

Annual plan 2015/16 v1.4 - Q3 update

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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SO1 - Safe - Deliver safe services and be in the top 20% against peers

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q3 Update	RAG status
1.1	NEW	Strategic objectives delivery plan	Complete deep dive process for all relevant specialties	Sue Jenkins	-	Series of deep dives planned for all specialties from January to April 2016	G
1.2	NEW	Strategic objectives delivery plan	Maintain a CQC inspection rating of good or outstanding	Fiona Allsop	-	Good rating still in place Included on divisional board agendas	G
1.3	NEW	Strategic objectives delivery plan	Demonstrate improved learning from incidents across the Trust	Fiona Allsop/ Des Holden	Katharine Horner	Medicine, Cancer and WaCH are now producing regular newsletters that highlight learning from incidents and complaints. Reporters of incidents now have the facility to request automatic feedback from incidents. An e-mail is generated from Datixweb outlining the action taken by the reviewing manager. This went live 21/9/15 and will be monitored over the coming months. In medicine division, comms folders, safety briefings and lessons learned are shared across teams	G
1.4	NEW	Strategic objectives delivery plan	Actively participate in national Patient Safety Collaborative in Kent, Surrey and Sussex area	Des Holden	-	Fully signed up. Leads for emergency laparotomy and sepsis identified. Attended all relevant events	G
1.5	NEW	Strategic objectives delivery plan	Implement achievement review and include safety goals for all staff	Mark Preston	Janet Miller	Achievement Review compliance is at 74%. New risk 1740 added to the Trust risk register recognising the impact of embedding the Trust values and behaviours and the ability to pilot the '9 blocker' for 8As and above. Communication on 2nd year to commence January 2016	A
1.6	NEW	Quality account	Evidence compliance with Sign up to Safety	Fiona Allsop	Kim Rayment	The strategic project meetings have taken place as scheduled. Q3 report submitted to Patient Safety Committee and Executive Committee for Quality and Risk meetings in January 2016 as planned.	G
1.7	BF	Clinical strategy Divisional plans	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray	SSIs are discussed monthly at Divisional Board. Every orthopaedic infection has an RCA that is reported to Divisional Board. Woodland elective beds are not consistently ring-fenced.	G
1.8	BF	Clinical strategy Divisional plans	Meet all access targets including ED, 2 weeks referral, 31 days and 62 days	Angela Stevenson	Ben Emly	ED Oct 95.5% Nov 92.9% Dec 95.5% Q3 94.6% 2 week rule Oct 90% Nov 93.3% Dec 94.3% 31 days Oct 98.2% Nov 96.6% Dec 92.4% 62 days Oct 85.6% Nov 88.3% Dec 85.8%	A

