

Annual plan progress report - Q1 (April - June 2014)

Key for RAG status

R	Workstream off track and unlikely to deliver as described	A	Workstream offtrack but plans in place to recover	G	Workstream on track and to plan	B	Workstream complete
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SO1 - Safe - Deliver safe services and be in the top 20% against peers

Ref	Source	Action	Timescale for updates	Lead Director	Lead Manager/clinician	Q1 Update	RAG status	
1.1	Strategic objectives delivery plan	Review CQC live link to mortality rates on a monthly basis	Quarterly	Des Holden	Ben Emly	Reviewed monthly via clinical effectiveness committee	B	
1.2	Strategic objectives delivery plan	Gain CQC inspection rating of good or outstanding	Jul-14	Fiona Allsop		"Good" rating achieved from CQC for all domains	B	
1.3	Strategic objectives delivery plan	Quarterly audit of clinical staff appraisals to demonstrate that patient safety goals are included	Quarterly	Des Holden	Adam Stacey-Clear	Commenced introduction of safety goals as part of appraisal process. Audit to check compliance planned for december 2014	G	
1.4	Clinical strategy Divisional plans	Maintain the low incidence of surgical site infections	Quarterly	Des Holden	Barbara Bray	Jan-Mar 13 - 4 SSIs Apr-Jun 13 - 2 SSIs July-Sep 13 - 3 SSIs Oct-Dec 13 - 2 SSIs Jan-Mar 14 - 0 SSIs Significant improvement but RAG rated AMBER as elective orthopaedic beds are not ring fenced as per best practice.	A	
1.5	Clinical strategy Divisional plans	Meet all access targets including 2 weeks referral, 31 days and 62 days	Quarterly	Paul Bostock	Ben Emly	TWR, 31 and 62 day standards met, but insufficient capacity in a number of specialties. Referral from Screening Standard NOT being met in Breast	A	
1.6	Clinical strategy Divisional plans	Maintain consultant obstetrician cover at 98 hours per week	Quarterly	Des Holden	Debbie Pullen	Complete and in place	B	
1.7	Clinical strategy Divisional plans	Maintain compliance with national midwifery ratios	Quarterly	Fiona Allsop	Michelle Cudjoe	Trust has a rolling programme of investment to achieve the national ratio over 2-3 years	A	
1.8	Clinical strategy Divisional plans	Achieve compliance with new CNST standards	Quarterly	Fiona Allsop	Michelle Cudjoe	CNST standards no longer valid or used to measure quality of maternity services. Focus has now shifted to CQC inspections. Consider complete	B	
1.9	Quality Account Quality strategy	Avoidable falls/ falls resulting in harm	Improve data collection	Quarterly	Fiona Allsop	Sally Brittain	Actioned and evidence by Falls Annual report	G
			Commence monthly falls clinics and falls ward rounds				Actioned and in place	B
			Reduce falls by 25%				Reduction evident but not yet at this level	A
1.10	Quality Account Quality strategy	Skin care	Reduce hospital acquired minor damage by 25% and have no hospital acquired major pressure damage	Quarterly	Fiona Allsop	Sally Brittain	Rate of pressure damage has dropped to low single figures each month and we have had no grade 3 or 4 since January 2013	G
1.11	Quality Account Quality strategy	Safety thermometer	Develop and introduce maternity safety thermometer	Quarterly	Fiona Allsop	Michelle Cudjoe	National tool being piloted and contact with the lead has been made	A
1.12	Quality Account Quality strategy	Dementia	Develop community facing approach to dementia care	Quarterly	Fiona Allsop	Steve Adams	Continuing to work with community provider colleagues to help establish a view of dementia care which reflects the importance of community based care, but acknowledges the important role hospital can play at times. Dementia strategy being developed	G
			Seek feedback from carers of dementia patients				Dedicated questions now forming part of the "Your care matters" survey	G

