

TRUST BOARD
27th October 2011

TITLE	Corporate Plan 2011-2012- Progress Report Quarter 2
EXECUTIVE SUMMARY	<p>The Board agreed the Corporate Plan 2011/2012 in April 2011.</p> <p>The Corporate Business Plan included clear objectives and deliverables for each Quarter. The attached report provides a review of progress against the Q2 milestones.</p> <p>A mixture of amber and amber green indicates some delays in a number of deliverables.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	Relates to all aspects of the Board Assurance Framework. Failure to deliver the corporate objectives would create a very high level of risk to the Trust in terms of delivery of key service and financial targets, and delivery of improved patient and staff experience.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The corporate objectives address a number of issues identified as highly significant by patients and key stakeholders. Delivering improvements in the patient experience, reducing length of stay and readmissions are all key objectives for the current financial year.
EQUALITY AND DIVERSITY ISSUES	None known.
LEGAL ISSUES	None known.
The Trust Board is asked to:	Note the progress made in Quarter 2.
Submitted by:	John Headley Director of Finance and Information
Date:	19 th October 2011
Decision:	For Noting

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Corporate Plan 2011-2012- Progress Report Quarter 2

1 Summary

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

The following RAG rating has been included in the report.

Green	Q2 Action delivered to timetable
Amber green	Q2 Action commenced but not completed. Will be achieved by year end
Amber	Q2 Action commenced but not completed. May not be achieved by year end
Red	Q2 Action not started. Highly unlikely to be achieved by year end

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

2 Programmes of Work

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

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

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

3 Conclusion

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

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

John Headley
Director of Finance and Information

Milestones associated with corporate objectives

Strategic Objective 1: Quality

11/12 Priority	11/12 Actions	Outcome - metrics	End Q2	Progress	R/A/G	ED Lead
1. That all staff, at all times, take a personal responsibility to ensure that the patients individual needs are at the centre of everything we do, embedding the philosophy of "no decision about me without me".	Launch Living Our Values Programme			25 workshops with 257 staff trained. 13 in-house facilitators with more training for facilitators planned for this month, December and January.		
	Commence Living Our Values Training 30% of organization in first 4 months.			Staff booked onto workshops: 177		
	Cascade Living Our Values Training from August 11 remaining 70% and new joiners	100% staff exposed to approach 20% acting as trainers Each division has champion identified	Training implemented achieving: 30% exposure to wider organisation including "Trainers" and "Clinical Champions"	Staff booked onto educational half days and ward days: 350 Total staff booked on to a workshop: 527 Medical Advisory Group has been established to lead the engagement of medical staff about the Living Our Value's Programme purpose. Its first meeting takes place on November 15. Its membership includes two consultants and two Divisional Directors and the Medical Staffing Committee Chair	A/G	CN/MB
	Implement Patient Diaries to enable real-time feedback and sign-posting to enable early resolution of issues Scope participation in Kings Fund Schwartz (Reflective) Rounds Project for high volume/exposure teams <i>Use of "Patient Reflection" to influence and drive behaviour change and improved patient experience.</i>	All areas net Promoter Score greater than 9 improving National Patient Surveys 50% Reduction in Total Complaints Profiled: 30% Trust/Professional 60% Discharge 60% Communication 50% Reduction in incidents reported related to attitude 50% Reduction incidents related to communication	Adopted by Divisions as routine improvement methodology Implement Patient Diaries Scope and implement if agreed - participation in Kings Fund Schwartz (Reflective) Rounds Project for high volume/exposure teams	On track Patient diary complete and ready for printing. 2 ward sisters agreed to undertake the pilot	A/G	CN

