATION:</b>	Receive and note progress	

<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	Recruitment to key clinical appointments challenging
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	Associated finance with the STF on track.
Legal	No legal issues identified
Link to Board Assurance Framework Principle Risk	
<b>AUTHOR NAME</b>	Emma Jackson, Business Development Manager Please contact for any further information
<b>PRESENTED BY DIRECTOR</b>	Simon Marshall, Director of Finance and Information
<b>DATE</b>	20 <sup>th</sup> October 2017
<b>BOARD ACTION</b>	Assurance

# Trust Objectives – Progress report

## October 2017 (Q2)

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### 1.0 Purpose

The aim of this paper is to inform the Trust Board of the actions taken by the Clinical Divisions to implement their 2017/18 business plan actions. The paper sets out the progress made to date and the major risks to full completion of the plan.

### 2.0 Background

The Divisional Business Plans 2017/18 set out the main internal business objectives for the Trust 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 2017-19 Operational Plan 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.

### 2.1 Current progress

Currently the divisions are working towards their objectives. Particular successes include the ongoing development of the iMSK service with the introduction of virtual fracture clinics, the embedding of Evolve which is moving the Trust towards its ambitions to be paperless and enabling electronic access to medical records. The Trust was successful in securing the Dermatology Contract with the new models of working including 'one-stop' clinics being implemented. The Trust has progressed plans for the sale of surplus land to fund new facilities for urgent care and assessment.

There remains the ongoing challenge of the recruitment and retention of skilled staff to deliver services, particularly in the consultant and nursing work areas. Additionally increasing demand on the services remains a risk.

## Corporate and Clinical division updates:

### Corporate Objectives:

#### Major Strategic Actions

OBJECTIVES	PROGRESS
Continue to work with partners (particularly Central Surrey Health) in NW Surrey and other surrounding areas we serve to develop the out of hospital model of care.	<ul style="list-style-type: none"> <li>• The Trust is an active participant in Surrey Heartlands Sustainability and Transformation Programme (STP). Members of the Executive Team and clinicians from the Trust lead a number of significant work streams in the STP (MSK, Cardiovascular, Workforce and Digital)</li> <li>• Development of future plans for Ashford will be discussed at TEC in autumn 2017</li> <li>• Decision made at the Committees in Common Public meeting following the West Surrey Public Consultation to confirm the final decision on the future model of care. A decision was made that the RSCH Hyper-acute Stroke Unit (HASU) will close with patients being seen either at the HASU at Frimley Park or the co-located HASU/ASU (Acute Stroke Unit) at ASPH. A business case will be taken to Trust Board setting out the West Surrey model, staffing and associated costs for approval in October 2017. Agreement of the flow and split of the activity for the Guildford and Waverley area has been completed. East Surrey work ongoing to confirm model, support from Matthew Tait re: flows for Epsom population+</li> <li>• A mid to longer term solution for haematology is under development to ensure sustainability. Other speciality areas where sustainability plans are being developed are Endometriosis, Bariatric services and Spinal Surgery.</li> </ul>
Continuing to be an engaged partner in the STP and mobilising STP work streams.	
Mobilising the new stroke service in West Surrey	
Securing the viability of existing service lines	
The Joint Delivery Programme with NW Surrey CCG	
Developing future plans for Ashford Hospital	
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• There is a risk that the ASPH stroke unit will not receive the recommended 600 strokes per year</li> <li>• Recruitment of a 4<sup>th</sup> Stroke Consultant is underway but may be a challenge, alternative recruitment strategies are being reviewed.</li> <li>• Sustainability of service lines: Trust suspended Nuclear Medicine in June 2017, contingency arrangements are in place.</li> </ul>	

