Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
QUALITY - Patient Safety							
Objective 1 : Create reliable patient safety systems							
Update divisional priority plans for safety and integrate with other quality initiatives	Mar-14	Div Chairs	DGBs			Patient Safety forum governance arrangements are being revised to ensure robust communications and improve awareness. Priorities for action x 3 are monitored through DMB and DCG. Divisional quality improvement strategies being developed and presented to QRC. Divisional actions to improve clinical engagement in quality and attendance at DGB, including appointment of Clinical Governance leads per specialty and updates given at DGB.	Completion of divisional quality improvement strategies. Divisional governance review to be completed as part of FT preparation - to be completed by December 2013
Develop ward level data to mirror St George's safety data integrating with other relevant performance reports	Dec-13	Chief Nurse & Director of Operations	Quality & Risk Committee			Paper presented to QRC (November) - specification of quality intelligence function agreed.	Implementation of quality intelligence function (Information team)
Ensure that ward establishments continue to provide safe effective care in clinical areas	Mar-14	Chief Nurse & Director of Operations	Nursing Board			Board paper to be presented in September (as per national recommendation) RaTE staffing monitoring tool implemented trust wide in June. Since then number of red alerts has reduced significantly as re-assessment now needed after management action when staffing considered unsafe. This is being monitored by directorates and DGB.	To provide quarterly safe staffing report to Nursing Board and regular reports to the Trust Board. Ensure that there is a thorough review of establishments in line with the business planning process. Next paper due to Quality and Risk Committee (Jan 2014).
Implement improved medicines management in HMP Wandsworth	Mar-14	Divisional Chair Community Services					To implement recommendations from HMP Wnadsworth inspection report
Implement infection control action plan: MRSA trajectory - zero tolerance & C Diff trajectory - no more than 45 cases	Mar-14	Chief Nurse & Director of Operations	HCAI Taskforce (fortnightly) EMT (monthly)			Under trajectory for C.diff. 5 MRSAs year to date.	Continue to implement action plan, monitored by Infection control, EMT and F&P.
Objective 2: Ensure staff have signed up to a strong safety culture							
Identify leads in all care groups for dissemination of quality information	Sep-13	Medical Director	EMT			First meeting of care group clinical governance leads now held.	Continue to establish system
Provide regular Patient Safety Staff Forum so that staff are aware of safety messages and can share their concerns	Monthly	Chief Nurse & Director of Operations	Patient Safety Committee			Patient Safety staff forums in place. Now held at QMH	Continue to review attendance.
Identify systems to measure culture and use data to identify further safety work	Apr-13	Medical Director	HR and WF Committee			Under discussion	Paper to HR and WF
Implement the statutory Duty of Candour	Apr-13	Chief Nurse & Director of Operations	Patient Safety Committee			Paper presented to September QRC (already presented to CQRM). Regular reporting to Patient Safety Committee.	
Provide information for patients on how to keep themselves safe in hospital	Sep-13	Chief Nurse & Director of Operations	Patient Safety Committee			Leaflet currently being trialled and evaluated in pre-op assessment.	Amend and implement accordingly
Outcomes for 13/14 (composite measure RAG rated as per the Quality Improvement Strategy Implementation Plan): 1. NHS Outcomes Framework 2013/14: Patient Safety incidents reported by severity (NHS Outcomes Framework 2013-4),Hospital deaths due to problems in care (NHS outcomes framework 2013-14),Staff Survey questions regarding incident reporting will improve year on year, Numbers of Serious Incidents. 2. Reducing avoidable harm: Incidence of Hospital related venous thromboembolism (VTE), Incidence of healthcare associated infection (HCAI) MRSA & C diff, Incidence of newly acquired category 2,3 and 4 pressure ulcers, Incidence of medication errors causing serious harm. Staffing ratios are safe and reasonable as measured by hours of nursing per patient per day	Mar-14	Chief Nurse & Director of Operations	Quality & Risk Committee			Q1 progress report of quality improvement strategy presented to September QRC (noting progress against a range of key measures and milestones)	Next progress report (Q2+3) to Quality and Risk Committee (Jan 2014).
QUALITY - Patient Experience							
Objective 3 : Increase real time feedback from patients, actions taken as a result and demonstrat e improvement							
Be able to evidence the changes and improvements made as a result of feedback and see an improvement in feedback as a result of actions taken	Apr-14	Chief Nurse and Director of Operations	Patient Experience Committee			Work underway with divisions to ensure greater level of scrutiny and action orientated plans. Review of Divisional Governance Boards completed with action plan agreed.	Develop and implementation of Compliance Framework
Share ward level and aggregated information with all staff and people who use our services via a public facing webpage and other forms of media	Jul-13	Chief Nurse and Director of Operations	Patient Experience Committee			Public facing website launched. FFT information published. Healthwatch members involved in the website design for quality pages	Working on re-design of nursing scorecard and development of an intranet page. (Planned launch in January)
Continue to undertake regular national and local audits & surveys relating to privacy, dignity and nutrition and see sustained performance ensuring the essential standards of quality and safety are consistently maintained	Ongoing with quarterly review	Chief Nurse and Director of Operations	Patient Experience Committee			Cleaning and environmental inspections in place.	Ensure areas of poor compliance are followed up. Review current system of adults seeking compliance with mixed sex accomodation guidance (broaden scope).
Integrate feedback with other relevant performance reports	Sep-13	Chief Nurse and Director of Operations	Quality & Risk Committee			See above re: quality intelligence function	
Minimise mixed sex accommodation breaches	Mar-14	Chief Nurse and Director of Operations	Patient Experience Committee			Zero MSA breaches have been reported for several months. Undertake RCA of any breaches to ensure reasons are understood.	Maintain position. Upload any breaches which are not clinically justified on unify.
Outcomes for 13/14 (composite measure RAG rated as per the Quality Improvement Strategy Implementation Plan): Increase the number of patients* who return real time feedback including FFT by 10% across the trust. (*who are able and willing). Achieve and maintain the initial 15% return rate for the Friends and Family test in 2013/14 and aim to increase in line with agreed national trajectories (to be agreed) until 2017: Increase the proportion of patients who would recommend us to a family member or friend (FFT) to 70% and sustain this, Respond to 80% of all complaints within 25 working days or less (100% with an agreed extension)	Mar-14	Chief Nurse and Director of Operations	Patient Experience Committee			See above re progress report of quality improvement strategy	Progress report (Q2+3) to Quality and Risk Committee (Jan 2014)
QUALITY - Patient Outcomes							
Objective 4: Continue to achieve lower than expected SHMI							

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Carry out investigations and act on findings where mortality appears to be higher than expected as derived from monthly Dr Foster benchmarking	Ongoing with monthly review	Medical Director	Mortality monitoring group (MMG)/monthly			Investigations and actions are completed for mortality signals identified on Dr Foster and other sources. However, we have not been able to conduct routine benchmarking for Q1 because of data submission problems (some internal and some external), hence the amber rating. All deaths following elective admission independently reviewed. Review monthly summary of deaths by demographics, and deaths following surgery and in low-risk diagnostic groups (via Dr Foster). Also information team now presenting monthly data on 'Amenable Mortality' form the NHS Quality dashboard.	Work to understand local mortality monitoring processes trust-wide. Work to embed record of death form to improve documentation and allow another window into unexpected deaths in the trust.