11/12 Priority	11/12 Actions	Outcome - metrics	Q2		R/A/G	ED Lead
<p>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.</p> <p>The integration of acute, primary, community and social care to provide seamless care that spans the whole of the patient pathway, avoiding inappropriate or multiple admissions and readmission following discharge.</p>	Define Best Care Programme: <ul style="list-style-type: none"> Implement senior team Essential Care Spot Checks Implement Essential Care initiatives Implement Specialist Care initiatives 	Ward and clinical setting compliance with improvement trajectory	Implement "Essential Care Programme": Care Rounding Ward to Ward Peer Review Implement "Specialist Care Programme"	Essential care nursing audits implemented trust wide. Care Rounding in place CQC audit of baseline compliance in practice undertaken PID on Specialist care programme will go to Oct/Nov Strategic Programme Board. Safe guarding training has increased substantially		CN
	Launch Releasing Time to Care	100% wards completed training and consolidation by end of 2011/12	Commence training of Cohort 2 and 3	Commenced		CN
	Commission Integrated Dementia Service	Ward and clinical setting compliance with improvement trajectory 30% reduction in admissions case with dementia 20% reduction LOS 30% reduction readmissions 30% reduction in complaints re: dementia 100% compliance with standard	Conduct mapping of complaints related to dementia. Plan to address gaps identified	Mapping to be completed. Dementia care is now within the specialised care programme. Business case submitted to North West Surrey Transformation Board for additional resources to enhance the multi disciplinary team		CN
	Launch Nursing and Midwifery Trust Strategy	Strategy is published	Draft framework and principles Begin consultation	Framework and principles and drafted. Consultation to take place in Oct/Nov	A/G	CN

11/12 Priority	11/12 Actions	Outcome - metrics	Q2	Q3	R/A/G	ED Lead
	Deliver and extend Nursing Home Project	50% Nursing Homes in area involved in project 60% reduction Nursing Home admissions 60% reduction in Nursing Home readmission 20% reduction in LOS National publication on Nursing Home Project	Project extended to 15 homes Increased level support to include End Of Life Care	12 Homes covered. By end Q2 readmissions from Nursing Homes had reduced to 2.65(YTD 4.6%)	A/G	MD
	Build and extend Virtual Ward Projects	40% reduction in total readmissions 30% reduction in multiple readmissions National publication on readmission	Funding to expand/extend	Subsumed into Northwest Transformation Board workstreams. Readmissions within 30 days for elective patients is 2.9%		MD
	Develop and operationalise Trust Clinical Advice and Triage/Admission Assessment Operations Centre	Operations Centre established Reduced SEC conveyance Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions	Scope and cost the concept Secure agreement to proceed and establish project/implementation team	Concept superseded but work programmes underway to achieve goals. Joint working group set up with SECamb. PID being developed,	A/G	CN/DCE
	Develop integrated and cross organisation health and social care team	Integrated team established Reduced admissions/readmissions: 40% reduction in total readmissions 30% reduction in multiple readmissions Improved discharge experience: 20% reduction in LOS 60% reduction in discharge related complaints	Scope and cost the concept Secure agreement to proceed and establish project/implementation team	Single point of access hub in MAU in partnership with Social services; model defined and location agreed		CN/MD
	Implement and accelerate Streamlining Discharge Project March	60% reduction in discharge related complaints	Implement first 2 key deliverables for each workstream and monitor: Effective Board Rounds Follow-up calls Discharge Team Operational Audit of "Discharge" Implement Admission Risk Assessment Tool Agree corporate Discharge Documentation and Advice Packs	Discharge management programme- business case agreed, PID signed off. All workstreams have an allocated lead. Board rounds working effectively. Follow up calls implemented in DSU Discharge team under review	A/G	CN

