

TRUST BOARD		Date: 28 July 2016																
		Agenda Item: 4.2																
REPORT TITLE:		Annual plan 2016/17 Q1 Update																
EXECUTIVE SPONSOR:		Sue Jenkins Director of Strategy & KPO Lead																
REPORT AUTHOR (s):		Sue Jenkins Director of Strategy & KPO Lead																
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee																
Action Required:																		
Approval	Discussion	Assurance (√)																
Purpose of Report:																		
The purpose of this report is to provide assurance to the Board that the annual operating plan for 2016/17 has been delivered																		
Summary of key issues																		
<p>The annual plan for 2016/17 was approved by the Board in June 2016.</p> <p>This report provides progress against each of the 72 actions for Quarter 1, April to June 2016.</p> <p>Of the 72 actions the status for the quarter is reported as follows:-</p> <table border="1" data-bbox="555 1256 1050 1469"> <thead> <tr> <th>Status</th> <th colspan="2">Q1 – April to June 2016</th> </tr> </thead> <tbody> <tr> <td>Red</td> <td>2</td> <td>3%</td> </tr> <tr> <td>Amber</td> <td>47</td> <td>65%</td> </tr> <tr> <td>Green</td> <td>19</td> <td>26%</td> </tr> <tr> <td>Blue</td> <td>4</td> <td>6%</td> </tr> </tbody> </table> <p>6% of the actions have already been completed and 32% are being delivered according to plan or have been completed which is line with where we should be at this point in the year.</p> <p>There are two red status actions which relates to 1.2 and 1.11</p> <ul style="list-style-type: none"> • 1.2 refers to the never event that was reported in June 2016. This event is currently under investigation and will be reported to the safety and quality committee and highlight the cause of the event as well as what steps will be taken to prevent a reoccurrence • 1.11 relates to a case of MRSA blood stream infection that was reported on Capel Annexe in June 2016. This is also being investigated and will be reported to the safety and quality committee once complete 				Status	Q1 – April to June 2016		Red	2	3%	Amber	47	65%	Green	19	26%	Blue	4	6%
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Recommendation:	
The Board are asked to confirm that this report provides assurance that the annual plan 2015/16 is being delivered	
Relationship to Trust Strategic Objectives & Assurance Framework:	
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers</p> <p>SO2: Effective - Deliver effective and sustainable clinical services within the local health economy</p> <p>SO3: Caring – Ensure patients are cared for and feel cared about</p> <p>SO4: Responsive – Become the secondary care provider and employer of choice our catchment population</p> <p>SO5: Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>	
Corporate Impact Assessment:	
Legal and regulatory impact	The annual plan demonstrates delivery of key actions to support the strategic objectives
Financial impact	Business cases will be developed for any significant resource developments.
Patient Experience/Engagement	The annual plan includes a number of objectives linking to patient experience and engagement
Risk & Performance Management	Delivery of the annual plan is monitored by the executive Committee and reported to the Trust Board
NHS Constitution/Equality & Diversity/Communication	The annual plan demonstrates delivery of the organisations strategic objectives
Attachment:	
Annual plan 2016/17 Q1 update	