Implement Adult Emergency Standards	Mar-14	Divisional Chairs/Medical Director	Divisional Management Board - Surgery, Neurosciences, Theatres and Anaesthetics and ***Medicine.***			Plans in place across all divisions to achieve compliance. Standards linked to maternity matters, plan in place and delivering. Childrens services as planned but requires data evidence work. Clitical care still draft AES. All surgical standards currently being met except SAU. Business case being developed for delivery in 14/15. Consultant led daily ward rounds have been implemented. Business case for additional consultant establishment in 14/15.	SAU - business case to be presented to Trust Board
Implement use of clinical outcome measures in community services	Mar-14	Divisional Chair Community Services	Progress monitored monthly through DMB and at Service Improvement Board			Project on track with key objectives and timed deliverables.	To deliver objectives for this quarter outlined in the PID
Achieve patient outcome targets: SHMI <100, Reduce readmissions following a non-elective admission from 12/13 out-turn, Reduce readmissions following an elective admission from 12/13 out-turn	Mar-14	Divisional Chairs	Monthly at finance review and performance review meetings. Medicine - readmissions reviewed via RCP4.			CIP Pad has been developed and is being implemented in relation to readmission. Catheter clinics are being set up to avoid admissions and directly access abscess lists from ED to DSU have been set up. Heart Failure business case approved. Heart failure Integrated care pathway underway. Ambulatory care admission avoidance clinics in place.	Implementation of PID milestones. Delivering against approved heart failure business case. Maintain provision of admission avoidance clinics.
Objective 5: Commence publication of consultant level quality data							
Comply with requirements of the Commissioning Board to provide greater transparency on outcomes by publishing activity, clinical quality measures and survival rates from national audits for every consultant practicing in 10 named specialties	Summer 13	Medical Director	Clinical effectiveness + audit committee			No consultants withheld consent for publication. There are no mortality outliers in the first tranche of National Audit publications (n=7). We have had full responses from services where other issues have been identified (either for procedure numbers variance, or morbidity). Links to the data are available on the trust's internet site.	To ensure the St George's website has links to all data. To continue to drive ownership and quality of national audit data. To remain vigilant to developments in the transparency agenda so that we can prepare accordingly.
Objective 6: Delivery of clinical audit programme							
Participate in all mandatory national clinical audits and additional quality account audits that are judged to be appropriate	Ongoing with quarterly review	Chief Nurse and Director of Operations	Clinical Effectiveness & Audit Committee			Indivdiual annual programme. NB not currently participating in National Diabetes Audit.	Continue to implement and report audit programme.
Set out a prioritised programme of clinical audit activity registered centrally with results and actions reported to the clinical audit teams for each division	Ongoing with quarterly review	Chief Nurse and Director of Operations/Divisional Chairs	Clinical Effectiveness & Audit Committee			Annual audit calendar pulled together (RAG - both amber). Successful a	CEAC will monitor delivery Local M&M meetings to feed into central system
Increase the number of staff trained in clinical audit and the number of clinical audit projects conducted	Mar-14	Chief Nurse and Director of Operations	Clinical Effectiveness & Audit Committee			Training programme in place for 13/14	Deliver programme and monitor attendance
FINANCE AND OPERATIONS - Meet all financial targets							
Objective 7: Maintain FRR of 3							
No more than 5% adverse variance on 2013/14 Challenge programme	Mar-14	Director of Finance, Performance & Informatics	Daily CIP movement tracker, fortnightly monitoring through FD mtgs with Divisions, Monthly reporting to FP&I Cttee and Board			2.3% behind target at month 8. Forecast remains for a slight over delivery of £0.1m but risks in number of high value projects towards back end of financial year. Recovery plans in place for MedCard, SNT and Womens services to mitigate unidentified and slipped savings plans at divisional level	Continued monitoring and progress chasing through PMO and CIP governance
Complete Challenge Programme for 2014/15	Apr-13	Director of Finance, Performance & Informatics	as above plus Improvement prog steering group and Board monthly			2014/15 and 2015/16 CIP programmes submitted to TDA on 20/12	Ongoing review through PMO and CIP governance processes including fortnightly reporting to EMT
First cut programme for 2015/16	Sep-13	Director of Finance, Performance & Informatics	as above plus Improvement prog steering group and Board monthly			2014/15 and 2015/16 CIP programmes submitted to TDA on 20/12	Ongoing review through PMO and CIP governance processes including fortnightly reporting to EMT
Meet financial targets: FRR >= 3, No adverse variance from monthly financial target , Stay within external financing limit (RAG), Underlying EBITDA score >= 3, EBITDA achieved as % of plan >= 4, Achievement of planned EBITDA (RAG), Financial efficiency score >=3, I&E surplus margin score >= 3, Liquidity ratio score >= 3	Mar-14	Director of Finance, Performance & Informatics	monthly through FP&I, Board and TDA			£13k favourable to plan at month 4. FOT on target at £6.69m	Monthly detailed review of forecast outturns (best, medium and worst case) to continue. Ongoing monitoring of recovery plans for SNT and MedCard and Womens services. Tight monitoring and control of winter plan expenditure and impact on performance in place
FINANCE AND OPERATIONS - Meet all operational and performance requirements							
Objective 8: Meet all operational and performance requirements							
Deliver against activity and capacity plan: Beds additional 33 beds for winter plus address year round shortfall, Theatres utilisation 78%, ICU - additional 6 beds, Outpatients, Diagnostics, Specialty specific length of stay targets	Mar-14	Div Chairs	EMT fortnightly			winter capacity based on bed modelling completed***P*** rogramme of work developed to avoid admission, increase AAA, close working with Social Work representative, LoS work. Seeking off site capacity. ECIST visit including Vince Connelly visit to present models of seven day working November 2013. Other actions include: LOS target in place, LOS monitored, participating in RCP4. Critical car beds delayed until Jan 2014 due to co-dependency with cardiac beds. Sofia: Increased utilisation to 80.7% in pt and 74.2% DSU. Project plans on track to increase bed capacity	To continue all projects which support LOS reduction including from ECIST visit. Develop a mitigation plan for any clinical/ financial impact. Case mix review being undertaken to increase utilisation. Centralisation of PPC to improve scheduling and case mix. DSU utilisation lead has been appointed to improve utilisation.

