










Annual plan 2016/17 v1.2 - Q1 update April - June 2016

RAG status key	R	Work stream off track and unlikely to deliver as described	A	Work stream off-track but plans in place to recover	G	Work stream on track and to plan	B	Complete
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Trend key		Got worse since last report		Same as last report		Improved since last report
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SO1 - Safe - Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q1 update	RAG	Trend	
1.1	NEW	Strategic objectives delivery plan Quality account Clinical strategy Divisional plans	Consistently meet national patient safety standards and benchmark in top 20% against peers	Angela Stevenson	Ben Emly	Q4 benchmark report for 2015/16 available in Q1 demonstrates that safety thermometer for harm free care and VTE assessment are in bottom quartile. Improvements anticipated for 16/17 as plans are delivered for both areas	A	NA	
1.2	NEW	Strategic objectives delivery plan Quality account	Demonstrate 95% compliance with the safety thermometer and have as few never events as possible	Fiona Allsop	-	Safety thermometer compliance on track and delivered for Q1 One never event reported in June 2016. Currently under investigation and learning to be shared with SQC	R	NA	
1.3	NEW	Strategic objectives delivery plan Quality account	Work in partnership with Virginia Mason Institute and develop a culture of continuous improvement	Sue Jenkins	-	Three value streams now under way which include cardiology inpatient flow, outpatients and management of diarrhoea. Two advanced lean trainers have been certified by VMI and 1 on track to complete in July Lean for leaders has been with 40 candidates participating	G	NA	
1.4	BF	Strategic objectives delivery plan	Actively participate in national Patient Safety Collaborative in Kent, Surrey and Sussex area	Des Holden	-	Fully engaged and participating in Collaborative. Have attended all relevant events and many of our clinicians are leading clinical workstreams	G		
1.5	BF	Strategic objectives delivery plan	Include quality goals in all clinical staff appraisals	Des Holden	-	Quality goals included in all medical appraisals and where absent they are returned for completion	G		
1.6	NEW	Quality account	Develop and implement plans to ensure 100% of staff have received appropriate levels of PREVENT training by July 2018	Fiona Allsop	Fiona Crimmins	WRAP training for PREVENT continues on the Nurse Preceptorship Programme and the Doctors Induction. WRAP has been added to the MAST programme - this is due to commence in September 2016. Additional sessions will also take place in the lecture theatre in February 2017. On review of this, further sessions will be booked. There are currently 5 further WRAP facilitators being trained to assist with training.	G	NA	
1.7	BF	Clinical strategy Divisional plans	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray	Tim Briggs national report demonstrates that orthopaedic SSIs are some of lowest in country	G		
1.8	BF	Clinical strategy Divisional plans	Monitor and work towards compliance with national midwifery staffing guidance	Fiona Allsop	Michelle Cudjoe	Additional midwifery posts included in business plan for WACH in 2016/17. Final activity and financial plans agreement for WACH still outstanding	A		
1.9	BF	Quality Account Quality strategy	Implement falls strategy and demonstrate a reduction in the number of falls that cause harm to our patients to less than 1.5 per 1,000 bed days	Fiona Allsop	Vicky Daley	Falls group established including representation from CCG	G		
1.10	BF	Quality Account Quality strategy	Pressure damage	Maintain achievement of no hospital acquired major pressure damage and aim to reduce hospital acquired minor damage to below 159 for the year	Fiona Allsop	Louise Evans	No major pressure damage reported in Q1 and on track to deliver reduced minor damage	G	