			Demonstrate how feedback from carers has been used to improve services				Feedback from "your care matters" will form a standing agenda item for the Dementia Strategy Group being established to demonstrate how learning is actioned	G
1.13	Quality Account	Healthcare acquired infection	Meet the DH central infection control targets of <29 Cdiff cases and no preventable MRSA blood stream infections	Quarterly	Des Holden	Ashley Flores	To date, the trust has had 0 MRSA blood stream infections and 10 cases of Clostridium difficile.	G
	Quality strategy		Continue to screen patients for MRSA and administer MRSA suppression treatment in a timely way				MRSA screening in progress and reported on Performance scorecard.	G
1.14	Quality Account	Venous thromboembolism (VTE)	Continue risk assessment on > 95% of patients on admission	Quarterly	Des Holden	Clinical Chiefs	Compliant with 95% across the Trust and work in place to look at compliance by specialty. Targetting trauma and cardiology.	G
	Quality strategy		MDT review of all VTE cases				CNS for VTE completes RCA on every patient with VTE and feeds back to divisions	G
1.15	Quality Account Quality strategy	World Health Organisation (WHO) safer surgery checklist	Continue to audit quality of safer surgery processes	Quarterly	Des Holden	Barbara Bray	Included in theatres safety thermometer for continuous monitoring and annual in depth audit in place	G
1.16	Quality Account	Fractured neck of femur (hip)	Maintain and further improve timely admission and operative intervention	Quarterly	Des Holden	Barbara Bray	Beds rinfenced but challenging when site has significant operational pressures. Foolow up data now recorded and benchmarkimng will be avaiabel next quarter.	A
	Quality strategy		Improve length of stay for #NOF					
	Clinical Strategy Divisional Plans		Improve follow up data collection and reporting					
1.17	Quality Account	Patients admitted with stroke	Reinforce ring fencing to admit stroke patients within four hours to acute stroke unit	Quarterly	Des Holden	Sue Reed Ben Mearns Ben Mearns	Site team continue to document all stroke call patients for admission to ring fenced beds. Process in place to escalate when only 1 ring fenced bed available.	G
	Quality strategy		Further improve scanning time				Enabled nurse practitioners in ED to order scans to improve times	G
			Review stroke coding and mortalities for 2013/14				Coding review complete. Stroke HSMR< 100 for the last 2 months	B
1.18	Quality Account	Incident reporting	Improve use of safety information at divisional meetings	Quarterly	Fiona Allsop	Kim Rayment Jonathan Parr Kim Rayment	The divisions review incidents, SIs and SI action plans at their divisional governance meetings. Since July all divisions send and present a report to the Patient Safety Committee which covers incidents reported, outstanding SI investigations, SI actions, lessons learned. The quarterly Trust patient safety incident report is presented at the Patient Safety Committee and divisional representatives attend the meeting and are required to share reports with their divisions through the divisional governance processes.	G
	Quality strategy		Increase number of audits that impact on patient safety				Divisions set their own divisional audit plan and these include any audits that have been identified as required in an action plan resulting from an incident investigation.	A
			Make patient safety data more transparent for staff and patients				It has been agreed that a quarterly SI report is presented at the Public Trust Board. Staff attend sub committees where incidents are shared as representatives of their divisions and are expected to feedback and share the patient safety incident data with their staff and colleagues via their governance meetings. Patients/relatives are informed if a serious incident investigation is being undertaken and are sent the completed reports and asked if they want to meet the relevant person from the Trust to discuss the report and findings. After discussion at the Patient Safety Committee this month (10th Sept 14) a process is being developed to ensure that all incidents that result in moderate and above harm to the patient are discussed with the patient in order to comply with the Duty of Candour Regulations due to be in place from the 1st October 2014. Compliance with this wil be monitored via the Patient Safety Committee.	A
1.19	Deep Dive Quality Improvement Plan	Ensure delivery of all actions on deep dive quality improvement plan		Quarterly	Sue Jenkins	ADOs	Quality improvement plan developed. To be reviewed and updated by ECQRR 6 monthly Being monitored via Divisional Quality and Risk Boards	G

