

Trust Board
29/1/2015

TITLE	2014/15 Strategic Objectives – Q2 & Q3																																										
EXECUTIVE SUMMARY	<p>The attached report highlights the actions taken by the Trust to Pursue its strategic objectives.</p> <p>The objectives are scored as follows:</p> <table border="0"> <tr> <td style="padding-right: 20px;">Best Outcomes</td> <td>Priority A</td> <td>Amber/Green</td> </tr> <tr> <td></td> <td>Priority B</td> <td>Amber/Green</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Amber</td> </tr> <tr> <td style="padding-right: 20px;">Excellent Experience</td> <td>Priority A</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority B</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Green</td> </tr> <tr> <td style="padding-right: 20px;">Skilled Motivated teams</td> <td>Priority A</td> <td>Green</td> </tr> <tr> <td></td> <td>Priority B</td> <td>Green</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Green</td> </tr> <tr> <td></td> <td>Priority D</td> <td>Green</td> </tr> <tr> <td style="padding-right: 20px;">Top Productivity</td> <td>Priority A</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority B</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Amber/Green</td> </tr> <tr> <td></td> <td>Priority D</td> <td>Green</td> </tr> </table>	Best Outcomes	Priority A	Amber/Green		Priority B	Amber/Green		Priority C	Amber	Excellent Experience	Priority A	Amber		Priority B	Amber		Priority C	Green	Skilled Motivated teams	Priority A	Green		Priority B	Green		Priority C	Green		Priority D	Green	Top Productivity	Priority A	Amber		Priority B	Amber		Priority C	Amber/Green		Priority D	Green
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BOARD ASSURANCE (RISK)/ IMPLICATIONS	The Board needs to be assured that progress with the Trust's strategic objectives is on track.																																										
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	N/A																																										
EQUALITY AND DIVERSITY ISSUES	None identified at this point																																										
LEGAL ISSUES	None identified at this point																																										
The Committee is asked to:	<p>The Committee is asked:</p> <ul style="list-style-type: none"> • to note the progress made to date in implementing the objectives 																																										
Submitted by:	Simon Marshall, Director of Finance & Information																																										
Date:	26/1/2015																																										
Decision:	For assurance.																																										

Best
outcomes

Strategic Objective 1: Best Outcomes		
 Priority a: Reduce in-hospital mortality	 Priority b: Eradicate avoidable harm	 Priority c: Reduce inappropriate re-admissions

Actions completed during Q1
<p>Priority a)</p> <ul style="list-style-type: none"> • The role of the Chief of Patient Safety now focuses on the patient safety agenda including series incidents, GMC enquires, revalidation and expert opinions. He has promoted greater clinical awareness in these areas. • A Divisional Quality Lead has been appointed to each of the divisions to embed patient safety in each division, closer to the front line. • The Sepsis evidence based care bundle has been implemented in A&E. Current performance is around 70% with the aim of achieving 90%. This is part of our safety improvement plan. • Reduction in the number of in-hospital arrests is also part of the safety improvement plan. The failure to rescue programme has commenced including the Sepsis 6 bundle. Deteriorating patient workshops are running monthly. Funding has been obtained for the Vital Pac system for 15/16. • The palliative care outreach service development is underway. Status at January 2015 is that 1.9 WTE Palliative Care Consultants have been appointed. The Partnership Project involving Business Development at ASPH, hospices and the community has commenced involving embedding the 5 priorities for care of the Dying Person from the Leadership Alliance per 'One Chance to Get It Right'.¹ The design, scope and pilot of the new outreach service will not be completed by end of Q4 2014/15 so will be carried forward to 2015/16. • Antenatal review complete and a workshop with the clinical teams has taken place to share findings and agree priorities and next steps • Integrating Critical Care project reported that it realised the main financial benefit of securing the £1.14 million income for level 2 activity. It achieved all objectives apart from actually building a critical care unit which incorporated level 1 care. There is a follow-on action to be taken forward by the Division to scope the potential and submit a business case to enhance the current outreach service (to help address level 1 care in the hospital). Closure report was submitted and project signed off as closed by Transformation Programme Board 14/11/14. <p>Priority b)</p> <ul style="list-style-type: none"> • Compliance with the WHO surgical safety checklist- rose to 97.8% by the end of November which is now just below the target of 98%. Work will continue throughout 2015/16 as a key focus area. (Compliance is reported on the theatres dashboard and reported via the Quality report and Balance scorecard report to the Trust Board) • The Trust had largely implemented the Falls NICE Guidance by December 2014 with only a few wards still undergoing ongoing training. Documentation is currently stand alone, pending

¹ One Chance to Get It Right: Improving people's experience of care in the last few days and hours of life. June 2014: Leadership Alliance for the Care of Dying People.

inclusion of the Documentation Group ratified new documentation within the Adult Nursing Assessment (ANA). There is regular falls training for multi-disciplinary teams.