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Deliver against performance targets **A&E -** Type 1 A&E 4 hours >95%, **Cancer** - 2 week GP referral to 1st outpatient, 31 day diagnosis to treatment for all cancers, 62 day urgent referral to treatment of all cancers. **18 weeks:** RTT monthly admitted >=90%, RTT monthly non-admitted >=95%, RTT monthly non-admitted (community) >=95%, Zero waits over 52 weeks. **Cancelled operations:** 5% Operations cancelled at last minute (on day of surgery or admission) for non-clinical reasons, 28 day guarantee for rebooking. Contractual performance targets for 13/14 (still to be agreed). Implement and deliver CQUINs and KPIs when agreed with commissioners	Mar-14	Director of Finance, Performance & Informatics/Divisional Chairs	monthly through FP&I, Board and TDA			ED performance to end Q3 at 94.2% below the standard of 95%. Comprehensive set of actions agreed with Urgent Care Working Group and commissioners. Trajectory and winter plan signed off by TDA and NHSE Cancer 62 day target at 83.8% ytd vs standard of 85%. Remedial action plan agreed, cancer strategy being updated	Sign off revised cancer strategy and implement remedial action plans to ensure target is met sustainably
REGULATION & COMPLIANCE: Maintain compliance with all statutory and regulatory requirements							
Objective 9: Meet all statutory and regulatory requirements							
Achieve Foundation Trust status	Apr-14	Director of Corporate Affairs	FT Programme Board			Planned authorisation date being reviewed in discussion with TDA, following changes in the CQC inspection regime and the TDA approval process. Dates now agreed for TDA board to board and approval, subject to outcome of CQC inspection.	
Recruit 11,000 public Foundation Trust members	Jul-13	Director of Corporate Affairs	FT Programme Board			Target number achieved July 2013	
Meet Equality Delivery System objectives	Mar-14	Director of Corporate Affairs	Equality and HR Committee			Progress being made in all objectives. Risk in achieving objective to develop systems (e.g. Datix) to allow characteristics to be captured	Continue to work with IT to develop Datix capability. Annual report of progress to Board March 2014
Fully utilise HealthAssure	Mar-14	Director of Corporate Affairs				Ongoing work with divisions to revise the trust compliance framework and the use of HealthAssure	Complete review and agree revised framework
Deliver against assurance map	Mar-14	Director of Corporate Affairs				Ongoing work with divisions to revise the trust compliance framework and the use of HealthAssure	Complete review and agree revised framework
Achieve general CNST Level 3	Sep-13	Director of Corporate Affairs				NHSLA risk management standards are being dropped by the NHSLA therefore objective no longer relevant. New guidance not yet published.	No further action required
STRATEGY, TRANSFORMATION & DEVELOPMENT - Redesign care pathways to keep more people out of hospital							
Objective 10: Develop health promotion and self care services							
Ensure that integration programmes have substantial prevention and self care focus	Mar-14	Divisional Chair - CSW	Monitored monthly at DMB			Process in place to ensure that all proposed integration plans include appropriate levels of health promotion, prevention and self care.	To maintain current process to ensure ongoing scrutiny
Objective 11: Use technology to deliver more care at home							
Telehealth expansion in heart failure and COPD	Mar-14	Divisional Chair Community Services/Divisional Chair Medicine & Cardiovascular	Monitored at service level monthly and exception reporting to DMB. Quarterly meetings with Wandsworth CRG to develop service and report on progress.			Identified patients provided with telehealth monitoring	To continue to actively identify patients who would benefit fromTelehealth
Objective 12: Improve the experience and outcomes for older people through integrating services							
Implement 2013/14 winter plan	Oct-13	Divisional Chair Medicine & Cardiovascular/Divisional Chair Community Services	Progress discussed monthly at CS DMB. Also discussed at medicine DMB and Medical Directorate meeting monthly.			Full participation in development of surge plan . Assessment of capacity undertaken for services that contribute to early supoprted discharge and admission avoidance. Bids put forward to 70% NETA funding. Winter ward opened October 13. Additional winter funding bid for. Schemes being implemented.	NETA bid successful. Plans underway to recruit. Further winter bid funding to be submitted.
Respond to commissioner procurement of Wandsworth Planning All Care Together (PACT) services	Mar-14	Chief Nurse and Director of Operations	EMT			Limited progress. This is a CCG led project and has now changed.	Review this objective and re-assign as appropriate.
Complete Improvement programme on falls and bone health	Mar-14	/Divisional Chair Community Services	Progress discussed monthly at CS DMB. Quarterly falls integration service meeting for progress review and reporting.			PID developed	To deliver key ojectives outlined within the PID
Complete reviews for Senior Health and HMPW and implement agreed clinical strategies, models of care and any service developments/ financial reviews identified	Mar-14	Divisional Chair Community Services	Progress discussed monthly at CS DMB			PID developed for Senior Health Improvement work	To deliver key ojectives outlined within the PID
Objective 13: Improve the experience and outcomes for those with long-term conditions through integrating services							
Implementation of community based integrated diabetes service in Wandsworth	Mar-14	Divisional Chair Medicine & Cardiovascular/Divisional Chair Community Services	Governed by DMB for each Division with feedback on progress from Programme Lead, managed in CIP - Service Improvement forum. Bi-weekly internal update meetings.			Pilot clinics have commenced, ***began in August.*** . Pilot of Tier 3 clinic now underway, model agreed, pilot commenced at St John's therapy centre . Financial model to be drafted for future DMB	To deliver key objectives outlined within the PID. Two additional sites to be developed. Internal management arrangements and commissioning model to be agreed.
Complete integration of reproductive and sexual health services in Wandsworth	Mar-14	Divisional Chair Community Services				Service Head appointed and joint working commenced	Service improvement project to develop new management structure, review of Clinical workplans and rationalisation of sites
Next phase of neuro-rehabilitation integration, transfer of Wolfson services to QMR	Feb-14	Divisional Chair Surgery & Neurosciences	Progress discussed monthly at CS DMB			Meetings established and CS representation agreed. Meeting also held to identify service transfer requirements for Community neuro team and ESD for stroke service. Awaiting confirmation from Estates that move can go ahead as planned for July 2014.	To participate in project steering group re: shell space redesign. To work with neurosciences to continue to transfer community neuro rehab team and ESD for stroke by 1 April 2014.