**Workforce Objectives:**

OBJECTIVES	PROGRESS
Workforce Transformation	<ul style="list-style-type: none"> <li>• A medical rostering system has been commissioned from Skills for Health and implementation is in progress with pilots starting before December 17.</li> <li>• The Medical Scrutiny group is continuing to make changes to payment rates and the mechanism for authorising additional work, in particular in respect of Waiting List Initiative and where this has been used to resource core activity.</li> <li>• In conjunction with Surrey Heartlands Workforce Action Board, and our local Darzi workforce fellow, the Trust has been involved in the development of a new engagement portal, due to be piloted with partners in the North West Surrey emergency care pathway.</li> </ul>
Balancing workforce supply and demand	<ul style="list-style-type: none"> <li>• The Nurse Retention programme has launched with an agreed aim to reduce the number of nurse, HCA, midwife, MA and ODP leavers from 23 per month to 17 per month and those with less than 12 month's service to less than 4 per month by September 2018. Six key change ideas have been agreed as the initial schemes for improvement and a project group is meeting regularly with representatives from across the Trust.</li> <li>• The Trust participated in an online retention research project across Kent, Surrey and Sussex in order to further explore the enablers and barriers to staff retention in health and social care. The results of the research is currently being analysed and socialised across the region.</li> <li>• The Trust undertook a medical recruitment campaign in Kerala, India in September. The trip proved successful with 43 six week placements being arranged. This was followed by a nursing recruitment campaign to Kerala which has resulted in offers made to 60 nurses who will be expected to join the Trust in the next 4-8 months.</li> </ul>
The Right Skill Mix	<ul style="list-style-type: none"> <li>• The Trust is continuing to understand and deliver the potential productivity gains by working through national initiatives such as the Getting it Right First Time across a</li> </ul>

OBJECTIVES	PROGRESS
	<p>number of specialties.</p> <ul style="list-style-type: none"> <li>• Work continues to understand the opportunities for a new workforce pipeline through the apprenticeship route. The Trust has agreed to host a regional apprenticeship coordination role, which is due to commence shortly.</li> </ul>
<p>Underpinning Strategies to manage agency and locum use</p>	<ul style="list-style-type: none"> <li>• Locum's Nest is now fully established and has over 300 doctors registered on the Bank. To date, over 40 shifts have been fulfilled via RSCH doctors. Total fill rates and shifts covered are as follows: <ul style="list-style-type: none"> <li>○ March 18%</li> <li>○ April 25% (112 shifts)</li> <li>○ May 48% (248 shifts)</li> <li>○ June 51% (385 shifts)</li> <li>○ July 59% (511 shifts)</li> <li>○ August 61% (508 shifts)</li> <li>○ September 58% (464 shifts)</li> </ul> </li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• The vacancy and staff turnover rate is currently<sup>1</sup> above target at 13.5% and 16.8% respectively. There are particular areas of challenge within this including a high level of short service churn within N&amp;M and HCAs.</li> <li>• There continue to be challenges in relation to recruitment of nursing and medical staff in particular.</li> <li>• Long term pay restraint has meant we are overly reliant on our substantive staff wanting to work additional hours. This is a challenge in terms of potential 'burn out'. There are areas where supply has been difficult for a long time but we have not been agile in development and recruitment of new roles to fill these gaps. There is a risk as we try to realign resources that we are reducing additional pay opportunities which staff have come to rely on</li> </ul>	

<sup>1</sup> October board scorecard

**QUALITY ACTIONS**

OBJECTIVES	PROGRESS
<p>The Quality Business plan measures are outlined and updated in the Quality dashboard.</p>	<ul style="list-style-type: none"> <li>• The Nursing Associate Programme has commenced as a test pilot in conjunction with Health Education England</li> <li>• The communication campaign to promote staff awareness of the Freedom to Speak up Guardian Role is progressing well with talks in clinical areas and on junior doctors' training days</li> <li>• The re-designed Best Care Audits with Quality Improvement Methodology uses run charts for presentation of data to identify when changes have been sustained</li> <li>• Successful Research &amp; Development Open event held which was chaired by the Medical Director and CEO promoting research and studies</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• In quarter 1 the number of pressure ulcers (stage 2) was 45, above the target of 35. A centralised database of pressure ulcer damage has been created to allow wards and departments to monitor pressure ulcer levels and trajectories of improvement. The tissue viability heel SOS campaign is promoting heel elevation and the use of wedges where appropriate. The corporate action plan continues to be a live document with 6 monthly review and updating based on analysis, trends and serious incident reports in relation to pressure damage</li> <li>• The number of falls was in excess of the target for quarter 1 and a review of training and development is being undertaken to increase compliance</li> </ul>	