1.9	NEW	Quality account	Deliver CQUIN plans for 2015/16:- Local - Discharge to Assess (Sue Jenkins) Local - Improving Discharge (Angela Stevenson) Local - Enhanced Quality (Jonathan Parr) Local - Ward accreditation (Fiona Allsop) National - Acute Kidney Injury (Phil Williams) National - Sepsis (Julian Webb) National - Dementia and delirium (Steve Adams) National - Avoid emergency admissions Angela Stevenson) National - Improving diagnosis of mental health patients in ED (Julian Webb)		Des Holden	Jonathan Parr	ERP performance much improved and meeting targets for 2/3 pathways. COPD pathway having data collection issues, but data completeness now rising. Plans have had to be put in pace to cover Demetia Specialist Nurse who is leaving the Trust in Janaury to ensure delivery of programme whilst post vacant. Some risks around Sepsis which is not yet reaching the required 90% target for screening and antibiotic administration.	A
1.10	BF	Clinical strategy Divisional plans	Monitor compliance with national midwifery staffing guidance		Fiona Allsop	Michelle Cudjoe	Staffing requirements to achieve Maternity Ratios added to WACH Business Plan Currently recruiting to senior midwife post and expected to have in post by April 2016	G
1.11	NEW	Quality Account	Explore opportunities of improving the safety journey by learning from international best practice i.e. Virginia Mason		Des Holden	Sue Jenkins	Part 2 of Advanced Lean Training completed in November and both candidates were succesful Trust Guiding team completed trip to Seattle in October 2015 Executive sponsors agreed for 3 value streams Cardiology inpatient flow, outpatients and management of diarrhoea Value stream sponsorship team recruited for Cardiology Improvement workshop agreeing current state value stream map and future state value stream map completed for Cardiology in December 2015	G
1.12	BF	Quality Account Quality strategy	Avoidable falls/ falls resulting in harm	Demonstrate further improvement in number of falls	Fiona Allsop	Francis Fernando	The number of falls in Q3 fell by 8% compared to Q2. Although the percentage of falls with harm increased in Q3, from 28% to 31%. But this only equates to an increase of 2 falls with harm compared with Q2. Low harms constituted 92% of all the falls with harm in Q3. The remaining 8% of all the harms in Q3 were severe and one death. This death is being investigated at present. Falls care bundle being reviewed at present to reflect the results of the 1st National In-patient Falls Audit and to comply with the NICE CG 161 (2015). Annual falls data (January-December 2015) showed a 50% reduction in moderate harms, 35% reduction in severe harms and a 22% reduction in Serious Incidents compared to the same period in 2014.	A
1.13	BF	Quality Account Quality strategy	Pressure damage	Maintain achievement of no hospital acquired major pressure damage and aim to reduce hospital acquired minor damage	Fiona Allsop	Louise Evans	Year to date we have had 35 minor pressure damage incidents against a target of 40. Despite some of these being unavoidable incidents we are unlikely to meet our target this year. We still are on track to have no avoidable major pressure damage.	G

1.14	BF	Quality Account Quality Strategy	Dementia	Develop community facing approach to dementia care	Fiona Allsop	Steve Adams	Work is progressing as described previously. The "comfort blankets pilot scheme" is being managed by Pamela Trangmar Physicians Associate, who has been instrumental in trying to establish the project and seeking engagement with community services. Dementia lead nurse is leaving the Trust at the end of January. Successor has been appointed who will commence in April. Handover plans are in place in the interim.	G
1.15	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	31 cases against a target of 15 which the CCG judge as a lapse of care. Currently only 2 have been confirmed as a lapse of care by CCG and most are awaiting review	R
				Continue to screen patients for MRSA and administer MRSA suppression treatment in a timely way			1 MRSA has been reported in a baby	A
1.16	NEW	Quality Account Quality Strategy	Venous thromboembolism (VTE)	Improve completion of assessment on discharge	Des Holden	-	VTE group established. VTE nurse appointment increased from temporary part time to substantive full time	G
	BF			Continue risk assessment on > 95% of patients on admission	Des Holden	-	Q2 was met and Q3 is currently being validated	G
1.17	BF	Quality Account Quality strategy	World Health Organisation (WHO) safer surgery checklist	Continue to audit quality of safer surgery processes	Des Holden	Barbara Bray	Theatre continuously audit the performance of the WHO checklist and review the results at the Theatre Management Group. Performance remains good. The WHO checklist is one of the National Safety Standards for Invasive Procedure (NatSSIPs) and the Division of Surgery has a working group to review and update all their safety processes to ensure they are consistent with the national standards. The progress of this is monitored through the Division and reported to the NatSSIP steering group.	G
1.18	BF	Quality Account Quality strategy Clinical strategy Divisional plans	Fractured neck of femur (hip)	Maintain and further improve timely admission and operative intervention	Des Holden	Barbara Bray	Progressing well against time to theatre. 4 hour standard to ward is not as good although sometimes this is because patients go directly to theatre from ED	A
				Improve length of stay for #NOF				A
1.19	BF	Quality Account Quality strategy	Patients admitted with stroke	To improve SSNAP audit performance to at least a B rating	Des Holden	Ben Mearns	Currently a band C and action plan being progressed	A
				Further improve scanning time	Des Holden	Ben Mearns	CT in ED being progressed which will seek to improve position	A
1.20	BF	Quality Account Quality Strategy	Incident reporting	Improve use of safety information at divisional meetings	Fiona Allsop	Katharine Horner Jonathan Parr DCNs	Dashboards used live in the Patient Safety sub-committee in September. Dashboard is still being developed and refined.	G
				Increase number of audits that impact on patient safety			Progress made in registration of audit projects and assessing impact of audit on patient safety. Update presented to SQC in November.	G
				Make patient safety data more transparent for staff and patients			Patient safety dashboards show compliance with metrics at service level for staff.	G
1.21	BF	CQC improvement plan	Deliver outpatients improvement plan		Angela Stevenson	Natasha Hare Linda Judge	New Governance agreed and implemented, including a weekly operational meeting (Delivery Group) and a monthly strategic group (OP Board); ToR approved December 2015. Medical Director confirmed as VMI executive sponsor.	A