1.20	CQC improvement plan	Deliver outpatients improvement plan	Quarterly	Sue Jenkins	Garry East Sian Griffiths	Outpatients plan in place and being delivered and monitored by steering group. Weekly meetings in place with operational teams. Some time scales have slipped against original plan. Plan monitored via weekly updates to executive committee and monthly board updates	A
1.21	CQC improvement plan	Deliver medical records improvement plan	Quarterly	Ian Mackenzie	Phil Stone	Medical Records plan developed and largely implemented (being reviewed at Execs 17/9). Key outstanding issues are improvements to environment (a part of 2015/16 capital plan) and reduction in ad-hoc clinics (action with Sue Jenkins)	G
1.22	CQC improvement plan	Deliver Dictate IT improvement plan	Quarterly	Jim Davey	Angela Stevenson	Plan being monitored by weekly executive committee. Project board established and template letters developed. Workstream now includes review of medical administration	G
SO2 - Effective: Deliver effective and sustainable clinical services within the local health economy							
Ref	Source	Action	Timescale	Lead Director	Lead Manager/clinician	Q1 Update	RAG status
2.1	IBP service development Estate Strategy	Develop second cardiac angiography suite	Quarterly	Paul Bostock	Angela Stevenson	Business case approved. Loan approved. Contractors appointed. Build to start 15.09.14 on plan	G
2.2	IBP service development Strategic objectives delivery plan	Decrease non elective care – develop additional hospital at home services, community beds and geriatricians in the community to support the QIPP plans delivered through the LTB	Quarterly	Paul Bostock		Non elective activity increasing vs Q1 13/14 and above commissioned plan. Hospital at home pathways in development and increasing to 30 beds over the winter QIPP plans unlikely to be delivered	R
2.3	IBP service development	Joint pathology venture	31.12.14	Paul Simpson	Bruce Stewart	FBC being submitted to Trust Boards of BSUH and SASH in September for final decision.	G
2.4	Strategic objectives delivery plan	Demonstrate participation in wider health system transformation forums to influence development of new models of care	Quarterly	Sue Jenkins	-	Active participation in Local Transformation Board Strategic Resilience Group Stroke network clinical pathway development Raising profile to ensure involvement in Better Care Fund Plans	G
2.5	Strategic objectives delivery plan	Develop decant and escalation ward	31.12.14	Paul Bostock	Angela Stevenson	Business case approved. Build commenced. Due for completion December 2015. On plan	G
2.6	Strategic objectives delivery plan	Develop plans to support re-procurement of EPR and EPMA	Quarterly	Ian Mackenzie	Andy Humm	EPR - the Trust has undertaken a procurement exercise for which the outcome is that Cerner have been awarded preferred supplier status for EPR functionality and hosting services. A Full Business Case has been approved by the Trust Finance & Workforce Committee and is currently being reviewed for approval by the TDA with a view to contract sign-off in October. Initial transition to the Cerner data centre is planned for 31st May 2014. EPMA - the Cerner e-Prescribing functionality, business continuity solution, PIEDW reporting solution, discharge summary and ED single encounter solutions are planned for deployment 10th November 2014	G
2.7	Clinical strategy Divisional plans	Enhance community geriatrics and share secondary care expertise into the community	Quarterly	Des Holden	Virach Phongsathorn	13 Care of the Elderly consultants now appointed. Approximately 50% of their time is committed to delivering services in an out of hospital environment supporting primary care and community services	G
2.8	Clinical strategy Divisional plans	Redesign the stroke pathway to create a seamless in and out of hospital patient centred pathway across all providers	Quarterly	Des Holden	Ben Mearns	Involved in Surrey and Stroke networks to redesign services across whole healthcare system. Led work with CCGs to improve pre hospitals and post discharge care	G
2.9	Clinical strategy Divisional plans	Redesign the pathways in elderly medicine to create seamless patient care across all providers including early supported discharge	Quarterly	Des Holden	Ben Mearns	White boards in place on all wards to promote use of expected date of discharge. Leading system white pilot to develop a model of care to support discharge to assess	G
	Clinical strategy					WACH Actively engaged in Maternity, Children's and Neonatal	

