

TRUST BOARD
31st October 2013

TITLE	Quarter 2 review of 2013/14 Strategic Objectives
EXECUTIVE SUMMARY	The attached document highlights the Trust's performance at Quarter 2 against the objectives set for 2013/14.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	<p>The document highlights the Trust's progress against the objectives set in the 2013/14 business plan. The achievement against the objectives is monitored through the monthly Specialty level performance meetings and the associated half yearly reviews.</p> <p>Our business plan for 2013/14 has a twin focus; achieving the highest possible quality standards and making substantial improvements to the experience of staff. We have achieved year on year improvements to patient surveys but our ambition is to make much more progress and will be using the introduction of the Friends and Family Test to act on what we learn. We are committed to making substantial improvements following the 2012 staff survey and are serious about developing the culture of ASPH to improve the experience of working here – and through this, being cared for here.</p>
LINK TO STRATEGIC OBJECTIVES	The report encompasses all the Strategic Objectives.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Feedback on the patient experience is reported to the Board in the Quality Report, and improvements to the staff experience are reported via the Workforce and OD Committee.
EQUALITY AND DIVERSITY ISSUES	None known
LEGAL ISSUES	None known
The Trust Board is asked to:	Review and note the report seeking additional assurance as appropriate.
Submitted by:	Simon Marshall, Director of Finance and Information
Date:	24 th October 2013
Decision:	For Assurance

Strategic Objective 1: To achieve the highest possible quality of care and treatment for our patients			
 Priority 1: Improve Patient Experience in our hospitals	 Priority 2: Reduce In-Hospital Mortality by enabling and supporting front line clinical teams	 Priority 3: Eradicate Preventable Harm by supporting frontline clinical teams to review & discuss clinical outcomes	 Priority 4: Reduce Inappropriate Readmissions to achieve upper quartile performance

Actions completed during Q2
<ul style="list-style-type: none"> • Implementation of Friends and Family in Maternity and achievement of required Q2 response rate • The first Schwartz Centre Round was undertaken. • The patient hygiene module of Releasing Time to Care has commenced. • The Trust has signed up to the Nursing Times ‘Speak Out Safely’ Campaign • Review of purpose and function of clinical outcomes steering group has been undertaken. • Completion of a detailed gap analysis of the organisational position against ‘Francis2’ recommendation and ‘Patients First and Foremost’. • The 24 hour hospital insight exercise was undertaken. • A whole system Falls Project was submitted to the Health Foundation’s ‘Closing the Gap in Patient Safety’ fund. • The LACE readmission prevention mechanism for improved case management was trialled for mental health patients who re-attend A&E.
Outstanding issues for the period
<ul style="list-style-type: none"> • The trajectory for the Shared Decision Making project has been delayed.
Actions to be completed during Q3
<ul style="list-style-type: none"> • The continued roll out of Friends and Family, continued working with clinical teams to improve the responsiveness to feedback received. • Publishing the Trust response to Frances • Improving the number of Mortality Reviews undertaken and reported by Division. • Pressure ulcer ‘Stop the Pressure’ conference will take place in November. • Developing our portfolio of readmission prevention interventions within the LACE project.

Strategic Objective 2: To recruit, retain and develop a high performing workforce			
 Priority 1: Ensuring the Trust has the right sized and shaped workforce to succeed	 Priority 2: Develop the skills of our people and teams	 Priority 3: Improve staff engagement and improve staff experience	 Priority 4: Implement a new devolved structure with a robust performance management culture

