

Report to:	Trust Board (Public)	Agenda item:	SFT 4089
Date of Meeting:	2 nd August 2018		

Report Title:	Trust Corporat	te Strategy Pro	gress Update							
Status:	Information	Discussion	Assurance	Approval						
	x									
Prepared by:	Director of Cor	rporate Develo	pment							
Executive Sponsor (presenting):	Director of Cor	Director of Corporate Development								
Appendices (list if applicable):										

Recommendation:

To review and comment on the report setting out delivery against objectives and key indicators

Executive Summary:

The attached report sets out:

- The key headline strategy indicators described within the Trust corporate strategy and which form the basis for the Trust corporate objectives. Please note due to a timing issue, some of the care indicators for Q1 will not be available until 1st August – we will endeavour to table an update at the Board meeting.
- 2. A report showing high level progress for each of the objectives described in the Trust corporate strategy with an update on what has been achieved during the first quarter together with an assessment of progress (RAG rating) which has been cross-referenced with the Board Assurance Framework.

Strategy Indicator report - up to June 2018

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orate tives	Metric Name	2017-18			2018-19			
		Baseline	YTD	Q1	Q2	Q3	Q4	
	흕	Average length of stay - Elective	2.72	3.06	3.06			
ğ	je je	Average length of stay - Non-elective (Medicine)	9.55	8.26	8.26			
	Average length of stay - Non-elective (Medicine) Income & Expenditure - Revised deficit	-11.0	-9.0	-3.1	-2.1	-1.9	-1.9	
	Cost Improvement Programme	£5.9m (69%)	£1.5m (83%)	£1.5m (83%)				

	Metric Name	2017-18			2018-19		
	Metric Name	Baseline	YTD	Q1	Q2	Q3	Q4
	Total patients discharged from AMU within 24 hours	50% (target)	30%	30%			
<u> </u>	Total patients discharged from AMU within 48 hours	65% (target)	42%	42%			
Š	Percentage of discharges to patient's place of residence	95.2%	94.1%	94.1%			
	RTT - Total patient tracking list	17039	17846	17846			
	RTT - Total patients seen within 18 weeks	15713	16472	16472			
	RTT compliance - delivery of 92% Incomplete pathways	92.2%	92.3%	92.3%			

	Metric Name	2017-18			2018-19		
	Wet it Name	Baseline	YTD	Q1	Q2	Q3	Q4
ist							
ciali	Average days to admission to Spinal Unit from referring hospital	19	18	18			
bec	Total Spinal patients waiting for return appointments (target 25)	100	0	0			
S	Average length of stay in Spinal Unit	77.0	51.2	51.2			
	RTT compliance - delivery of 92% incomplete pathways	92.2%	92.1%	92.1%			
	Stroke Door to Needle time (mins)*	71.0	78.5	78.5			

= 1	Metric Name	2017-18			2018-19		
	Wet it Name	Baseline	YTD	Q1	Q2	Q3	Q4
	Total number of NIHR research study participants recruited	60	123	123			
	Complexity weighted recruitment	304	835.5	835.5			
ŭ	15% of workforce trained (638 staff)						
_	25 QI coaches and 9 trainers recruited and trained						
	Number of QI projects completed						

	Metric Name	2017-18			2018-19		
	Metric Name	Baseline	YTD	Q1	Q2	Q3	Q4
	Small for gestational age (SGA) babies identified	48.10%	50.80%	50.80%			
	Total fractures resulting in fracture or major harm - reduce by 10%	17	2	2			
	MRSA - total reported cases	0	1	1			
	Clostridium Difficile - total reported cases	8	0	0			
B	E-coli bacteraemia - total reported cases	19	2	2			
Caring	Reductions in antimicrobial per 1000 admissions						
0	Monitoring of antimicrobial prescriptions <72 hours with feedback	97.0%					
	and education to clinical teams	37.070					
	Percentage of patients on personalised care plan						
	Palliative care patients seen by palliative care or end of life nurses						
	Screening of patients for sepsis admitted via emergency routes	93.5%					
	Total Serious incidents	25	5	5			