**Estates and Facilities Objectives:**

OBJECTIVES	PROGRESS
To maintain the high performance of key patient facing services.	<ul style="list-style-type: none"> <li>• National PLACE scores reported in August 2017 in which ASPH has scored above the national average and a Board paper detailing these scores was presented in September 2017. National cleaning standards audits exceed the required score and are documented monthly on the Trust T drive under WQI data submission for the monthly Board report</li> <li>• All food service and cleaning staff receive annual training and other staff groups have access to individual NVQ, apprentice training specific to their role</li> <li>• Maple ward refurbishment works completed, as well as the floor safety works in Aspen. The prioritisation plan and access for the next three years being worked through with the clinical divisions.</li> <li>• National benchmarking reporting indicates that the Trust is providing good value in most areas. The outlying areas are being reviewed.</li> <li>• The current service model to review all service and determine best value for delivery appears to be effective with a mixture of in house and contracted services. The rationale will be further tested with the STP assessments and evaluation of future opportunities.</li> <li>• Work and feasibility planning to establish capital investment priorities focussing in best pay back schemes is being undertaken</li> <li>• Outline business case has been approved for the sale of the St Peter's West Site land sale and planning application is being submitted</li> <li>• Changes to the Stroke future planning have been adapting as the local health economy has modified the original approach. Further estate feasibility work is being worked through with stroke services</li> <li>• Ramp demolition design team has been appointed and work is planned for 1st qtr</li> </ul>
To develop and implement a best value strategy that enhances and supports patient care within an affordable financial envelope.	
To plan and develop a sustainable operational service approach that focuses on the environment, workforce and the local community.	
To deliver and update the agreed estates strategy and site development control plan.	
To agree and implement estate infrastructure, maintenance and equipment strategies that address risk, safety, statutory compliance and investment priorities.	

OBJECTIVES	PROGRESS
	<p>2018/19</p> <ul style="list-style-type: none"> <li>• Design consultants are currently undertaking a risk assessment on our electrical infrastructure on the St Peters site. A plan to improve the resilience of the site will then be formulated</li> <li>• Action plan in place and implemented to deliver medical device ownership and maintenance plan.</li> <li>• Estates Operational service plan updated</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• Work with the STP to agree feasibility plan for cross site service delivery where appropriate progressing, but has been delaying during a data collection period.</li> <li>• Work with the STP is currently on going to deliver the Ashford Hospital Utilisation plan and there are no proposals to date that have been worked through and agreed.</li> </ul>	

## Clinical Divisions Objectives:

### Acute Medicine and Emergency Services

OBJECTIVES	PROGRESS
Urgent care front end development and workforce	<ul style="list-style-type: none"> <li>• Proposal for the reconfiguration of the Emergency Department was presented to TEC in October outlining the options to improve flow through the ED to the Acute Medical Unit and Surgical Assessment Unit through the provision of an additional ward area</li> <li>• Neurophysiology has now moved off the Ramp into a new area.</li> <li>• Refer to section A for information on Stroke Services</li> <li>• Conversion of medical support to Ashford to RMO cover completed in April</li> <li>• Ongoing work to review vacant posts to minimise temporary staffing costs</li> <li>• Service managers now in enhanced roles to incorporate business development and improvement into operational roles</li> <li>• QI training has been provided to all service managers</li> <li>• Plans for the transfer of colorectal cancer patients requiring chemotherapy to Ashford infusion Suite from the Royal Surrey in progress</li> </ul>
Implement new stroke service	
Resolve structural workforce issues	
Chemo closer to home	
Deliver endoscopy and neurophysiology build	
Develop capacity and capability to deliver significant service change and improvement	
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• Ongoing reliance on external clinical service contract due to vacancies in medical and nursing staffing mitigated by demand management work</li> <li>• Resources to deliver projects and to allow training and development e.g. QI training</li> </ul>	

