

Annual plan progress report - Q2 (July - September 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	Q2 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 Apr-Jun 14 - 2 SSIs 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 standard being met Cancer standards being met although a challenge in terms of consistency with screening standard	G	
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Divisional plans	Achieve compliance with new CNST standards	Quarterly	Fiona Allsop	Michelle Cudjoe	CNST standards no longer valid or used to measure quality of maternity services.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	Avoidable falls/ falls resulting in harm	Improve data collection	Quarterly	Fiona Allsop	Sally Brittain	Complete	B
	Commence monthly falls clinics and falls ward rounds		Actioned and in place				B	
	Reduce falls by 25%		On going- Consultant Nurse for Falls commenced Dec 2014				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	No 3 or 4 since Jan 2013 , pressure damage rate remains low and unchanged.	G
1.11	Quality Account Quality strategy	Safety thermometer	Develop and introduce maternity safety thermometer	Quarterly	Fiona Allsop	Michelle Cudjoe	National tool still being piloted . Seeking to join national pilot formally. Contact has been approached to progress	A
1.12	Quality Account	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. Butterfly scheme has been launched which raises awareness of dementia and helps improve interface for patients between community and acute trusts	G
	Quality strategy		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	Fiona Allsop	Ashley Flores	To date, the trust has had 0 MRSA blood stream infections and 11 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				MDT review of all cases in place. Aiming for 100% on discharge assessment and RCA on confirmed VTEs	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. WHO checklist usage is 100% compliant.	G
1.16	Quality Account	Fractured neck of femur (hip)	Maintain and further improve timely admission and operative intervention	Quarterly	Des Holden	Barbara Bray	Compliance with ring fenced beds good with average activity. Peaks in activity sometimes compromise pathway. LOS still above average National #NOF data base now available and Trust is average in the region for all areas	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	Paul Bostock	Paula Tooms	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		Des Holden	Ben Mearns	Enabled nurse practitioners in ED to order scans to improve times	G
			Review stroke coding and mortalities for 2013/14		Des Holden	Ben Mearns	Coding review complete. Stroke HSMR< 100 for the last 2 months	B
	Quality Account		Improve use of safety information at divisional meetings			Katharine Horner	<ul style="list-style-type: none"> The Divisional Governance Meetings are taking place on a regular basis within the Divisions. A Divisional summary report is presented to the Patient Safety Sub-committee which covers incidents reported, outstanding SI investigations, SI actions, lessons learned. A "Shared Learning in Practice" newsletter is planned for publication each month which will highlight key learning from Serious Incidents across the Trust. Work will start with Communications on the possibility of having a repository of key learning from incidents on the Intranet. 	G
	Quality strategy		Increase number of audits that impact on patient safety			Jonathan Parr	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.	G

1.18		Incident reporting		Quarterly	Fiona Allsop		<ul style="list-style-type: none"> The first quarterly SI report has been presented at the Public Trust Board. Each Division has a Risk & Patient Safety Manager who supports their Division in managing incidents and serious incidents. Each of the Divisional Risk Managers provides the Division with patient safety incident data at the Governance Meetings. The Divisional leads attend the Patient Safety Sub-Committee at which learning from incidents is shared and discussed. 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. The Duty of Candour regulations are now scheduled to be made statutory in January 2015. The Being Open Policy will be updated to include the new requirements. Datixweb will be updated to ensure that compliance can be recorded and monitored. 	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 Griffith	Outpatients plan in place and being delivered and monitored by steering group. Weekly meetings in place with operational teams. Weekly reporting of key metrics in place. 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	Environment issues carried forward to capital plan for 2015/16 Reduction in ad hoc clinics included as part of outpatient metrics Consider complete	B
1.22	CQC improvement plan	Deliver Dictate IT improvement plan		Quarterly	Jim Davey	Angela Stevenson	Project Board meeting fortnightly. Implementation group established and reporting to project Board on implementation of the project plan by 31.03.15	G
