STRATEGIC PRIORITY 1 TO PROVIDE OUTSTANDING CARE TO OUR EXECUTIVE LEAD PATIENTS OPERATIONAL AND ACCESS Simon Barton IMPROVEMENT BENEFITS REALISATION PROGRAMME/ACTION LEAD MANAGER **KPI's** - Trajectory MILESTONES RAG RISKS COMMENTS MEASURES / KPIs **Maximise Theatre Productivity (Theatre** Q1 Q4 01 Q2 Q3 19/20 Q2 Q3 Q4 Improvement Workstream) Theatre scheduling tool in place and discussion around Introducing and embedding a sustainable time based scheduling booked utilisation at pre-scheduling meeting. Theatre lists are planned to full approach to listings (Units Model) across all elective theatres in Steve Jenkins capacity (% of Booked and three phases and streamlining the reporting and performance Developed theatre utilisation dashboard and weekly theatre Achieved Utilisation) cases check and exception reporting of all under-utilised lists process. discussed weekly at pre-scheduling. heatre lists are planned to full Streamlined pre-operative assessment pathways in place, To reduce Theatre Cancellations and DNAs in elective surgery 1B Steve lenkins capacity (% of Booked and RCA's for on the day cancellations and a Standing Operating across all specialties Achieved Utilisation) Procedure for Escalation of on the day cancellations in place. To align theatre start and finish times with consultant job plans Decreased number of unused Capacity and Demand planning complete, recruitment on-1C across Surgery and Anaesthetics and re-align workforce to Steve Jenkins theatre sessions and reduce going to staff additional requirements. revised theatre template including theatre staff shift patterns. WLI spend Improve the safe flow of Emergency Q3 18/19 Q2 Q3 19/20 01 Q2 Q4 Q4 patients (Emergency Flow Workstream) New DToC guidance issued - SFH to assess DToC remains above 3.5%. Action plan in place with partners, impact of this. Implementation of D2A % of DTOC OBD's 3.50% 3.50% 2A Reduce the % of OBD's associated with DTOC by 3.5% by Sept Kim Ashall 5 50% 4.50% based on High Impact Change assessment and 'Home First' pathways dependent on HFID discharge pathways Reduce the number of patients with a red status on the R2G 2B Kim Ashall R2G rolled out to all ward areas programme Enhance the quality of access for Accident Haaris Q1 Q2 19/20 and Emergency patients Achievement of KPIs as ЗА Initiate ED Streaming pilot - reducing time-to-triage DGM for U&E Car Complete specified in BC Greater distribution of skill mix Implement Tier 5 Consultant rota - supporting admission 3В DGM for U&E Care and reduce Consultant vacancy Complete avoidance gaps to zero Improvement plan in place, improvements in handover times Improved patient experience 3C Improve performance for against ambulance handover times DGM for U&E Care and time to triage time. demonstrated Greater distribution of skill mix 3D Initiate Nursing Worksforce Review DGM for U&E Care Complete and reduction in breaches 5% Reduction in zero length of Rebrand CDU to AECU and develop patient pathways to reduce DGM for U&E Care stay patients through main Complete impact on inpatient beds hospital beds Further improve the processes for patient's making appointments for outpatient, Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 19/20 diagnostic or planned admissions 100% e-referrals assessed via Replacement savience being implemented. 100% e-referrals Implement 100% mandatory e-refferrals for first Cons OP Elaine Torr MAR return, weekly complete and monthly returns going to NHSE. Complete monitoring reduce DNAs by a further 1%, 4B Implement patient portal access through Savience. Complete Bu Elaine Torr Appt changes. BC gone Complete through approval process

40	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 . Patient Initiated Follow-ups implemented and being rolled out across specialties
5	Ensure the delivery of Women-centered			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	18/19		
	care in our Maternity Services													
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 experienece											Complete
50	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