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2	Q3	R/A/G	ED Lead
3 To report the NHS Outcome Framework data to enable patient choice and control, monitor and benchmark performance and drive service improvements in the Trust	National Outcome Framework adopted (NOF)	Full NOF data reporting and publication	Divisional Dashboard reporting NOF data Each division identified 5 areas for improvement	In Progress: The final national Outcome Framework guidance has still not been released and many of the indicators are still in the definition stage. The Trust is developing a local warehouse around the indicators where national definitions are defined		DoF&I
	Outcome data published on website	Full report on website	Full information available with narrative	It is recommend that they are not published (public) as Outcomes Framework indicators until there are confirmed national definitions		DoF&I
	Quality Account Publication framed around NOF	Review priorities, propose, commence stakeholder engagement: Steering Group Meets	Publish Quality Account	Quality Account published		CN
	Improve and Monitor Patient Control and Choice	Establish baseline data % patients exercising control and choice Establish improvement trajectory for next 2012/13	Design patient survey focusing on availability, access to information and execution of choice and control	Enhancing Patient Choice and Control programme approved by Strategic Delivery Board. Workstreams agreed. Baselining to be completed. Exit survey in OPD will include questions on shared decision making. A&E Spotlight survey has commenced.	A/G	CN

Strategic Objective 2: Workforce

11/12 Priority	11/12 Actions	Outcome - Metrics	End Q2	R/A/G	ED Lead	
1. Plan, Forecast and Manage workforce demand, and supply through a real alignment with the needs of patients and affordability	Deliver an integrated (to the business) workforce plan by 31/3/12.	3186 establishment at 31/03/12	Achieve a total establishment of 3238 with 44 reductions and 5 growth Develop workforce planning guidance 2012/13.	Achieved 3283 with 70 reductions and 51 budgeted growth. Workforce planning guidance as part of business planning to be launched 14/10/11		DW&OD
	Forecast and deliver workforce plans to provide safe staffing levels and mix (permanent/contingent) particularly in April, August and December 2011	Average 85/15 permanent/contingent mix by 31/03/12. <40 WTE agency and <300 WTE bank per month (average) at 31/03/12	Implement action plans as required and continue to monitor permanent /contingent staffing mix at 90/10 (particularly in August)	Vacancy levels within target 9.4% (target <10%). Contingent workforce 9% of establishment (Bank:Agency split 90:10).		DW&OD
	Maximise opportunities for role redesign and new ways of working through EQUIP and skill mix reviews throughout 2011/2	5 new roles introduced by 31/03/12	Conduct skill mix review 2 (Admin & Clerical). Implement changes from skill mix 1. Link to Outpatient Physiotherapy and Avoiding Emergency Admissions EQUIP pathways and identify opportunities for role redesign	Corporate, Middle & Administrative Office Review workstreams in progress (Emerging business case approved September). N&M Business Case approved, Therapies Project Brief approved with Business case due October 2011. M&D business case for approval October 2011	A/G	DW&OD
	Introduce a campaign approach to recruitment, particularly for "hot spots" by 30 June 2011	10% or less vacancies in 'hot spots'	Deliver campaign approach to recruitment for 'hot spots' (Staff nurses, (Newly Qualified midwives)	HCA recruitment campaign September 2011 (28 offers made). BMJ Recruitment fair end Sept (Middle grades A&E and locum bank - interviews being arranged)		DW&OD