1.22	BF	CQC improvement plan	Deliver medical records improvement plan		Ian Mackenzie	Phil Stone	Work starts on site in January 2016	G
1.23	BF	CQC improvement plan	Deliver Dictate IT improvement plan		Jim Davey		Completed Q1 - Plan delivered and savings realised	B
1.24	BF	Quality Account	Improve communications and information around medication on discharge		Angela Stevenson	David Heller	Cerner e-discharge letter pilot now to commence in Feb 2016 EpMA project business case to be included in roll out of acceleration of EPR work MaPPs leaflets still in use and continued reinforcement of their importance is maintained with staff	G
1.25	NEW	Quality Account	Safety thermometer	Maintain compliance of 95% and increase average compliance to 97% from January to March 2016	Fiona Allsop	Vicky Daley	The Safety Thermometer continues to be monitored and discussed at the Patient Safety and Clinical Risk sub-committee. 95% compliance for harm free care (new harm) for November 2015. Medicines Safety Thermometer piloted in 6 wards in November 2015.	G
1.26	NEW	Quality Account	Continue to maintain high standards of cleanliness and to ensure patients are not disturbed unnecessarily		Fiona Allsop	Vicky Daley	As per the previous quarter, infection control remains as a standing item at the PSCRC and the NMPC. In addition, the Infection Control Tasforce meeting continues on a weekly basis to discuss operational and strategic issues pertinent to improving and maintaining standards of cleanliness. Formal CCG cdi review meetings continue. Since the last update, a CCG Clostridium Difficile Lapse in Care Assessment tool has been agreed, inclusive of a RAG rating criteria to determine the application of sanctions. Noise at night remains on the inpatient survey action plan, which is monitored via the Patient Experience sub-committee.	G

SO2 - Effective: Deliver effective and sustainable clinical services within the local health economy

Ref	New or bf	Source	Action	Lead Director	Lead Manager/clinician	Q3 Update	RAG status
2.1	BF	IBP service development Estate strategy	Develop second cardiac angiography suite	Angela Stevenson	-	Build complete and unit fully operational	B
2.2	BF	IBP service development Strategic objectives delivery plan	Manage non elective care	Angela Stevenson	-	AMU consultant started and developing plans to increase ambulatory capability Escalation process includes elective winter plan, plans for integrated reablement unit, LOS group	R
2.3	BF	Strategic objectives delivery plan	Continue participation in wider health system transformation forums to influence development of new models of care	Sue Jenkins	-	AMU consultant to support ED in key times Summit planned with CCGs	G
2.4	NEW	Strategic objectives delivery plan	Develop plans to support re-procurement of EPR and EPMA	Ian Mackenzie	-	Completed Q1 - Procurement was completed in October 2014	B
2.5	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	Continuing to work with Surrey and Stroke networks to develop whole system pathway for stroke	G
2.6	BF	Clinical strategy Divisional plans	Redesign the pathways in elderly medicine to create seamless patient care across all providers including early supported discharge	Des Holden	Ben Mearns	Further developing the frailty pathway	A
2.7	BF	Clinical strategy Divisional plans	Redesign service to create HDU respiratory beds	Des Holden	Virach Phongsathorn	Completed Q1 - High dependency respiratory bay developed on Tilgate Annexe and now operational	B
2.8	BF	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	Des Holden	Debbie Pullen Michelle Cudjoe	Utilisation of BU continues to be in excess of 20% per month	G