1.11	BF	Quality Account Quality Strategy	Healthcare acquired infection	Meet the DH central infection control targets of <15 Cdiff cases and no preventable MRSA blood stream infections	Des Holden	Ashley Flores	1 MRSA blood stream infection in June 2016 - Capel Annexe. 6 cases of Trust apportioned Clostridium difficile in Q1	R	
1.12	BF	Quality Account Quality strategy	World Health Organisation (WHO) safer surgery checklist	Continue to audit quality of safer surgery processes and achieve 100% compliance	Des Holden	Barbara Bray	Compliant at 100% for Q1	G	
1.13	NEW	Quality Account		Continue to maintain high standards of cleanliness and to listen and respond to feedback from patients and visitors	Ian Mackenzie	Carol Dixon	Feedback from patients with regard to cleanliness is reviewed regularly and in the first quarter there have been no formal or informal adverse comments relating to cleanliness from patients or visitors	G	NA
SO2 - Effective: As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy									
Ref	New or bf	Source	Action	Lead Director	Lead Manager/clinician	Q1 update	RAG	Trend	
2.1	NEW	Strategic objectives delivery plan		Achieve top 20% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr	the Trust will be looking at a list of outcomes which can be translated into a league table approach and develop those over the course of the year.	G	NA
2.2	NEW	Strategic objectives delivery plan Quality account		Year on year recruit more research participants and ensure learning is published	Des Holden	Anne Shears	1st quarter recruitment figures strong. On track to reach target of 650 research participants this year.	G	NA
2.3	NEW	Strategic objectives delivery plan	Deliver services differently to meet the changing needs of patients, the local health economy and the Trust	Continue and embed discharge to assess	Angela Stevenson	Jane Griffiths	Internal and external integrated discharge Team review group set up and meet fortnightly. Aim to restructure Integrated Discharge team with management provided under umbrella of one provider and use of honorary contracts. This group also reviewing processes to enable assessment of patients outside of the acute hospital and capacity required to do this. Target set to achieve 90 % Discharge to assess by October.	G	NA
2.4				Support and develop Integrated Reablement Unit	Angela Stevenson	Jane Griffiths	21 bedded Unit established in partnership with Commissioners. Key performance Indicators agreed and being monitored. Currently being managed by SASH whilst long term provider sourced. Currently undertaking three month review and agreeing long term staffing model.	A	NA
2.5				Develop and implement frailty unit	Des Holden	Alison James	Business case approved and building works underway. Aim for frailty unit to open on 1st September 2016	A	NA
2.6	NEW	Strategic objectives delivery plan		Progress academic appointments with Surrey University and HEKSS	Des Holden	-	Job description being developed for Medical post and will be submitted to college for approval. Process for recruitment agreed as medical posts first, followed by nurse and support posts	G	NA
2.7	BF	Clinical strategy Divisional plans		Redesign the stroke pathway to create a seamless in and out of hospital patient centred pathway across all providers	Des Holden	Ben Mearns	Stroke bid currently with commissioners. Stroke Project manager in post	A	
2.8	BF	Clinical strategy Divisional plans Estate strategy		Redesign of service to support the installation of a digital mammography machine on the ESH site	Angela Stevenson	Ed Cetti Mo Luqman	Complete	B	
2.9	BF	Clinical strategy Divisional plans		Implement a managed equipment service which is supported by a rolling equipment replacement schedule	Des Holden	Ed Cetti Mo Luqman	Work stream off-track but plans in place to recover	A	
2.10	NEW	Quality account	Demonstrate full compliance with NICE guidance for heart failure and atrial fibrillation	Progress appointment of heart failure specialist nurse	Fiona Allsop	Nicola Shopland	Business case rejected. Currently under review for resubmission	A	NA
2.11				Develop and implement policy for the management of patients with AF	Des Holden	Ben Mearns	AF guidance in development. All patients treated as per NICE guidance	A	NA
2.12	BF	Quality Account Quality strategy		Maintain "better than national average" mortality rating for both HSMR and SHMI	Des Holden	Jonathan Parr	Achieved for Q1	G	

2.13	NEW	Quality account	Maintain positive position for all three enhanced recovery pathways	Des Holden	Jonathan Parr	Improved over the last year and delivered for Q1	G	NA
2.14	NEW	Quality account	Continue reporting of #NOF enhanced quality data to AHSN and demonstrate improvement in patient pathway	Des Holden	Jonathan Parr	Achieved for Q1	G	NA