11/12 Priority	11/12 Actions	Outcome - Metrics	End Q2	End Q3	R/A/G	ED Lead
	Fully utilise the three workforce systems (ESR, Health Roster, CRMS) to plan, forecast and utilise the workforce by 31/3/12	Increase/develop capability of managers for effective utilisation of the workforce, measured by number of people using systems	Develop capability in Surgery and Trauma & Orthopaedics, in the utilisation of HealthRoster, ESR, CRMS. All staff using systems.	Surgery and T&O hierarchy updated on ESR, managers trained.		DW&OD
2. Develop the workforce through the provision of innovative learning methods and competency development	Consider and respond to the opportunities and challenges arising from Liberating the NHS – Developing the Healthcare Workforce throughout 2011/2	Relationship with, and impact upon, shadow Skills Network	Identify risks & opportunities and develop mitigation plans	Shadow structures in place across the SHA region . ASPH to be represented on the Boards by the Chief Executive and Director of Workforce & OD		DW&OD
	Produce a strategic workforce development plan which anticipates the development needs for 2012/13 by September 2011	50 student nurses, 16 student midwives, 256 doctors in training, 51.69 WTE medical students and 30 therapists by 31/03/12	Prioritise and confirm education & training commissions 2011/12	Education commissioning process complete for 2012-13 with the SHA. 78 commissions have been proposed for nursing, midwifery and AHPs.		DW&OD
	Publish a Leadership and Management Development Framework and directory by 1/4/2011	600 staff participating in leadership development programmes	Promote, monitor and report on programmes	Programmes publicised. 324 staff have attended programmes since 1 st April 2011		DW&OD
	Deliver leadership and management development programmes, prioritising programmes for Speciality Leads, Ward Sisters, and Therapeutic & Diagnostic professions by 31 March 2012	High-performing specialty leads, ward sisters and healthcare professionals at level 3	Evaluate programmes and amend as required	Speciality Lead Programme and Ward Sisters Development Programmes have taken place, and are now being evaluated to develop the next programme.		DW&OD
	Conduct a comprehensive review of education and training provision (particularly mandatory training, clinical practice, education and tutoring)	95% compliance with mandatory training requirements	Conduct a review of clinical professional development and training	Mandatory training review complete; changes implemented through the Mandatory Training Committee. Review of clinical and professional development training to commence over next quarter.	A/G	DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q2		R/A/G	ED Lead
3. Inspire and support the workforce to create a learning organisation culture, embedding the 4Ps, promoting the health and well being of multidisciplinary teams and working across organisational boundaries	Design and deliver a coherent programme of staff events to complement 'living our values' and improve the patient experience "first hand"	Improved patient satisfaction, as indicated in local and national surveys	Roll out programme in Surgery, Women's service, Trauma & Orthopaedics – target 900 staff	Project Board agreed in September to create a half-day workshop, to enable greater level of attendance. More than 200 staff have attended workshops and there are 450 staff booked on educational half days and other sessions between now and December..		DW&OD
	Conduct and act on listening events and staff surveys with a focus on 8 of 38 key findings where the Trust performance is below the national average	Improved staff satisfaction (no KF below average and increased number of KF's in top 20%)	Conduct the summer staff survey (target the 8 key findings) Host listening events (at least 2 on each site, alongside local staff survey launch)	Summer survey issued with an emphasis on 10 key findings - corporate action plan updated. Survey results showed a reduction from 8 to 5 KF's below average. A workshop was held for operational leads in August and a series of listening events held to support action planning.		DW&OD
	Participate and act on the findings of national research linking effective team working and patient safety as a learning organisation	Improved team working	Analyse feedback corporately and by team	Data currently being collected by Aston Research Team	A/G	DW&OD
	Promote staff health and well being through a calendar of events (lifestyle checks, diet and nutrition advice, physiotherapy, yoga) throughout 2011/2	Improved staff health and well being – improved KF 28 and 29 metrics in staff attitude survey	<ul style="list-style-type: none"> Employee Assistance Programme Awareness Musculoskeletal Awareness Month Lifestyle Assessment Clinic Sexual Health awareness Lifestyle Assessment Clinic 	<ul style="list-style-type: none"> Employee Assistance Programme Awareness (Good interaction with staff, 93 entries in competition for free day pass to Foxhills) Musculoskeletal Awareness Month (OH Physio produced short video on exercises to perform at your desk along with a number of exercise programmes for staff on Low Back, Lower body strengthening and upper limb and neck flexibility exercises – All available on Intranet) Lifestyle Assessment Clinic (2 clinics – 7 staff seen 1 referred to GP) Sexual Health awareness (OH published a number of STI information sheets via Aspire) Blood pressure & Cholesterol spot checks for staff (81 staff seen) 		DW&OD