SO2 - Effective: Deliver effective and sustainable clinical services within the local health economy								
Ref	Source	Action	Timescale	Lead Director	Lead Manager/clinician	Q2 Update	RAG status	
2.1	IBP service development Estate Strategy	Develop second cardiac angiography suite	Quarterly	Paul Bostock	Angela Stevenson	Build commenced. Pause planned from December to March to accommodate winter pressures. Go live deferred due to planned pause	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 Q2 13/14 and above commissioned plan. Hospital at home pathways in development and increasing to 30 beds over the winter via phased implementation QIPP plans unlikely to be delivered	R	
2.3	IBP service development	Joint pathology venture	31.12.14	Paul Simpson	Bruce Stewart	FBC approved by both Trust Boards in September to develop pathology services as a single managed service via a contractual joint venture. Implementation phase now in progress heading for go live in April 2015	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	-	Continued participation in Strategic Resilience Group Stroke network clinical pathway development Chief officers meeting (which has replaced LTB) Ongoing discussions re BCF implications with both Surrey and West Sussex communities	G	
2.5	Strategic objectives delivery plan	Develop decant and escalation ward	31.12.14	Paul Bostock	Angela Stevenson	Build progressing. Due for completion December 2014. 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 - procurement exercise undertaken; Cerner awarded preferred supplier status; Full Business Case approved by Finance and Workforce committee and TDA; awaiting subsequent contract sign-off. Initial transition to the Cerner data centre is planned for 31st May 2014, subject to Exit programme constraints. EPMA - the Cerner e-prescribing functionality, discharge summary and ED single encounter solutions are planned for deployment 30th November 2014. The PIEDW reporting solution and business continuity solutions are technically live.	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	B
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	Discharge to assess implemented September 2014 and evaluation of pilot underway	G
2.10	Clinical strategy Divisional plans	Active participation in all clinical networks	Quarterly	Des Holden	Clinical chiefs	Continued participation in maternity, children's, neonatal, cancer, critical care, stroke, and vascular networks	G
2.11	Clinical strategy Divisional plans Estate Strategy	Develop community based diabetic services providing locally accessible services	Quarterly	Sue Jenkins	Char Fletcher	Discussions still underway with NHS property services, FCH and solicitors with regard to vacation of premises and date of lease occupation	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		Open and complete	B
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	Q2 average at 87%	G
2.16	Clinical strategy Divisional plans	Develop 23 hour day surgery at Crawley hospital	Quarterly	Paul Bostock	Natasha Hare	Commenced September with phase 1. Phase 2 due January 2015	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 intra-partum and postnatal care for 20% of women booked for maternity services at East Surrey hospital	Quarterly	Des Holden	Debbie Pullen Michelle Cudjoe	Currently being achieved. 22% of all births last month	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	5 year strategy produced and being overseen by working group in radiology. Chaired by newly appointed radiology services manager. Workforce planning in progress to finalise establishment required for 2015/16 planned activity	G
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	Business case developed. Funding sources being explored including TDA, capital and charitable funds	G

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	SOC approved by TDA in November. Project continues to be overseen by PMO. Decision pending	G
2.23	Quality Account	Mortality	Roll out enhanced review of all patient deaths	Quarterly	Des Holden	Jonathan Parr	Initial feedback in October meeting and agreed template for trustwide use	G
	Quality strategy		Maintain "better than expected" rating for mortality by Dr Foster				Continues to improve	G
2.24	Quality Account	Readmission to hospital	Improve on changes made on 13/14	Quarterly	Jim Davey		Improvement demonstrated in annual plan	B
	Quality strategy		Undertake review of one month's clinical readmission data and implement any lessons learned				Readmission audit completed October 2014 resulting in a readmission rate of 7% which is one of the lowest in the country.	B
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 six months show position being maintained.	G
2.26	Quality Account	Enhanced recovery (ER)	Further increase use of enhanced recovery	Quarterly	Des Holden	Jonathan Parr	Scores presently not showing sufficient increase in use of ERP as defined by CQUIN	A
	Quality strategy		Maintain high levels of data completeness to demonstrate improvements				Data completeness targets being met although extensions have been required to deadlines due to staff absence.	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	Paula Tooms Jim Davey	Plans in place to increase hospital at home beds to 30 at the end of Q3	G
