

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

Report Title:	Trust Corporate Strategy Progress Update			
Status:	Information	Discussion	Assurance	Approval
		X		
Prepared by:	Director of Corporate Development			
Executive Sponsor (presenting):	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:
<p>The attached report sets out:</p> <ol style="list-style-type: none"> 1. 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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Corporate Objectives	Metric Name	2017-18	2018-19				
		Baseline	YTD	Q1	Q2	Q3	Q4
	Average length of stay - Elective	2.72	3.06	3.06			
	Average length of stay - Non-elective (Medicine)	9.55	8.26	8.26			
	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%)			

Local	Metric Name	2017-18	2018-19				
		Baseline	YTD	Q1	Q2	Q3	Q4
	Total patients discharged from AMU within 24 hours	50% (target)	30%	30%			
	Total patients discharged from AMU within 48 hours	65% (target)	42%	42%			
	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%			

Specialist	Metric Name	2017-18	2018-19				
		Baseline	YTD	Q1	Q2	Q3	Q4
	Average days to admission to Spinal Unit from referring hospital	19	18	18			
	Total Spinal patients waiting for return appointments (target 25)	100	0	0			
	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			

Innovation	Metric Name	2017-18	2018-19				
		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			
	15% of workforce trained (638 staff)						
	25 QI coaches and 9 trainers recruited and trained						
	Number of QI projects completed						

Caring	Metric Name	2017-18	2018-19				
		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			
	E-coli bacteraemia - total reported cases	19	2	2			
	Reductions in antimicrobial per 1000 admissions						
	Monitoring of antimicrobial prescriptions <72 hours with feedback and education to clinical teams	97.0%					
	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			

People	Metric Name	2017-18	2018-19				
		Baseline	YTD	Q1	Q2	Q3	Q4
	Staff turnover	9.6%	9.7%	9.7%			
	Staff absence	3.6%	3.1%	3.1%			
	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	
Local	Frail Elderly	Acute Frailty Unit	Implement MSAM score on AMU	AH	Working hard to push and pull pts across appropriate pathways and MSAM work will commence over the coming weeks.				
Local	Frail Elderly	Acute Frailty Unit	Attend post-take ward rounds	AH	Geriatricians are attending and this will strengthen with fourth consultant starting in October.				
Local	Frail Elderly	Staffing	Business case(s) approved	AH	Geriatrician starts in October				
Local	Frail Elderly	Staffing	Recruit x2 elderly medicine consultants	AH	As a result of the OPAL and ESD business case approval recruitment is under way. Improvements will be made when apptd.				
Local	Frail Elderly	Documentation	Use of SAM score on ED	AH	Work needed in ED to improve this. Not worked as well as first anticipated, needs more development and engagement across ED, AMU and AFU.				
Local	Frail Elderly	Data systems	CDC forms on Lorenzo	AH	Can be on Lorenzo but needs developing based on areas that require this.				
Local	Frail Elderly	Data systems	CGA proforma available to wider staff	AH	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	Emergency Care	Four hour safety board round	Introduce electronic recording of SAM scoring	AH	Electronic recording of the SAM score can happen but doesn't. Can be added to whiteboard but system is not user friendly. A user friendly way needs to be devised.				
Local	Emergency Care	ED navigator post	Business case approved	AH	Business case approved - has been appointed to and anticipate it to be back up and running by the Autumn.				
Local	Emergency Care	ED navigator post	Robust data sources for reporting developed	AH	Robust data sources for reporting developed - Discussions continuing regarding infrastructure work. Improvement of out of hours and navigating space - discussions underway.				
Local	Emergency Care	Review pathways from ED to specialties	ED / rheumatology pathway set up	AH	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 hours.				
Local	Emergency Care	Review pathways from ED to specialties	Gynae pathways identified	AH	Gynae pathways identified - pathway requires further 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.				
Local	Emergency Care	Implement SAM scoring in ED and AMU	SAM score identified in ED and AMU	AH	This is occurring but work is needed to improve. Can be added to e-whiteboards but uses system outside EPR which is not user 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.				
Local	Delayed Discharges	Clinical pathways	All clinical pathways in place and reviewed	AH	Pathways reviewed, but fundamental issue around capacity				
Local	Delayed Discharges	Clinical pathways	Outcome measures in place	AH	Signed off by EDLDB on 19/7/18				
Local	Delayed Discharges	Capacity	Ensure additional 9 beds through the BCF are maximised	AH	Beds are being fully utilised				
Specialist	Spinal Unit	Leadership	Appoint new clinical leader	CB	Complete				
Specialist	Spinal Unit	Leadership	Review roles and responsibilities of senior clinical and admin staff	CB	Undertaken				
Specialist	Spinal Unit	Workforce	Further develop the general medical skills of senior medical staff	CB	Ongoing				
Specialist	Spinal Unit	Workforce	Develop the therapy offer including the use of recreational assistants voluntary sector and new roles	CB	Complete				
Specialist	Spinal Unit	Care pathways	Improved acceptance / admission process	CB	Underway - with improvement in waiting times				
Specialist	Spinal Unit	Care pathways	Inpatient care pathways improved	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	CB					
Specialist	Spinal Unit	Finance and business planning	Business case is developed to reflect the cost of providing the revised service model	CB					
Specialist	Plastic Surgery	Clinical pathways	Network action plan with priority pathways agreed	AH	Network formed – 1st meeting June 18 – action plan & KPI's established				
Specialist	Plastic Surgery	Clinical pathways	Outcome data used to inform pathways	AH	Started with Breast reconstruction				
Specialist	Plastic Surgery	Capacity	Demand and capacity plans implemented	AH	Capacity plan complete				
Specialist	Plastic Surgery	Capacity	Appropriate treatments in appropriate environment	AH	New Theatre timetable implemented – monitor in Q2				

Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Specialist	Plastic Surgery	Capacity	Emergency care measure compliance	AH	Compliance monitored for local and MTC patients- transfer in 24 hours from fot to transfer achieved				
Specialist	Plastic Surgery	Workforce	Workforce review across network	AH	Will commence in Q2				
Specialist	Plastic Surgery	Workforce	Clear, sustainable workforce plans in place	AH	Further work required through Network				
Specialist	Plastic Surgery	Workforce	Evidence of improved retention in all staff groups	AH	Appointment of B7 ward sister – intensive support in place				
Specialist	Plastic Surgery	Finance	Information captured to allow accurate coding	AH	Average income per case increased since M7 17/18				
Specialist	Plastic Surgery	Finance	Accurate SLR information and reference costs	AH	Situation improving but slow progress				
Specialist	Plastic Surgery	Finance	Financially viable SLA's in place	AH	Trust wide initiative now for all UHS SLA's				
Specialist	Partnership Working - S	Burns & Plastics	Closer links between B&P, laser and skin service developed to improve clinical pathways	AH	Underway				
Specialist	Partnership Working - S	Burns & Plastics	Two tier plastics on call rota providing enhanced services to the major trauma centre (MTC)	AH	This is complete				
Specialist	Partnership Working - S	Genetics	Alliance model developed	LA	Consortium approach developed and agreed at Finance & Performance Committee. Recent feedback from NHSE requires greater involvement from CEO				
Specialist	Partnership Working - S	Genetics	Tender response is issued with review of financial case to the Board	LA	Tender response submitted - feedback from NHSE has stressed the need to accelerate consolidation of laboratory workload.				
Specialist	Partnership Working - S	Pathology	Membership of pathology strategic steering group	CB	Medical director is member of steering group. Presentation to be made to the Strategy Committee on 26th July on progress				
Specialist	Partnership Working - S	Pathology	Joint procurement of managed services contracts	CB	In progress				
Specialist	Partnership Working - S	Pathology	Joint procurement of LIMS systems	CB	In progress				
Specialist	Partnership Working - S	Fertility	Horizon scanning and informal networking with other providers	CB					
Specialist	Partnership Working - S	Fertility	Improve offer of blastocyst culture by developing 6 day working model	CB					
Innovation	Research	Portfolio research	Incorporate research metrics into Trust reporting	CB	Complete				
Innovation	Research	Research infrastructure	Promote the Research Design Service	CB	No				
Innovation	Research	Research infrastructure	Roll out EDGE across the Trust as 'one stop shop' for research	CB	No				
Innovation	Research	Research infrastructure	Develop a rigorous approach to study feasibility and delivery, to identify studies that will succeed, and decline those destined to fail to recruit to time and target	CB	Complete				
Innovation	Research	Patient engagement	Ensure that all Trust led grant applications are developed with appropriate patient engagement	CB	Complete				
Innovation	Improvement	Quality improvement methodology	Develop a single QI approach supported by a standardised suite of improvement methodologies.	AH	Methodology agreed but funding for implementation not funded. Using some QI pre-existing methodologies.				
Innovation	Improvement	QI Training Programme	Develop and commence delivery of four level improvement training programme	AH	Embedding the provision of QI training as part of existing facilitation of transformational change programmes				
Innovation	Improvement	Governance	QI academy reference group established. Programme Implementation Plan in place. Robust reporting established	AH	See above				
Innovation	Innovation	New procedures	New procedure policy is re-launched	CB					
Innovation	Innovation	New procedures	Clinicians are supported with governance for new procedures including business planning	CB					
Innovation	Innovation	New clinical pathways	Customer care and the clinical effectiveness team support pathway improvement as per the service improvement guidance	CB	New clinical pathways for MSK and surgical pre-operative admission being piloted				
Innovation	Innovation	New technology	Telephone and email advice service in place	CB	Use of advice and guidance continues to increase.				
Innovation	Innovation	New technology	Skype is used for some meetings and use of videoconferencing is increased for MDT meetings	CB	Investigating use for bowel screening multi-disciplinary team meetings across the three units				
Caring	CQC	Planning	CQC action plan in place	LW	Complete. Issues re status of enforcement procedures and how this might affect outcome. Action plan for well-led				
Caring	CQC	Planning	All previous 'must do's' identified as actioned and embedded	LW	Underway with clear evidence trails being developed, but significant resource requirements and issues.				
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				
Caring	CQC	Inspection	Draft inspection report fully assessed and responded to	LW	To follow				