2.10	Divisional plans	Active participation in all clinical networks		Quarterly	Des Holden	Clinical chiefs	Networks. Cancer Services Directorate actively engaged with Cancer Networks. Not all individual Tumour Site Groups are participating. Trust wide involvement in critical care, ED stroke and cancer networks	G
2.11	Clinical strategy Divisional plans Estate Strategy	Develop community based diabetic services providing locally accessible services		Quarterly	Sue Jenkins	Char Fletcher	Project team in place to support move to The Earlswood Centre. Original relocation planned for 1 October 2014 but date likely to slip due to non availability of lease and vacation of premises	A
2.12	Clinical strategy Divisional plans Estate strategy	Develop and implement respiratory unit in partnership with BOC and Guys & St Thomas'		Quarterly	Ian Mackenzie		Building complete and opening of services being planned	G
2.13	Clinical strategy Divisional plans	Redesign service to create HDU respiratory beds		Quarterly	Des Holden	Virach Phongsathorn	Medical bed strategy proposed and business case being developed	G
2.14	Clinical strategy Divisional plans	Provide integrated critical care service with intensivist medical cover in the high dependency unit		Quarterly	Des Holden	Barbara Bray	Commenced 1 August 2014	B
2.15	Clinical strategy Divisional plans	Develop a day surgery strategy to increase % of all surgical procedures to 80% as day cases		Quarterly	Paul Bostock	Natasha Hare	Progressing to plan	G
2.16	Clinical strategy Divisional plans	Develop 23 hour day surgery at Crawley hospital		Quarterly	Paul Bostock	Natasha Hare	Progressing to plan. Due to commence September 2014 as planned	G
2.17	Clinical strategy Divisional plans	Develop and implement dental simulation suite		Quarterly	Paul Bostock		Complete and open summer 2014	B
2.18	Clinical strategy Divisional plans	Deliver and implement new radiotherapy services on site at ESH site		Quarterly	Ian Mackenzie		Complete and open summer 2014	B
2.19	Clinical strategy Divisional plans	Redesign of service to ensure that the birthing unit provides intrapartum and postnatal care for 20% of women booked for maternity services at East Surrey hospital		Quarterly	Des Holden	Debbie Pullen Michelle Cudjoe	Staffing and processes in place to ensure that all low risk women have appropriate access to the birthing unit. Last month achieved 18% of ALL births	G
2.20	Clinical strategy Divisional plans	To consider recommendations from the strategic review of radiology services undertaken in autumn 2013 and agree and implement action plan		Quarterly	Des Holden	Bruce Stewart Garry East	Draft strategic paper awaiting further review at Divisional level. Plans in place for this to be completed at divisional level by Oct 14 before actions are agreed and signed off with the service. Strategic Plan to encompass Workforce Development Plan in line with growth and departmental ambitions. Clear 5 year plan of development to be created	A
2.21	Clinical strategy Divisional plans Estate Strategy	Redesign of service to support the installation of a digital mammography machine on the ESH site		Quarterly	Paul Bostock	Bruce Stewart Garry East	Division is currently finalising the financial detail of the service before Business Case is submitted. Objective is to have a business case ready for October 2014.	A
2.22	Clinical strategy Divisional plans	Implement a managed equipment service which is supported by a rolling equipment replacement schedule		Quarterly	Des Holden	Bruce Stewart Garry East	Down to final 2 bidders. Division currently working through the plans to address any affordability gap. SOC to be presented at Exec Committee 09/09/14. SOC to FWC 23/09/14 and then to TDA by end of September. Objective is to gain TDA approval of the FBC by 24/03/15. Project currently on track.	G
2.23	Quality Account Quality strategy	Mortality	Roll out enhanced review of all patient deaths Maintain "better than expected" rating for mortality by Dr Foster	Quarterly	Des Holden	Jonathan Parr	Process now rolled out, first feedback to come to next Mortality Group in October Trust continues to improve on it's rating and therefore remains 'better than expected'	G
2.24	Quality Account Quality strategy	Readmission to hospital	Improve on changes made on 13/14 Undertake review of one month's clinical readmission data and implement any lessons learned	Quarterly	Jim Davey		Improvement demonstrated in annual plan Readmission audit underway. Due for completion Q2	B G
2.25	Quality Account Quality strategy	Enhancing Quality (EQ)	Maintain 2013/14 position	Quarterly	Des Holden	Jonathan Parr	Data completeness targets being met and first two months show position being maintained.	G
2.26	Quality Account Quality strategy	Enhanced recovery (ER)	Further increase use of enhanced recovery Maintain high levels of data completeness to demonstrate improvements	Quarterly	Paul Bostock	Jonathan Parr	Scores presently not showing sufficient increase in use of ERP as defined by CQUIN Data completeness targets being met although extensions have been required to deadlines due to staff absence.	A A
2.27	Quality Account Quality strategy	(NICE) technology appraisals	Increase statement compliance	Quarterly	Des Holden	Jonathan Parr	Chief Pharmacist has been asked to produce list of Tas to be audited to demonstrate compliance.	A