Develop community ward model with emphasis on measuring impact	Oct-13	Divisional Chair Community Services	Progress discussed monthly at CS DMB			Have worked with WCCG to redesign the current service specification. KPIs which measure impact have been identified and are reported on monthly to WCCG.	To continue to provide KPIs and service information.

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Complete work on integrated care pathway of haemoglobinopathy services	Mar-14	Divisional Chair Medicine & Cardiovascular/Divisional Chair Community Services	Project group established through Service Improvement. Meets quarterly.			Project currently underway to integrate adult community and acute nursing teams (bring in to acute)	To deliver key objectives outlined within the PID.
Work with Merton council and CCG on integrated service plans	Sep-13	Director Strategic Development/Divisional Chair Community Services	Progress discussed monthly at CS DMB			This programme is being lead by Merton Council and Merton CCG. It is progressing slowly, and the appointment of a project manager was delayed because of difficulties in scheduling interviews. The first stage is the implementation of a reactive community prevention of admissions team, due to commence in October and then followed by proactive management of people with multiple co-morbidities identifed through risk stratification. It is likely that implementation will be behind schedule. Initial conversations have been held in relation to 72 hour settling home service and intravenous antibiotic pathway	As this is commissioner and social care led, we need to continue to work with members of the project board on our components of implementation. To pursue discussions and commence proposals service modelling
Objective 14: Improve the experience and outcomes for children through integrating services							
Develop new leadership and structure for Children and Families Service	Mar-14	Divisional Chair Community Services	EMT			The care pathways for children are being written and clarified. I am attending the children's directorate meeting next week to present our vision for the future delivery of care to our vulnerable children in the community.	The plan for the future is to clarify the models of care and present to the EMT in October/November. The definitive outcome will be presented to EMT in January 2014.
Complete review of community paediatric provision with CCG	Sep-13	Divisional Chair CWDTCC	Steering group established Sept 2013			refreshed plan agreed with EMT is completion date Jan 2014	
STRATEGY, TRANSFORMATION & DEVELOPMENT - Redesign and reconfigure our local hospital services to provide higher quality care							
Objective 15: Enhance services and facilities for the care of children							
Full Business case for Children's Hospital (phase 1) completed	Jun-13	Divisional Chair CWDTCC	Divisional Management Board			Full business case to Trust Board in March, deferred from January 2014 due to need to rework designs	Complete business case
Open PAU 24/7	Mar-14	Divisional Chair Medicine & Cardiovascular	Completed			PAU fully opened 24/7.	Completed.
Establish network partnerships with paediatric services in SW London	Oct-13	Divisional Chair CWDTCC	Divisional Management Board			clinicians engaged in BSBV process moving towards a CWG process	
Objective 16: Enhance our maternity services							
Outline Business case for Women's Hospital (phase 2) subject of Board focus	Apr-14	Divisional Chair CWDTCC				starting development of OBC to meet April 2014 deadline	
Implement new maternity pathway arrangements	Start March 13	Divisional Chair CWDTCC	Divisional Boards			In place	
Implement SW London maternity network	Mar-14	Divisional Chair CWDTCC	Divisional Boards			In place with Director of Midwifery as Co-chair and member of national maternity review	
Objective 17: Provide more ambulatory care in a community setting or at home							
Capitalise on opportunities for AQP services	Start March 13	Divisional Chair Community Services/Divisional Chair CWDTCC	Divisional Boards			Chief Therapist for the trust is undertaking planning for AQP initially in CWDT and will link this with community services AQP income above target particularly in Podiatry, Currently little interest in new GP referals into audiology and physiotherapy.	
Developing at chemotherapy at home service	Mar-14	Divisional Chair Medicine & Cardiovascular	Steering group setup Oct 13, which includes Pharmacy			Proposal in development, drugs identified lead clinician identified to take this forward.	Model and costing to be drafted
Develop and expand services at Queen Mary's Hospital	Sep-13	Divisional Chair Community Services				Inpatient and outpatinent activity continues to rise. Meeting arranged with S&M to develop opportunity to expand RDP's. QMH dermatology service transfering from C&W to SGH. Wolfson Project progressing	Develop opportunity for expanding RDP's to S&M GP's
Objective 18: Improve care at the end of life							
Review co-ordination and co-operation with other health and social care services within South West London to ensure a high quality integrated service is available	Oct-13	Divisional Chair Medicine & Cardiovascular	Monitored through RCP4 steering group. Monitoring to pass to Medicine directorate on a monthly basis.			Work undertaken as part of RCP4. Improved collaboration with health and social care established in Wandsworth.	Further work to be undertaken with Lambeth and Merton.
Objective 19: Redesign models of care for people with urgent and emergency health needs							
Open Surgical Assessment Unit subject to business case and phasing of capital plan	2014	Divisional Chair Surgery & Neurosciences	Monthly at GM 1:1			BC is nearing completion but currently makes a significant loss. More work being done around tariff assumptions and bedday savings.	
Design out of hospital arrest pathway	Sep-13	Divisional Chair CWDTCC				audit and findings have been raised with commissioners, additional resources for these patients are in place- for the next commissioning round and discussion at EMT/ CQRM	
Objective 20: Redesign the pathway for patients needing planned surgery							
Surgical admissions lounge (SAL) relocation and redesign	Sep-13	Divisional Chair Surgery & Neurosciences	bi-weekly and Divisional Service Improvement Board. Weekly and SM meetings			Completed and opened.	
Development of community ward for surgical patient support	Mar-14	Divisional Chair Community Services	AS appropropriate at fortnightly CS strategy meeting			Initial discussions held with colleagues in surgery to identify appropriate patient pathways	To scope the level of patient activity and describe an appropriate clinical pathway
STRATEGY, TRANSFORMATION & DEVELOPMENT - Consolidate and expand our key pecialist services							
Objective 21: Develop our key specialist children's services							
Approve the OBC and FBC for Children's Hospital (Phase1) – see above	Jun-13	Divisional Chair CWDTCC/Director of Estates & Facilities				OBC approved- FBC in development and for submission in Jan 2014 to trust board	
Increase market share for paediatric surgery in Wandsworth and Lambeth by 2%	Mar-14	Divisional Chair CWDTCC	Monthly through SLAM vs SLA			At M04 for all paediatric surgery the current activity against target for Lambeth is 189% equal to an additional 15 cases above target YTD. Wandsworth is an 125% an additional 22 cases YTD	Continue to market and promote services across the neighbouring boroughs
Implement South London tertiary paediatric network	Dec-13	Divisional Chair CWDTCC				The london strategic network has been relaunched to include the total pathway review. The division is fully involved in the refreshed process and any potential impact	
Objective 22: Expand our cardiovascular and neuroscience services							

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Start work on hybrid theatre subject to business case and phasing of capital plan	Mar-14	Director of Estates & Facilities	Capital Programme Group			Funding for Hybrid Theatre slipped to 2014/15, therfore scehme will not complete until March 2015	CPG to review 2013/1//4 capital expenditiure. If, due to natural slippage funding is available for 2013/14 works may being in January 2014 and complete in December 2014.
