

STRATEGIC PRIORITY 1														EXECUTIVE LEAD Simon Barton	
TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS															
PROGRAMME/ACTION		LEAD MANAGER	BENEFITS REALISATION MEASURES / KPIs	KPI's - Trajectory				MILESTONES					RAG	RISKS	COMMENTS
1	Maximise Theatre Productivity (Theatre Improvement Workstream)			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
1A	Introducing and embedding a sustainable time based scheduling approach to listings (Units Model) across all elective theatres in three phases and streamlining the reporting and performance process.	Steve Jenkins	Theatre lists are planned to full capacity (% of Booked and Achieved Utilisation)						*						Theatre scheduling tool in place and discussion around booked utilisation at pre-scheduling meeting. Developed theatre utilisation dashboard and weekly theatre cases check and exception reporting of all under-utilised lists discussed weekly at pre-scheduling.
1B	To reduce Theatre Cancellations and DNAs in elective surgery across all specialties.	Steve Jenkins	Theatre lists are planned to full capacity (% of Booked and Achieved Utilisation)							*					Streamlined pre-operative assessment pathways in place, RCA's for on the day cancellations and a Standing Operating Procedure for Escalation of on the day cancellations in place.
1C	To align theatre start and finish times with consultant job plans across Surgery and Anaesthetics and re-align workforce to revised theatre template including theatre staff shift patterns.	Steve Jenkins	Decreased number of unused theatre sessions and reduce WLI spend					*							Capacity and Demand planning complete, recruitment on-going to staff additional requirements.
2	Improve the safe flow of Emergency patients (Emergency Flow Workstream)			Q1	Q2	Q3	Q4	18/19	Q2	Q3	Q4	19/20			
2A	Reduce the % of OBD's associated with DTOC by 3.5% by Sept	Kim Ashall	% of DTOC OBD's					5.50%	4.50%	3.50%	3.50%				DTOC action plan in place with local health and social care partners as DTOC currently remains above 3.5% target
2B	Reduce the number of patients with a red status on the R2G programme	Kim Ashall													R2G rolled out to all ward areas
3	Enhance the quality of access for Accident and Emergency patients	Haaris		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
3A	Initiate ED Streaming pilot - reducing time-to-triage	DGM for U&E Care	Achievement of KPIs as specified in BC					*							Complete
3B	Implement Tier 5 Consultant rota - supporting admission avoidance	DGM for U&E Care	Greater distribution of skill mix and reduce Consultant vacancy gaps to zero						*						Complete
3C	Improve performance for against ambulance handover times	DGM for U&E Care	Improved patient experience and time to triage time.						*						Improvement plan in place, improvements in handover times demonstrated
3D	Initiate Nursing Workforce Review	DGM for U&E Care	Greater distribution of skill mix and reduction in breaches					*							Complete
3E	Rebrand CDU to AECU and develop patient pathways to reduce impact on inpatient beds	DGM for U&E Care	5% Reduction in zero length of stay patients through main hospital beds						*						Complete
4	Further improve the processes for patient's making appointments for outpatient, diagnostic or planned admissions			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20			
4A	Implement 100% mandatory e-referrals for first Cons OP	Elaine Torr	100% e-referrals assessed via MAR return, weekly monitoring					*							Savience business case approved. Trust exploring options for patient portals
4B	Implement patient portal access through Savience. Complete Business Case	Elaine Torr	reduce DNAs by a further 1%, Appt changes. BC gone through approval process						*						Complete
4C	Once above implemented can reduce follow up clinics in certain specialties as monitoring and 2 - way Consultant to patient feedback possible	Elaine Torr	Reduce Clinic appts and New to F/Up ratios (KPI dependent upon Speciality) . Reduction in clinic attendances								*	*			Outpatient Transformation Programme in place
5	Ensure the delivery of Women-centered care in our Maternity Services			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	18/19			
5A	Strategies that Support the principles of Better Births	Alison Whitham	Improved Client Satisfaction												In progress - being developed in conjunction with the LMS Board
5B	Implement the Maternity Vision For SFHT	Alison Whitham	Improved patient experience												Complete
5C	Personalise care for women and their families	Alison Whitham	Improve Clinical Outcomes												Complete
5D	Listen to the women who use our services	Alison Whitham	Improve Clinical Outcomes												Maternity survey in progress, active participation in Friends and Family Test, active participation with Maternity Voices

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