_	Metric Name	2017-18		2018-19				
	Wet it Name	Baseline	YTD	Q1	Q2	Q3	Q4	
	Staff turnover	9.6%	9.7%	9.7%				
	Staff absence	3.6%	3.1%	3.1%				
<u>a</u>	In month vacancy	7.4%	7.8%	7.8%				
	Appraisal rate	82.7%	78.7%	78.7%				
	Mandatory training rate	86%	85.5%	85.5%				



Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
					Working hard to push and pull pts across appropriate pathways				
Local	Frail Elderly	Acute Frailty Unit	Implement MSAM score on AMU	AH	and MSAM work will commence over the coming weeks.				
					Geriatricians are attending and this will strengthen with fourth				
Local	Frail Elderly	Acute Frailty Unit	Attend post-take ward rounds	AH	consultant starting in October.				
Local	Frail Elderly	Staffing	Business case(s) approved	AH	Geriatrician starts in October				
					As a result of the OPAL and ESD business case approval				
					recruitment is under way. Improvements will be made when				
Local	Frail Elderly	Staffing	Recruit x2 elderly medicine consultants	AH	apptd.				
					Work needed in ED to improve this. Not worked as well as first				
	e 11 et 1			l	anticpated, needs more development and engagement across ED,				
Local	Frail Elderly	Documentation	Use of SAM score on ED	AH	AMU and AFU.			_	
Local	Frail Elderly	Data systems	CDC forms on Lorenzo	АН	Can be on Lorenzo but needs developing based on areas that require this.				
LOCAI	rrail ciderly	Data systems	CDC TOTTIS OII LOTETIZO	АП	require this.				-
Local	Frail Elderly	Data systems	CGA proforma available to wider staff	АН	Not being widely used. OPAL looking at opportunities to develop.				
Local	Frail Elderly	Data systems	ED checklist in place	AH	Complete				
Local	Emergency Care	Four hour safety board round	Implement 4 hourly board rounds between 08.00-23.59	AH	In place.				
Local	Lineigency care	Tour flour safety board round	Implement 4 flourly board rounds between 06.00-23.35	All	Electronic recording of the SAM score can happen but doesn't. Can				
					be added to whiteboard but system is not user friendly. A user				
Local	Emergency Care	Four hour safety board round	Introduce electronic recording of SAM scoring	АН	friendly way needs to be devised.				
Locui	Emergency care	Tour nour surcey board round	introduce electronic recording of SAIVI Scoring	7311	Business case approved - has been appointed to and anticipate it				
Local	Emergency Care	ED navigator post	Business case approved	АН	to be back up and running by the Autumn.				
					Robust data sources for reporting developed - Discussions				
					continuing regarding infrastructure work. Improvement of out of				
Local	Emergency Care	ED navigator post	Robust data sources for reporting developed	АН	hours and navigating space - discussions underway.				
	,	Ŭ ,	i g i		ED / rheumatology pathway set up - up and running. Have real				
					time evidence of this pathway working for patients which ensured				
					they avoided being in ED for a length of time - out in under 4				
Local	Emergency Care	Review pathways from ED to specialties	ED / rheumatology pathway set up	AH	hours.				
					Gynae pathways identified - pathway requires further				
Local	Emergency Care	Review pathways from ED to specialties	Gynae pathways identified	AH	development.				
Local	Emergency Care	Development of short stay surgical unit	Direct streaming from ED for surgical pathways	AH	Surgery signed up, audit required to evaluate.				
					This is occuring but work is needed to improve. Can be added to e				
					whiteboards but uses system outside EPR which is not user				
Local	Emergency Care	Implement SAM scoring in ED and AMU	SAM score identified in ED and AMU	AH	friendly or efficient.				
Local	Emergency Care	Implement SAM scoring in ED and AMU	Electronic recording of SAM score	AH	Able to be done but not a user friendly system.				
	Delayed Discharges	Clinical pathways	All clinical pathways in place and reviewed	AH	Pathways reviewed, but fundamental issue around capacity				
	Delayed Discharges	Clinical pathways	Outcome measures in place	AH	Signed off by EDLDB on 19/7/18				
	Delayed Discharges	Capacity	Ensure additional 9 beds through the BCF are maximised	AH	Beds are being fully utilised				
	Spinal Unit	Leadership	Appoint new clinical leader	СВ	Complete				
Specialist	Spinal Unit	Leadership	Review roles and responsibilities of senior clinical and admin staff	СВ	Undertaken				——
Specialist	Spinal Unit	Workforce	Further develop the general medical skills of senior medical staff	СВ	Ongoing				——
[l	Develop the therapy offer including the use of recreational assistants						
_	Spinal Unit	Workforce	voluntary sector and new roles	CB	Complete		1		
	Spinal Unit	Care pathways	Improved acceptance / admission process	CB	Underway - with improvement in waiting times			+	\vdash
Specialist	Spinal Unit	Care pathways	Inpatient care pathways improved	CB CB	Partial introduction		-		
Specialist	Spinal Unit	Care pathways	Introduction of telephone clinics and specialist clinics	CB	Complete			+	-
Specialist	Spinal Unit	Finance and business planning	SLR data is available providing patient level costing Business case is developed to reflect the cost of providing the revised	CB				+	\vdash
Cnocialist	Spinal Unit	Finance and business planning	service model	СВ					
specialist	Spinal Unit	Finance and business planning	service model	CB	Network formed – 1st meeting June 18 – action plan & KPI's			+	\vdash
Specialist	Plastic Surgery	Clinical pathways	Network action place with priority pathways agreed	АН	established				
Specialist	Plastic Surgery	Clinical pathways Clinical pathways	Outcome data used to inform pathways	АН	Started with Breast reconstruction		+		
Specialist	Plastic Surgery	Capacity	Demand and capacity plans implemented	АН	Capacity plan complete			+	\vdash
	Plastic Surgery	Capacity	Appropriate treatments in appropriate environment	AH	New Theatre timetable implemented – monitor in Q2			+	
Specialist	r iastic surgery	Сараску	reperopriate treatments in appropriate environment	ΑП	new meatre ametable implemented - monitor in Q2		l	l	