SO3 - Caring - Working in partnership with staff, families and carers

Ref	New or bf	Source	Action	Lead Director	Lead Manager/clinician	Q1 update	RAG	Trend	
3.1	BF	Strategic objectives delivery plan	Audit how patients feel cared about and respond to issues raised by YCM, FFT and inpatient survey	Fiona Allsop	Cathy White	FFT, patient opinion and YCM feedback reviewed on an ongoing basis. National surveys ongoing	G		
3.2	BF	Strategic objectives delivery plan	Show evidence of "you said we did" in all areas	Fiona Allsop	Vicky Daley DCNs (Jamie Moore)	"Patient Experience Improvement Plan" distributed to all ward managers and matrons on a monthly basis to gain feedback on issues identified and the work undertaken to address. Outputs are displayed on the digital screens around the organisation. Returns from the wards are minimal at the this stage. Actions to improve compliance to be explored through the Patient Experience Committee. Two wards in medicine in particular are considered best practice across the Trust	G		
3.3	NEW	Strategic objectives delivery plan	Treat patients, carers and their families with dignity, respect and compassion	Continue to develop and deliver customer care training	Mark Preston	Nathaniel Johnston	Customer Care Training package developed and pilot being held in August Full Trust-wide roll out due in September	B	NA
3.4				Demonstrate how patient listening events influence service development and improvement	Fiona Allsop	Cathy White	No patient focus groups held in Q1. Plan to conduct inpatient focus groups in Q2	G	NA
3.5				Continue with values based recruitment	Mark Preston	Janet Miller	Values Based recruitment continues to be embedded into Trust recruitment processes	B	NA
3.6	NEW	Strategic objectives delivery plan	Listen to patients and their families and ensure their views shape clinical services that reflect their feedback and care needs	Work with patients and carers as part of the patient experience strategy	Fiona Allsop	Cathy White	Planning to establish a carers steering group in Q3	G	NA
3.7				Demonstrate how patients are involved in the planning of care	Fiona Allsop	Cathy White	Patient representatives involved in a number of working groups and committees	G	NA
3.8				Actively seek feedback from patients, carers and their families	Fiona Allsop	Cathy White	Patient opinion, YCM and FFT all in place and reviewed regularly	G	NA
3.9				Engage with the voluntary sector	Gillian Francis - Musanu	Colin Pink	Involvement opportunities for members and governors have been completed. Voluntary sector stakeholder list database being developed and scoped	G	NA
3.10				Develop information to cover areas and in a format that patients have influenced	Fiona Allsop	Vicky Daley ADs (Jane Griffiths) DCNs (Jane Penny)	Ongoing review of cancer information as a result of NCPES. First meeting with patients to be held on 12.7.16 to influence this progress	G	NA
3.11	BF	Quality account Clinical strategy	Continue to ensure there are no mixed sex breaches	Angela Stevenson	-	No mixed breaches in Q1	G		
3.12	BF	Quality Account Quality strategy	End of life care	Audit EoLC plan	Fiona Allsop	Jane Penny	EOL care team participated in national EOL care audit results in April 2016, the team plan to re audit internally Summer 2016	G	
3.13				Implement 7 day service			7/7 service currently on hold due to staffing shortages, waiting for staff recruitment to post.	A	
3.14	BF	Quality Account	Nutrition	Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	On track via nutrition steering group	G	

SO4 - Responsive - Become the secondary care provider of choice for our catchment population