- The new Trust safeguarding team has been appointed to with the staff now in post. Full implementation will be achieved by the end of Quarter 4.
- The RCPCH review recommendations have been implemented.
- The safer nursing staffing framework has been implemented, actual levels versus establishment and percentage of shifts operating below establishment is published and reported to Board – September 2014. The Board paper outlines the issues in fuller detail.

Priority c)

- Readmissions were below the target level at 12.3% by the end of Q3, though the Trust has been above target through the rest of Q2 and Q3. Reducing the number of readmissions is a focus for the Trust. With the high level of emergency admissions in December the new plan, to phone high risk discharges in cardiology has been delayed until January. From February all high risk patients will be identified to the GP's in the discharge summary. Further validation activity is occurring to ensure that all readmissions are checked to ensure that they are recorded correctly and the number is not overstated

Outstanding issues for the period

- New outreach service to implemented during 2015/16
- WHO checklist compliance
- Strengthen safety Culture
- Full implementation of Safeguarding team
- Deliver a reduction in readmissions

Actions to be completed during Q4 of 2014/15

Priority a)

- Embed and optimise role of Chief of Patient Safety
- Reduce Number of in-hospital arrests; Failure to Rescue Programme
- Design, scope and pilot a new outreach service, potentially in partnership with hospices and/or community services, to deliver choice of place of death for all those at end of life, and implement the service fully during 2015/16
- Deliver the Integrating Critical Care Project

Priority b)

- Achieve 100% compliance with WHO Checklist
- Implement Safer Nursing Staffing Framework and publish actual staffing levels versus establishment % shifts operating below establishment
- Implement recommendations from RCPCH review
- Implement new Trust Safeguarding Team
- Strengthen "safety culture" and improve dissemination and learning from incidents and audits to front line teams

Priority c)

- Expand use of ASPH LACE across Trust
- Deliver the Preventing Readmissions Project

Excellent
experience

Strategic Objective 2: Excellent Experience		
 Priority a: Improve the patient experience	 Priority b: Improve the response, management and use of the learning from complaints	 Priority c: Improve the staff experience of delivering care

Actions completed during Q1
<p>Priority a)</p> <ul style="list-style-type: none"> • Director of Patient Experience for NHSE met with the Improving Cancer Action Group 9th July • Abbey Birthing Centre open, with formal opening in October. • The Helpline is implemented and operational. • Friends and Family test in outpatients has been implemented • Sustaining delivery of A&E targets remains highly challenging against a background of increasing demand for services, which is also being seen across the country. The Trust met the 4 hour A&E standard in August 2014, though during Q3 the performance has been very challenging. The number of attendances to A&E remains above the expected levels. Further detail and interventions are outlined in the Performance report and reported on the Balanced Scorecard. • The Trust is not compliant for the Admitted standard for Q1 & Q2 2014/15. This risk was highlighted to Monitor as part of the Trust's projections for 2014/15. By December all the Trust level 18 week targets were being met, though a number of specialities remain below target. • OPAL team successfully implemented. • Ready to Go - has been rolled out across a number of wards. Focus of workstream now on consultant led care across the hospital, with a focus on strengthening 5 and 7 day cover across medical wards. <p>Priority b)</p> <ul style="list-style-type: none"> • Francis report is a continuing priority area, work in ongoing. • The Complaints Review Project is reported to the Trust Executive Committee as part of the PMO projects. The update shows that key actions have been completed including completion of all structured interviews, and the central team are using the complaints grading matrix successfully. As of 1st January 2015 all grade 1 and 2 complaints received will be signed by the Divisional leads under delegated authority from the chief executive. This enables a faster response time. An audit of the quality of the responses is being maintained and overseen by the CEO. There are weekly panel meetings to review the grade 3 and 4 complaints to set the boundaries of the investigations. • Complaints response times reduced in August and remained low throughout the autumn (a low of 38%). By December the response rate had risen considerably 86%, which remains just below target. An agreed action plan with the CCG is in place which should mean the Trust achieves the target in Q4. <p>Priority c)</p> <ul style="list-style-type: none"> • Junior Doctor Sounding board has met in Q3