Security Participants Suprementally Modeling of Committee of the color and Modeling of Committee of the color and Modeling of Committee	Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Section Protection Working - Science Working review around review and state groups Act Special Protection Working - Science Act Act Special Protection Working - Science Act Act Special Protection Working - Science Special Protect						Compliance monitored for local and MTC patients- transfer in 24				
Specialist Function your winderse Specialist Function Support Annual Control of Support Annual Cont	Specialist	Plastic Surgery	Capacity	Emergency care measure compliance	AH	hours from fot to transfer achieved				
Section Plants suggery Results Coccided Plants Suggery Results C			Workforce	Workforce review across network	AH	Will commence in Q2				
Specialist Flanck Surgery Flance Information approach to all buildings of support elements on all staff groups All Authorities (Surgery Flance Account & Surface Control of Surface Control of Partnership Working All Authorities (Surgery Account of Partnership Working All Authorities (Surgery Account & Partnership Working All Authorities (Surgery Account of Partnership Working And Authorities (Surgery Account of Partnership Working And Authorities (Surgery Account of Partnership Working Account	Specialist	Plastic Surgery	Workforce	Clear, sustainable workforce plans in place	AH	Further work required through Network				
Decidability Missis Suggrey Prince Accorded 5.18 Information of protection of the Accorded 5.18 Information and inform			Workforce	Evidence of improved retention in all staff groups	АН	Appointment of B7 ward sister – intensive support in place				
Securities Plant Segrey Finance Accurate S.R Information and ordermore costs April Securities Plant Segrey Finance Fin	Specialist		Finance	Information captured to allow accurate coding	АН	Average income per case increased since M7 17/18				
Specialist Purcerating Working - S laurus & Flacisc Control of providing refunced services for developer to improve Appetualist Purcerating Working - S laurus & Flacisc Control of providing refunced services to the major of providing refunced	Specialist		Finance	Accurate SLR information and reference costs	АН					
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Specialists Partnership Working - Service Annual Committee of Committe	,	<i>5</i> ,		Closer links between B&P, laser and skin service developed to improve						
Posterial Partnership Working - Secretics Poster Secretary Posterial Company P	Specialist	Partnership Working - S	Burns & Plastics		АН	Underway				
Specialis Patternihis Working - Si arma & Pfailtics Alliance model developed James Alliance amodel developed and agreed at finance & consolitation and processor of several processor of the programme from CPD James Alliance amodel developed and agreed at finance & consolitation and processor of the programme from CPD James Alliance amodel developed and agreed at finance & consolitation of the processor of the Board Land Consolitation and the processor of the Board Land Consolitation of the Consolitation Consolitation						·				
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Specialist Partnership Working - Shattology Membership of pathology strategic steering group CR Beaded in Partnership Working - Shattology Interpretation for Developing Procurement of United Systems CR Partnership Working - Shattology Interpretation for Developing and Information Research Information Procurement of United Systems CR Partnership Working - Shetting Working Wo										
Specialist Partnership Working - SI Pathology Specialist Partnership	Specialist	Partnership Working - S	Genetics	Tender response is issued with review of financial case to the Board	LA	need to accelerate consolidation of laboratory workload.				<u> </u>
Specialist Partnership Working - SI athology Specialist Partnership Working - SI athology Specialist Partnership Working - SI settlity Introduction (Specialist Partnership Working - Si settlity Statistics Partnership Working - Si settlity Introduction (Specialist Partnership Working - Si settlity Statistics Partnership Working - Si settlity Statistics Partnership Working - Si settlity Introduction (Specialist Partnership Working - Si settlity Statistics Partnership Working - Si settlity						Medical director is member of steering group. Presentation to be				