2.28	Quality Account	Reducing need for admission	Maintain core community and hospital at home beds all year	Quarterly	Paul Bostock	Sue Reed Jim Davey	10 beds confirmed and contracted for. Plans in place to increase to 30 for Q3 and 4	G
	Quality strategy		Review pathways to develop alternatives to admission				Discharge to assess pilot being developed Reclassification of short stay patients as outpatients now complete Continuing to develop ambulatory care pathways	G
2.29	7 day working SDIP	Implement 7 day working for all relevant specialties		Quarterly	Sue Jenkins		Working group established and terms of reference agreed. Work underway to assess need at specialty level	A

SO3 - Caring - Ensure patients feel cared for and cared about

Ref	Source	Action	Timescale	Lead Director	Lead Manager/clinician	Q1 Update	RAG status		
3.1	Strategic objectives delivery plan	Demonstrate that audit plans include issues raised by YCM, FFT and inpatient survey	Quarterly	Des Holden	Clinical chiefs	Audit plans include issues raised by patients via a number of sources including complaints and incidents	B		
3.2	Strategic objectives delivery plan Nursing & Midwifery strategy	Demonstrate delivery of "Provide safe and effective care in all that we do" objective from nursing and midwifery strategy at patient experience committee	Quarterly	Fiona Allsop	Sally Brittain DCNs	Delivery of nursing and midwifery strategy have included Implementation of safety thermometer Reduction in HCAs Staffing review Values based recruitment Development of patient experience strategy Recognition and management of deteriorating patients White board project In house training of national courses i.e. ALERT, ALS, ILS HCA training	G		
3.3	Strategic objectives delivery plan	Develop and roll out customer care training for all relevant staff	Quarterly	Ian Mackenzie	Cathy White	Pilot of customer care training has been completed. Report to be discussed at next Patient Experience Committee. Roll out plan agreed. Ongoing customer care training will sit with HR	G		
3.4	Clinical strategy Divisional plans	Work with Olive Tree, Friends of east Surrey and Macmillan Cancer Support to develop and implement a Cancer Information and Support Centre at East Surrey Hospital	Quarterly	Paul Bostock	Bill Kilvington Jane Penny	Architect plans agreed. Funding streams agreed. Planning application submitted. Due to commence build early 2015	G		
3.5	Quality Account	Right bed, right time	Eliminate clinically inappropriate mixed sex accommodation	Quarterly	Paul Bostock	No breaches in Q1	G		
	Quality strategy					Increase community beds and investment in 7 day working	7 day project team established Community beds as planned at 40	G	
						Ring fence beds for stroke and fractured NOFs	Beds identified and policies agreed to support implementation	A	
						Develop escalation process and bed plan	Complete and in place	B	
3.6	Quality Account	Nutrition	Continue to focus on implementing protected mealtimes and audit compliance	Quarterly	Fiona Allsop Ian Mackenzie	Sally Brittain Carol Dixon	Protected mealtimes are indicated on all ward boards. Audit planned to monitor compliance	G	
	Quality strategy						Introduce two week menu	Two week menu Implemented June 2014	B
3.7	Quality Account	End of life care	Review and update End of Life Strategy	Quarterly	Fiona Allsop	Jane Penny	Has been updated, need to ratify	A	
	Quality strategy						Promote use of and audit compliance with End of Life Care Plan	Taken to nursing and Midwifery Board, review at September meeting	A
							Introduce a palliative care weekend service by recruiting two additional CNS'	Two recruited, but one a training post. Six day service in place/	A