- National Staff Survey completed. Further analysis of narrative feedback from the staff FFT has been completed by area, and themes identified.
- The Nursing and Midwifery strategy was submitted to the July board and approved. A programme management approach is to be taken and each workstream is currently defining project definition, milestones and measures. The Together We Care Programme Board is to be chaired by the Chief Nurse, sits within Senior Nursing and Midwifery Leadership Committee structure which in turn reports to Quality Governance Committee

Outstanding issues for the period

- Achievement of the complaints targets
- Vulnerable group engagement to be undertaken in 2015
- Achievement of the emergency access targets and RTT at speciality level

Actions to be completed during Q4 of 2014/15

Priority a)

- Focus on improving the experience for vulnerable groups, integrating pathways across the whole system; focussed on dementia and cancer
- Implement "Help Line" to empower and reassure
- Introduce Friends and Family (F&F) Test in Outpatients
- Deliver on Francis Declaration (and throughout 2015/16)
- Strengthen Friends & Family Test feedback mechanisms so that teams can respond rapidly to patient feedback and make and own the necessary improvements
- Achieve Referral to Treatment and 4 hour Emergency Department performance and ongoing in 2015/16
- Deliver the 'Ready to Go' No Delays Project and Care of the Older Person Model.

Priority b)

- Review existing process and redesign as necessary implementing recommendations from post Francis national review

Priority c)

- Implement Staff Friends and Family test (Q4 2014/15)
- Support cultural refresh programme (Q4 2014/15)


 Skilled,
motivated
teams

Strategic Objective 3: Skilled, motivated teams			
 Priority a: Recruit, retain and develop an affordable, sustainable, highly skilled workforce	 Priority b: Improve staff engagement, staff experience, staff wellbeing and team working	 Priority c: Implement an improved Education & Development programme	 Priority d: Implement a pay and reward framework

Actions completed during Q2
<ul style="list-style-type: none"> Portuguese and Filipino overseas Nurse Recruitment and local recruitment open days continue to enable the Trust to reduce its nursing vacancy profile. As a pilot we have put in place a recruitment and retention premiums for targeted areas such as ITU, elderly care and wards within surgery that carry a heavier patient workload. Band 5 Nurse Rotation programme is in progress, supported by the Trust's Recruitment and retention nurse. 4 wte Physician Associates have commenced work within Surgery. We will be assessing the benefits of these roles and considering how we can use these new roles within the broader clinical establishments. A detailed review of nurse rostering practice and use of the system has been undertaken. This review has shown that improvements are needed within the rostering of annual leave, the general utilisation of resources, and the process for ensuring hours-owed are worked within an agreed period. This improvement plan is being led by the divisional senior nursing teams. A similar review of the utilisation and scheduling of the medical workforce, and the subsequent options around rostering, has now commenced. Preparatory work has been completed in order to launch a ward level workforce planning programme in Q4. This programme will look at workforce requirements to safely staff the inpatient areas consistently over 7 days. The analysis will include numbers of wte in nursing, pharmacy, therapies and medical staff, and skill mix, utilisation and working practices. <p>Priority b):</p> <ul style="list-style-type: none"> National Staff Survey completed. Further analysis of narrative feedback from the staff FFT has been completed by area, and themes identified. The new appraisal policy was launched and a comprehensive training programme of appraisers and appraises has been undertaken. Culture diagnostic completed as part of the merger planning programme. New Chief Executive video messages have been rolled out. She continues to do her monthly 'chat rooms' to meet with staff, get a better understanding of front line issues and improve engagement. <p>Priority c):</p> <ul style="list-style-type: none"> Launched ILM Leadership Development training for Bands 7 & 8. In the region of 30 band 5 & 6 staff on ILM leadership Programme following previous launch. Introduced further opportunities for Leadership Academy training programmes for ASPH leaders. Launched 3rd consultant leadership programme.

- Developed a new framework for leadership and management development.

