





**Trust Board
30/07/2015**

TITLE	2015/16 Strategic Objectives – Q1																																													
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>Best Outcomes</td> <td>Priority A</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority B</td> <td>Green</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Amber/Green</td> </tr> <tr> <td></td> <td>Priority D</td> <td>Amber/Green</td> </tr> <tr> <td>Excellent Experience</td> <td>Priority A</td> <td>Amber/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>Skilled & Motivated</td> <td>Priority A</td> <td>Amber</td> </tr> <tr> <td>Teams</td> <td>Priority B</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority C</td> <td>Amber</td> </tr> <tr> <td></td> <td>Priority D</td> <td>Amber</td> </tr> <tr> <td>Top Productivity</td> <td>Priority A</td> <td>Amber/Green</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></td> <td>Priority D</td> <td>Green</td> </tr> </table>	Best Outcomes	Priority A	Amber		Priority B	Green		Priority C	Amber/Green		Priority D	Amber/Green	Excellent Experience	Priority A	Amber/Green		Priority B	Green		Priority C	Green	Skilled & Motivated	Priority A	Amber	Teams	Priority B	Amber		Priority C	Amber		Priority D	Amber	Top Productivity	Priority A	Amber/Green		Priority B	Amber		Priority C	Green		Priority D	Green
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BOARD ASSURANCE (RISK/)	The Committee is asked to consider this document and take note of the actions that are yet to be delivered.																																													
IMPLICATIONS																																														
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:	Robert Peet/ Simon Marshall/ Heather Caudle/ Louise McKenzie/David Fluck																																													
Date:	30/07/2015																																													
Decision:	For Discussing																																													



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

Actions to be completed 2015/16
<p>Priority a)</p> <ul style="list-style-type: none"> • Deliver the emergency care pathway project which includes the following sub actions: <ul style="list-style-type: none"> ○ Point of care testing and imaging within the A&E department – from April 15 ○ Full establishment of Swift ward – from April ○ Working with system partners to reduce bed occupancy at Ashford Hospital - April-Sept 15 ○ Reconfiguration of medical bed capacity to right-size MAU and short stay capacity – Summer 15 ○ Co-location of A&E minors with Ambulatory Emergency Care – Aug 15 ○ Relocation of A&E front door to stream patients to appropriate service – Aug 15 ○ Relocation of pit stop and creation of extended assessment space within A&E – Oct 15 ○ Recruitment of 7.5 additional Consultants to enable 7 day Consultant ward rounds – Oct 15 <p>Priority b)</p> <ul style="list-style-type: none"> • Implement evidence based care bundles for sepsis by Q2 • Extend sepsis care bundles where suboptimal outcomes by Q4 • Reduce number of non-hospital arrests in non-critical care related areas to fewer than 8 cases per annum by Q4 • Continue failure to rescue programme • Develop plan for vital pac implementation in Q1 with view to complete by Q4 • Implement new end of life care service with hospice/community by Q4 • Building audit and peer review with RSCH on hold pending CMA review of merger • Progress Sign up to Safety Campaign with Q3 progress report to IGAC <p>Priority c)</p> <ul style="list-style-type: none"> • Expand safety thermometer to include medication errors, maternity and if applicable other harms by Q1 • 98% WHO checklist compliance by Q4 2015/16 • Publish anonymised SIRI reports on patient safety website. Promote patient safety website in Q1. Review MaPSaf including progress against baseline and further embed audits at frontline. <p>Priority d)</p> <ul style="list-style-type: none"> • Work with 3rd sector organisations to prevent readmission by Q2 • Readmission project to review pilot of contacting patients post discharge and implement

action plan for expanding post discharge contact by end Q2.

Actions completed during Q1 of 2015/16

Priority a)

- The point of care testing equipment has been delivered and training has begun. No start date has been confirmed yet with the A&E team.
- Meeting the A&E target has remained challenging. The Trust though is on the trajectory improvement agreed with the CCG.
- Swift ward has been fully established
- 43 of the Ashford beds have been closed leaving 14 stroke rehabilitation beds.