	Quality strategy		Review pathways to develop alternatives to admission				Discharge to assess pilot implemented and 5 patients now discharged. Review of ambulatory care pathways underway with CCGs	G
2.29	7 day working SDIP	Implement 7 day working for all relevant specialties		Quarterly	Sue Jenkins		Working group not meeting regularly but work progressing with Palliative Care team extending to 7 days	A
SO3 - Caring - Ensure patients feel cared for and cared about								
Ref	Source	Action		Timescale	Lead Director	Lead Manager/clinician	Q2 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	Implementation of system wide pressure damage board to support improvements in pressure damage prevention. Senior nurse walk rounds weekly. Coordination of sit and see observations of care as a supportive way to monitor care, kindness and compassion. Implementation of the 15 steps with NEDs. Safer staffing review completed. HCAs within trajectory, values based recruitment questions being rolled out, international recruitment being considered.	G
3.3	Strategic objectives delivery plan	Develop and roll out customer care training for all relevant staff		Quarterly	Yvonne Parker	Cathy White	Further customer care training package agreed for medical secretaries and other relevant admin staff	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	Planning permission has been granted and a tendering process agreed so that the FBC can be submitted to the FWC in January	G
3.5	Quality Account	Right bed, right time	Eliminate clinically inappropriate mixed sex accommodation	Quarterly	Paul Bostock		No breaches in Q2	G
	Quality strategy		Increase community beds and investment in 7 day working				& day project plan in place but team not meeting at the moment. Supported discharge for end of life care patients being extended to 7 days Community beds included in bed plan which has been presented to and approved by Board	G
			Ring fence beds for stroke and fractured NOFs				Beds identified and policies agreed to support implementation	G

			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	Sally Brittain	Protected mealtimes in place on all wards and in addition Audit planned for December 2014	G
	Quality strategy		Introduce two week menu		Ian Mackenzie	Carol Dixon	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		Been to N& M Board and ratified for next 3 years	B
	Quality strategy		Promote use of and audit compliance with End of Life Care Plan			Jane Penny	Been to N&M Board and palliative care team reviewing plan	A
			Introduce a palliative care weekend service by recruiting two additional CNS'		Paul Bostock		Business case for supported discharge scheme with Marie Curie approved. Service which will cover 7 days a week will commence in Q4	G

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	Q2 update	RAG status	
4.1	IBP service development	Bowel screening service development	Quarterly	Paul Bostock	Natasha Hare Gary Mackenzie	Commenced September and up and running. Complete	B	
4.2	IBP service development	Chemotherapy service development	Quarterly	Paul Bostock	Bill Kilvington Jane Penny	On-going strategic development. Including discussion with Macmillan for capital support	A	
4.3	Strategic objectives delivery plan Membership strategy	Establish CoG and demonstrate meaningful engagement which shapes our services	Quarterly	Gillian Francis-Musanu	Katrina Swanston Colin Pink	Provisional election timescale agreed with ERS and in place. Awaiting "go-live" following B2B. Draft constitution - approved legal opinion confirmed. Staff Governor awareness sessions held.	A	
4.4	Clinical strategy Divisional plans Estate Strategy	Refurbish and open theatres	Quarterly	Paul Bostock	Bill Kilvington Barbara Bray	Good progress made in this quarter and theatres 7 & 8 on schedule for opening in December. Completion of all clinical areas on track for mid April 15, with full completion in June 15.	G	
4.5	Quality Account	Patient feedback	Quarterly	Fiona Allsop	Sally Brittain Cathy White Sally Brittain Barbara Bray	Encourage more frontline staff to respond directly to comments on Patient Opinion	Complete	B
	Quality strategy					Roll out YCM to all wards and departments	Complete	B
						Communicate changes we make to staff and patients	Complete	B
						Improve both admission and discharge patient literature	Focus groups with patients have been held which has identified issues that will be addressed as part of patient leaflet redesign	B