11/12 Priority	11/12 Actions	Outcome - metrics	End Q2		R/A/G	ED Lead
	Develop mutually beneficial public and private sector partnerships with local employers and academic centres of excellence	Four strategic relationships with employers and education	Provide summer placements for students as an alternative to other sources of temporary staff supply	Introduction to the NHS Week took place in July with 19 participants aged 14-16. Work Experience students from year 12-13 continue have placements throughout the year of up to 5 a week.		DW&OD
4. Build an organisation with clear roles and responsibilities to bring out the best in people, maximising and celebrating talent.	Ensure all staff undertake a meaningful appraisal using 360° (bespoke to the 4Ps) where possible	Pledge embedded and culture change achieved. 1200 staff participating in 360	600 staff to have participated in 360 appraisal Medical appraisal active	360 appraisal continues to have limited take-up; 97 registered so far. HR Advisors are working with divisions on a 30% target by year end.		DW&OD
	Agree productive job plans and flexible utilisation of specialist staff	100% completion of consultant job plan reviews with greater than 7.5 to 2.5 DCC/SPA average ratio	Conduct corporate review of job plans.	Corporate review of job plans for each division completed. Average DCC/SPA ratio for 2011 job plans is 7.8 to 2.2		MD
	Celebrate a diverse and talented workforce through quarterly staff awards	Improved recognition of high performance	20% increase in nominations for national and regional awards At least 10% increase in national publications	The Writing for Publication Workshop will be held on October 27. At least five examples of national publications this year identified. Six nominations submitted to the HSJ and Nursing Times awards related to clinical and leadership projects.. A new Awards programme in quarter 3 will promote opportunities for patients to nominate staff for excellent care.		DW&OD
	Introduce a talent management system for senior staff (level 4 and 5 staff) by September 2011	Enhanced talent pool	Agree and introduce a framework level 4 leaders	A Talent Management Framework is currently being developed by the Leadership Development Group	A/G	DW&OD
	Ensure all staff are aware of the vision, values, and critical corporate information by April 2011.	95% of staff understand their role in achieving Trust vision, values and objectives	Issue Pocket Diary to all new starters (including junior doctors)	Pocket diary issued. Development of staff handbook in progress for 2012/13.		DW&OD