Area	Objective	Domain	Detail	Lead	Update Q1	Update Q2	Update Q3	Update Q4	
Caring	CQC	Post Inspection	Post inspection review of report with each core service	LW	To follow				
Caring	CQC	Post Inspection	Agreed improvement plan	LW	To follow				
Caring	Safety	Reduced patient harm	Implementation of the GAP/GROW programme	LW	Done - monitoring outcome				
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				
Caring	Safety	Reduced patient harm	3 year report on sign up to safety improvements / reductions in harm being written in summer '18	LW	Work underway	To be completed			
Caring	Infection	Low levels of HAIs	Implementation of the IPC work plan	LW	See infection control report				
Caring	Infection	Low levels of HAIs	Involvement in system wide work on gram negative reductions	LW	CCG leading this work as community based. SFT contributing to pathway in secondary care.				
Caring	Infection	Low levels of HAIs	Reporting gram negative sepsis via PHE	LW	One of best performers nationally on reducing of gram -ve (e-coli)				
Caring	Infection	Anti-microbial stewardship	Programme of review of all antimicrobial policies	LW	Continuous - reviewing to comply with CQUIN guidance				
Caring	End of Life Care	Fair access to care	Advanced care planning is increased and more patient centred - ReSPECT process piloted	CB	Currently being piloted				
Caring	End of Life Care	Care is co-ordinated	We will work with all agencies to ensure, where possible, dying patients are cared for in their preferred place	CB	Remains challenging				
Caring	End of Life Care	Staff prepared to care	Provide end of life training, communication skills training and health and wellbeing support to all Trust staff.	CB	Partial				
Caring	End of Life Care	Staff prepared to care	Have clear governance at board level for high quality palliative and end of life care.	CB	In place				
Caring	End of Life Care	Learning from deaths	Learning from deaths policy in place	CB	Complete				
Caring	End of Life Care	Learning from deaths	Screening questionnaire for bereaved and medical staff in place	CB	Complete				
Caring	End of Life Care	Learning from deaths	Mortality dashboard developed and published	CB	Mortality screening tool being developed. Aim is to go live for new junior docs from early August. Dashboard will follow.				
Caring	End of Life Care	Learning from deaths	Improvement cycles for departmental M&M meetings	CB	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				
Caring	Patient Experience	Development of PPI strategy	Complete ward reconfiguration work with patient involvement in design 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				
Caring	Patient Experience	Development of PPI strategy	Involvement in the design of new facilities and other key projects	LW	To be involved in next stage of MRI design. Work on patient flow project.				
Caring	Patient Experience	Development of PPI strategy	Implementation of complaints workshop recommendations	LW	Action plan agreed and with the directorates for comment. 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				
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				
People	People Resourcing	Orientation	30/100 day questionnaires implemented	PH	100 day implemented 30 day to follow				
People	People Resourcing	Deploy	Implementation plan agreed for roster roll out	PH	project plan by October 2018				
People	People Resourcing	Deploy	Workforce plans developed	PH	no resource at present				
People	People Resourcing	Deploy	Resourcing function integrated	PH	in operational plan end q1 2019				
People	People Resourcing	Retain & Reward	Nursing apprenticeship programme developed	PH	plan completed				
People	People Resourcing	Retain & Reward	Retention strategy developed	PH	in development end Q3 2018				
People	Business Partnering	Aligned to Directorates	OD & People Function restructure	PH	completed				
People	Business Partnering	Aligned to Directorates	People Business Partner JD	PH	completed				
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				