Actions completed during Q2
<ul style="list-style-type: none"> • Launched the new in house staff bank in August, with facility for on-line bookings for workers. • Implemented weekly pay for staff transferring from NHS Professionals Bank. • Increased supply of nursing bank shifts by 8%. • Weekly control meetings for Nursing and Medical Agency usage has been initiated to analyse retrospective and prospective agency spend. The meeting reviews trends, issues and puts in place appropriate remedies. Recommended list of framework agencies published. • Recruitment of 128 new starters, joining the Trust in quarter 2 (July to September) of which 34 were qualified nurses and midwives. A recruitment campaign in August in Porto made offers to 52 Portuguese nurses who will start in October and November. • Undertaking face to face exit interview process with all leavers to understand the reasons why staff are choosing to leave the Trust. • Launched the 'Better Leaders Better Care' clinical leadership programme. • Commenced the process of developing a talent management programme/ succession plan for clinical leaders, which will be rolled out starting with our community of new consultants • The CEO Sounding Board has met five times since the beginning of the year and has become a really effective and highly engaging way to have face to face discussions with front line staff, get opinions about issues and test ideas and good practice. All of the ideas generated by the Sounding Board have been, or are in the progress of being, implemented including: <ol style="list-style-type: none"> a. Video clips of different members of the Sounding Board in their place of work talking about why they work at ASPH, what motivates them and with a focus on effective communication within their department. b. Investigating the use of flat screens (particularly in high foot fall areas) as a communication tool. c. Considering the use of animation as a communication tool. d. Implementing a real time feedback process. e. Enabling access to Trust Net from home. • Commenced the development of the employee promise concept, and will be progressing this with work around values and behaviours. • Completed first pulse survey, designed to measure how the Trust is doing in terms of creating the best possible working environment so staff can consistently perform at their best. • Developed a range of engagement techniques to open up the conversation including the use of an interactive online "Wall", for staff to post ideas and comments. A number of the ideas posted on the Wall are being explored and implemented, with a response to all of the themes being planned

- Significant progress has been made with the specialties in relation to using team coaching to improve team dynamics and team performance [22 teams have started the coaching cycle].
- The Releasing Time to Care project has been an important way in which we have enabled staff to be more efficient in terms of their working processes to improve patient facing time.
- Each division have developed plans around 7-day working
- A further two teams have now commenced team coaching in Q2. In total 34 teams on the programme.

Outstanding issues for the period

- New draft Appraisal policy and procedure to be developed
- Nursing bank rates not yet agreed with Senior Nurse leadership group

Actions to be completed during Q3

- Roll out of weekly bank pay for Nursing bank staff to attract staff to work for Bank on Us
- Implementation of project Management approach in order to seek a significant reduction in temporary staffing usage. This will include a review of current systems, controls and governance structures.
- The ultimate deliverable will be a revised workforce planning model which will drive future cost and operational efficiencies.
- Start to review first tranche of exit interview and identify particular trends by professional groups.
- Evaluation of rostering system for medical staff, and options for management of temporary medical bookings.
- Implementation of actions to improve retention resulting from analysis of exit interview data.
- Launch of new senior leadership programme
- Health and Wellbeing programme will focus on resilience support for staff through the difficult Winter months.
- As part of the on-going work to improve clinical leadership across the Trust the Medical Director is hosting a Consultants' Conference in October.
- Review staff responses to the on line wall in relation to values based behaviours and for this to form the standards that will be followed by the organisation.
- Complete the annual awards process in December
- As part of the results from the Pulse survey the CEO is continuing to meet with areas to understand issues and hold to account in relation to their improvement plans
- Develop and agree new appraisal process system for non-medical staff across the Trust
- Start to develop a new reward strategy for Consultants and commence dialogue with relevant stakeholders.

Strategic Objective 3: To deliver the Trust's clinical strategy of joined up healthcare			
 Priority 1: Delivering Integrated Care in NW Surrey	 Priority 2: Developing and Delivering specialist services	 Priority 3: Enhancing our elective services	 Priority 4: Enhancing services through Consultant delivered care, innovation and research

Actions completed during Q2
<ul style="list-style-type: none"> • Clinical Academic Groups have been formed for R&D with an MOU signed with University of Surrey to map out our future ways of working together. • The Paediatric Assessment Unit is now operational. • The refurbished Cardiac Catheter Labs are now fully operational. • Our newly appointed Clinical Lead for Stroke has joined the Trust, and a joint business case for the future model of services has been agreed in principle with RSCH to develop joint HASU / 7 day services in line with London clinical standards. • The Local Area Team review of vascular services within the East Surrey catchment in underway and an implementation plan is being produced. • The Hybrid Theatre is now operational. • The OPAL team went 'live' on 1st October as scheduled.
Outstanding issues for the period
<ul style="list-style-type: none"> • Progressing the Orthopaedic Centre of excellence at Ashford Hospital. • The plan to provide 96hrs consultant cover on labour ward is behind schedule. • Arrangements for Paediatric Surgery in-reach are progressing at a slower pace than planned. • The review of rehabilitation model of care at Ashford Hospital for stroke and amputation pathways has yet to be concluded.
Actions to be completed during Q3
<ul style="list-style-type: none"> • An internal business case for future stroke model will be submitted to TEC in November. • The Cardiology Developments business case will be reviewed by November's TEC with a proposed service delivery date of April 2014. • The medium term plan to expand and co-locate critical care as part of the master plan will be finalised in Q3. • Implementation of the consultant workforce model for A&E will progress in Q3. • A business case for the extended 8-10pm operating model for Day Surgery on both sites will be finalised.