Agree plan for medium to long term expansion of neuroscience capacity	Sep-13	Divisional Chair Surgery & Neurosciences	Monthly GM 1:1			BC nearly completed, still awaiting estates and PFI costs to move neurorehabilitation which will create capacity for neurosurgery growth	
Increase market share for cardiology referrals in our local market by 1%	Mar-14	Divisional Chair Medicine & Cardiovascular	Monitored through cardiology care group and cardiovascular directorate			Lead clinical staff to meet GPs in a targeted way identified, practice nurse from GP surgeries to visit the service in November. Marketing plan to be developed further. Capacity to be brought on line to support anticipated growth from January 2014.	Dates to meet with targeted GP practices to be scheduled for Q4. Capacity available January 2014.
Objective 23: Further develop our role as a major trauma centre							
Open Helipad subject to planning permission and commissioner agreement	Dec-13	Divisional Chair Surgery & Neurosciences/Director of Estates & Facilities	Capital Programme Group			Project delayed to re-design to accommodarte a 25 x 25 pad. / Recruitment for the helipad porters has started aiming for a start date of November with one months training. On plan to open March 2014	
Approve plans for the long term expansion of adult critical care	Sep-13	Divisional Chair CWDTCC				Plans approved for short term expansion. Long term OBC due to trust Board in December 2013	
Objective 24: Plan for the future of renal services in south West London							
Agree with commissioners five year strategy including plans for relocation of renal services	was not on the original document	Divisional Chair Medicine & Cardiovascular	A programme board and steering group are being set up to start meeting in Dec 13.			Programme board and steering group estabslihed to confirm a clear action plan with timescales.	Action plan with timescales to be agreed.
Objective 25: Promote our reputation as a leading centre for cancer services							
Achieve cancer survey action plan	As per plan milestones	Divisional Chair Surgery & Neurosciences	Monthly at cancer directorate meeting and updates at DMB			Action plan being devised	
Relocation of HOOP	Summer 13	Director of Estates & Facilities	Capital Programme Group			Project completed. Relocated to HOOP in October 2013.	Completed.
Develop plan to consolidate locations of haematology and oncology services	Mar-14	Divisional Chair Medicine & Cardiovascular	To be presented to, and subsequently monitored at DMB.			Relocation to HOOP is complete as of October 2013. Plans for expansion are being drafted for presentation to DMB.	Plan to be completed in preparation for presentation to DMB.
Objective 26: Develop our reputation as a centre for specialist surgery							
Develop implementation plan for SWL urology "hub & spoke" model	Mar-14	Divisional Chair Surgery & Neurosciences					
Produce a business case for the expansion of the cochlear implant service	Mar-14	Divisional Chair Surgery & Neurosciences					
Implement agreed business case for robot upgrade (possible expansion – head and neck)	Apr-13	Divisional Chair Surgery & Neurosciences				Complete	
STRATEGY, TRANSFORMATION & DEVELOPMENT - Provide excellent and innovative education to improve patient safety, experience and outcomes							
Objective 27: Ensure development of a competent, caring and capable workforce							
Ensure that 85% of staff have MAST training in the preceding 12 months	Mar-14	Director of HR & OD	Workforce and Education Committee			Details of current performance in the workforce report. Level of safeguarding training is on the BAF as a risk.	Implementation of new training system
Develop an annual training plan based on the needs of the Divisions and Corporate Departments	Jul-13	Director of HR & OD	Education Board			OD plan for divisions being developed and to be presented to EMT 27-Jan-14	
Increase in the number of staff trained as mentors	Mar-14	Director of HR & OD	Nursing Board			This item relates to Nurse Mentors. 150 places have been commissioned this year for nurse mentorship training.	
Ensure that 75% of all clinical and educational supervisors are accredited to GMC standards	Mar-14	Medical Director	Annually through Trainer return			37% have completed all seven domains	Further training to be delivered over winter, 82% have met some but not all of the domains, this is new requirement which has to be delivered by 2016. Training packages being delivered. Reaudit in March 2014
Objective 28: Be a national leader in multiprofessional training							
Publish a comprehensive directory of multiprofessional training opportunities	Oct-13	Director of HR & OD	Education Board			This is available on the intranet.	
Develop and implement multiprofessional case based learning in partnership with SGUL	Jul-13	Director of HR & OD	Education Board			The pilot for case based learning in the clinical setting was implemented as planned in July 2013. Although successful on small scale further discussion is needed to consider the wider application.	Steering group to consider wider application
Objective 29: Be a field leader in patient safety training							
Develop and implement a comprehensive patient safety training programme for the trust	Jul-13	Director of HR and OD	Education Board			All staff involved in patient safety training are working on the development of a portfolio of training.	
Develop e-learning patient safety packages with SGUL	Mar-14	Medical Director	Education Board			This development work will begin once the new on-line MAST system is established.	Meet with SGUL e-learning team January 2014
Objective 30: Play a leading role in Health Education south London							
Active participation and influence in the working of HESL to meet the educational needs of St George's	Mar-14	Chief Executive/Director of HR & OD	Education Board			CE member of the board. HRD a member of the membership council.	