2.9	BF	Clinical strategy Divisional plans	To consider recommendations from the strategic review of radiology services undertaken in autumn 2013 and agree and implement action plan		Des Holden	Ed Cetti Mo Luqman	Actions being followed up in Radiology at the 'Seniors team meeting' as standard agenda item. Group meets every 2 weeks to progress action plan.	G
2.10	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	FBC Approved in Dec. Build started with completion expected Mid Feb 16	G
2.11	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	OBC approved by TDA late Dec 15. Progressing works to FBC following feedback from TDA on OBC. Still working to implementation date of April 16	A
2.12	BF	Quality Account Quality strategy	Mortality	Focus on categories of death rather than individual and make recommendations via clinical effectiveness committee to make improvements	Des Holden	Jonathan Parr	Mortality Group continue to meet and reports being received by specialties on learning. Group has also recommended specific work to be done around NIV and impact of winter pressures	A
				Roll out enhanced review of all patient deaths				
				Maintain "better than expected" rating for mortality by Dr Foster				
2.13		Quality Account Quality strategy	Readmissions	Undertake review of one month's clinical readmission data and implement any lessons learned	Jim Davey	-	Completed in Q3	B
2.14	BF	Quality Account Quality strategy	(NICE) technology appraisals	Increase statement compliance. Audit against NICE technology appraisals and post on audit intranet	Des Holden	Jonathan Parr	No further progress with other audits identified.	A
2.15	BF	Quality Account Quality strategy	Reducing need for admission	Reduce LOS	Angela Stevenson	Chiefs	LOS action plans being developed as part of business planning process	A
				Maintain core hospital at home beds all year		Paula Tooms	Capacity increased in line with plan	G
				Review pathways to develop alternatives to admission		Jim Davey	Black escalation summit to take place in New Year Growth being considered as part of SRG plans	G
2.16	BF	7 day working SDIP	Implement 7 day working for all relevant specialties		Sue Jenkins	-	Audit results received	G
2.17	NEW	Quality account	Enhanced recovery	Commence enhanced recovery pathways for breast and C-sections	Des Holden	Jonathan Parr	The AHSN has decided to no longer lead a project for both pathways for 15/16	
2.18	NEW	Quality account	Enhanced quality	Commence new enhanced quality pathways for COPD, fractured neck of femur and emergency laparotomy	Des Holden	Jonathan Parr	Trust represented at #NoF meetings and data collection now underway. Emergency Laparotomy regional meeting attended by Trust leads. COPD reporting slightly behind schedule due to coding issues, but plan in place to get data back up to date and achieve minimum data completeness	A
SO3 - Caring - Ensure patients feel cared for and cared about								
Ref	New or bf	Source	Action		Lead Director	Lead Manager/clinician	Q3 Update	RAG status
3.1	BF	Strategic objectives delivery plan	Demonstrate that audit plans include issues raised by YCM, FFT and inpatient survey		Des Holden	Jonathan Parr	Progress made in registration of audit projects and assessing impact of audit on patient safety. Update presented to SQC in November.	G