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				
People	Business Partnering	Centres of Excellence	ESR data cleansing exercise completed	PH	ESR optimisation March 2019				
People	Health & Wellbeing	Physical	Draft health and wellbeing strategy (covers all domains)	PH	timeframe in development end Q3 2018				
People	Health & Wellbeing	Physical	Communication of one stop shop for physical health and wellbeing opportunities	PH	time frame in development end Q3 2018				
People	Health & Wellbeing	Physical	Calendar of health promotions communicated	PH	timeframe in development end Q3 2018				
People	Health & Wellbeing	Physical	Re-launch 'Shape up at Salisbury	PH	timeframe in development end Q3 2018				
People	Health & Wellbeing	Mental, spiritual	Resilience /stress training delivered to staff and managers	PH	timeframe in development end Q3 2018				
People	Health & Wellbeing	Mental, spiritual	Employee Assistance Programme implemented	PH	timeframe in development end Q3 2018				
People	Health & Wellbeing	Financial	Salary Sacrifice schemes and staff discounts/benefits communication plan	PH	end Q3 2018				
People	Health & Wellbeing	Family friendly	Flexible working policy re-launched as part of health and wellbeing strategy	PH	timeframe in development end Q3 2018				
People	OD & Engagement	L&D	L&D service review	PH	timeframe in development end Q3 2018				
People	OD & Engagement	L&D	Apprenticeship plan developed	PH	under development end q2 2018				
People	OD & Engagement	L&D	Leadership framework developed	PH	timeframe under development TBC				
People	OD & Engagement	Cultural change	Values based processes implemented	PH	timeframe in development				
People	OD & Engagement	Cultural change	Review of coaching model	PH	timeframe in development				
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	in progress end Q3				
People	OD & Engagement	Diversity	Complete returns	PH	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				
Resources	Financial Recovery Plan	Planning & Delivery	Delivered the savings programme identified for the year.	LT	Shortfall against savings to date - challenges in achieving productivity opportunities in full.				
Resources	Financial Recovery Plan	Planning & Delivery	Secured resource to delivered programme.	LT	Transformation Director in place. PMO now recruited to establishment. NHSI approached for additional programme management resource to support case for change work.				
Resources	Financial Recovery Plan	Planning & Delivery	Outstanding Every Time Board established to drive delivery & progress.	LT	OETB established and in place monthly.				
Resources	Financial Recovery Plan	Capability & Capacity	PMO structured and resourced to deliver transformation programme.	LT	Transformation Director in place. PMO now recruited to establishment. NHSI approached for additional programme management resource to support case for change work.				
Resources	Financial Recovery Plan	Capability & Capacity	Transformation Director in place.	LT	Completed - SW started April 2018.				
Resources	Financial Recovery Plan	Capability & Capacity	Systematic review of GIRFT & Model hospital opportunities	LT	GIRFT opportunities being progressed through Acute Alliance work via STP. Model hospital forms part of CIP programme and UOR assessment.				
Resources	Campus Development	Site Planning	External estate survey undertaken - building condition and health and safety compliance	LA	Complete - information to contribute to Estates Strategy and have been used as part of ERIC returns				
Resources	Campus Development	Site Planning	Space utilisation reviewed.	LA	Not complete				
Resources	Campus Development	Site Planning	One Public Estate bid submitted .	LA	Submitted, but unsuccessful				
Resources	Campus Development	Site Planning	Local stakeholder engagement and input.	LA	To follow as part of the engagement approach to be taken forward as part of planning permission				
Resources	Campus Development	Financial Scheme	Fund sources agreed and commercial structures approved.	LA	To follow				
Resources	Campus Development	Financial Scheme	JV structures legally completed.	LA	JV signed				
Resources	Campus Development	Financial Scheme	NHSI approvals secured.	LA	NHSI aware of scheme, approvals will go through the STP process in summer of 2019				
Resources	Campus Development	Financial Scheme	Revenue projections incorporated into Trust LTFM.	LA	To follow				
Resources	Campus Development	Enabling Works	Fixed points established and Board approved.	LA	To discuss as part of masterplan approach				
Resources	Campus Development	Enabling Works	Commercial opportunities reviewed and approved for progression.	LA	Underway				
Resources	Campus Development	Enabling Works	Full enabling programme established and progressing to implementation	LA	To follow				