Priority b)

- Accident and Emergency Department has implemented the Sepsis bundle.
- Expansion of the sepsis bundle into other areas to be explored in Q2/Q3.
- In Q1 on average 5-6 cases of cardiac arrest per month occurred, however, the trend is reducing. The Treatment Escalation Plan (TEP) programme is being progressed currently to improve the performance in this area.
- The Failure to Rescue programme is continuing and last month 5 out of 6 cases identified no failure to rescue. VitalPac electronic warning score monitoring will support more timely recognition of the deteriorating patient.
- VitalPAC is installed and Trainer training is progressing. The first 2 wards to go-live were Cedar and May wards. The rollout plan is on track so that all medical wards will be live by September 2015 as planned. Actions to be undertaken in Q2 include continued rollout and commence training of doctors.
- There is a quarterly plan for implementing the new end of life care service with the hospice/community involving an integrated staff training and development programme which in Q2 is to focus on service integration. In quarters 3 and 4 a link nurse development programme is to support mentoring and buddying. Further initiatives include the Preferred Place of Care – Rapid Discharge Tool to be piloted in Q2 with a view to implementing in Q4.
- Developing a joint audit programme with RSCH is on hold pending the CMA review of the merger.
- The sign up to safety campaign is progressing as planned

Priority c)

- Medication Safety Thermometer is to be piloted from Q2, Maternity sample data was submitted in Q1 with full data due from August onwards (except for Community which is to continue sample data). These areas are to be the areas of focus for this year.
- Achieved with Trustwide compliance of 98.4% split between Ashford 98.8% and St Peter's 98.0%.
- SIRI reports published and website promoted in Q1. MapSaF is progressing.

Priority d)

- The review for opportunities for readmission prevention is to be undertaken in Q2.
- The Medical Director is exploring whether junior doctor post discharge contact of patients can progress, as this showed early promise and was well received by patients in the 2014/15 Q4 pilot.



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 to be completed 2015/16
<p>Priority a)</p> <ul style="list-style-type: none"> • Dementia <ul style="list-style-type: none"> ○ Improved experience for vulnerable groups with system pathway integration - in dementia ○ Improved experience for vulnerable groups with system pathway integration - cancer ○ Improved experience for vulnerable groups with system pathway integration - mental health linked to 'No Health without Mental Health' and prioritise based on patient survey issues ○ Implement Kinda Majic feedback toolkit by Q1 ○ Suitable frontline staff to complete Surrey Public Health suicide prevention training by Q4 ○ 50% dementia patients with significant memory impairment to have This is Me or REACH document by Q3 • Implement trust wide action plan based on 2014 National Cancer Patient Experience Survey • Refresh Francis gap analysis and action trajectory by Q4 • Strengthen FFT feedback mechanism so teams can make improvements by Q4 • Quarterly update on team improvement actions to PEMG from Q2 • Implement FFT in Paediatrics by Q1 • Deliver 'Read to Go' No Delays Project and Care of the Older Person Model <p>Priority b)</p> <ul style="list-style-type: none"> • Complaints peer review development with RSCH on hold pending merger outcome • Implement Hospital Watch Experts by Q3 • Strengthen complaints feedback mechanisms at team level • Implement intervention to involve junior and middle grade doctors in complaints process <p>Priority c)</p> <ul style="list-style-type: none"> • Develop supervisory model for ward and team leaders by Q4 • Implement Healthcare Assistant development programme
Actions completed during Q1 of 2015/16
<p>Priority a)</p> <ul style="list-style-type: none"> • Dementia

- To be explored in Q2.
- There is a quarterly plan for implementing cancer pathway integration encompassing stakeholder liaison, Accident and Emergency Department audit of cancer admissions in Q2, review of further external support in Q3 and education delivery to General Practitioners in Q4.
- To be explored in Q2.
- Process is currently being put in place, plan to roll out in Q2/3.
- To progress when the external training material is available.
- To progress in Q2.
- The quarterly programme for the Cancer Patient Experience Survey includes a peer visit to learn from a top performing hospital and undertaking a survey of experience in Q3. CQUIN delivery along with presenting to the Improving Cancer Care Action Group is due in Q4.
- A plan for refreshing the Francis Gap analysis and action trajectory is currently being scoped.
- Feedback mechanisms have improved with dashboard sent monthly to all Service Managers and Leads. FFT is discussed at Performance meetings and improvements are being addressed.
- To take place.
- Complete, although focus is not to improve response rates.
- An approach for these initiatives will be formulated in Q2.

Priority b)

- Complaints peer review on hold pending merger outcome.
- Hospital watch to be implemented during Q3 in line with programme
- Complaints are discussed at Speciality governance
- Training module being developed to include junior and middle grade doctors

Priority c)

- Supervision of midwives is currently under a national review following the Kirkup Report (Morecambe Bay Report) and consideration is to be given to developing new nursing supervision strategy in light of this sector position.
- The HCA development programme includes a week long induction, care certificate and competencies which are in place. There are opportunities to complete the Qualifications and Credit Framework (QCF) programme and access to the foundation degree.