SO4 - Responsive to people's needs - become a secondary care provider and employer of choice for the catchment populations of Surrey and Sussex

Ref	Source	Action	Timescale	Lead Director	Lead manager/clinician	Q1 Update	RAG status
4.1	IBP service development	Bowel screening service development	Quarterly	Paul Bostock	Natasha Hare Gary Mackenzie	On plan and due to go live September 2014	G
4.2	IBP service development	Chemotherapy service development	Quarterly	Paul Bostock	Bill Kilvington Jane Penny	Majority of regimens previously agreed have now been re-located, but insufficient capacity to relocate additional activity. Split-site working and the need to re-locate outpatients from RSCH as part of a cancer strategy being discussed.	A
	Strategic objectives delivery plan	Establish CoC and demonstrate meaningful engagement which		Gillian Francis	Ellie Clark	Governor induction packs prepared and awareness sessions for patient and public members have been arranged and delivered. More than 70 expressions of interest to be a governor have been	A

4.3	Membership strategy	Establish CCG and demonstrate meaningful engagement which shapes our services	Quarterly	Gillian Francis-Musanu	Colin Pink	more than 70 expressions of interest to be a governor have been received. Staff governor awareness sessions are being planned. Election to be planned following TDA Board to Board on 19 November 2014	A
4.4	Clinical strategy Divisional plans Estate Strategy	Refurbish and open theatres	Quarterly	Paul Bostock	Bill Kilvington Barbara Bray	New theatres 9 & 10 (Princess Alexandra Wing) open. Work on-going in the main suite and a revised phasing plan has been agreed. Final completion date now end of Q1 in 15/16	A
4.5	Quality Account	Patient feedback	Quarterly	Fiona Allsop	Sally Brittain	Training has been provided for senior frontline staff including matrons	G
	Quality strategy				Cathy White	Complete	B
					Sally Brittain	This is evident on every ward on the quality boards which are visible to staff visitors and patients.	G
					Barbara Bray	Focus groups with patients have been held which has identified issues that will be addressed as part of patient leaflet redesign	G
4.6	Market Development strategy	To maintain market share through excellent service provision and securing AQP contracts where CCGs have given notice on the service that was previously part of the acute contract	Quarterly	Paul Simpson	Larisa Wallis	Participated in various market engagement events, AQP and tender opportunities for MSK, Diagnostic Imaging, Dermatology, Respiratory, Diabetes and Weight Management services. Trust secured two AQPs for delivery of non-obstetric ultrasound service in Surrey area. Contracts are due to be signed by end September. Services are planned to commence in early October-14.	G
4.7	Market Development strategy	To expand market share for elective activity targeted market for those GP practices within our catchment that have traditionally referred patients to other providers	Quarterly	Paul Simpson	Larisa Wallis	In partnership with RSCH a number of meetings were held with some GP practices within SASH catchment area aiming to build relationships with GPs, raise their awareness and promote the new radiotherapy service at St Luke's Unit on ESH site. Communication to GPs in Surrey area is planned for marketing of the new non-obstetric ultrasound service.	A
4.8	Market Development strategy	To expand market share for elective activity by working with CCGs and other providers to repatriate elective activity from distant tertiary providers where this is clinically appropriate	Quarterly	Paul Simpson	Larisa Wallis	Repatriation of cardio activity from tertiary providers (St George's Hospital, The Royal London hospital and BSUH) through new service development (new Angiography Suite at ESH). Repatriation of chemotherapy outpatient activity from Guildford (RSCH) as a result of partnership with RSCH and opening of the St Luke's Radiotherapy unit on ESH site. Bowel Screening has been brought back in-house and due to start in Sept-14. Currently working on setting up an internal service for neonatal BCG vaccination. Discussion instigated with South London CSU on behalf of East Surrey CCG to reinvigorate.	A
4.9	Market Development strategy	To explore opportunities for further joint ventures/partnership arrangements to continue to develop the East Surrey Hospital campus so that local patients can receive an increasing range of specialist services at ESH whether provided by SASH or a partner organisation	Quarterly	Paul Simpson	Larisa Wallis	Opening of Lane Fox unit - the step-down facility for respiratory patients currently receiving care in London (Guy's & St Thomas' NHS FT). Signed the contract with IC24 Integrated Care for provision of out of hours service for Surrey patients from ESH site. Ongoing and new services commissioned and provided under provider to provider agreements and contracts. Joint partnership work with RSCH on opening of the St Luke's unit on ESH site.	G
4.10	Market Development strategy	To move to new markets, such as private practice, where this is clinically and financially viable and supports the long term strategic intentions of the Trust	Quarterly	Paul Simpson	Larisa Wallis	Development of private patient activity and bed capacity for cardiology patients (angiography). Joined the BUPA CT network for provision of routine outpatient CT scans for private patients. Currently exploring new private practices and possibilities to increase existing private opportunities with clinicians (e.g. endoscopy).	G
						Leadership framework incorporated into:	