Strategic Objective 4: To achieve the highest possible quality of care and treatment for our patients		
 Priority 1: Deliver our cost improvement programme of £11.8m	 Priority 2: Driving clinical and corporate efficiencies	 Priority 3: Securing profitable activity growth as an alternative to cost cutting
 Priority 4: Review our long term capital plan		 Priority 5: Using developments in technology to underpin clinical and business priorities

Actions completed during Q2

- Work with our commissioners to respond to data challenges, to reduce financial penalties, to deliver required pathway changes and to improve the quality of our underlying data has progressed well, with our Q1 over performance nearing final sign off and hence reimbursement.
- A programme to optimise corporate overheads in partnership with the RSCH has been agreed and this will now accelerate over the remainder of this year.
- The health planning and option analysis phases of our long term estate strategy refresh in support of the delivery of our clinical strategy has been completed.
- Various upgrades to modernise and automate our switchboard have been undertaken.
- Work on modernising our informatics service by improving staffing, processes and outputs, in partnership with the clinical divisions is now delivering significant service improvements.

Outstanding issues for the period

- The full identification of this year's savings plan remains challenging with a £1.2m short fall currently expected.
- We continue to benchmark our financial performance and to develop action plans to move towards upper quartile as part of the current business planning cycle – with particular focus on urology and vascular services.
- Deliver the joint plan with our commissioners over the reinvestment of re-ablement and readmission avoidance funding into the health economy.
- Identify a modern alternative to the bleep system.

Actions to be completed during Q3

- An outline business case for the redevelopment of our A&E, & Critical Care estate.
- Full delivery of the expected 5% improvements in theatre utilisation, outpatient utilisation and length of stay.
- Release of any remaining excess capacity and staffing costs as a result of efficiency improvements.
- Reduction of agency costs through improved controls, contract renegotiations, continued recruitment and role redesign.
- Integration plan for our finance and e-procurement systems with RSCH, exploitation of the benefits and improvement of our underpinning procedures.
- Deliver the RealTime ED & Improving Patient-Facing Communications projects.
- Re-launch the tender for e-prescribing.
- Plan for the delivery of further technology fund initiatives. Bid for the next two waves including the new nursing initiative funding.

Annex – Detailed Objectives

Objective 1: To achieve the highest possible quality of care and treatment for our patients

Priority	Action and timescales	Lead Director
1. Improve Patient Experience in our hospitals	a) Improve the way we empower and involve patients in decision making about their care and treatment, through the implementation of the Shared Decision Making project (Q1). b) Continue to implement the Releasing Time to Care project (Q1), enabling ward staff to make improvements through simple but effective techniques, resulting in a measurable and demonstrable increase in the amount of time nurses spend delivering care to patients. c) Implement the use of the Friends and Family Test question in acute inpatient wards, A&E (Q1) and maternity (Q3), publishing ward level feedback and using this feedback to listen and respond to the issues raised by patients and their families. d) Develop a Trust response to the Francis report building on existing work to improve the quality of care and compassion (Q1) and implementing approaches which enable clinicians to more effectively consider and share the emotional burden of care (Q2). e)	Suzanne Rankin
2. Reduce in-Hospital Mortality by enabling and supporting front line clinical teams (P)	a) Through Divisional Mortality Review meetings and Quality & Safety Half-days, review every death that occurs in the hospital, enabling & supporting front line clinicians to act to reduce future risks (Q1) b) Use the Outcomes Steering Group to target specialty pathways to be supported via specialty level Quality Improvement Discussions (QIDs) that will support specialty and divisional teams to take improvement action (Q1). c) Support clinical teams to enable choice of place of death for all those at end of life by establishing secure pathways out of hospital that meet patient and family's needs (Q4).	David Fluck
3. Eradicate Preventable Harm by supporting frontline clinical teams to review and discuss clinical outcomes	a) 5% Reduction in the number of falls and pressure ulcers by working with clinical teams to agree improvement trajectories supported by quality improvement programmes such as Leading Improvements in Patient Safety (LIPS), the High Impact Actions and implementing standardised pathways of care arising from the Advancing Quality and Enhanced Recovery Programmes (Q2). b) Improve the management of patients with diabetes by implementing Phase 1 of the Think Glucose Project to all in-patients (Q2).	Suzanne Rankin
4. Reduce Inappropriate Re-admissions (P) to achieve upper quartile performance	a) Agree and implement a programme of action for a 5% reduction in readmissions across the Trust, focussed initially on colorectal, respiratory and heart failure patients (Q1). b) Improve the emergency surgery pathway (P) , developing a clear operational policy for the Surgical Assessment Unit, introducing ambulatory emergency care pathways (P) for surgical conditions (Q2) c) Agree with commissioners investment and support from reablement and readmission funding to deliver service changes which lead to reduced readmissions (Q1).	Suzanne Rankin Valerie Bartlett