Strategic Objective 3: Clinical Strategy

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
1. Redesign local health care services, integrating services provided by the acute sector, primary, community and social care to enable the provision of seamless care along the whole patient pathway	Continue to participate actively with local partners in the Surrey and North West Surrey Transformation Boards throughout 11/12 on identified pathways. Agree with partners by April 2011 three key priorities in the North West Surrey Model of Care. Identify the actions required from the Trust and begin implementation from April 2011 onwards.	To be confirmed via NW Surrey Transformation Board	Q2 change programme implemented	Change programme continues to plan		MD
	Incorporate priorities into the Trust's Speciality Strategies, being developed during 2011-12	Clinical strategies in place for all specialties	Ambulatory care pathways implementation of improvements to ambulance demand management implementation of changes to medical workforce. Preparation of winter plans and sign off. Further seven clinical strategies in place.	The first 6 ambulatory pathways have been completed and 17 of the 49 will be delivered by 31st March 2012. Winter Planning commenced in August 2011. The focus on the objective of developing clinical strategies has changed away from individual service strategies to an overarching business development strategy. This work has been done and is ready for presentation	A/G	MD
	Develop systems to facilitate clinical conversation between local GPs and consultants, for advice and guidance in individual cases for implementation by June 2011	Feedback from GPs and triage service	Implement agreed communications across Trust.	Future Leaders Programme in place . Will develop Future Model of Care work		MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
2. Define with primary care the indications for the referral and treatment of all patients with non urgent (elective) conditions to manage and prioritise the demand for scheduled activity.	<p>Through Divisional Directors, speciality leads and GP Consortia leads, work with GPs to identify and develop clinical pathways</p> <p>Implement agreed referral and treatment guidelines and criteria, across the Trust and North West Surrey GPs</p> <p>Support the development of a collaborative, North West Surrey approach to referrals management as local approach to NHS Surrey's Fast Steady Stop principles.</p>	Number of specialities covered by new prior authorisation and consultant to consultant authorisation process. Number of specialities for which clinical thresholds have been agreed.	Clinical thresholds for further five pathways agreed and implemented.	<p>The prior authorisation process, based on NHS Surrey's thresholds was implemented all specialities during Feb/March 2011. Audit was carried by Thames Medical, with data provided to NHS Surrey. Audit showed very good compliance by ASPH clinicians with the PCT criteria. It was therefore agreed with Thames Medical, supported by NHS Surrey, that the prior authorisation process would be suspended in September 2011.</p> <p>Consultant to consultant referrals are notified to Thames Medical. Thames Medical has been able to use the information to identify pathway work needed to get more patients to the right place, first time. The NWS CCG and the Transformation Board have identified a work programme for planned care. Pathways will include MSK, Cardiology, Ophthalmology - defining referral thresholds, alternative access to specialist advice, referral pathways between primary and secondary care.</p>		MD
3. Redesign with our partners the emergency care pathway to reduce the number of unscheduled (emergency) admissions. This will focus on the avoidance of hospital admission, effective and appropriate care of patients admitted to the acute Trust and adequate support of patients discharged from the Trust into the community to avoid readmission.	Develop 12 ambulatory care pathways during 2011/12, aim for three pathways in each quarter, by June, September, December and March.	Implementation of 12 ambulatory care pathways during 11/12.	Implement further 3 one stop clinics	Initial tranche of AECP pathways implemented. Initial schedule of 17 pathways will be implemented ahead of schedule.	A/G	MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
	Monitor the Nursing Home pilot across 20 further homes by March 2011	Programme 1. Reduction in length of stay for patients admitted from nursing homes covered by project. Reduction in repeat admissions from nursing homes.	Further roll out to cover 26 nursing homes.	Currently 3 Consultants cover 4 Homes each (i.e. 12 Homes covered). Recruitment underway for a 4 th Consultant which will allow the project to scale up to cover a further 8 Homes	A/G	MD
	Evaluate measures to support patients after discharge, such as follow-up phone calls and improved written information.	Patient survey results. Reduction in complaints. Reduction in admissions.	Review via patient experience workstream.	Follow up phone calls to patients is embedded in day case Unit. Discharge team under review Discharge leaflet and planning discharge booklet reviewed		MD
	Evaluate the impact of the "Virtual Ward" supporting older people after discharge and extend scope if evaluation demonstrates success. May 2011.	Reduced readmissions. Reduced A&E attendances.	Continued implementation of virtual ward post project evaluation.	Consumed into North West Surrey Transformation work on a step up/step down virtual ward. Also incorporated into work on single point of access	A/G	MD
	Redesign the internal emergency care pathways within the Trust for implementation by Autumn 2011.	Reduced A&E waiting times. Improved SECAMB handover times.		PID for MAU project with unscheduled care programme completed. Shared model for Hub on MAU with Social Services. 2 new MAU consultants have started. Nurse chest X rays implemented. Re attendance audit completed and new process in place		MD