Priority d):

- Clinical Excellence Awards scheme launched in November.
- Agreed at TEC a framework for approving a recruitment and retention framework to ensure consistent application across the Trust.

Outstanding issues for the period

- Nil

Actions to be completed during Q4 of 2014/15

Priority a)

- Identify resourcing solutions for hard to fill vacancies and address vacancy hotspots with an agreed schedule of effective and innovative recruitment
- Further develop the in house bank to ensure improved supply and availability of bank workers and implement recommendations and solutions from the Temporary staffing project

Priority b)

- Build staff advocacy of ASPH as a place to work & be treated through a range of strategies
- Implement a virtual coaching & innovation hub and further develop a coaching culture, and deliver the Improving Staff Culture & Experience project
- Develop an implementation plan and launch the value based behaviours
- Implement a communication & engagement strategy for the partnership work with RSCH

Priority c)

- Introduce programmes to support non-registered staff to deliver their full potential & develop their career journey, and B5-7 staff to deliver their full potential as line managers & leaders
- Enhance corporate and individual performance management processes across the Trust
- Implement a revised statutory and mandatory training matrix, aiming for 100% compliance

Priority d)

- Implement a framework linked to performance based on an effective appraisal system, enabling the use of the current AfC pay flexibilities to link incremental progression to performance.
- Implement a revised Clinical Excellence Awards scheme based on assessment of performance against divisional metrics, rather than through individual application process.
- Develop a 'Total Reward' system of 'cafeteria' benefits that enable staff to have flexibility and choice in aspects of their terms and conditions, for example buying and selling annual leave.

Strategic Objective 4: Top productivity			
 Priority a: Deliver our cost improvement programme of £14.9m in 2014/15 & £13.3m in 2015/16	 Priority b: Driving clinical and corporate efficiencies	 Priority c: Secure profitable activity growth	 Priority d: Deliver our long term capital plan

Actions completed during Q3
<p>Priority a)</p> <ul style="list-style-type: none"> • Business Development Managers at a divisional level leading on CIP programmes • £9.4m of CIPs delivered against a plan of £11m for Q3, overall financial position £1.6m behind plan. The year-end forecast is £13.5m against a target of £14.9m. • Agency expenditure remains a challenge due to operational issues. By the end of quarter 3 £8.8 million had been spent on agency staff which is within £100,000 of the same period in 2013/14. Currently this represents 7.4% of the pay bill which is slightly down on the starting point of 7.8%. <p>Priority b)</p> <ul style="list-style-type: none"> • Actions to deliver year on year improvements in theatre utilisation, outpatient utilisation and length of stay all in hand with mixed effects. • Currently theatre utilisation is 75.1% which is marginally better (less than 0.5%) than the previous year. Whilst a large number of actions have been taken they have not had the effect expected. Therefore a new approach is being taken with a particular focus on orthopaedics, as a significant user of theatres. Progress against this new approach will be reported on in the Q4 report. • Outpatient Clinic Review - The objective of the review was to establish the utilisation of outpatient clinics and ensure the correct templates were in place for the booking teams. Utilisation of outpatient clinics is now 80%+ compared to 55-60% at the start of the year. • Real Time - All the objectives of the project have been achieved as planned and the project is now in the final stage - the implementation of electronic Discharge Summaries for the adult inpatient wards. All testing and final dry-run of go-live migration has been completed and the new electronic discharge summaries will be live before the end of Q4. • Commercial training is provided on the new consultant development programme, on which 36 consultants have participated. Other departmental level training has occurred particularly with Urology, Vascular and Orthopaedics. • Work has been undertaken within a number of specialities to improve the contribution. Of particular focus has been Urology where losses have been reduced by 40%. The second key area of focus has been Vascular where further work is required to reduce losses. <p>Priority c)</p> <ul style="list-style-type: none"> • Following the opening of the new Abbey Birthing Centre, births are forecast to be 100 higher than the previous year.