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 to be completed 2015/16
<p>Priority a)</p> <ul style="list-style-type: none"> • Review recruitment and retention incentives for permanent or bank staff • Launch new Join our Team website page on website • Go live with Asclepius Medical booking system • Introduce incentive system for staff working bank shifts • Develop a workforce alliance with neighbouring Trusts to address high agency use and rates, and to develop joint solutions to workforce shortages • End or replace any off-framework agency bookings • Develop and Publicise Total Reward Statements <p>Priority b)</p> <ul style="list-style-type: none"> • Publish values-based behaviours matrix • Refresh escalation of concerns process • Launch online Consultants’ forum • Deliver improvement plan for junior doctors responding to the issues raised in the GMC survey <p>Priority c)</p> <ul style="list-style-type: none"> • Appoint to key roles including Director of Clinical Education and Corporate Head of Education and Learning • Complete phase 2 of integration of education project • Deliver round 4 of <i>A Day in Their Shoes</i>, and identify individuals for the <i>Best Foot Forward</i> programme • Pilot talent management process with Consultants in Medicine <p>Priority d)</p> <ul style="list-style-type: none"> • Continue to develop staff benefits, particularly around social activities, and explore opportunities for staff social club and gym facilities or access to these locally. •
Outstanding issues for the period
<p>Priority a)</p> <ul style="list-style-type: none"> • 51 Filipino nurses in Recruitment pipeline awaiting permission to undertake OSCE in UK, and Certificate of Sponsorship • Join our Team Recruitment pages on website not yet completed.

Actions completed during Q1 of 2015/16

Priority a)

- Schedule of nursing recruitment events planned for the year, including on-site bi-monthly Nursing Recruitment Days and overseas campaigns. Increased attendance at schools, colleges and universities to promote ASPH as a future employer.
- A&E Consultant Campaign page live on Trust website and on NHS Jobs in April with modernised Candidate Briefing Pack
- Senior leadership campaign launched with modernised advert and job packs.
- Piloted use of psychometric tests in consultant interviews – pilot and feedback welcomed. Phil off sick 8/9 June back 10 June
- Brookson HMRC approved VAT saving scheme introduced, saving of £35k in first two full months to June 2015.
- Stakeholder events with Asclepius taken place in support of implementation of medical Agency booking and timesheet system
- Self-assessment against Monitor Temporary Staffing Toolkit completed
- Implemented local induction booklet for HCA and Nursing bank staff
- Implemented new SMS texting system for Bank Staff

Priority b)

- Incorporated frontline service improvement programme *Be The Change* into service improvement strategy. Change portal launched, submissions being received on a rolling basis, and PMO offering project support to proposers.
- Continued to improve response (rate and results) for Staff Friends and Family Test, and built intelligence around the Trust's USPs through conversations with the Sounding Board, the Wall, and "difficult to recruit" staff groups
- Developed comprehensive 2015/16 culture plan, to be reintroduced into the Transformation Board governance process
- Completed and published a new framework for leadership and management development
- Develop a Diversity agenda that promotes good practice and ensures our ability to meet our statutory duties (Q1 2015/16). Implement during Q2 – Q4





Priority c)

- Approved and implemented new study leave policy, putting in place clear guidelines in relation to accessibility and funding of study programmes. Implemented a process for contracting with staff via learning contracts to ensure return on investment, and maximise retention
- Completed phase 1 of review of education structure, commissioning and delivery

Priority d)

- Fitness at work days in quarter 1, with Tai Chi in the workplace in June, and the launch of exercises that can be done at the workstation
- Staff Benefits launched via staff benefits week, booklet distributed with local and national discounts, benefits for staff. On site during the week discounts and offers for staff including 3x car companies, 2 x gym, therapy centre