Develop lead provider model with KHP for medical and dental postgraduate education	Mar-14	Medical Director	Trust Board			MOU sigened but awaiting implementation	Discussions with KHP to look at a shared services model for South London ongoing
Objective 31: Ensure the development of high quality learning environments							

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Staff feel supported to undertake appropriate training to meet their needs	Mar-14	Divisional Chairs	monthly education meetings (WP/CG), IPRs, PDPs, update at monthly DMB			Divisional training lead (WP, pharmacist) liaises with Trust education lead and with care groups, publicises available in-house and appropriate external training opportunities CSW: All stafff undertake MAST over 85% compliant and encouraged to undertake clinical and professional updates as required. Training plan for all clinical staff in division updated on a yearly basis. Other training also identified during staff appraisals. Surgery: Annual training needs analysis completed focusing on key priorities	MedCard: Implementation of leadership program for care group leads. Surgery: Develop leadership program for Care Group Leads
Implement GMC survey action plans in each area that underperformed on the survey	Oct-13	Divisional Chairs	Post graduate Medical Education Commmittee Quarterly			Refreshed action plans to be presented to EMT and Divisions. Clinical radiology: Clinical governance issue identified via GMC medical trainee survey in Clinical Radiology - addressing OOH portering issues.	Needs engagement at Divisional Level and implementation
Implement actions plans following other educational regulatory visits as they occur	Mar-14	Divisional Chairs/Director of HR and OD	Education Board			As regulatory visits occur plans are drawn up for implementation.	
Objective 32: Implement new training pathways							
Identify training requirements to support successful implementation of new care pathways	Jul-13	Divisional Chairs	support all staff groups in accessing relevant			Staff encouraged to engage in service improvement training (CWDTCC division has trained the largest number of individuals across the 4 divisions); this continues with bespoke training sessions developed with GE.	
Develop and implement training to support the new care pathways identified above	Mar-14	Director of HR & OD	Education Board			Further discussion needs to take place about the system for identifying the training requirements of new care pathways.	Head of training and development to discuss a way forward with the service improvement team.
Participate in HESL pilot for community based training	Mar-14	Medical Director	education board			joint bid with merton community services, SGUL and FHSCE	project development is in progress
STRATEGY, TRANSFORMATION & DEVELOPMENT - Drive research and innovation through our clinical services							
Objective 33: Develop a culture that places research at the core							
Set Division specific research KPIs	Oct-13	Medical Director/Divisional Chairs	Quarterly reporting - Research Board. Divisional Structures when established			Awaiting CLRN strategy meeting before distributing to divisions. Stragety meeting in October was cancelled and expect to have end of November. 1st meeting of the Research Board has been arranged for December 2013	Further work required to recognise performance in support services within the division. Bi-annual strategy meetings to link with CLRN strategy meetings Working with research Board to ensure key membership and agree ToR
Appoint NHS Research Performance manager	Oct-13	Medical Director	n/a			JD in draft discussing with trust HR	Recruitment process
Objective 34: Maximise the benefits of our partnership with St George's, University of London							
Agree clear plan for the future management of the Clinical Research Facility	Oct-13	Medical Director	JCRC			Current plans for structural changes in SGUL (Research Institutes) has taken priority Sign up by senior leadership at EMT and PAG. Developing plan for review and have identified suitable capacity to undertake this	Undertake review
Agree clear plan for the future management of the Clinical Research Facility	Oct-13	Medical Director	JCRC			Current plans for structural changes in SGUL (Research Institutes) has taken priority Sign up by senior leadership at EMT and PAG. Developing plan for review and have identified suitable capacity to undertake this	Undertake review
Objective 35: Partner with an Academic Health Science Centre (AHSC) at the heart of a vibrant Academic Health Science Network (AHSN)							
Launch strategic alliance with KHP	May-13	Director Strategic Development	Joint SGH/SGUL executive monthly			Launch took place on 17.07.13	Completed
Deliver on joint work plan with KHP	Mar-14	Director Strategic Development	Joint SGH/SGUL executive monthly			Work plan being finalised but rather slowly - will include delivery of the programmes of the successful CLAHRC bid	Final work plan still being developed. KL appointed to CLAHRC executive. Still need to agree deployment of SGH/SGUL contribution
To play an active role in the development of the South London AHSN	Mar-14	Director Strategic Development	Joint SGH/SGUL executive monthly			SGH/SGUL membership of AHSN/HESL Council	
Objective 36: Increase the success of research funding from grant giving bodies							
Submit successful joint bid for CLAHRC	May-13	Medical Director/Director of Strategic Development	Joint SGH/SGUL executive monthly			Successful bid submitted, and funding awarded	Completed
Increase recruitment into NIHR studies over 13/14 year	Oct-13	Medical Director	Joint Clinical Research Committee (quarterly) , Divsional boards			On track to achieve target for 2013/14	
Objective 37: Become a preferred partner with industry for pharmaceutical research and medical innovation							
Achieve an increase in departments undertaking commercial research	Mar-14	Medical Director	Joint Clinical Research Committee (quarterly) - Divisional Structures when established			Increase in no of Commercial studies open in last QTR. Pooled accounts for investigators is happening	Roll out to all Investigators who want pooled accounts; providing standard guidance for how to manage them. Transfer of staff income into care groups to cover costs (not currently happening universally)
Increase commercial trial income as measured by the Trust overhead figure	Mar-14	Medical Director	Joint Clinical Research Committee (quarterly) - Divisional Structures when established			Over 100 closed accounts have beed reviewed -and approoximately 80 are being reviewed currently - steady progress. Once this exercise complete we can review with FD for guidance on moving large amounts of funds.	Completing review of 80 closed studies and 120 open. Expect to be ontrack to have figures 01/04/2014
Objective 38: Develop a robust infrastructure to support research							
Complete recruitment into Joint Research and Enterprise Office	May-13	Medical Director	Research Governance Committee (Quarterly). MHRA Operational Group (monthly			Complete - but general vacancies arising as and when	

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Improve performance against the National Institute of Health Research benchmarks: Increase the number of trials that meet the 70 day benchmark for time from research application to first patient recruitment. Increase the number of commercial trials that recruit the target number of patients in the agreed timescale	Mar-14	Medical Director	Joint Clinical Research Committee (quarterly) - Divisional Structures when established			Increase in the number of trials meeting the 70 day target from 12.8% to 24.5% in one quarter - and moving from the bottom quartile to the third quartile Reduction in the number of commerical trials meeting target from 48% to 35.9% - this is due to better data collection for the Q1 report - and this piacture should stabilise. We remain in the top 50% of performers	Amber rating reflects the newness of this report (only four submissions and two comparative reports); data quality and cleansing is still in process and therefore, remains a risk. Data quality has been improved, but data collection needs to be streamline Implementation of Divisional Scorecards Feasabiltiy with new studies has been occuring - but will take sometime before this can be evidenced (when studies finally close to recruitment)