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				
Resources	Digital Strategy	Strategy Development	Final version to Board with indicative 5 year financial plan. Workplan for 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				
Resources	Digital Strategy	EPR Development	Nursing documentation	LA	Will be developing business case to look at options for electronic recording				
Resources	Digital Strategy	EPR Development	Electronic correspondence	LA	System suppliers have not produced a system to enable information to be transferred directly to GP systems. Risk highlighted to commissioners				
Resources	Digital Strategy	EPR Development	Windip replacement	LA	Due to be rolled out in Q3				
Resources	Digital Strategy	EPR Development	POET rollout, incl scanning	LA	New devices with scanning facility launched in July - positive development. NEWS2 being programmed and will be live in Q2				
Resources	Digital Strategy	Infrastructure	Infrastructure refresh	LA	Underway, slightly behind plan (amber). Will complete early Q3				
Resources	Digital Strategy	Infrastructure	Dashboards	LA	Rollout begins in Q2				
Resources	Digital Strategy	Infrastructure	Website	LA	Not progressed - need to review priority in light of digital strategy				
Resources	Digital Strategy	Infrastructure	NHSMail	LA	Starts in November, complete early in Q4				
Resources	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				
Resources	Digital Strategy	Infrastructure	GDPR (May 25 th)	LA	Live and underway. Seen some increase in subject access requests				
Resources	Service Reviews	Established Process	Service review methodology developed and agreed	CB					
Resources	Service Reviews	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 least in part	CB					
Resources	Service Reviews	Established Process	Agreed timetable of service reviews to be undertaken	CB					
Resources	Service Reviews	Service Reviews	Confirmation of the service reviews to be undertaken over the next year and in subsequent years	CB					
Resources	Service Reviews	Service Reviews	High quality reviews completed, presented to Board with agreed actions arising	CB					