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	Considering a withdrawal from the AQP NOUS for North West Surrey due to financial and staffing issues (the low return on investment). Participating in the service spec review for the Non-invasive ventilation (NIV) service led by Sussex Collaborative Team and exploring the option of joint partnership for bidding and delivering the service with another provider. Options paper will go to Execs when the AQP is published by CCGs.	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	Updated market share analysis for SASH for 2013-14 and the last six years including GP referral trends. Ongoing work on raising awareness among GPs of new services provided by SASH.	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	Plan to open new Angiography lab in July 2015. Working with MSK prime provider for Sussex on pathways review. St Luke's Radiotherapy Unit is up and running. Bowel Screening - commenced in-house Macmillan Cancer Centre - planning approval received and business case approved	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	Remeo / BOC contract for clinical services has been signed. Macmillan Cancer Centre - planning approval received and business case approved Ongoing work on new services commissioned and provided under provider to provider agreements and contracts.	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	Review of the Trust private patients policy and processes. Working up a new price list for private patient procedures. Signed the CT network agreement with BUPA for provision of routine outpatient CT scans for private patients.	G
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	LF to be incorporated into clinical leadership development. LF competencies in management training matched to LF. GE Sash Plus work consistent with LF competencies.	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	on going, planning still at high level	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	change of ownership required, no longer under HR	A
4.14	Workforce and OD strategy	Refocus of induction to support OD intervention around behaviours and values.	Quarterly	Yvonne Parker	Sally Knight	Values champions network to be launched Dec 14. The processes to embed values for new staff will follow	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	monitoring through workforce metrics and reported to workforce committee	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	Wellbeing day planned for 4th March 15	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		A
4.18	QGAF	Deliver all QGAF action plan	31.08.14	Des Holden/ Fiona Allsop	Jane Thomson	External assessment complete and score of 3.5 confirmed. Gaps being addressed via weekly meeting reviewing action plan in place to reduce score further	G

SO5 – Well led – to be an organisation that is well led								
Ref	Source	Action	Timescale	Lead Director	Lead manager/ clinician	Q2 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	Updated market share analysis for SASH for 2013-14 and the last six years including GP referral trends. Significant growth in volume in elective (+31%) and outpatient activity (+60%) since 2008/09 whilst maintaining our market share across the catchment area. Updated the Market Development Strategy. Arranged a training session for divisions on Dr Foster Hospital Market Mananagement module.	G	
5.2	Strategic objectives delivery plan	Develop recruitment plan, monitor delivery and report to workforce committee	Quarterly	Fiona Allsop	DCNs	5 workstreams agreed with project plan against each of workstreams. Numbers to be finalised	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	plan continuing	A	
5.4	Strategic objectives delivery plan	Implement new performance appraisal system	30.09.14	Yvonne Parker	Sally Knight	Pilot ongoing and extended to include managers with appraisals due in jan 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	3 Workstreams agreed, steering group agreed, devleoping plans for 2nd phase of project. Appraisals system updated and pilot commencing for Band 8's	G	
5.7	Strategic objectives delivery plan	Complete delivery of Foresight board development programme	Quarterly	Gillian Francis-Musanu		On plan	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	External re-fresh assessment by Deloitte completed. Trust scored 3.5. Action plan developed and being implemented	G	
5.10	Quality Account	Cleanliness	Quarterly	Ian Mackenzie	Carol Dixon	New cleaning equipment	New cleaning equipment purchased and in place	B
	Shift majority of cleaning to daytime rather than at night					Cleaning timetable reviewed and as much moved to the day 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	PIEDW technically live as at 10th November. Testing to be completed before planned go-live 8th December	G	
5.12	IT strategy	Commence roll out of e-prescribing	31.12.14	Ian Mackenzie	David Heller	Go live due 8 December on Bletchingly ward. Roll out due to commence Spring of 2015 following business case sign off	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	Identified in capital plan for 2015/16	G	
5.15	IT strategy	Complete Network Upgrade	Quarterly	Ian Mackenzie	Peter Hodgetts	Identified in capital plan for 2015/16	G	
5.16	Estate strategy	Deliver estates capital programme	Quarterly	Ian Mackenzie	Shaun Cunningham	Weekly project Board meetings for larger schemes. Weekly capital update and progress meeting with Director, capital projects and operational managers. Monthly reporting to FWC.	G	