Implement action plan following MHRA review	Mar-14	Medical Director	Research Governance Committee (Quarterly). MHRA Operational Group (monthly			Complete	Embedding practice change within teams Audit programme of all studies (sponsored and hosted) will commence November
STRATEGY, TRANSFORMATION & DEVELOPMENT - Improve productivity, the environment and systems to enable excellent care							
Objective 39: Enhance clinical, operational and financial performance through a robust improvement programme							
Deliver against the 2013/14 goals of the Improvement Programme	Mar-14	Chief Nurse and Director of Operations/Divisional Chairs	Improvement Programme Board			Year two programme plan and structure agreed.	Revise reporting and Governance structure. Begin to implement plan
A robust Improvement Programme agreed for 2014/15	May-13	Chief Nurse and Director of Operations/Divisional Chairs	Improvement Programme Board			Year two plan agreed.	As above
Objective 40: Maximise the potential of IT							
Implementation of RiO for Older People and PLD services including activity and KPI reporting	Jul-13	Director of Finance, Performance & Informatics	RiO Programme Board (now closed)			This project was completed in May 2013. Older People and PLD services now operatioed from RiO - which is used as the source of KPI reporting	Complete
Complete implementation of Order Comms	Jul-13	Director of Finance, Performance & Informatics	Order Communication Project Board (monthly and Clinical Systems Programme Board (bi-monthly)			Order communications roll-out programme completed in May 2013 Formal closure to Clinical Systems Programme Board	Complete
Implementation of Electronic document management	Mar-14	Director of Finance, Performance & Informatics	EDM Programme Board (monthly) and Clinical Systems Programme Board (bi-monthly)			Radio Frequency Identification infrastructure; commissioned. New case note tracking implemented; In house scanning service commissioned.	Paediatrics go live with electronic casenotes in outpatient clinics Monitoring of casenote tracking compliance
Renewal of IT infrastructure	Oct-13	Director of Finance, Performance & Informatics	Infrastructure Project Board (monthly) and Clinicial Systems Programme Board (bi-monthly)			New wireless network commissioned in Lanesborough. Upgrade of Lanesborough wired network commissioned. Virtual Desktop deployed into clincial areas in St.James and Lanesborough	completion of VDI rollout to all clinical areas in St.James and Lanesbrough wings Installation and commissioning of new wireless network in Atkinson Morley Wing
Implementation of new data warehouse and business intelligence software	Oct-13	Director of Finance, Performance & Informatics	Data Warehouse Project Board (monthly) and Clinical Systems Programme Board (bi-monthly)			New data warehouse phase 3 developed and in user acceptance testing (UAT). Old data warehouse decommissioned First Tableau (dashboard) data visualisations are live (Average Length of Stay and A&E performance). Upgrade to Tableau enterprise installed and in test	Complete testing of and comissoinin gof phase 3. Develop and launch series of Tableau data visualisations for managers and clinicians Complete roll-out of the new Tableau-based Trust & Divisional performance scorecard.
Commence implementation of e-prescribing and clinical documentation	Dec-13	Director of Finance, Performance & Informatics	Meds Management and Clinical Documentation Programme Boards (monthly) and Clinical Systesm Programme Board (bi-monthly)			Configuration and build activitiy is complete, but electronic presribing and drugs catalogue not available in time to do full testing prior to planned go-live in cardiology in November - this has been rescheduled for February 2014	Completion of testing; commissioning of 24/7 back up; establishment of deployment support team
Objective 41: Improve our buildings and the environment							
Complete >=85% planned preventative maintenance	Mar-14	Director of Estates & Facilities	Organisational Risk Committee			Working towards target however some delays due to CQC and project works	Improve levels of PPM and ensure that previous months are actioned
Complete estates elements of 2013/14 capital plan	Mar-14	Director of Estates & Facilities	Capital Programme Group			Monthly review of the programme at CPG	Agree and action the plan to meet critical dates
Complete and optimise Community estates transfer	Apr-13	Director of Estates & Facilities	Capital Programme Group			5 Properties succesfullytransfereed in April 2013	Properties due to have space audit conducted in October 2013
Achieve required progress against energy plan	Mar-14	Director of Estates & Facilities	Jt Environmental and Sustainability Committee			Provided appointed for the redevelopment of the Energy Centre and initial survey in place	Complete survey and enter into next stage of the Energy Performamnce Contract.
Objective 42: Make our systems and processes more customer focused							
Deliver the GP engagement plans in the marketing plan	Mar-14	Director of Strategic development	Commerical Board quarterly			Delivering according to GP engagement programme in the 2013/14 marketing plan	Continue with Bridging the Gap, development of consultant relationship managers, Spellbpound programme and roll out of Kinesis programme
Creation of a single access point call centre for the booking, rescheduling and confirmation of new and follow up Outpatient appointments (merging the two current call centres in response to patient feedback)	Sep-13	Divisional Chair CWDTCC				will be complete once relocation of coding team completed in November	
Improve clinical data & information capture and documentation	Mar-14	Divisional Chairs	Monthly DGB			Many stand-alone data bases currently; working with EDM board to improve these elements; piloting in paeditrics (HMc; FA and VT on board). Data and information access remains an area of risk for the division Work still to be done around documentation. Notes audits being carried out including spot checks and consultant led WR implemented.	Continue to audit and target areas of concern.
Objective 43: Work with partners to develop the SW London pathology service							
Implementation of South West London Pathology Service	Apr-14	Divisional Chair CWDTCC				business case due to trust board in September 2013	
Alliance with Kingston – pharmacy and radiology	Mar-14	Divisional Chair CWDTCC				stage 1 implemented with update report to SAP on 18th Sept	
Objective 44: Develop a private patients facility							

Annual Objective	When By	Director lead	Monitoring group / frequency	YTD status (RAG)	Project-ed YE (RAG)	Status report	Key actions required in next period
Meet private patients income target	Mar-14	Director of Finance, Performance & Informatics	FP&I cttee monthly, commercial board			private patient income targets incraesed significantly in budget setting but performance off track as a result of emergency pressures and other capacity constraints	review proposal to establish new PP website at commercial board. Agree a plan to recover pp income including investment in marketing resources
Increase private patients work at QMH	Mar-14	Director of Finance, Performance & Informatics/Divisional Chair Community Services	FP&I cttee monthly, commercial board			QMH capacity and website agreed and in place	monitor implementation of new service
Identify partner for the development of a private patient facility on the Tooting site	Sep-13	Director of Finance, Performance & Informatics/Director of Estates & Facilities	commercial board. Private patients steering group monthly			bidder dialogue sessions continue to progress well. Timetable for best and final offers from bidders reviewed and extended. Final offers expected January. OBC approved at FP&I cttee.	Receive and score final offers, OBC to be signed off by TDA. Prepare final contracts and FBC for Board and TDA approval
WORKFORCE - Develop a highly skilled and engaged workforce championing our values							
Objective 45: Maximise the well-being of our staff and their levels of contribution and engagement							
Implement the Listening in Action Programme	Dec-13	Director of HR & OD	Workforce Committee/bi-monthly			A timetable for "conversations" has been agreed with the relevant service areas.	The 10 teams holding conversations will develop action plans. The next 20 teams will be recruited to take part in the programme. The Enabling our People project will be used to facilitate embedding the Trust values.