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q1 update	RAG	Trend
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4.1	NEW	Strategic objectives delivery plan	Develop performance and benchmarking reports to track progress against delivery of national standards	Angela Stevenson	Ben Emly	Quarterly benchmark reports in place and reported to Executive Committee and Trust Board	B	NA	
4.2	BF	Strategic objectives delivery plan	Develop plans to define and deliver 7 day services	Des Holden	Chiefs (Ben Mearns)	Plan in development to be presented at Execs 27th July 2016	G		
4.3	NEW	Strategic objectives delivery plan	Using patient feedback further develop the Macmillan Cancer Information Centre	Fiona Allsop	Jane Penny	Patients representative on cancer information steering group and participate in focus groups to help guide service objectives	G	NA	
4.4	NEW	Strategic objectives delivery plan	Continue series of hot topic events with patient involvement	Des Holden	Laura Warren	A plan for hot topic events in 2016/17 has been drafted	G	NA	
4.5	NEW	Strategic objectives delivery plan	Involve patients in SASH+ work in partnership with the Virginia Mason Institute	Sue Jenkins	-	Two rapid process improvement workshops have been held in Q1 and each have had a patient representative as part of the event	G	NA	
4.6	NEW	Strategic objectives delivery plan	Review and increase use of SaSH@home beds	Angela Stevenson	-	Weekly meeting with SASH@home in place as part of top 50 review. Undertaking audit to improve community interface and ensure that this service is more focussed around elective care	G	NA	
4.7	NEW	Strategic objectives delivery plan	Complete Frontier pathology services joint venture implementation and delivery	Bruce Stewart	Michael Rayment	FBC addendum approved by both Trust boards in Jan and March 2016. Frontier Pathology fully live and implementing the plan as described.	G	NA	
4.8	NEW	Strategic objectives delivery plan	Ensure patients receive the right care, in the right bed, at the right time, every time	Work towards achieving 80% bed utilisation	Angela Stevenson	Ben Emly	Currently aiming to achieve 85% which is national standard. Average of 91.3% over Q1 and includes approximately 16 escalation beds in use.	A	NA
4.9				Work towards LOS being in top 20%	Angela Stevenson	Ben Emly	Average of 91.3% over Q1 and includes approximately 16 escalation beds in use. Therefore in bottom 20%	A	NA
4.10				Deliver all elective plans	Angela Stevenson	Natasha Hare	RTT on track with STP trajectory At the end of Q1 the elective activity is £150k adverse against plan. This is mainly a surgery issue where activity has been cancelled due to higher than forecast non elective activity	A	NA
4.11	BF	Market Development strategy	To maintain and expand market share for elective activity	Paul Simpson	Larisa Wallis	Overall outpatient referrals have increased by 16% in Q1 with huge increases (500%) from Brighton and Hove areas	G		
4.12	BF	Market Development strategy	To explore opportunities for new services, joint ventures, partnerships and new markets	Paul Simpson	Larisa Wallis	Still progressing with Frailty unit development and delivery of integrated reablement unit and pathology joint venture. Currently awaiting outcome on two AQPs	G		
SO5 – Well led – Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model									
Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q1 update	RAG	Trend	
5.1	NEW	Strategic objectives delivery plan	Deliver financial plan and develop and implement a viable long term financial model	Paul Simpson	Peter Burnett	LTFM submitted to NHSI in June Q3 financial position ahead of plan	G	NA	
5.2	NEW	Strategic objectives delivery plan	Ensure that key service development decisions are underpinned by clinical evidence	Des Holden	Chiefs (Barbara Bray)	Current development of frailty unit is evidence based	G	NA	
5.3	NEW	Strategic objectives delivery plan	Ensure staff are involved in key service developments	Angela Stevenson	ADs (Natasha Hare)	A number of initiatives / projects underway that include consultation and active participation from a wide cross section of staff, including: - Pendleton Frailty Unit - Neonatal Unit redevelopment plans - SaSH+ RPIWs underway in Cardiology (emergency referrals), Outpatient Bookings (ophthalmology) and the Management of Diarrhoea	G	NA	