4.11	Workforce and OD strategy	Launch the Leadership Framework and an effective assurance process for the organisation to assess how each line manager is performing against the key people performance requirements	Quarterly	Yvonne Parker	Sally Knight	* redesigned appraisal documentation * essentials of management training * HRBP delivered people management training Assurance process is via appraisal documentation	G
4.12	Workforce and OD strategy	Develop integrated workforce plans (demand and supply) at divisional/ business unit level - identifying workforce changes required for 24/7 working in appropriate areas	Quarterly	Yvonne Parker	Janet Miller	High level workforce plans at Trust level only	A
4.13	Workforce and OD strategy	Focus on increasing workforce productivity <ul style="list-style-type: none"> realise the benefits of technological business processes across the Trust eg attendance and rostering software, digital dictation, harness productivity gains identified in service developments - advances in medical/surgical innovations eg telemedicine, 	Quarterly	Yvonne Parker	Janet Miller	Identified projects for digital dictation and e rostering established which focus on efficiencies. Staff are involved in the redesign process Working in future years to establish business cases for shared employment models as Trust develops	A
4.14	Workforce and OD strategy	Refocus of induction to support OD intervention around behaviours and values.	Quarterly	Yvonne Parker	Sally Knight	Values incorporated in Executive welcome, redesign once behaviours matrix launched	A
4.15	Workforce and OD strategy	Have in place a range of interventions to reduce the top reasons for absence such as workplace stress musculoskeletal disorders (MSD), flu.	Quarterly	Yvonne Parker	Janet Miller	Support for managers to utilise HSE Management Standards, CIC services and occupational healthsupport, accelerated access to physiotherapy and dermatology, flu immunisation campaign	A
4.16	Workforce and OD strategy	Ensure that staff have access to a range of services to support healthy lifestyles, diet and health screening.	Quarterly	Yvonne Parker	Sally Knight	Health promotion material available as part of OH provision and Wellbeing Day. Health screening available on site via Boots	G
4.17	Workforce and OD strategy	Create the SaSH identity and brand so that we are recognised as the 'Employer of Choice'	Quarterly	Yvonne Parker	Sally Spencer	Workstream part of Agency PMO established, monthly reports also through Workforce Committee, programme of work established, intranet pages designed – content in development utilizing HSJ Top 100 employers publicity.	A
4.18	QGAF	Deliver all QGAF action plan	31.08.14	Des Holden/ Fiona Allsop	Jane Thomson	Plan being monitored via weekly meetings. Self assessment complete and proposed score of 2 was recommended. External assessment due to commence at end of September 2014	G