Directorates to manage sickness absence to the trust target of <3.0%	Mar-14	Director of HR & OD	Trust Board/monthly			Sickness Absence policy has been revised and will be re-launched to managers. Managers continue to receive reports of where absence levels may be unacceptable	The actions in the status report are on-going.
Develop and implement a 'well being' strategy in order to reduce sickness absence and to enhance a sense of personal responsibility and engagement amongst staff	Mar-14	Director of HR & OD	Workforce Committee/bi-monthly			The implementation plan has been agreed.	The Wellbeing Strategy will be publicised in the organisation.
Continue to develop strategies to reduce bullying measured by an improvement from current position of worst 20% as measured in staff attitude survey 2012	Mar-14	Director of HR & OD	Workforce Committee/bi-monthly			A report to the Workforce Committee was reviwed in September.	Case of harrasment and bullying contine to be monitored.
Objective 46: Strengthen the leadership and line management including the quality of appraisal							
Ensure all line managers are fully trained to tackle workforce and employee relation matters	Mar-14	Director of HR & OD	Workforce Committee/bi-monthly			Bespoke training is planned to take place in the divisions	The training will be on-going throughout the year.
Meet 85% appraisal target (to be maintained for a further six months and then reviewed)	Mar-14	Director of HR & OD	Workforce and Education Committee			Compliance rates for August 2013: non-medical 80.40%; medical 80.24%	Monthly on-going monitoring and action plans
Implement adoption of leadership framework within division/directorate/care group	Sep-13	Director of HR & OD	Workforce and Education Committee			The leadership Framework has been introduced to each of the Clinical Divisions for cascade through their teams.	Progress update to EMT September 2013 for decision on future actions
Strengthen clinical leadership through adoption of leadership framework	Sep-13	Director of HR & OD/Divisional Chairs	Workforce and Education Committee, Monthly CD and DDNG meetings			Leadership framework is incorporated into divisional workforce plans. Developed a local leadership induction prog. All Band 7 nurses have gone through corporate leadership prog	Develop leadership program for Care Group Leads.
Objective 47: Develop a robust workforce plan to support delivery of the Trust strategy							
Implement new roles in response to the changing role of junior doctors as part of training plan and as required	Mar-14	Director of HR & OD				No new role development currently identified by Clinical Divisions. Development of PA role underway within trust to recruit and retain	Development of PA teaching programme and proposal for career development
Achieve a variance of no greater than 3.25% either way for workforce utilisation against plan	Mar-14	Director of HR & OD	Trust Board/monthly			Where possible vacant posts are recruited to and agency usage is reduced.	The rollout of BankStaff will continue in line with the agreed timetable to monitor bank and agency usage
Objective 48: Improve the efficiency and productivity of the workforce							
Reduce agency expenditure across the trust and put in place methods of planning workforce need	Mar-14	Director of HR & OD/Divisional chairs	Workforce Efficiency Committee/Workforce Committee			Usage has not decreased due to an increase in activity levels. Agency spend reviewed monthly at management meetings. Monthly monitoring in place. Overspend in nursing due to un-funded short-stay ward remaining open over the weekend and the clinical need for RMNs increasing.	Roll out of BankStaff will continue in line with agreed timetable. Approach the psychiatrists re threshold for nursing RMNs. Working group to meet in January 2014 to plan for the recruitment of RMNs to the staff bank.
Achieve a less than 3.5% agency spend as a percentage of pay bill	Mar-14	Director of HR & OD/Divisional chairs	Finance Committee/Trust Board			Usage has not decreased due to an increase in activity levels. All in-patient wards now usuing the e-Rostering system to roster staff.	Line managers continue to scrutinise the use of agency staff
Ensure e rostering is rolled out successfully in line with the trust plan, to have significant impact on CRP	Mar-14	Director of HR & OD/Director of Finance, Performance & Informatics	Workforce Efficiency Committee/Workforce Committee			All new areas planned to use e-Rostering have gone live in line with the timetable	Continuation of rollout plan.
Improve medical workforce productivity	Mar-14	Director of HR & OD/Divisional chairs	Workforce Efficiency Committee/Workforce Committee			New areas of potential efficiencies have been identified.	Analysis of financial data and action plan to be developed.
Directorates to manage vacancies and turnover in line with Trust targets (11% vacancy rate, 12% voluntary turnover rate)	Mar-14	Director of HR & OD/Divisional chairs	Trust Board/monthly			All areas are on target.	
Ensure appropriate level of staff have 75% of annual leave booked in before Christmas 2013	Dec-13	Director of HR & OD	Workforce Efficiency Committee			The requirement is confirmed in the Annual Leave policy. Managers were reminded of this in November.	Completed in November 2013.
Achieve a greater than 80% temporary fill rate by bank staff	Mar-14	Director of HR & OD	Workforce Efficiency Committee/Monthly			Latest fill rate for N@&M staff shows that 55% of shifts filled are filled by bank staff. Overall 77% of temporary requests are filled.	Reminders to managers re: advance bookings have been sent
Achieve an overall temporary fill rate of greater than 90%	Mar-14	Director of HR & OD	Workforce Efficiency Committee/Monthly			As above	As above
Develop specific plans to implement the national Agenda for Change amendments including a review of the link between incremental progression and performance	Mar-14	Director of HR & OD	Workforce Committee/bi-monthly			Paper discussed at partnership forum in July	Revised paper will be submitted for discussion at EMT and then partnership forum
Undertake a review of local arrangements for out of hours working in order to support shifts to 7 day services.	Mar-14	Director of HR & OD	Workforce Committee/bi-monthly			No new service changes identified	None, unless new service changes identified.
Objective 49: Strengthen the sense of belonging to the trust across all acute and community staff							
Management to take lead in "living the values" and encouraging and demonstrating behaviours in the workplace	Mar-14	Director of HR & OD	Workforce and Education Committee / Education Board			Implementation of the Leadership Framework within Divisions. Implementation of 'Big Conversation' outputs from the LiA programme.	
Objective 50: Improve patient safety, experience and outocmes through the provision of excellent and innovative education							
Identify skills and training needed to support the workforce through the development of a comprehensive training plan	Sep-13	Director of HR & OD	Workforce and Education Committee / Education Board			The training plan is under development	