**Theatres, Anaesthetics, Surgery and Critical Care**

OBJECTIVES	PROGRESS
<p><b>Theatre efficiency</b> - Electronic pre-op / reminder service / starting lists on time, new efficiency metrics / explore potential for 5 hour sessions or 3 session days</p>	<ul style="list-style-type: none"> <li>• Electronic solution for pre-op to be trialled and then implemented following assessment of the solutions available</li> <li>• Reminder service introduced for elective surgery, following successful roll-out across outpatient appointments</li> </ul>
<p><b>Bed Management / Patient Flow</b> - Explore options to increase bed stock; convert IP to DC; establish day surgery recovery area at St Peter's</p>	<ul style="list-style-type: none"> <li>• Good progress with efficiency through starting lists on time at St Peter's but more work to be done at Ashford. Plans to increase senior management presence at Ashford to support theatre lists starting on time.</li> </ul>
<p><b>Ophthalmology</b> - Fully establish SCOS; introduce 1 stop pathways; expand footprint at Ashford; reduce non pay costs; win HCOS tender</p>	<ul style="list-style-type: none"> <li>• Paper covering the potential for 5 hr sessions/3 session days discussed at TEC and being worked up further</li> </ul>
<p><b>Procurement / Non-pay</b> - Maintenance contracts; consultant driven savings; standardisation of sets/consumables.</p>	<ul style="list-style-type: none"> <li>• Conversion of Urology and Gynaecology surgery from inpatient to day case surgery and also to OP procedures. This is supported by improved IT booking functionality that allows defined booking rules such as blocking any routine DC procedures to be booked as IP without a clinical review.</li> </ul>
<p><b>Vascular</b> - Multiple improvements across the service covering leadership, standardisation, operational efficiencies</p>	<ul style="list-style-type: none"> <li>• Division is exploring short and long term solutions to establish a day surgery / 23 hour recovery facility at St Peter's</li> </ul>
<p><b>Management &amp; Leadership</b> - Appropriate sized team with correct skills, patient focussed, 4 Ps; new deputy divisional director; review of consultant leads and roles</p>	<ul style="list-style-type: none"> <li>• Daily consultant ward rounds have been implemented to expedite discharges, releasing bed capacity</li> <li>• Ophthalmology has secured new eye unit expanding footprint at Ashford and are currently in the process of moving into the new area. This will allow the delivery of a number of efficiency projects and cost savings across ophthalmology</li> <li>• Vascular board has been established and the speciality has been through the GIRFT (Getting It Right First Time) process. There is currently a full vascular service review being undertaken.</li> <li>• No current vacancies across TASCC management team and a new Deputy Divisional</li> </ul>

OBJECTIVES	PROGRESS
	<p>Director has been appointed to support the Divisional Director</p> <ul style="list-style-type: none"> <li>• Good progress in reducing non-pay costs in theatres through switching to cheaper suppliers and introducing standardisation, across surgeons. There is further progress to be made in this area.</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• Some ongoing behaviour issues affecting the improvement of theatre efficiencies, particularly at Ashford. Introduction of increased senior management presence on site to mitigate.</li> <li>• There are still cancellations on the day for some surgical procedures that could be related to ineffective preoperative assessment and management</li> <li>• Workforce challenges, particularly in the anaesthetic department with high vacancies and sickness. This has the potential to reduce the number of theatre lists that can be run on any one day.</li> <li>• Recruitment to key posts, particularly consultants, has delayed the delivery of CIP, income and efficiency projects.</li> <li>• Reasonably high turnover across TASC management. All posts now recruited to but some relatively new members are still 'bedding in'.</li> </ul>	

Women's Health, Paediatrics and Sexual Health

Maternity Services	
OBJECTIVES	PROGRESS
<ul style="list-style-type: none"> <li>Improving patient experience on Joan Booker Ward, addressing lack of privacy</li> <li>Implementing a new Maternity IT service</li> <li>Improving flow in Maternity triage</li> <li>Using the Maternity Services Liaison Committee and other user groups to improve feedback and involve patients in developing future models of care</li> <li>Implementing the RCM charter for healthy workplaces 'caring for you campaign'</li> <li>Improving management experience of dealing with difficult conversations</li> <li>Strengthening our capability and capacity in sonography and fetal medicine</li> <li>Reducing length of stay in Maternity: improving discharge processes across the service</li> <li>Restructuring the Supervisor of Midwifery function</li> <li>Deliver the NHS Better Births Early Adopters work Programme</li> </ul>	<ul style="list-style-type: none"> <li>Joan Booker ward has made progress in provision of improved patient experience, fathers have been stopped staying overnight, there has been a full review of care. Security review with cameras and intercom being fitted on October 30th</li> <li>Maternity 1T system will go live on 31st October 2017.</li> <li>Maternity Service Liaison Committee and groups are being used for feedback. There is a maternity information evening the first Wednesday evening of every month and the division is participating in the STP Surrey Voices initiative</li> <li>RCM Charter implemented, Caring for You Charter signed in November 2016. Maternity Staff given national award for International Day of the Midwife event</li> <li>Maternity triage flow has improved and this is ongoing Training</li> <li>To strengthen the capability and capacity in sonography there will be the appointment of a lead Consultant in Sonography/ultrasound expected to start in February 2018. The interviews are taking place November 2<sup>nd</sup> 2017. The role is to lead in reducing ultrasound scans by adapting "gap-grow" programme.</li> <li>Don't currently use sale model-proactive approach. Discharge delays, looking at mechanisms to support.</li> <li>8 staff are on the training course for Professional Midwife Advocate training as part of the restructuring of Midwifery programme.</li> <li>Division is part of the Better Births Project</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>There remains issues with delays in discharge and the divisions are developing mechanisms to support reduction in these delays</li> </ul>	