Specialist Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working - Sertility Horizon scanning and informal networking with other providers (CB) Partnership Working -	Specialist	Partnership Working - S	Pathology	Membership of pathology strategic steering group	СВ	made to the Strategy Committee on 26th July on progress				
Specialist Partnership Working - S Fertility Improvement Experiment of the provider of blastocyst culture by developing 6 day working model in Importance free of blastocyst culture by developing 6 day working model in Importance free experts in Importance free experts in Importance free exacts in Import	Specialist	Partnership Working - S	Pathology		СВ					
Specialist Partnership Working - 5 Fertillity improvement innovator Research Portfolio research infrastructure Promote the Research Design Service Design Se	Specialist	Partnership Working - S	Pathology	Joint procurement of LIMS systems	СВ	In progress				
Specialist Partnership Working - S Fertility Improvement Deptition Research Portfolio research Infrastructure Promote the Research Infrastructure Promote the Research Design Service CB No Portfolio research Research Infrastructure Promote the Research Design Service CB No Portfolio research Research Infrastructure Promote the Research Design Service CB No Portfolio research Research Infrastructure Promote the Research Design Service CB No Portfolio research Research Infrastructure Promote the Research Design Service CB No Portfolio research Research Infrastructure Promote the Research Research Infrastructure Research Research Research Infrastructure Research Research Infrastructure Research Research Research Infrastructure Research Research Research Infrastructure Research Research Research Infrastructure Research Research Research Research Infrastructure Research Resea	Specialist			Horizon scanning and informal networking with other providers	СВ					
Innovation Research Innovation Inno			,							t t
Innovation Research Innovation Inno	Specialist	Partnership Working - S	Fertility	Improve offer of blastocyst culture by developing 6 day working model	СВ					
Innovation Research						Complete				
Innovation Research Research infrastructure Research infrastructure Research infrastructure Research infrastructure Research infrastructure Sevent of the study feasibility and to study feasibility and to study feasibility and to study feasibility and the study feasibility and study feasibility to study feasibility and study feasibility and study feasibility and study feasibility to study feasibility t	-				1					1
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Innovation Research Patient engagement Develop a single QI approach supported by a standardised suite of Improvement Quality improvement methodology Improvement methodologies. AH Using some QI pre-existing methodologies. AH Innovation Improvement QI Training Programme programme programme AH facilitation of transformation of QI training as part of existing AH Innovation Improvement Governance QI academy reference group established. Programme Implementation Innovation Innovation New procedures New procedure policy is re-launched AH See above AH Se		nesedien	nesedron mirastractare		-	Complete				†
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Caring CQC Planning Staff clear on improvement journey and inspection requirements LW Ongoing engagement and communication Caring CQC Planning Well led review LW Complete with action plan Caring CQC Planning Engagement with core services on key improvement areas LW Ongoing Caring CQC Inspection Inspection successfully managed LW To follow			l		I					
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Caring CQC Planning Engagement with core services on key improvement areas LW Ongoing CQC Inspection Inspection successfully managed LW To follow			-							<u> </u>
Caring CQC Inspection Inspection successfully managed LW To follow	Caring		Planning			· · · · · · · · · · · · · · · · · · ·				
	Caring		Planning			- 0- 0				
0 1 200			Inspection	· -						$oxed{oxed}$
Laring LQC Inspection Prart inspection report fully assessed and responded to LW To follow	Caring	CQC	Inspection	Draft inspection report fully assessed and responded to	LW	To follow				