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
4. Continue to develop specialist services and expand existing clinical networks/collaborations to secure new potential markets and repatriate clinical activity currently delivered outside our natural catchment areas.	Repeat the analysis of Surrey activity sent to non-local/ tertiary providers by July 2011, to identify opportunities for further repatriation of activity.	Activity analysis completed	Review and identify scope. Feed into Clinical Strategy.	Business Development Strategy created and projects initiated on several clinical pathways to increase income e.g. vascular, Bariatrics etc		MD
	Extend the range of clinical networks with other providers, to develop further specialised services including 24/7 vascular and interventional radiology (July 2011).	Clinical Network established with Epsom	Clinical Network in operation for interventional radiology and vascular services with Epsom.	Bid to replace St George's as the provider of vascular services to SASH. Principles agreed with SASH	A/G	MD
	Develop and implement plans for the Surrey Pathology partnership during 2011.	Seamless service provision. Recurrent cost savings.	TBC	Shadow Directors to the Network appointed. Second phase of consultation completed. Clear implementation plan		CE
	Maintain Surrey designation as provider of bariatric services and achieve designation from South Central specialised commissioning group (May 2011).	Designation maintained for Surrey. Designation by South central specialised commissioning. Weight Management Service established at ASPH (tbc).	Subject to NHS Surrey plans, implement Weight Management service	Proposal sent to NHS Surrey. NHS Surrey delaying implementation till April 2012. First Bypass operations undertaken. Marketing approach agreed for implementation in Q3		MD
	Through the Clinical Strategy Group and Commercial group, review market intelligence for opportunities for bids and continue to use market share and SLR data to identify appropriate services for further development.	Market share in target territories maintained. Market development plans in speciality strategies. New bids consistent with Trust strategy.	Market share and SLR reported at speciality level. Bidding decisions overseen by CSG and Commercial Group.	Market share and SLR reported at speciality level .Bids prepared for community ophthalmology in Hounslow, and Cardiac DA tests in Hounslow. Preparing a pre-emptive proposal for Surrey DA cardiac testing. Initiated new project in relation to MSK services		MD

Strategic Objective 4: Productivity and Efficiency

11/12 Priority	11/12 Actions	Outcome – Metrics	Q2		R/A/G	ED Lead
	Explore incorporating Epsom General Hospital into our Foundation Trust	Board paper and decision	Board decision.	Board decision scheduled for 7 th November 2011		CE/DW&OD
	Increase elective market share by 1%	Market share increased by 1% for elective work.	Marketing activity.	Business Development strategy written for approval at Board in November. Overall market share for Surrey is stable	A/G	MD
Deliver our cost improvement programme of £12m, 5.5% of income	Establish and develop Programme Management Office to ensure that CIPs are delivered in line with the plan.	£12m CIP (5.5% of income)	£2.8m	£4.6m CIP achieved year to date. Forecast £10.9m		DoF&I
Embed service line management and promote a more commercial culture within the Trust	Roll out patient level costing, and engage specialty leads in profit improvement plans for each main specialty	Data delivery improved and issues resolved	Q1 2011/12, resolve prostheses	Good progress on QLICView (interface view on SLR data) and benchmarking		DoF&I
	Launch and embed Commercial Group	Monthly meetings, workplan covering all commercial partnerships and revenue generation, business case review	Improvement in quality of business cases to TEC	Commercial group meets monthly and provides scrutiny of Business cases		DoF&I
	Develop commercial competencies amongst our leaders	Capsticks seminar, development of senior and middle managers	Dev't event	Presentation and training package being developed internally. Focus on developing business cases and quantifying benefits	A/G	DoF&I
Implement incremental improvements in our IT systems to improve productivity.	Complete roll out of wireless	Wards + Work Areas				DoF&I
	Deployment of Patient Centre to improve productivity and to take the first steps towards an electronic patient record Procure and deploy Single Sign-On with Context to enable clinical staff to view patient records across disparate systems.	Divisions Specialties Number of Staff trained	T&O	On hold due to reprioritisation of RealTime deployment		DoF&I
		Delivery dates	Deployment start Q2 Deployment completed Q4			
	Pilot Outpatient arrivals using kiosks	Delivery dates	Pilot	Project developed, resources identified + signed off. Supplier engaged.	A/G	DoF&I
Pilot Ante-Natal book information via Web		Pilot	Project being developed, resources identified + signed off. Supplier engaged.		DoF&I	