- Overall income is forecast to end the year at £259m which is £14million higher than the outturn in 2013/14 of £245m.
- The Rehabilitation review has been undertaken with the CCG agreeing to provide additional ICT capacity in the community that will enable the Ashford rehabilitation service to transfer to a community location.
- Ashford Elective Centre Project - The project was successfully completed and closed in Q3. The project was successful in determining the viability and sustainability of basing all day surgery activity in one unit at Ashford Hospital and then facilitating the transfer of activity to maximise the elective activity carried out at Ashford. As a result it has been possible to demonstrate a reduction in the number of day case cancellations; an improvement in the proportion of elective activity taking place at Ashford; an increase in the day case Ashford theatre utilisation; and an improvement in patient experience.
- Working in partnership with other providers such as Cobham Day Surgery to develop opportunities for growth. Orthopaedics, Vascular have opened in Cobham with future expansion of Endoscopy, Cardiology and Urology being discussed.
- Successful application for AQP status to provide Ambulatory Blood Pressure Monitoring for the North West CCG
- The Trust partnered with Central Surrey Health to provide the community diabetic service in Hounslow. The partnership was beaten by 0.5% in the final scores and came second.
- Work around the earlier transfer of Ashford rehab patients to alternative community based settings continues although this has yet to see the desired impact of facilitating bed closures in Ashford. This is now unlikely to happen prior to the refurbishment workings in Woking being completed.
- The Trust operates a number of processes to reduce challenges, It has been forecasting until November that it would be within the budget envelope for fines and challenges, but with the significant rise in emergency admissions and the challenges to the A&E service, the fine position is likely to exceed the £2.2 million allocated.

Priority d)

- The year to date purchased capital programme was 14.9% behind plan at month 9 (was 9.9% behind in month 8), with the forecast expected to come in slightly above plan at this stage. The 6 facet survey and revaluation exercises are being worked into our next 5 year capital plan which will be considered by the board in March. Therefore whilst being behind the original plan will be completed before the end of the financial year.

Outstanding issues for the period

- Corrective actions to improve our financial position remain ongoing.
- CIP delivery behind plan due to on-going operational challenges, monthly meetings with ADOs and divisional leads to review progress against plans
- Full sign off of the CCG rehabilitation / ICT investment plans expected in Q2.
- Further review of the CCG QIIP programme expected during Q2.
- Delay to discharge summary module delaying the implementation of the Realtime project (due for delivery in June, awaiting new delivery date)

Actions to be completed during Q4 of 2014/15

Priority a)

- Continue to deliver our transformation programme through a project management office approach under-pinned by strong internal financial control
- Deliver our detailed transformation action plan for pay, non-pay and service line contribution initiatives
- Agency expenditure reduced from 7.8% of pay bill in 2013/14 to 3.5% by end of 2014/15

Priority b)

- Release the excess capacity and staffing costs as a result of efficiency improvements
- Increase commerciality by improving clinicians understanding of their service lines financial performance and confidence in the underlying data

Priority c)

- Deliver the Ashford Elective Centre Project and Rehab Services Review
- Work in partnership with other providers, our CCGs & GPs to develop growth opportunities
- Work with the CCG to respond data challenges, reduce financial penalties, deliver required pathway changes and to further improve the quality of our underlying data

Priority d) - None

Annex – Detailed Objectives



Best Outcomes:

Priorities, actions and timescales for delivery in 2014/15 – 2015/16

Priority	Action and Timescales	Lead Director
a) Reduce in-hospital mortality (measured by RAMI, crude mortality, number of mortality reviews)	<ul style="list-style-type: none"> i) Embed and optimise role of Chief of Patient Safety (Q4 2014/15) ii) Implement evidence based Care Bundles; Sepsis (Q2 2015/16) and extend, based on evidence of pathway(s) with sub-optimal outcomes (Q4 2015/16) iii) Reduce Number of in-hospital arrests; Failure to Rescue Programme (Q4 2014/15) and Vital Pac Implementation (Q4 2015/16) iv) Design, scope and pilot a new outreach service (Q4 2014/15), potentially in partnership with hospices and/or community services, to deliver choice of place of death for all those at end of life, and implement the service fully (Q4 2015/16) v) Conduct external review of Antenatal and Intrapartum pathways (Q2 2014/15) to reduce stillbirth rate and implement recommendations vi) Build audit and arm's length peer review capacity and capability, in partnership with RSCH, and expand participation in clinical audit: scope (Q2 2015/16), develop business case and implement (Q4 2015/16) vii) Deliver the Integrating Critical Care Project 	Medical Director
b) Eradicate Avoidable Harm (13/14 is baseline year for VTE, Falls, CAUTI and PUs)	<ul style="list-style-type: none"> i) Expand the safety thermometer to include medication errors and two other harms to be specified based on evidence (Q2 2015/16) ii) Achieve 100% compliance with WHO Checklist (Q4 2014/15) iii) Implement new Falls Nice Guidance (Q2 2014/15) iv) Implement Safer Nursing Staffing Framework and publish actual staffing levels versus establishment % shifts operating below establishment (Q4 2014/15) v) Implement recommendations from RCPCH review (Q4 2014/15) vi) Implement new Trust Safeguarding Team (Q4 014/15) vii) Strengthen "safety culture" and improve dissemination and learning from incidents and audits to front line teams (Q4 2014/15) viii) Focus on VTE using RCA learning (Q4 2015/16) ix) Widen incident reporting to include "Near Misses" (Q4 2015/16) 	Chief Nurse
c) Reduce inappropriate re-admissions	<ul style="list-style-type: none"> i) Expand use of ASPH LACE across Trust (Q4 2014/15) ii) Implement 3 day "Teach-back" (Q2 2014/15) iii) Improve health economy working with 3rd Sector Organisations to prevent readmission (Q2 2015/16) iv) Deliver the Preventing Readmissions Project 	Medical Director