Strategic Objective 4: Top productivity			
 Priority a: Deliver our cost improvement programme of & £15m 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 to be completed 2015/16
<p>Priority a)</p> <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 throughout the whole year. (Q4 2015/16) ii) Deliver our detailed transformation action plan for pay, non-pay and service line contribution initiatives, in each quarter (Q4 2015/16) iii) Agency expenditure reduced from 7.7% of pay bill in 2014/15 to 5.5% by end of 2015/16 <p>Priority b)</p> <ul style="list-style-type: none"> i) Deliver a year on year 5% improvement in theatre utilisation, 3% outpatient utilisation and 10% length of stay by Q4 2015/16. ii) Release the excess capacity and staffing costs as a result of efficiency improvements by Q4 2015/16 iii) Deliver the transformation / exit plan as appropriate from remaining loss making service lines (Q1 2015/16) <p>Priority c)</p> <ul style="list-style-type: none"> i) Develop via agreements with commissioners (where relevant) specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy throughout 2015/16. Identified programme to be in place by end of Q1 ii) Transfer inpatient delivered Ashford Rehab Services to community based services or charge at full market rate for remaining patients. ii) Work in partnership with other providers, our CCGs & GPs to develop growth opportunities throughout 2015/16 with a programme identified by the end of Q1. iii) Ensure the appropriate reinvestment of re-enablement and emergency admission avoidance funding into the health economy (Q1 2015/16) 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) <p>Priority d)</p> <ul style="list-style-type: none"> i) Update our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q2 2015/16)
Actions completed during Q1 of 2015/16

Priority a)

- At the end of Quarter one the CIP programmes were on plan for delivery and were meeting their in quarter targets
- However agency expenditure is not reducing in line with initial expectations. The planned rostering and VAT schemes have been implemented, though further progress is being hampered by recruitment difficulties and hence material performance improvements are dependent on the national initiatives which are expected to be launched in September beginning with agency nursing.

Priority b)

- The Outpatient utilisation project is progressing. Actions are being taken with a particular focus on late starts and clinic bookings. Measures to track progress are being developed.
- 43 Ashford beds were closed during quarter 1, with the consequential impacts on LOS which should decline significantly from Q2. Discussions with the CCG over alternative provision for the remaining 14 stoke rehab beds continue. We have secured about 50% of the expected savings as the remaining 14 beds are particularly expensive due to the minimum staffing levels running these require
- The work to reduce loss making service lines continues. Although it is behind plan, discussions continue with the Royal Free with regard to vascular services. The Better Care Better Health programme is also reviewing the loss making service lines with the intention of making a range of recommendations in August.

Priority c)

- The Trust has reached an agreement with the CCG over Cardiology, ENT, Orthopaedics, Ophthalmology, Neurology and Dermatology to develop community services. The design of these services should enable the Trust to capture activity currently being directed to other providers.
- As noted above 14 stroke rehab beds remain in Ashford and the Trust is to continue discussions with the CCG over reimbursement whilst these remain open.
- Through the contract negotiation process we developed a series of reinvestment schemes with the CCG that should redirect emergency activity from the Trust to community providers. The CCG recognised the effect that this would have and we agreed a new readmission penalty of 14% rather than 22.5%. Following the national review process an in year contract variation increasing our commissioned activity by £1.5m has been signed.

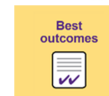
Priority d)

- On track, main investment is with respect to the 2nd CT on the St Peters site

Annex – Detailed Objectives

Best Outcomes:

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



Priority	Action and Timescales	Lead Director
a) Emergency Care pathway	i) Deliver the emergency care pathway project which includes the following sub actions: <ul style="list-style-type: none"> a. Point of care testing and imaging within the A&E department – from April 15 b. Full establishment of Swift ward – from April c. Working with system partners to reduce bed occupancy at Ashford Hospital - April- Sept 15 d. Reconfiguration of medical bed capacity to right-size MAU and short stay capacity – Summer 15 e. Co-location of A&E minors with Ambulatory Emergency Care – Aug 15 f. Relocation of A&E front door to stream patients to appropriate service – Aug 15 g. Relocation of pit stop and creation of extended assessment space within A&E – Oct 15 h. Recruitment of 7.5 additional Consultants to enable 7 day Consultant ward rounds – Oct 15 	Chief Operating Officer
b) Reduce in-hospital mortality (measured by RAMI, crude mortality, number of mortality reviews)	i) Implement evidence based Care Bundles; Sepsis (Q2 2015/16) and extend, based on evidence of pathways with sub-optimal outcomes (Q4 2015/16). ii) Reduce number of in-hospital arrests in non-critical care related areas to fewer than 8 cases per annum which reflects a 50% reduction from the 14/15 baseline; continue with the failure to Rescue Programme commenced in 14/15 and develop a plan for Vital Pac Implementation in Q1 with a view to completion by Q4 15/16.	Medical Director