Neonatal	
OBJECTIVES	PROGRESS
<ul style="list-style-type: none"> <li>Developing Point of Care Testing on NICU / Transitional Care Unit</li> <li>Creating a Parent Communication Room on NICU</li> <li>Improving the financial viability of NICU, opening the additional cots, maximising utilisation</li> <li>Improving the stability of the middle grade doctor rotas within the Unit</li> </ul>	<ul style="list-style-type: none"> <li>Parent communication room completed</li> <li>Stability of the middle grade doctors within the unit remains an issue but to increase stability there has been the appointment of 1 ANMP (Advanced Nurse Maternity Practitioner). Charitable funding from Little Roos has provided funding for 2 further posts and agreed funding for 1 further post dependant on the salary funding availability.</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>Point of care testing is not currently being progressed due to funding. Should be considered as part of wider pathology discussions</li> <li>Additional NICU costs are available but not currently staffed due to recruitment issues, medical staff have been appointed but nursing staff positions remain vacant. To mitigate this there are plans to develop staff within the Trust with an trajectory for achievement. There is an open day for paediatric nursing Saturday 21<sup>st</sup> October to allow interested staff to discuss options.</li> </ul>	

Obstetrics & Gynaecology	
OBJECTIVES	PROGRESS
<ul style="list-style-type: none"> <li>Improving the patient experience of elective gynaecology services, protecting theatre lists from cancellation to reduce the number of cases cancelled on the day</li> <li>Creating a robust and sustainable 7 day Obstetric presence on Labour Ward / JB Ward, improving the documentation of care plan conversations</li> <li>Developing a specialist outpatient space for Gynaecology and improving the triage process for outpatient referrals</li> <li>Using the CEMIG patient group to gain feedback</li> <li>Delivering an integration programme for the Obstetric Team to support the additional new consultant posts</li> <li>Improving the stability of Obstetric rotas at all levels</li> <li>Developing one stop services within Gynaecology, improving the TWR pathways</li> <li>Improving flow through the Early Pregnancy Unit: reviewing operational model and pathways</li> <li>Delivering a robust and responsive Gynaecology Assessment Unit</li> <li>Undertake a GIRFT review across the Speciality</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing work in improving patient experience</li> <li>Sustainable seven day working is in progress with 9am-9pm consultant cover Mon-Fri and 6hr cover weekends and bank holidays, where there is consultant review the care plan is being documented.</li> <li>CIMEG patient group is active with feedback informing the service development</li> <li>Integration programme for Obstetric Team to support new posts is underway</li> <li>One stop clinic in hysteroscopy has been introduced and the improvement of TWR pathways is ongoing</li> <li>Plans for the review of operating models and pathways to improve flow through the Early Pregnancy Unit are under development</li> <li>The Gynaecology Assessment Unit is not a dedicated area and is provided adhoc. This, although not ideal, is providing a responsive service for patients who require it</li> <li>GIRFT review has been undertaken within the specialty</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>There is a risk of withdrawal of waiting list initiative funding which may impact waiting times and theatre lists</li> <li>The development of a gynaecology outpatients space is delayed due to a lack of space for the provision.</li> </ul>	

Paediatric Services	
OBJECTIVES	PROGRESS
<ul style="list-style-type: none"> <li>• Improving flow of patients on Oak Ward (ward attenders, day surgery, phlebotomy)</li> <li>• Agreeing a system-wide plan for the management of CAMHS patients</li> <li>• Forming an exit plan for Behavioural Paediatrics</li> <li>• Undertake a review of Paediatric Outpatients</li> <li>• Refining the Paediatric Nursing Resource (right resources in the right place doing the right tasks)</li> <li>• Developing a Service Strategy for Paediatrics sub-specialties, including a sustainable future for Paediatric Surgery.</li> <li>• Developing a paediatric strategy for Urgent Care to improve flow within A&amp;E and establish an effective Paediatric Assessment Unit. Meeting the Keogh standards for medical staffing and improving ward review within 14 hours of attending.</li> <li>• Ensuring increased utilisation of Ashford Paediatric Outpatients</li> <li>• Developing Junior Doctor (F1, SHO and Middle Grade) rotas compliant with new junior doctor contract in liaison with Clinical Leads, College Tutor and HR</li> <li>• Utilisation of Childcare Voucher Funding to develop nursery infrastructure.</li> <li>• Develop a business plan for the Nursery ensuring long-term viability &amp; investment</li> </ul>	<ul style="list-style-type: none"> <li>• Pathways on Oak ward and the capacity for phlebotomy are being reviewed.</li> <li>• System wide forum working across health economy for the management of CAMHS patients. Funding has been made available to recruit staff to support, this will allow for 2 wte band 6/7. One band 6 currently in post and the second to start October 2017.</li> <li>• Mobilisation meeting for the Behavioral Paediatrics service underway to transfer patients to alternative services</li> <li>• Ongoing process to review Paediatric Outpatients</li> <li>• Paediatric nursing review resource review took place in October and the outcomes will be used to develop further plans.</li> <li>• There has been a review of sub-specialties within paediatrics and a future strategy is under development to inform future business plans</li> <li>• Urgent care paediatric strategy has been developed and agreed in principle. A staff plan is being finalized.</li> <li>• Utilisation of Ashford Paediatric Outpatients is ongoing to ensure efficient use of the estate</li> <li>• Junior Doctor rotas are compliant with the new junior doctor contract and has resulted in the increase in one WTE post</li> </ul>
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• Resources to deliver the projects</li> </ul>	