A = 0.0	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	т т
Area Caring	CQC	Post Inspection	Post inspection review of report with each core service	LW	To follow	Opuate Q2	opuate Q3	Opuate Q4	+
Caring	CQC	Post Inspection	Agreed improvement plan	LW	To follow			1	+
Caring	Safety	Reduced patient harm	Implementation of the GAP/GROW programme	LW	Done - monitoring outcomse			+	+
Caring	Safety	Reduced patient harm	Involvement in national maternity collaborative	LW	Start Jan 19			+	+
Caring	Safety	Reduced patient harm	Implementation of falls reduction strategy	LW	Underway - with early promise in terms of outcome			+	+
Caring	Safety	Reduced patient harm	Improving compliance with sepsis 6 interventions	LW	Underway -			†	
Caring	Safety	Reduced patient harm	Human factors training across theatres	LW	Programme with Oxford completed			†	
Carring	Salety	Reduced patient nami	3 year report on sign up to safety improvements / reductions in harm	LVV	Programme with Oxford completed	To be		†	
Caring	Safety	Reduced patient harm	being written in summer '18	LW	Work underway	completed			
Caring	Infection	Low levels of HAIs	Implementation of the IPC work plan	LW	See infection control report	completed		†	
Carring	mection	LOW levels of HAIS	implementation of the IPC work plan	LVV	CCG leading this work as community based. SFT contributing to			1	+
Caring	Infection	Low levels of HAIs	Involvement in system wide work on gram negative reductions	LW	pathway in secondary care.				
Carring	illection	LOW levels of HAIS	involvement in system wide work on grain negative reductions	LVV	patriway in secondary care.			1	+
Carina	Infection	Low levels of HAIs	Reporting gram negative sepsis via PHE	LW	One of best performers nationally on reducting of gram -ve (e-coli)				
Caring Caring	Infection	Anti-microbial stewardship	Programme of review of all antimicrobial policies	LW	Continuous - reviewing to comply with CQUIN guidance			1	++
Caring	mection	Anti-microbial stewardship		LVV	Continuous - reviewing to comply with equilibrium guidance			+	++
Carina	End of Life Care	Fair assess to save	Advanced care planning is increased and more patient centred -	СВ	Currently being piloted				
Caring	Eliu di Lile Care	Fair access to care	Respect process piloted We will work with all agencies to ensure, where possible, dying patients	СВ	Currently being photed			1	+
Carina	End of Life Core	Cara is so ardinated	are cared for in their preferred place	СВ	Remains challenging				
Caring	End of Life Care	Care is co-ordinated		CB	Remains challenging			-	+
Ci	F. J £ 1:£- C	Cheff annual de annu	Provide end of life training, communication skills training and health and	CD	Partial				
Caring	End of Life Care	Staff prepared to care	wellbeing support to all Trust staff.	СВ	Partial			-	+
	5 1 CUIC 0	c. c.	Have clear governance at board level for high quality palliative and end	co.	I				
	End of Life Care	Staff prepared to care	of life care.	CB	In place			 	
Caring	End of Life Care	Learning from deaths	Learning from deaths policy in place	CB	Complete			1	+
Caring	End of Life Care	Learning from deaths	Screening questionnaire for bereaved and medical staff in place	СВ	Complete			1	+
	- 1 5.15 -				Mortality screening tool being developed. Aim is to go live for new				
Caring	End of Life Care	Learning from deaths	Mortality dashboard developed and published	СВ	junior docs from early August. Dashboard will follow.				++
	End of Life Care	Learning from deaths	Improvement cycles for departmental M&M meetings	СВ	In place				++
Caring	Patient Experience	Development of PPI strategy	Review of PPI strategy to ensure fit for future purpose	LW	New lead for PPI reviewing -when Sept				
			Complete ward reconfiguration work with patient involvement in design						
Caring	Patient Experience	Development of PPI strategy	of services	LW	Complete				
Caring	Patient Experience	Development of PPI strategy	Patient stories in public board	LW	Complete				
Caring	Patient Experience	Development of PPI strategy	Patient involvement in improving appointment letters	LW	Complete				↓
					To be Involved in next stage of MRI design. Work on patient flow				
Caring	Patient Experience	Development of PPI strategy	Involvement in the design of new facilities and other key projects	LW	project.				
					Action plan agreed and with the directorates for comment.				
Caring	Patient Experience	Development of PPI strategy	Implmentation of complaints workshop recommendations	LW	Implemented by December.				
People	People Resourcing	Attract	Media campaign	PH	social media developing, national media campaign				
People	People Resourcing	Attract	Incentives package updated	PH	under development				4
People	People Resourcing	Select and recruit	Values Based Recruitment implemented	PH	under development				
People	People Resourcing	Select and recruit	Recruitment system implemented	PH	TRAc implemented in July 2018				
People	People Resourcing	Select and recruit	Managers trained	PH	training programme in progress				
People	People Resourcing	Select and recruit	Reporting on recruitment key metrics	PH	MI will deliver from TRAC				
People	People Resourcing	Orientation	Revised induction programme	PH	in operational plan			.	4
People	People Resourcing	Orientation	30/100 day questionnaires implemented	PH	100 day implemented 30 day to follow			1	1
People	People Resourcing	Deploy	Implementation plan agreed for roster roll out	PH	project plan by October 2018			1	
People	People Resourcing	Deploy	Workforce plans developed	PH	no resource at present			1	
People	People Resourcing	Deploy	Resourcing function integrated	PH	in operational plan end q1 2019			1	
People	People Resourcing	Retain & Reward	Nursing apprenticeship programme developed	PH	plan completed			1	<u> </u>
People	People Resourcing	Retain & Reward	Retention strategy developed	PH	in development end Q3 2018			1	لـــــــا
People	Business Partnering	Aligned to Directorates	OD & People Function restructure	PH	completed				
People	Business Partnering	Aligned to Directorates	People Business Partner JD	PH	completed				$oldsymbol{ol}}}}}}}}}}}}}}}}}}}$
People	Business Partnering	Shared services	Process mapping exercises carried out	PH	in operational plan TBC				
People	Business Partnering	Shared services	Scoping and resourcing Central Admin Hub	PH	in operational plan TBC				
People	Business Partnering	Shared services	Policy development plan	PH	rolling programme in place				
People	Business Partnering	Shared services	Identifying requirements for manager's toolkits and guidance	PH	scoping exercise in place		1		1 7



Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
People	Business Partnering	Centres of Excellence	Development of frameworks and plans	PH	In operational plan TBC	opuate Q2	opuate Q3	opuate Q4	
<u> </u>	Business Partnering	Centres of Excellence	ESR data cleansing exercise completed	PH	ESR optimisation March 2019				
People People	Health & Wellbeing	Physical	Draft health and wellbeing strategy (covers all domains)	PH	timeframe in development end Q3 2018		-		
reopie	neatti & Wellbeing	riiysicai	Communication of one stop shop for physical health and wellbeing	FII	timename in development end Q3 2018		-		
Doonlo	Hoolth 9 Mollhoing	Physical	opportunities	РН	time frame in development and O2 2019				
People	- J	,	Calendar of health promotions communicated	PH	time frame in development end Q3 2018		-		
People	Health & Wellbeing	Physical Physical	Re-launch 'Shape up at Salisbury	PH	tieframe in development end Q3 2018 timeframe in development end Q3 2018		-		
People People	Health & Wellbeing Health & Wellbeing	Mental, spiritual	Resilience /stress training delivered to staff and managers	PH	timeframe in development end Q3 2018				
	Health & Wellbeing	Mental, spiritual	Employee Assistance Programme implemented	PH	timeframe in development end Q3 2018				+
People	nealth & wellbeing	Meritai, Spirituai	Salary Sacrifice schemes and staff discounts/benefits communication	РΠ	timerrame in development end Q3 2018				+
DI-		Singer del	plan	DII	end Q3 2018				
People	Health & Wellbeing	Financial	Flexible working policy re-launched as part of health and wellbeing	PH	end Q3 2018				
Doonlo	Health & Wellbeing	Family friendly	strategy	РН	timeframe in development and O2 2018				
People		Family friendly L&D	L&D service review	PH	timeframe in development end Q3 2018				
People	OD & Engagement	L&D	Apprenticeship plan developed		timeframe in development end Q3 2018				
People	OD & Engagement	L&D		PH PH	under devlopment end q2 2018				
People	OD & Engagement		Leadership framework developed	PH	timeframe under development TBC timeframe in development				-
People	OD & Engagement	Cultural change	Values based processes implemented	PH	timeframe in development timeframe in development				
People	OD & Engagement	Cultural change	Review of coaching model						
People	OD & Engagement	Engagement	Engagement sessions held with staff	PH	completed and ongoing				-
People	OD & Engagement	Engagement	Staff survey actions plans developed with Directorates	PH PH	in progress end Q3				
People	OD & Engagement	Diversity	Complete returns		returns completed and ongoing returns				
People	OD & Engagement	Communications	Development of communications strategy and plan	PH	end Q3 2018	-			
People	Leadership	Leadership development	Developing leadership framework	PH	end Q3 2018				
People	Leadership	Leadership development	Identifying requirements for manager's toolkits and guidance	PH	in progress ongoing		-		
People	Leadership	Leadership development	Setting up regular senior leaders forum	PH	end Q3 2018				-
People	Leadership	Leadership development	Values based processes implemented	PH	in operational plan TBC				
People	Leadership	Leadership development	Review of coaching model	PH	in operational plan				
D	Figure del Deserver Dise	Diamina (Dalissan	Delice and the section of the sectio		Shortfall against savings to date - challenges in achieving				