	<ul style="list-style-type: none"> iii) Continue to design, scope and pilot a new end of life care outreach service alongside hospices and/or community services, to deliver choice of place of death for all those at end of life, and implement the service fully by Q4 2015/16. iv) The Trust had aimed to build audit and arm's length peer review capacity and capability, in partnership with RSCH, and expand participation in clinical audit. The intention was to scope and develop a business case in Q2 2015/16 and to implement by Q4 2015/16 however this is currently on hold contingent upon the result of the CMA review of the proposed merger. v) Continued progression of the long term Sign up to Safety Campaign and report on progress by exception to Integrated Governance and Assurance Committee in Q3. 	
c) 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, maternity, and if applicable to other harms based on evidence (Q1 2015/16). ii) Achieve 98% compliance with WHO Checklist by Q4 2015/16. iii) Continue to strengthen "safety culture" and improve dissemination and learning from incidents. Anonymised serious incident investigation reports will be published on the internal patient safety website (ongoing) and a campaign to promote the patient safety website will be implemented in Q1 2015/16. Continue 2014/15 initiatives by reviewing Manchester Patient Safety Framework (including progress against the baseline) and further embed audits at the frontline. 	Chief Nurse
d) Reduce inappropriate re-admissions	<ul style="list-style-type: none"> i) Improve health economy working with 3rd Sector Organisations to prevent readmission (Q2 2015/16). ii) Ongoing delivery of the Preventing Readmissions Project. The project will review the current pilot of contacting patients following discharge by the end of Q2 2015/16. An action plan for expanding the post discharge contact of patients will be implemented by the end of Q2 2015/16. 	Medical Director

Great Experience:

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



Priority	Action and Timescales	Lead Director
<p>a) Improving the patient experience</p>	<p>i) Improve the experience for vulnerable groups, integrating pathways across the whole system; focused on dementia and cancer (from 2014/15); plus mental health (Q4 2015/16) linked to campaign “No Health without Mental Health and using issues raised in the patient survey to prioritise interventions. Implement an accessible patient feedback toolkit (Kinda Magic) to ensure feedback is received from hard to reach patient groups (Q1 2015/16). Surrey Public Health’s suicide prevention training programme is to be released in 2015/16. The Trust will identify applicable frontline staff to attend and complete training by the end of Q4 2015/16. Regarding integrated care the Trust will ensure that 50% of people with a dementia diagnosis who have significant memory impairment have a targeted document (either This Is Me or REACH) to improve staff awareness of their history and preferences by the end of Q3 2015/16.</p> <p>ii) Improve the experience of cancer patients through implementation of a Trust wide action plan guided By 2014 National Cancer Patient Experience Survey results.</p> <p>iii) Continue to deliver on the Francis Declaration and refresh the gap analysis and action trajectory by Q4 2015/16.</p> <p>iv) Strengthen Friends and Family Test feedback mechanisms so that teams can respond rapidly to patient feedback and make and own the necessary improvements (Q4 2015/16). As evidence of strengthening feedback mechanisms, quarterly update on improvement actions to be provided to Patient Experience Monitoring Group from Q2 2015/16.</p> <p>v) Introduce Friends and Family Test to Paediatrics across the Trust (Q1 2015/16).</p> <p>vii) Deliver the ‘Ready to Go’ No Delays Project and Care of the Older Person Model.</p>	<p>Chief Nurse</p>