**MSK, Diagnostics and Therapies**

<i>Surrey Integrated Musculoskeletal Service</i>	
OBJECTIVES	PROGRESS
<p><b><u>Workforce Redesign &amp; Training</u></b></p> <ul style="list-style-type: none"> <li>• Improving culture &amp; shifting patient pathways from surgical to non-surgical intervention - Train Extended Scope Practitioners (ESPs) and Clinical Staff on biopsychosocial (BPS) model of care.</li> <li>• Improving culture &amp; helping junior doctor workforce – shift from medical to non-medical teams or improve recruitment of junior doctors from overseas – develop an international training programme for Junior Doctors</li> <li>• Work with Pharmacy to upskill pharmacists – Train Independent Prescribing Pharmacists/ Advanced Practitioners</li> <li>• Surgical/ non-surgical workforce – ongoing assessment of Consultant workforce in MSK</li> <li>• Undertake staff surveys (in line with NWS CCG contract) and national staff feedback tool</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce Redesign – Successful recruitment of a lead Extended Scope Practitioner (ESP), and 4 additional ESPs recruited. Reduction in elective surgery has allowed a reduction in surgical consultant capacity of 10.15 PAs and this has been reinvested into the appointment of ESPs.</li> <li>• Patient Involvement – Patient decision aids use in clinics for major joints through iPads and via internet, appropriate choice delivered and the consultant of the week model of care embedded within the service</li> <li>• Delivery of the NWS CCG iMSK Contract – Biopsychosocial training delivered at annual iMSK event and will also be delivered at the upcoming event in February 2018. New to follow-up ratio has decreased, service offered across 3 hub sites.</li> <li>• NWS MSK Therapy Transition – service included in the interactive integrated iMSK website, ongoing work on the standardisation of clinical and operational processes</li> <li>• Emergency Pathway Development – Virtual Fracture Clinics have been implemented. Business case developed for the transfer of Ilizarov service and cold trauma to Ashford Site</li> <li>• Recruitment process has improved with the appointment of a Medical Staffing Coordinator</li> <li>• ‘Low Priority Procedures’ (LPP) and ‘Treatments Not Routinely Funded’ (TNRF), have been reviewed and are with the Clinical Commissioning Group for final approval</li> <li>• Cathy Parsons (Director of Clinical Services, MSK, Diagnostics, Therapies &amp; Trauma)</li> </ul>
<p><b><u>Patient Involvement, Experience, &amp; Choice</u></b></p> <ul style="list-style-type: none"> <li>• Use, develop and embed Patient Decision Aids (Shared Decision Making)</li> <li>• Deliver two patient choice points in the iMSK Pathway</li> <li>• Implement ‘I Want Great Care’ philosophy</li> <li>• Introduce and embed consultant of the week model of care</li> </ul>	
<p><b><u>Deliver the NWS CCG iMSK Contract</u></b></p> <ul style="list-style-type: none"> <li>• Integration of Rheumatology and Pain Services</li> <li>• Promote a culture around BPS model of care</li> <li>• Develop the 3 hubs to deliver the service</li> </ul>	