SO5 – Well led – to be an organisation that is well led

Ref	Source	Action	Timescale	Lead Director	Lead manager/ clinician	Q1 Update	RAG status
5.1	Strategic objectives delivery plan	Demonstrate increase in market share due to repatriation of services	31.3.15	Paul Simpson	Larisa Wallis	The broad market share analysis is carried out annually. The latest data for 2013-14 will be included in the next version of the Business Plan and Market Development Strategy. Repatriation of therapy services back in-house - from April 2014.	A
5.2	Strategic objectives delivery plan	Develop recruitment plan, monitor delivery and report to workforce committee	Quarterly	Fiona Allsop	DCNs	WACH Recruitment plan fully implemented and being monitored	G
5.3	Strategic objectives delivery plan	Ensure 90% of staff have PDP and turnover reduces to 12% and report to workforce committee	Quarterly	Yvonne Parker	Janet Miller	Metrics developed and reported. Appraisal compliance affected in Q1 by high activity levels. Plans in place to recover. Revised appraisal paperwork being piloted in Q3. Turnover hotspots identified and plans in place but no reduction seen yet	A
5.4	Strategic objectives delivery plan	Implement new performance appraisal system	30.09.14	Yvonne Parker	Sally Knight	Pilot implemented 01.09.14 with 50 Band 8 and above staff. Following evaluation full system will be implemented in 2015	A
5.5	Strategic objectives delivery plan	Establish periodic 360/ multi source feedback for doctors appraisals	Quarterly	Des Holden	Adam Stacey-Clear	Complete and in place	B
5.6	Strategic objectives delivery plan	Complete delivery of SaSH plus GE clinical leadership programme	Quarterly	Des Holden	Colin Pink	Programme continuing. Report submitted to FWC confirming progress to date and future plans	G
5.7	Strategic objectives delivery plan	Complete delivery of Foresight board development programme	Quarterly	Gillian Francis-Musanu		Programme continuing and mock B2B and feedback now completed	G
5.8	Strategic objectives delivery plan	Undertake staff listening event	Quarterly	Yvonne Parker		All divisions have held listening events in Q1 which have shaped local staff survey action plans.	B
5.9	Strategic objectives delivery plan	Audit governance systems and internal control mechanisms	Quarterly	Gillian Francis - Musanu	Colin Pink	QGAF action planning and implementation has tested internal governance and control mechanisms	G

5.10	Quality Account	Cleanliness	New cleaning equipment	Quarterly	Ian Mackenzie	Carol Dixon	New cleaning equipment purchased and in place	B
	Quality strategy		Shift majority of cleaning to daytime rather than at night				Cleaning timetable reviewed and as much moved to the night as possible	B
5.11	IT strategy	Replace data reporting tool with Cerner PIEDW software available through HSCIC	31.12.14	Paul Bostock	Andy Humm	Deployment plan on track for 10th November 2014	G	
5.12	IT strategy	Commence roll out of e-prescribing	31.12.14	Ian Mackenzie	David Heller	Will go-live November 2014	G	
5.13	IT strategy	Upgrade of end-of-life Trust operating systems	Quarterly	Ian Mackenzie	Peter Hodgetts	Work underway and on-target and funded in 2014/15 capital programme	G	
5.14	IT strategy	Provide upgraded email solution	Quarterly	Ian Mackenzie	Peter Hodgetts	Business case being prepared but funded within 2014/15 capital programme	G	
5.15	IT strategy	Complete Network Upgrade	Quarterly	Ian Mackenzie	Peter Hodgetts	Part of 2015/16 capital programme not scheduled for 2014/15	G	
5.16	Estate strategy	Deliver estates capital programme	Quarterly	Ian Mackenzie	Shaun Cunningham	As reported to FWC	G	