b) Improve the response, management and use of the learning from complaints	i) The plan to implement a complaints process peer review with RSCH by Q1 2015/16 is on hold pending the result of the CMA review process regarding the proposed merger. ii) Implement Hospital Watch Experts (Q3 2015/16). iii) Strengthen complaints feedback mechanisms so that teams can respond rapidly to patient complaints and make and own the necessary improvements (Q2 2015/16). iv) Design and implement 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	i) Continue to implement Nursing and Midwifery Strategy with the following outcomes by Q4 2015/16 : <ul style="list-style-type: none"> • Develop the supervisory model for ward and team leaders. • Implement a Healthcare Assistant development programme. 	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) Identify resourcing solutions for hard to fill vacancies and address vacancy hotspots with an agreed schedule of effective and innovative recruitment campaigns, with particular focus on the use of open days, international recruitment, social media marketing campaign, and innovative online promotional material. (Q1 2015/16). Implement these solutions through Q2 – Q4. ii) Further develop the in-house bank to ensure improved supply of bank workers and implement recommendations from the Temporary staffing project (Q1 2015/16). This will support our ambition to reduce agency expenditure from 7.7% of pay bill in 2014/15 to 5.5% by end of 2015/16 iii) Implementation of a range of pay efficiency schemes. (Q1 2015/16) iv) Agree & commence the implementation of an inpatient workforce plan to support 7 day services and the safer staffing workforce agendas. (Q2, 2015/16) v) Review and explore workforce opportunities through partnership working with RSCH that support service improvements and economies of scale. (Q4 2015/16). Schemes to be implemented in 16/17 vi) 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. (Q2/3 2015/16) 	Director of Workforce Transformation
b) Improve Staff Engagement, Experience and Team working	<ul style="list-style-type: none"> i) Launch campaign for Year 2 <i>Be The Change</i>, and complete the scoping of improvement project. (Q1 /2 2015/16). ii) Continue to build staff advocacy of ASPH as a place to work & be treated through a range of strategies (Q1 15/16) iii) Consider the overall feedback from the National Staff Survey and Q4 Staff FFT in relation to ASPH as a place to 	Director of Workforce Transformation

	<p>work, job satisfaction and overall morale. Develop 2015/16 action plan (Q1 2015/16) and implement throughout the rest of the financial year.</p> <p>iv) Implement a new framework for leadership and management development (Q1 2015/16)</p> <p>v) Develop a Diversity agenda that promotes good practice and ensures our ability to meet our statutory duties (Q1 2015/16). Implement during Q2 – Q4</p>	
c) Implement an improved Education & Development strategy/programme, developing staff skills and capabilities	<p>i) Develop and deliver the annual learning, education and development priorities for 15/16, and implement a new supporting study leave policy and revision of budgetary support to this. (Q1 15/16)</p> <p>ii) Ensure full utilisation of external funding opportunities for skills development throughout the year (Q4)</p> <p>iii) Enhance corporate and individual performance and talent management processes across the Trust. (Q4 15/16).</p> <p>iv) Undertake a review of career pathways and associated training maps in order to continue to raise awareness of development opportunities, and subsequent promotion opportunities. (Q2, 2015/16)</p> <p>v) Develop a multi-professional, integrated education strategy (Q2, 2015/16), determining the structures, approach and funding streams through which the strategy will be delivered through the second half of 2015/16</p>	Director of Workforce Transformation
d) Implement a pay and reward framework with performance related reward benefits to suit individual need	<p>i) Implement the 2015/16 Health and Wellbeing programme (Q1 2015/16), with a renewed focus on: Supporting staff to improve ergonomics in relation to their work environment, encouraging positive lifestyle choices and self-care through a series of events and promotions and supporting staff social activities.</p> <p>ii) Implementation of the KSS resilient leadership pilot. (Q1 2015/16)</p>	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 & £15m in 2015/16	i) Continue to deliver our transformation programme through a project management office approach underpinned by strong internal financial control throughout the whole year. (Q4 2015/16) ii) Deliver our detailed transformation action plan for pay, non-pay and service line contribution initiatives, in each quarter (Q4 2015/16) iii) Agency expenditure reduced from 7.7% of pay bill in 2014/15 to 5.5% by end of 2015/16	Director of Finance and Information
b) Driving clinical and corporate efficiencies	i) Deliver a year on year 5% improvement in theatre utilisation, 3% outpatient utilisation and 10% length of stay by Q4 2015/16. ii) Release the excess capacity and staffing costs as a result of efficiency improvements by Q4 2015/16 iii) Deliver the transformation / exit plan as appropriate from remaining loss making service lines (Q1 2015/16)	Director of Finance and Information
c) Securing profitable activity growth as an alternative to cost cutting	i) Develop via agreements with commissioners (where relevant) specialty specific strategies to grow profitable activity, which underpin our overarching clinical strategy throughout 2015/16. Identified programme to be in place by end of Q1 ii) Transfer inpatient delivered Ashford Rehab Services to community based services or charge at full market rate for remaining patients. ii) Work in partnership with other providers, our CCGs & GPs to develop growth opportunities throughout 215/16 with a programme identified by the end of Q1. iii) Ensure the appropriate reinvestment of re-enablement and emergency admission avoidance funding into the health economy (Q1 2015/16) 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	i) Update our capital equipment requirements for the next five years to enable delivery of our clinical strategy (Q2 2015/16)	Director of Finance and Information
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