5.4	NEW	Strategic objectives delivery plan	Improve staff to patient ratios	Fiona Allsop	Vicky Daley DCNs (Nicola Shopland)	Plan in process to address nurse:patient ratios for Nutfield; Orthopaedic wards have an interim plan in place. Area left to address of high priority is Holmwood night shift and other recommendations from safer staffing. Currently reviewing the ratios on Godstone in light of activity levels. Monitoring staffing ratios on an ongoing basis. Developing reporting of care hours per patient day following further guidance from the National Quality Board	A	NA
5.5	NEW	Strategic objectives delivery plan	Deliver ongoing staff development programmes including talent management	Mark Preston	Nathaniel Johnston	The Workforce Development Team are reviewing the outcomes of Achievement Reviews to identify where training and development interventions are required SaSH Talent management tool is being used as part of the Achievement Review process and feedback to date has been positive	G	NA
5.6	NEW	Strategic objectives delivery plan	Accelerate delivery of EPR and increased use of technology	Ian Mackenzie	Anna Wickenden	EPR Digitise OBC Approved by FWC and Exec	G	NA
5.7	NEW	Strategic objectives delivery plan	Develop effective partnerships to design integrated services	Jim Davey	ADs (Alison James)	Frailty pathway/unit undertaken as joint project with local CCGs.	G	NA
5.8	NEW	Strategic objectives delivery plan	Lead development of STP and influence effective delivery	Michael Wilson	-	STP submitted on 30 June. Content shared with all Boards of relevant organisation	G	NA
5.9	NEW	Strategic objectives delivery plan	Develop and implement a health and well-being plan	Mark Preston	Bev Cornish	Trust Health & Well-being Strategy being developed National healthy workplace CQUIN targets set for 2016/17 and Trust plan has been devised to meet these	G	
5.10	BF	Membership strategy	Establish and deliver engagement and communications strategy for members following FT authorisation	Gillian Francis - Musanu	Laura Warren	Membership development group active and meeting bi-monthly. Action Plan on track	G	
5.11	BF	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	Move to NHS Mail planned for 2016 - waiting for HSCIC to confirm date	G	
5.12	BF	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	OBC to be presented to Exec in September 2016	G	
5.13	BF	Estate strategy	Deliver estates capital programme	Ian Mackenzie	-	On-going and on track	G	
5.14	BF	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	Mark Preston	Janet Miller	HRBPs working with Divisions to identify key workforce issues (e.g. Recruitment, Retention, Temporary Staffing Usage, etc.), and developing local annual Workforce Plans to address these	A	
5.15	NEW	Workforce and OD strategy	Incorporate the vision and strategy into all recruitment, induction, appraisal, working life and people related policy and activities within the Trust	Mark Preston	Nathaniel Johnston	Values incorporated into template job descriptions; session on Induction on Trust values and standards of behaviour. Values based recruitment principles adopted as standard for Trust recruitment, training on recruitment using these now being provided. Standards of behaviour developed into OD intervention on "One Team - One Way". Timetable for workforce related policy revision agreed with union colleagues. Reviews are being carried out with union involvement	A	NA

5.16	NEW	Workforce and OD strategy	Develop and incorporate the associated values and behaviours into job specifications and descriptions and selection processes	Mark Preston	David Vincent	HRBPs work with managers when developing job descriptions and person specifications documents for new roles. The Trust has started to introduce values based questions in particular for nursing and nursing leadership positions and a toolkit has been shared with divisions to support the development of such questions. Personality and emotional intelligence testing has been used for senior appointments (including Deputy Chief Nurse) and the results are mapped against the UK Chief Nurses Offices 6 Cs of compassionate care and transformational leadership traits	A	NA
5.17	NEW	Workforce and OD strategy	Ensure robust arrangements are in place for effective performance management and good quality appraisal of individuals	Mark Preston	Nathaniel Johnston	2016 Achievement Review cycle commenced in April 2016 and is being managed on a cascade basis Compliance target is for 90% of staff with 12 months continuous service to have a completed AR by 31st October	A	NA
5.18	NEW	Workforce and OD strategy	Develop clarity on how to be an effective leader and manager in the Trust and what staff should expect from their managers and leaders	Mark Preston	Nathaniel Johnston	'Human Factors' training devised and developed by the Workforce Development Team for delivery from September 2016 On-going external and internal leadership training available to relevant staff including a refreshed essentials of management programme and a newly developed coaching skills for managers programme Training provided on operational HR policies and procedures as part of 'Effective Management' training delivered by the HR Business Partners	A	NA
5.19	NEW	Workforce and OD strategy	Integrate our vision and values into our learning programmes as core to the way we do business	Mark Preston	Nathaniel Johnston	As and when new programmes are developed, they are aligned to the SASH Vision and Values either in their ethos or in education delivery. There is now a section on the SASH vision and values within the Trust induction.	A	NA