Objective 2: To recruit, retain and develop a high performing workforce

Priority	Action and timescales	Lead Director
1. Ensuring that the Trust has the right sized and shaped workforce to succeed	<ul style="list-style-type: none"> a) Develop and implement a workforce plan to support the workforce changes required to implement the clinical services strategy, in line with the delivery of CIP programme and supports programmes of work for example seven day services Ⓟ, through role redesign (medical, nursing, support and therapy) and new ways of working (Q2). b) Address vacancy hotspots through effective and innovative recruitment campaigns (Q2). c) Develop retention strategies for areas with high turnover and national skill shortages (Q3). d) Design and implement a unified temporary staffing solution to address areas of high demand, and reduce agency spend Ⓟ (Q3). 	Louise McKenzie
2. Develop the skills of our people & teams	<ul style="list-style-type: none"> a) Develop and deliver a learning, education and development plan to underpin delivery of the annual plan (Q1). b) Consolidate compliance with mandatory training through effective recording and reporting (ongoing). c) Through Team ASPH, embed the values, and culture of continuous service improvement and team working (ongoing). d) Maximise learning opportunities through the new education and training architecture (HEE, LETB and county forum) and investment (Q4). 	Louise McKenzie Louise McKenzie / Valerie Bartlett
3. Improve staff engagement and improve staff experience Ⓟ	<ul style="list-style-type: none"> a) Design and implement a refreshed organisational development programme, including tailored support packages for local leadership teams, to improve the staff experience in response to feedback (Q1). b) Implement a regular listening and monitoring tool to consider “live” views from staff about their experience and act on the feedback (Q2). c) Provide a dedicated SEQOHS accredited Occupational Health Service to support and improve the health, safety and wellbeing of staff, including a calendar of health and wellbeing events (ongoing). d) Maximise opportunities for reward and appreciation at an individual and team level, both locally and nationally (ongoing). 	Louise McKenzie
4. Implement a new devolved organisational structure with a robust performance management culture	<ul style="list-style-type: none"> a) Implement enhanced corporate and individual performance management processes across the organisation, including strengthening the appraisal process (Q4). b) Agree and implement a comprehensive programme of development and coaching for divisional management leadership teams (Q2). c) Implement new pay, terms and conditions for staff (Q4). 	Louise McKenzie / Valerie Bartlett