3.2	BF	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 safety and quality committee	Fiona Allsop	Vicky Daley DCNs	Maintaining safe levels of nursing care is an ongoing key focus. Safe and effective care is of a better standard when provided by permanent members of staff that are experienced in the speciality of the ward/department and familiar with the Trust's policies and procedures. In line with the the TDA/Monitor requirements to reduce agency spend and keep hourly rates below a cap, the organisation continues on a significant programme or recruitment both locally and overseas. Their induction and development is supported by the PD team and 2 Clinical Support Nurses appointed in Q3 2015/16. In addition, the Trust has been awarded funding by HEKSS to recruit a Band 7 Practice Development Nurse for Career Development and a Band 6 Clinical Support Nurse for Elderly Care with a view to developing and retaining our existing experienced nursing workforce. The band 7 post holder commences on the 22nd February, with the band 6 post still to be filled.	G	
3.3	NEW	Strategic objectives delivery plan	Establish and undertake a programme of patient listening events	Fiona Allsop	Cathy White	Focus groups have been undertaken among endoscopy patients. Carers discussions took place in October 2015 and a maternity listening event was completed in November	G	
3.4	NEW	Strategic objectives delivery plan Nursing & Midwifery strategy	Demonstrate that nursing review and assessment reflects individual needs of patients	Fiona Allsop	DCNs	Nursing documentation review still to be progressed	A	
3.5	BF	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	Angela Stevenson	Jane Penny	Centre opened and launch to take place in January 2016	B	
3.6	BF	Quality Account Quality strategy	Right bed, right time	Continue to ensure there are no mixed sex breaches	Angela Stevenson	-	No mixed sex breaches for Q3	G
				Share and implement learning from Breaking the Cycle	Angela Stevenson	-	Monthly breaking the cycles have been in place throughout winter. Last ones planned the first week of January and February	G
3.7	NEW	Quality Account Quality strategy	End of life care	Participate in 5th National Audit of Care of the Dying patient	Fiona Allsop	Jane Penny	The Trust participated in the audit, we have submitted organisational data and reviewed 80 sets of notes and still awaiting the results.	B
				Complete internal audit of end of life care documentation			Audit completed and submitted to the audit department, presented to cancer division October 15	B
				Develop and introduce second version of SaSH end of life care plan			Second version of Care Plan developed and in use on the wards. To be reviewed later in 2016.	B
3.8	NEW	Estates strategy	Review and develop scheme to modernise East Entrance environment and facilities including additional retail outlets.	Ian Mackenzie	Shaun Cunningham	Completed in Q3	B	

3.9	NEW	Quality Account	Implement oral healthcare initiative and demonstrate improvement of patient and clinical care		Des Holden	Mili Doshi	MCM team have completed phase 1 (training all wards in ES) . There have been improvement in the mouth care of patients but only 31% have a fully completed mouth care form. The team are developing new incentives to engage staff but there is a need for senior nursing support. We will be managing the roll out of MCM initially across 11 sites in KSS. A work shop is being held on 27.1.16 and we have a representative from each trust.	G
3.10	BF	Quality Account	Nutrition	Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	Protected mealtimes remains as a regular item at the Oral Nutrition and Hydration Group. Spot checks continue to be taken on ward areas to determine levels of compliance.Results are variable in some areas.Discussion around improving protected mealtimes. Revised Oral Nutrition and Hydration Policy ratified and uploaded in January 2016. Policy includes a section on protected mealtimes and the new MUST tool which has been widely communicated to clinical staff.	G
3.11	NEW	Quality Account	Patient feedback	Seek ways to broaden how we get feedback from wider community	Fiona Allsop	Vicky Daley Cathy White	The Patient Experience Sub-Committee meets on a monthly basis, and there are standing items on the agenda on FFT and YCM. A series of hot topic events provide an opportunity for attendees to give feedback and seek clarification on relevant service areas. An option also exists for patients and the public to feedback direct on our website.	G
				Continue to promote FFT and YCM and make changes on basis of feedback	Fiona Allsop	Vicky Daley Cathy White		

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

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q3 Update	RAG status
4.1	NEW	Strategic objectives delivery plan	Develop programme of engagement activities with patients and members	Gillian Francis-Musanu	Laura Warren	Plan greed and in place.	G
4.2	BF	IBP service development	Chemotherapy service development	Anglea Stevenson	Jane Penny	Currently paused awaiting discussion with Macmillan as their structure has changed and there is increased pressure on their finances. Macmillan Head of Service Development for South and Eastern England visit planned for April 17.	A
4.3	BF	Strategic objectives delivery plan Membership strategy	Establish CoG and demonstrate meaningful engagement which shapes our services	Gillian Francis-Musanu	Laura Warren Colin Pink	The first meeting of theShadow Council of Governors has been held and terms of reference agreed. Membership enegagement group plans developed to meet early q4	G
4.4	BF	Clinical strategy Divisional plans Estate strategy	Complete refurbishment of and open theatres	Angela Stevenson	Bill Kilvington Barbara Bray	The completion of the final stage which is the theatre reception area is due to commence on 18 January 2016 and be finished by 8 February 2016	G
4.5	BF	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	Paul Simpson	Larisa Wallis	Trust applied for AQP for Non-Invasive Ventilation and AQP for Non-Obstetric Ultrasound Service (NOUS) and currently awaits the outcome of the qualification process on both AQPs.	G