**Great Experience:**

Priorities, actions and timescales for delivery in 2014/15 – 2015/16

Priority	Action and Timescales	Lead Director
a) Improving the patient experience	<ul style="list-style-type: none"> i) Focus on improving the experience for vulnerable groups, integrating pathways across the whole system; focussed on dementia and cancer (Q4 2014/15); mental health (Q4 2015/16) linked to campaign “No Health without Mental Health and using issues raised in the patient survey to prioritise interventions. ii) Open Birthing Unit (Q2 2014/15) to improve women’s experience of birth iii) Implement “Help Line” to empower and reassure (Q4 2014/15) iv) Introduce Friends and Family (F&F) Test in Outpatients (Q4 2014/15) v) Deliver on Francis Declaration (Q4 2014/15 and Q4 2015/16) vi) Strengthen Friends & Family Test feedback mechanisms so that teams can respond rapidly to patient feedback and make and own the necessary improvements (Q4 2014/15) vii) Achieve Referral to Treatment and 4 hour Emergency Department performance (2014/15 and 2015/16) viii) Deliver the ‘Ready to Go’ No Delays Project and Care of the Older Person Model. 	Chief Nurse
b) Improve the response, management and use of the learning from complaints	<ul style="list-style-type: none"> i) Review existing process and redesign as necessary implementing recommendations from post Francis national review (Q4 2014/15) ii) Implement a complaints process peer review with RSCH (Q1 2015/16) iii) Implement Hospital Watch Experts (Q3 2015/16) iv) Strengthen complaints feedback mechanisms so that teams can respond rapidly to patient complaints and make and own the necessary improvements (Q2 2015/16) v) Design an intervention for junior and middle grade doctors that involves them in the complaints process (Q2 2015/16) 	Chief Nurse
c) Improve the staff experience of delivering care	<ul style="list-style-type: none"> i) Implement Junior Doctors Sounding Board (Q2 2014/15) ii) Implement Staff Friends and Family test (Q4 2014/15) iii) Support cultural refresh programme (Q4 2014/15) iv) Implement Nursing and Midwifery Strategy (Q4 2015/16) 	Chief Nurse



Skilled, Motivated Teams:

Priorities, actions and timescales for delivery in 2014/15 – 2015/16

Priority	Action and Timescales	Lead Director
a) Recruit, retain and develop an affordable, sustainable and highly skilled workforce.	<ul style="list-style-type: none"> i) Agree & implement a workforce plan to support delivery of the clinical strategy (Q4 2015/16). ii) Identify training, education and development for staff to deliver the new workforce models (Q4 2015/16) iii) Review and explore workforce opportunities through the partnership working with RSCH that support service improvements and economies of scale. (Q4 2015/16) iv) Identify resourcing solutions for hard to fill vacancies and address vacancy hotspots with an agreed schedule of effective and innovative recruitment (Q4 2014/15) v) Further develop the in house bank to ensure improved supply and availability of bank workers and implement recommendations and solutions from the Temporary staffing project (Q4 2014/15) 	Director of Workforce Transformation
b) Improve Staff Engagement, Experience and Team working	<ul style="list-style-type: none"> i) Build staff advocacy of ASPH as a place to work & be treated through a range of strategies (Q4 2014/15) ii) Implement a virtual coaching & innovation hub and further develop a coaching culture, and deliver the Improving Staff Culture & Experience project (Q4 2014/15) iii) Develop an implementation plan and launch the value based behaviours (Q4 2014/15) iv) Develop a Diversity agenda that promotes good practice (Q4 2015/16) v) Implement a communication & engagement strategy for the partnership work with RSCH (Q4 2014/15) vi) Implement a Health, Wellbeing and Building Staff Resilience programme (Q4 2015/16) 	Director of Workforce Transformation
c) Implement an improved Education & Development strategy/programme, developing staff skills and capabilities	<ul style="list-style-type: none"> i) Develop and deliver a learning, education and development plan (Q4 2015/16) ii) Ensure full utilisation of external funding opportunities for skills development (Q4 2015/16) iii) Introduce programmes to support non-registered staff to deliver their full potential & develop their career journey, and B5-7 staff to deliver their full potential as line managers & leaders (Q4 2014/15) iv) Enhance corporate and individual performance management processes across the Trust (Q4 2014/15) v) Implement a revised statutory and mandatory training matrix, aiming for 100% compliance (Q4 2014/15) 	Director of Workforce Transformation
d) Implement a pay and reward framework with performance related reward benefits to suit individual need	<ul style="list-style-type: none"> i) Implement a framework linked to performance based on an effective appraisal system, enabling the use of the current AfC pay flexibilities to link incremental progression to performance. (Q4 2014/15) ii) Implement a revised Clinical Excellence Awards scheme based on assessment of performance against divisional metrics, rather than through individual application process. (Q4 2014/15) iii) Develop a 'Total Reward' system of 'cafeteria' benefits that enable staff to have flexibility and choice in aspects of their terms and conditions, for example buying and selling annual leave. (Q4 2014/15) iv) Implementation of a range of tax maximisation schemes. (Q2 2014/15) 	Director of Workforce Transformation

**Top Productivity:**

Priorities, actions and timescales for delivery in 2014/15 – 2015/16

Priority	Action and Timescales	Lead Director
a) Deliver our cost improvement programme of £14.9m in 2014/15 & £13.3m in 2015/16	<ul style="list-style-type: none"> i) Continue to deliver our transformation programme through a project management office approach under -pinned by strong internal financial control (Q4 2015/16) ii) Deliver our detailed transformation action plan for pay, non-pay and service line contribution initiatives (Q4 2015/16) iii) Agency expenditure reduced from 7.8% of pay bill in 2013/14 to 3.5% by end of 2014/15 and 2.5% by end of 2015/16. (Q4 2015/16) 	Director of Finance and Information
b) Driving clinical and corporate efficiencies	<ul style="list-style-type: none"> i) Deliver a year on year 5% improvement in theatre utilisation, 3% outpatient utilisation and 5% length of stay (Q4 2015/16). Deliver the RealTime Project and Outpatient Clinic Review. ii) Release the excess capacity and staffing costs as a result of efficiency improvements (Q4 2014/15) iii) Increase commerciality by improving clinicians understanding of their service lines financial performance and confidence in the underlying data (Q4 2014/15) iv) Identify and deliver opportunities to reduce corporate overheads, including through partnership with RSCH (Q2 2015/16) v) Deliver the transformation / exit plan as appropriate from any remaining loss making service lines (Q2 2015/16) 	Director of Finance and Information
c) Securing profitable activity growth as an alternative to cost cutting	<ul style="list-style-type: none"> i) Developing specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy (Q1 2014/15) ; deliver the Ashford Elective Centre Project and Rehab Services Review ii) Work in partnership with other providers, our CCGs & GPs to develop growth opportunities (Q4 2014/15) iii) Negotiate with commissioners a plan for the reinvestment of reablement and emergency admission avoidance funding into the health economy (Q1 2014/15) iv) Work with the CCG to respond data challenges, reduce financial penalties, deliver required pathway changes and to further improve the quality of our underlying data (Q4 2015/16) 	Director of Finance and Information
d) Deliver our long term capital plan	<ul style="list-style-type: none"> i) Complete our estate investment plan business case to support delivery of our clinical strategy (Q2 2014/15) ii) Identify our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q2 2014/15) 	Director of Finance and Information