

Annual plan 2016/17 v1.3 - Q2 update July - September 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
-----------------------	----------	--	----------	---	----------	----------------------------------	----------	-----------------

Trend key ↓ Got worse since last report → Same as last report ↑ Improved since last report

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	Q2 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	Next version of benchmark report due Nov 2016. Current position still stands from Q1	A	→
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	-	No new events Q2. On track. Additional training undertaken. Further work on falls will commence once DCN for Innovation and Improvement starts in November 2016	A	↑
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. First RPIW completed with no input from VMI. \$th value stream to be considered following return of executive team visit from Seattle Third advanced lean training candidate has been certified in July 2016 Second cohort of lean for leaders has been completed. 37 people are completing this course	G	→
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 has now commenced on MAST training with excellent feedback. 308 members of staff have completed the session during this time. This includes the Executive Board. Unfortunately, two of the WRAP Facilitators have left the Trust however the four remaining Facilitators are covering the sessions appropriately. Since the training has been introduced, there have been 2 recent referrals to the Prevent Lead regarding concerns around PREVENT.	G	→
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	Repeated workforce review and results will be included in business planning for 2017/18	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 work to be led by new DCN for innovation and improvement who starts in November 2016	A	↓

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	One unavoidable major pressure damage reported in Q2 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	2 MRSA Bsi in Q2 - Capel annex and Newdigate. 9 cases of <i>Clostridium difficile</i> in Q2. 15 cases reported year to date	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	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	Ongoing	G	

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	Q2 update	RAG	Trend	
2.1	NEW	Strategic objectives delivery plan	Achieve top 20% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr	Will consider this as part of work with PwC	G		
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	2nd quarter recruitment on track - 316 participants recruited. Strong pipeline of new studies. Investment in new research delivery team infrastructure to support longer term growth plans for research participation.	G		
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	Service spec agreed across all teams and IDT lead role agreed and out to advert. Agreed integration of teams across the system. Unlikely to hit 90% target by October due to lack of capacity in the community. To be escalated to A7E delivery board	G	
2.4				Support and develop Integrated Reablement Unit	Angela Stevenson	Jane Griffiths	In discussion with CCG following notice being issued	A	
2.5				Develop and implement frailty unit	Des Holden	Alison James	Frailty Unit build completed and opened on 3rd October 2016. recruitment remains a challenge so currently providing a 5 day service	G	
2.6	NEW	Strategic objectives delivery plan	Progress academic appointments with Surrey University and HEKSS	Des Holden	-	Both medical and nursing professor posts are at the advert stage and progressing	G		
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	Awaiting feedback from commissioners	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	Q1	

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	Paper presented to comitee outlining change to the preferred option in OBC, moving to an 'Internal' option rather than outsource, paper approved. Preparing FBC which is planned to presented to Excs in Dec 16.	A		
2.10	NEW	Quality account	Demonstrate full compliance with NICE guidance for heart failure and atrial fibrillation	Progress appointment of hart failure specialist nurse	Fiona Allsop	Nicola Shopland	Business case still under review and not progressed since last quarter	A	
2.11			Develop and implement policy for the management of patients with AF	Des Holden	Ben Mearns	AF guidance still in development	A		
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 Q2	G		
2.13	NEW	Quality account	Maintain positive position for all three enhanced recovery pathways	Des Holden	Jonathan Parr	Delivered for Q2	G		
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 Q2 - Trust benchmarks amongst top performer in region.	G		
SO3 - Caring - Working in partnership with staff, families and carers									
Ref	New or bf	Source	Action	Lead Director	Lead Manager/clinician	Q2 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	ongoing at divisional and Trust level	G		
3.2	BF	Strategic objectives delivery plan	Show evidence of "you said we did" in all areas	Fiona Allsop	Cathy White	On track although there are still blocks in sharing actions	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 rolled out Trust wide in September	B	Q1
3.4				Demonstrate how patient listening events influence service development and improvement	Fiona Allsop	Cathy White	Focus groups among recently discharged patients planned for Q3	A	
3.5				Continue with values based recruitment	Mark Preston	Janet Miller	Complete and in place	B	
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	Steering group now up and running	G	
3.7				Demonstrate how patients are involved in the planning of care	Fiona Allsop	Cathy White	Two shadow board of governors on Patient Experience Committee. Two carers to be invited to Carers Steering group.	G	
3.8				Actively seek feedback from patients, carers and their families	Fiona Allsop	Cathy White	Ongoing	G	
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	
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)	Meeting held. Plan being developed	G	