<ul style="list-style-type: none"> <li>• Reduce follow up appointments through the introduction of a patient initiated follow up philosophy</li> <li>• Embed the new clinical/ operational/ nursing leadership team</li> <li>• Develop and comply with the LPP/TNRF Policies</li> <li>• Reduce clinical variation - Embed clinical protocols and pathways</li> </ul>	<p>is the MSK Workstream Lead for the STP with Mr Paul Trikha (Consultant in Trauma and Orthopaedics ASPH) as the Clinical Lead for the workstream leading the programme board and providing CCGs with advice and guidance in the development of MSK services informed by learning from the iMSK tender and mobilisation processes</p>
<p><b><u>NWS MSK Therapy Transition (April 2017)</u></b></p> <ul style="list-style-type: none"> <li>• Programme set up &amp; transition</li> <li>• Review of estates (plan)</li> <li>• Workforce/ leadership/ TUPE from Virgin Care Ltd</li> <li>• Standardisation of clinical and operational process</li> <li>• Patient communication &amp; engagement</li> <li>• IMT/Systems integration</li> </ul>	
<p><b><u>Sustainability &amp; Transformation Plan alignment</u></b></p> <ul style="list-style-type: none"> <li>• Work with the Surrey Heartlands STP on the MSK work stream</li> <li>• Understand how our learning from MSK contract can be shared in the wider footprint</li> </ul>	
<p><b><u>Emergency Pathway Development</u></b></p> <ul style="list-style-type: none"> <li>• Core clinical standards compliance</li> <li>• Implement virtual fracture clinic to reduce emergency appointments i.e. review x-rays over the phone</li> <li>• Dickins Annex - Phase 1 - Swap 6 beds on Dickins and Elliot (DIRTY)</li> <li>• Dickins Annex - Phase 2 – Mobilise move of Ilizarov service to Ashford</li> </ul>	
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• iMSK service inherited a 26 week backlog from the therapy transition, this has now been reduced to 10 weeks.</li> <li>• Weybridge fire leading to decrease in venue for provision of service</li> <li>• The Dickens Annex project Phase 1 &amp; 2 has been delayed due to carbapenemase-producing Enterobacteriaceae risk and the pathway has been</li> </ul>	

redesigned to take patients directly to Ashford rather than post-operatively	
<b>Imaging</b>	
<b>OBJECTIVES</b>	<b>PROGRESS</b>
<p><b>Service Improvement</b> - Continue to reduce waiting times to less than 4 weeks across the service through seven day working, evening and weekend lists, PTL monitoring and reviewing variation of referrals.</p>	<ul style="list-style-type: none"> <li>• Average waiting time across modalities is 3.6 weeks with evening and weekend capacity supporting the reduction in waiting times</li> <li>• There have been assessments of ultrasound machines to be used in the Rowley Bristow Unit for MSK and paediatric ultrasound. The purchase has been agreed and will be procured</li> <li>• The imaging department has worked with urology to provide MRI and ultrasound in a reduced timeframe. There are ongoing discussions to support one-stop CTU clinics</li> <li>• Radiologists have worked with urgent care, and in particular the Emergency Department to avoid unnecessary scanning, this has had some initial effect but needs constant reinforcing to maintain the efficiencies</li> <li>• MRI services are currently subject to a procurement process</li> <li>• The Trust is working with partners to provide nuclear medicine services following suspension of the ASPH service. Paediatrics are being referred to St Thomas' and adults are being referred to either the Royal Surrey County Hospital or Hillingdon Hospital. There is currently a review to look at further providers. The Trust is working towards a procurement of a Nuclear Medicine service</li> <li>• Two Assistant Practitioners have completed training and there is current discussion on where the most efficient use of these new roles should be</li> <li>• TCAP – one band 4 is currently being trained to assist nursing team</li> <li>• Two radiographers have been trained for reporting on MSK images</li> <li>• There are currently extended days in ultrasound and CT, job descriptions include</li> </ul>
<p><b>ISAS Accreditation</b> - Attain Imaging Services Accreditation Scheme (ISAS) Priority US, Plain film, DEXA over the next 2 years.</p>	
<p><b>Service Review</b></p> <p><b>MRI</b> - Trust to take over the provision of the MRI service from Alliance from January 2018 and achieve cost efficiencies (Business Case due November 2016 with options appraisal)</p> <p><b>Nuclear Medicine</b> - Review provision of Nuclear Medicine service by July 2017</p>	
<p><b>4. Workforce Plan</b></p> <p><b>Skill Mix</b></p> <ul style="list-style-type: none"> <li>• Align workforce skill mix to meet service needs</li> <li>• Continue with Assistant Practitioner training</li> <li>• PICC line and ascetic drain training for radiographers which will free up radiologists to do reports</li> <li>• TCAP – Band 4 able to assist nursing team</li> <li>• MSK reporting radiographer training</li> </ul> <p><b>7 Day working</b></p> <p>Review 7 day working in US, CT and plain film. Include in new JDs</p>	