Objective 3: To deliver the Trust's clinical strategy of joined up healthcare

Priority	Action and timescales	Lead Director
1. Delivering Integrated Care in NW Surrey	<ul style="list-style-type: none"> a) Implement workforce model to deliver AE Consultant on-site care 0800- 2400 hrs (Q3), & develop a plan for further enhancing coverage in future years (Q4); Improve surgical & orthopaedic emergency pathways to deliver upper quartile performance on LOS and quality metrics (Q4). b) Review the Care of Older Persons Model , improving quality of care & delivering upper quartile LOS, and improving the outreach service (Q1) c) Working in 'vertical' partnership with partners in community health services, mental health services and social care – seek to deliver improved whole systems care pathways, with particular emphasis on Delivering the Stroke Services Strategy  & the fractured NOF pathways. (Q3) d) Review provision of 'rehabilitation' by ASPH – focus on Stroke and Neck of Femur pathways and ensuring that patient's mental health as well as physical health needs are met. (Q3) 	<p>Valerie Bartlett</p> <p>David Fluck</p>
2. Developing and Delivering specialist services	<ul style="list-style-type: none"> a) In collaboration with other providers secure catchment area for vascular services in excess of 800,000; Build Hybrid Theatre; and implement 24/7 Interventional Radiology rota (Q2) b) Gain commissioner support for extending the range of cardiac services provided, with repatriation of activity from tertiary centres (Q4), Refurbish Cath Labs (Q3) c) Appoint a Clinical Lead for Stroke (Q1); In collaboration with other providers, implement local 7 day consultant rota for Stroke Care (Q3); Scope Business Case for full implementation of full Hyper-Acute Stroke Centre (Q4) d) In collaboration with RSCH, develop Business Case for implementation of Surrey Renal Service (Q2); Gain Commissioner agreement for implementation (Q3) e) Improve how we deliver Critical Care, through the Integrating Critical Care project  . (Q3) 	David Fluck
3. Enhancing our elective services	<ul style="list-style-type: none"> a) Rationalise all clinically feasible inpatient surgery to Ashford. (Q4) b) Protect market share and compete where appropriate for new markets in AQP market place. (Q4) c) Establish orthopaedic elective centre of excellence at Ashford. (Q4) d) Drive efficiencies on the Ashford Hospital site in terms of theatre utilisation and length of stay (Q4) 	Valerie Bartlett
4. Enhancing services through Consultant delivered care, innovation and research	<ul style="list-style-type: none"> a) Implement workforce model to deliver A&E consultant on-site care 0800- 2400 hrs, and to develop a business plan for further enhancing coverage in subsequent years (Q3) b) Deliver 96 hrs per week Consultant labour ward presence (Q4); Implement Midwife Led Birthing Unit (Q4) c) Deliver improved Paediatric and Neonatal Unit Consultant coverage; Implement Paediatric Assessment Unit Model of Care; Scope future strategy for Paediatric HDU & Surgery in-reach (Q4). d) Enhance clinical innovation through the use of telemedicine and the development of a business case to move to a paper-lite hospital (Q3) e) Pursue a clinical research programme in collaboration with the University of Surrey and Royal Surrey County Hospital (Q4). 	David Fluck

Objective 4: to ensure financial sustainability of the Trust through business growth and efficiency gains

Priority	Action and timescales	Lead Director
1. Deliver our cost improvement programme of £11.8m	<ul style="list-style-type: none"> a) Put in place a rigorous project management office approach to CIPS and strong internal financial control (Q1) b) Benchmarking our financial performance and develop an action plan to move towards upper quartile (Q2) c) Work with the CCG to respond data challenges, reduce financial penalties, deliver required pathway changes and to improve the quality of our underlying data (Q2) 	Valerie Bartlett / Simon Marshall
2. Driving clinical and corporate efficiencies	<ul style="list-style-type: none"> a) Deliver a 5% improvement in theatre utilisation, outpatient utilisation and length of stay (Q3) b) Release the excess capacity and staffing costs as a result of efficiency improvements (Q3) c) Increase commerciality by improving clinicians understanding of their service lines financial performance (Specialty review meetings, commencing (Q1) d) Identify and deliver opportunities to reduce corporate overheads, including through partnership with RSCH (Q2) 	Valerie Bartlett / Simon Marshall
3. Securing profitable activity growth as an alternative to cost cutting	<ul style="list-style-type: none"> a) Developing specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy (Q2) b) Work in partnership with other providers, our CCGs and GPs to develop growth opportunities (Q3) c) Negotiate with commissioners a plan for reinvestment of re-ablement and emergency admission avoidance funding into the health economy (Q1) 	Simon Marshall
4. Review our long term capital plan	<ul style="list-style-type: none"> a) Review our long term estate plan to support delivery of our clinical strategy (Q2) b) Identify our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q1) 	Simon Marshall
5. Using developments in technology to underpin clinical and business priorities	<ul style="list-style-type: none"> a) Upgrade, modernise and automate our switchboard, and identify an alternative to the bleep system (Q2) b) Transform our informatics service by improving staffing, processes and outputs, in partnership with clinical divisions (Q2) c) Replace our finance and e-procurement systems, exploit the benefits and review the underpinning procedures (Q3) d) Deliver the RealTime , E-Prescribing , Capacity Allocation Programme , Improving Patient-Facing Communications  and 'Ready to Go' – No Delays  programmes (Q3-4) 	Simon Marshall / Valerie Bartlett Valerie Bartlett