3.11	BF	Quality account Clinical strategy	Continue to ensure there are no mixed sex breaches		Angela Stevenson	-	No mixed breaches in Q2	G	
3.12	BF	Quality Account Quality strategy	End of life care	Audit EoLC plan	Fiona Allsop	Jane Penny	The audit of the EOL care plan is currently underway and due to finish on 28th October	G	
3.13				Implement 7 day service			7 day service is currently on hold as the team recruit to a vacant post and 2 of the nurses in the team are on a training palliative care nurse programme. They are maintaining the 6 day service and bank holidays	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	Q2 update	RAG	Trend	
4.1	NEW	Strategic objectives delivery plan	Develop performance and benchmarking reports to track progress against delivery of national standards	Angela Stevenson	Ben Emy	Quarterly benchmark reports in place and reported to Executive Committee and Trust Board	B	Q1	
4.2	BF	Strategic objectives delivery plan	Develop plans to define and deliver 7 day services	Des Holden	Chiefs (Ben Mearns)	National submission made in Q2	G		
4.3	NEW	Strategic objectives delivery plan	Using patient feedback further develop the Macmillan Cancer Information Centre	Fiona Allsop	Jane Penny	Patients sit on the steering group and help develop services we are starting colour me beautiful, Life coaching and hypnotherapy in November	G		
4.4	NEW	Strategic objectives delivery plan	Continue series of hot topic events with patient involvement	Des Holden	Laura Warren	AGM included a presentation on ED in therapies	A		
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 Q2 and each have had a patient representative as part of the event	G		
4.6	NEW	Strategic objectives delivery plan	Review and increase use of SaSH@home beds	Angela Stevenson	-	Focus of SASH@home case mix is being reviewed to concentrate on elective patients and ensuring those patients with community needs are referred to community service providers	G		
4.7	NEW	Strategic objectives delivery plan	Complete Frontier pathology services joint venture implementation and delivery	Bruce Stewart	Michael Rayment	Above plan for income and savings. Near-balance on budget. KAI reporting now live to Trust Boards. OBC for new lab build and LIMS coming to Trust Boards in October. MLSC OBC on track. Additional resources for Cellular Pathology processing and reporting will be included in business plan for 16/17, along with case for additional Consultant Microbiologist.	G		
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 Emy	Q2 adult occupancy rate was 90.6%	A	
4.9				Work towards LOS being in top 20%	Angela Stevenson	Ben Emy	Focus on top 50 has skewed LOS which has an underlying improving position. The longest 1% of patients contribute 0.7 dys of the 6.3 LOS achieved in August which also included an additional 20 MRD patients compared to the previous year	A	
4.10				Deliver all elective plans	Angela Stevenson	Natasha Hare	Elective activity at end of Q2 was 1.7m adverse to plan, almost 1m of the shortfall was in Surgery.	R	

4.11	BF	Market Development strategy	To maintain and expand market share for elective activity	Paul Simpson	Larisa Wallis	Increase in volume for Cardiology activity (EL are up by 14% and OP - by 11% in 2015/16 compared to 2014/15) as a result of the new Cardio Angio Suite being open last year. Overall OP volume activity has increased by 2% compared to last year whilst the market share has gone up by 5%. SASH EL activity and market share have both gone up by 1%. Higher level of referrals seen (Sussex area), which is part of the additional transferred activity agreed with Sussex CCGs.	G		
4.12	BF	Market Development strategy	To explore opportunities for new services, joint ventures, partnerships and new markets	Paul Simpson	Larisa Wallis	Awaiting decision on AQP for NIV from CCGs. Not proceeding with the AQP for Community ENT& Audiology services. Not proceeding with the AQP for NOUS (Sussex). Participated in the Market Stakeholder event for additional diagnostic activity with 4 Sussex CCGs with the aim to commission additional new capacity and pathways for achieving national wait times standards by March 2017. Frail Elderly Unit is due to open in Sept-16.	G		
S05 – 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	Q2 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	Q2 on plan with forecast being reviewed by Board. 2017/18 control totals not yet discussed with Board. Control totals provide an additional dimension to the agreement of the financial plan	G		
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		
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 (opened Oct 16) - Neonatal Unit redevelopment plans - SaSH+ RPIWs underway in Cardiology (emergency referrals), Outpatient Bookings (ophthalmology) and the Management of Diarrhoea - Care Stream work that includes development of Medically Ready for Discharge MRD) ward - GP working alongside ED team	G		
5.4	NEW	Strategic objectives delivery plan	Improve staff to patient ratios	Fiona Allsop	Vicky Daley DCNs (Nicola Shopland)	Divisional Chief Nurse working on plan for apprentices as a trial on Nutfield ward. Activity levels for Godstone being monitored. No progress with Holmwood night staffing ratios due to funding issues.	A		
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		

5.6	NEW	Strategic objectives delivery plan	Accelerate delivery of EPR and increased use of technology	Ian Mackenzie	Anna Wickenden	change to NHSi criteria on benefits required a re-write, further concerns by executives around network and IT strategy has delayed submission back to FWC and NHSi	A	
5.7	NEW	Strategic objectives delivery plan	Develop effective partnerships to design integrated services	Jim Davey	ADs (Alison James)	joint project undertaken with local GPs to introduce GP into ED environment 7 days per week. In place and developing	G	
5.8	NEW	Strategic objectives delivery plan	Lead development of STP and influence effective delivery	Michael Wilson	-	Next version of STP being prepared for submission in October 2016	G	
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	Action plan on track	G	
5.11	BF	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	NHS Mail migration planning now being undertaken and order raised	G	
5.12	BF	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	OBC being finalised	G	
5.13	BF	Estate strategy	Deliver estates capital programme	Ian Mackenzie	-	Ongoing	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	G	
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	
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	G	

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	G	
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.	G	