and assess evening radiography cover.	the requirement for weekend working. Ultrasound lists run at the weekend and CT list for Two week rule referrals are also in place
<p><b>5. New Techniques / Services</b></p> <p>Introduce new techniques over 2<sup>nd</sup> year of business plan</p> <ul style="list-style-type: none"> <li>• Digital Tomosynthesis – chest imaging</li> <li>• Ablation of renal tumour sites. Could then extend to other organs e,g liver, lung</li> </ul>	
<p><b>Risks and challenges:</b></p> <ul style="list-style-type: none"> <li>• The Imaging Department has met with the ISAS Team to discuss the plan for accreditation. The process involves a large amount of completion of documents and resource issues are impacting this</li> <li>• PICC line and ascetic drain training for radiographers is currently on hold due to inability to recruit at a suitable grade to provide the service</li> <li>• Digital Tomosynthesis is currently on hold due to manufacturer issues with the equipment</li> </ul>	
<p><b>Therapies</b></p>	
<p><b>OBJECTIVES</b></p>	<p><b>PROGRESS</b></p>
<p>Increase non-CCG outpatient activity and work with specialty areas to reduce unnecessary consultant appointments, productivity and efficiency work</p>	<ul style="list-style-type: none"> <li>• Increase in activity in MSK speciality freeing up consultant time</li> <li>• Workforce restructured leadership team in therapies to increase retention and opportunities for progression</li> <li>• Seven day working will commence for stroke service in November for OT and physio, ongoing funding for seven day working for orthopaedics agreed</li> <li>• Advanced allied health practitioners – discussed as part of the TEC agenda to formalise review of vacant posts and look at alternative roles to recruit</li> <li>• See stroke update in Section A</li> </ul>
<p>Workforce – recruitment and retention, progress 7/7</p>	
<p>To identify key areas within the Trust that would benefit from advanced allied health practitioners, including ED, paediatrics, stroke, NOF, medicine.</p>	
<p>To continue to contribute to the leadership for stroke improvement and mobilisation across West Surrey and work with CSH to embed community services and redesign services</p>	

Risks and challenges:	
Pharmacy	
OBJECTIVES	PROGRESS
Releasing 80% of pharmacists' time for direct patient/safety related activities	Pharmacy Services have been participating in NHS Improvement Hospital transformation programme (Pharmacy Transformation work stream) aimed at reducing unwanted variation. The feedback from NHS Pharmacy Benchmarking for 2017 is due in Oct / Nov. In 16/17 the department achieved 65% against 80% target of pharmacists' time for direct patient/safety related activities. Within the year work has been undertaken in reviewing Job descriptions and Staff rotation in job roles to improve recruitment/retention and ward based activities . The achievement for this year is anticipated to be 70%. There have been pilots on wards to show benefits of additional Pharmacist support on wards for near patient working and discussions on role substitution to support the increased presence of Pharmacists on ward at the Medical Workforce & Scrutiny group (additional pharmacists' resource of 7wte). Further plans are also being developed to extended pharmacy roles to include pharmacy prescribing (this would require funding in the region of 50k). The pharmacy system has been upgraded to support paperless working and to gain the full benefit for this there will be the need for mobile devices. Seven day working- analysis has shown that there is a requirement to increase pharmacy resources to support seven day working particularly on Sundays.
Implementing electronic prescribing and medicines administration	Electronic Prescribing (EPMA) project team has been set up with Pharmacy, IT and Clinical representation and this group is developing the strategy for a delivery. The current suppliers in market have been reviewed and there will be site visits in Nov/Dec 2017. The team is working with NHS digital to seek support for the development of a product service specification
Rationalising infrastructure across multiple providers	To develop rationalisation of infrastructure across multiple providers the ASPH Pharmacy department continues to work with the RSCH on the provision of aseptic services and with Frimley Health for Medicines Information. A pharmacy working group has been set up in the Surrey Heartlands area with representation from Providers and Commissioners with workstreams including Safe Medicines on Discharge, an IT solution is being considered that will cascade information to the community pharmacies and GP Practices in relation to discharge medication. This is currently with the STP IT team for consideration.

**Risks and challenges:**

- Risks in recruitment and retention
- Development and funding for pharmacy extended roles (Pharmacists' Prescribers).
- Mobile devices and equipment requirements to support near patient working will require investment
- Engagement with Clinical colleagues on new workforce models
- Challenging timeframe in the delivery of EPMA as this will be subject to a procurement process
- Resource /project support and engagement provide a challenge in the rationalisation of infrastructure across multiple providers