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
Extend use of lean methodology through "Equip" programme	Via Equip team, monitored via Programme 2. Quarterly meetings with external contractor.	- Number of people trained to bronze and silver - number of affiliates in place and trained to bronze level - number of pathways redesigned via Equip process	- Further 36 (total 76) staff trained to bronze level further 15 staff trained to silver level all affiliates trained to bronze level Good to Great participants supported to develop "lean" skills and identify potential improvement projects	Equip Team now incorporated into PMO. 46 staff bronze trained to date this year. The target for Equip Training has been reforecast for the remainder of the 2011/12 financial year to 100 staff trained for the year. A course will be run each month with a minimum target of 9 people per month.	A/G	DCE
Improve operational efficiency in key clinical areas	Theatre utilisation. To further improve theatre utilisation, including: - utilisation up to 85% - top 5 in the country in terms of day case rates - move of breast surgery and some urological procedures to day case basis - implementation of 23 hour surgery - overall review of theatre timetable and implementation of any changes	Metrics to include: - theatre utilisation - volumes of 23 hour surgery - day case rates and benchmarked performance	Theatre utilisation at 83% move from in patient to day case work for urology and breast surgery achieved 23 hour surgery implemented across the Trust changes arising from timetable review implemented position benchmarked to identify options for further improvement	Theatre utilisation is seeing steady improvement with 74% at Ashford and 90% at St Peter's. – clear action plans now developed as part of the Excellence in theatres work with a clear plans to improve list start times particularly actioned to start from 31st October Significant work and engagement with Breast surgery particularly has seen an agreement to default to day surgery all work that can be done as day surgery Within urology there has been significant progress with a shift towards 23 hour stay in particular. We are currently have 84% compliance with the BADS directory of cases for day surgery and have set a target of 88% The review of the timetable is currently focusing on moving all gynae out of main theatres and into day surgery to create necessary capacity for the increased vascular demand All areas for improvement have been benchmarked with action plans developed for areas of improvement	A/G	DCE

11/12 Priority	11/12 Actions	Outcome - Metrics	Q2		R/A/G	ED Lead
	<p>Out patients. Phase one of efficiency programme, to include:</p> <ul style="list-style-type: none"> - reduction in DNA rates of 3% - reduction in new:follow up ratios - improvement in patient experience improvement utilisation of Ashford 	<p>Metrics to include:</p> <ul style="list-style-type: none"> - DNA rates - new:follow up ratios 	<p>Continue to deliver efficiency programme</p> <p>Monitor patient experience via your feedback and take appropriate actions</p> <p>begin delivery of Ashford out patients refurbishment</p>	<p>Telephone Reminder Service implemented and DNA reduced by 35% in first full month (September)</p> <p>Pilot approach to Outpatient Efficiency agreed. Pilot of Dermatology and EQUIP project for Ophthalmology commenced formulating initial Standard Operating Procedures and Policies. Commencing roll-out across other Divisions.</p> <p>Waiting on result of Picker review for Patient feedback. Action plan to be developed.</p>		DCE
	<p>Length of stay.</p> <ul style="list-style-type: none"> - as a result of improvements in length of stay in trauma and orthopaedics to reduce the bed base by 10 beds in T and O - to introduce and formalise 23 hour surgery - to realign the bed base in medicine - to implement a programme of quality improvement in the hospital which improves the experience of patients and achieves greater efficiencies 	<p>Top quartile performance for length of stay in each specialty</p>	<p>Length of stay benchmarking repeated to assess scope for further improvement</p>	<p>Length of stay reducing on Q2. Daily ward rounds introduced in medicine and orthopaedics. Further work underway through unscheduled care project e.g. Real Time Business case approved for early implementation. Weekly data will be routinely issued to consultants on LoS by end October. Bed base in trauma has reduced but capacity challenges can lead to occasional re opening</p>	A/G	DCE

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

Green	Q2 Action delivered to timetable
Amber green	Q2 Action commenced but not completed. Will be achieved by year end
Amber	Q2 Action commenced but not completed. May not be achieved by year end
Red	Q2 Action not started. Highly unlikely to be achieved by year end