Resources	Financial Recovery Plan	Planning & Delivery	Delivered the savings programme identified for the year.	LT	productivity opportunities in full.				-
					Transformation Director in place. PMO now recruited to				
	5: · I D DI	0.00			establishment. NHSI approached for additional programme				
Resources	Financial Recovery Plan	Planning & Delivery	Secured resource to delivered programme.	LT	management resource to support case for change work.				-
D	Figure del Deserver Dise	Diamina (Dalissan	Outstanding From Time Board established to drive delivery & progress		OETB established and in place monthly.				
Resources	Financial Recovery Plan	Planning & Delivery	Outstanding Every Time Board established to drive delivery & progress.	LT	·				-
					Transformation Director in place. PMO now recruited to				
D	Figure del Decessor Diese	Carability 0 Carabity	PMO structured and resourced to deliver transformation programme.	LT	establishment. NHSI approached for additional programme management resource to support case for change work.				
	Financial Recovery Plan Financial Recovery Plan		Transformation Director in place.	LT	Completed - SW started April 2018.				
Resources	Financial Recovery Plan	Саравінту & Сарасіту	Transformation Director in place.	LI					
					GIRFT opportunities being progressed through Acute Alliance work via STP. Model hospital forms part of CIP programme and UOR				
Dasauraaa	Financial Recovery Plan	Canability & Canasity	Systematic review of GIRFT & Model hospital opportunities	LT	assessment.				
Resources	rillalicial Recovery Plati	Сарарінту & Сарасіту		LI					+
Recourses	Campus Development	Site Planning	External estate survey undertaken - building condition and health and safety compliance		Complete - information to contribute to Estates Strategy and have been used as part of ERIC returns		1		
			Space utilisation reviewed.	LA	Not complete				+
	Campus Development	Site Planning	One Public Estate bid submitted .		Submitted, but unsuccessful				+
resources	Campus Development	Site Planning	One rubiic Estate biu submitteu .	LA	To follow as part of the engagement approach to be taken forward		+	+	
Posourcos	Campus Development	Sita Blanning	Local stakeholder engagement and input.	LA	as part of planning permission				
	Campus Development		Fund sources agreed and commercial structures approved.	LA	To follow		+	+	\vdash
	Campus Development	Financial Scheme	JV structures legally completed.	LA	JV signed		 	+	\vdash
nesources	Campus Development	i manciai scrienie	54 Structures regariy completed.	LA	NHSI aware of scheme, approvals will go through the STP rpocess		 	+	\vdash
Percure	Campus Development	Financial Scheme	NHSI approvals secured.	LA	in summer of 2019				
	Campus Development	Financial Scheme	Revenue projections incorporated into Trust LTFM.	LA	To follow		+	+	\vdash
	Campus Development	Enabling Works	Fixed points established and Board approved.	LA	To discuss as part of masterplan approach		 	+	\vdash
		Enabling Works	Commercial opportunities reviewed and approved for progression.	LA	Underway		+	+	\vdash
resources	Campus Development	EHADING WOLKS	commercial opportunities reviewed and approved for progression.	LA	Onderway		 	+	
Posecura	Campus Development	Enabling Works	Full enabling programme established and progressing to implementation		To follow				
nesources	Campus Development	Fliabilité MOLV2	I all enabling programme established and progressing to implementation	I LA	Tio ioliow	L	1		



Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Resources	Digital Strategy	Strategy Development	First draft developed with wide engagement	LA	First draft received				
Resources	Digital Strategy	Strategy Development	Consultation on draft with subsequent amendments	LA	Over next couple of months				
			Final version to Board with indicative 5 year financial plan. Workplan for	r					
Resources	Digital Strategy	Strategy Development	the department	LA	To follow				
Resources	Digital Strategy	Governance	Programme Board established with clinical engagement	LA	To follow				
Resources	Digital Strategy	Governance	Clinical Reference Group in place	LA	Requires clinical information officer to be in place				
Resources	Digital Strategy	Governance	Programme of business cases established	LA	To be developed as part of the digital strategy implementation				
					Will be developing business case to look at options for electronic				
Resources	Digital Strategy	EPR Development	Nursing documentation	LA	recording				
					System suppliers have not produced a system to enable				
					information to be transferred directly to GP systems. Risk				
	Digital Strategy	EPR Development	Electronic correspondence	LA	highlighted to commissioners				
Resources	Digital Strategy	EPR Development	Windip replacement	LA	Due to be rolled out in Q3				
					New devices with scanning facility launched in July - positive				
Resources	Digital Strategy	EPR Development	POET rollout, incl scanning	LA	development. NEWS2 being programmed and will be live in Q2				
	Digital Strategy	Infrastructure	Infrastructure refresh	LA	Underway, slightly behind plan (amber). Will complete early Q3				
	Digital Strategy	Infrastructure	Dashboards	LA	Rollout begins inQ2				
	Digital Strategy	Infrastructure	Website	LA	Not progressed - need to review priority in light of digital strategy				
	Digital Strategy	Infrastructure	NHSMail	LA	Starts in November, complete early in Q4				
	Digital Strategy	Infrastructure	HSCN	LA	Contract awarded - good progress across a STP wide initiative				
Resources	Digital Strategy	Infrastructure	Improving remote access	LA	To assess against digital strategy				
D	Digital Strategy	In fire above above	GDPR (May 25 th)		Live and underway. Seen some increase in subject acess requests				
	Service Reviews	Infrastructure Established Process	Service review methodology developed and agreed	LA CB	Live and underway. Seen some increase in subject acess requests				
	Service Reviews	Established Process Established Process	To include a critical analysis of the sustainability of the service	CB					
Resources	Service Reviews	Established Process	Determine whether commercial strategy approach can be applied at	СВ					
Resources	Service Reviews	Established Process	least in part	СВ					
Resources	Service Reviews	Established Process	Agreed timetable of service reviews to be undertaken	СВ			1		
	SCI VICE HEVIEWS	Established Frocess	Confirmation of the service reviews to be undertaken over the next year			+	1		<u> </u>
	Service Reviews	Service Reviews	and in subsequent years	СВ					
	Dei Aire Veniem?	Del AICE VENIEM?	High quality reviews completed, presented to Board with agreed actions	CB		1	1	+	1
	Service Peviews	Service Reviews	arising	СВ					
	Sei vice keviews	Sei vice reviews	arising	CD		+	+	+	