4.6	BF	Market Development strategy	To expand market share for elective activity targeted market that have traditionally referred patients to other providers	Paul Simpson	Larisa Wallis	Plans for additional elective activity have been compromised by high levels of non elective activity and 18 weeks backlog. The numbers of elective patients seen this year are higher than last year. Integrated Reablement Unit (IRU) has been built and opened on 21st Jan-16 as a result of tripartite partnership of Surrey County Council, East Surrey CCG and SASH. The aim of the unit is to provide step-down / rehab beds for those patients who no longer need acute care but who cannot be discharged due to the delays in social care packages.	A
4.7	BF	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	Paul Simpson	Larisa Wallis	Second Cardiology Angio Suite will be opening in February which will enable the Trust to repatriate some NHS activity and to expand Cardiology private patient activity which are currently send away to other NHS and private providers. The project plan is being worked up for the start in April 2016.	A
4.8	BF	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	Paul Simpson	Larisa Wallis	BSUH/SaSH joint venture for pathology services progressing. New name agreed as Frontier. Final business case to be considered by both Boards later this year	G
4.9	BF	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	Paul Simpson	Larisa Wallis	New Cardiology Angio lab went live on 28th Sept-15 but income from additional activity was compromised by waiting list activity which was the first priority to clear. Second Cardiology Angio Suite will be opening in February which will enable the Trust to repatriate some NHS activity and to expand Cardiology private patient activity which are currently send away to other NHS and private providers. The project plan is being worked up for the start in April 2016.	A
4.10	BF	QGAF	Deliver QGAF action plan	Des Holden/ Fiona Allsop	Colin Pink	Delivery of specific elements of QGAF proceeding as planned, outstanding elments focus on delivery of data quality stratgey	G
SO5 – Well led – Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model							
Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q3 Update	RAG status
5.1	BF	Strategic objectives delivery plan	Demonstrate increase in market share due to repatriation of services	Paul Simpson	Larisa Wallis	Market Share Report for 6 months of 2015-16 is being prepared and shared with Divisions and Finance & Workforce Committee to show the trends and shifts in Trust's market share for elective, emergency and outpatient activity.	A

5.2	BF	Strategic objectives delivery plan	Develop nurse recruitment plan, monitor delivery and report to workforce committee	Fiona Allsop	Sue Carr DCNs	31 European nurses arrived between October and December 2015. 26 now have their NMC PIN number 18 nurses on the overseas nursing programme have received their NMC PIN number European recruitment continuing with Skype interviews booked for January 2016. Trust has engaged a second recruitment partner in order to improve fulfilment. First of Phillipino nurses arriving on 15 January. Successful Bank recruitment for nursing assistants continues with a proportion of applicants who are student nurses from across the region and students on the access to nursing course from East Surrey College.	A	
5.3	NEW	Strategic objectives delivery plan	Develop and implement SLM model with clinical leads	Paul Simpson	Catriona Tait	The final handover meeting with GE took place and the Chief Operating Officer is developing a proposal for taking SLM forward within the organisation.	G	
5.4	NEW	Strategic objectives delivery plan IBP service development	Develop plans for new outpatient facilities	Sue Jenkins	Natasha Hare	Business case due in Q4 following completion of demand and capacity exercise	G	
5.5	NEW	Strategic objectives delivery plan	Establish multisource feedback system for all staff	Mark Preston	Sarah Wood	Agreed additional questions added to SF&FT in Q 4. These are: How strongly do you agree or disagree with the following statements: 1. There are clear expectations of how staff should behave whilst working in the Trust 2. I've observed staff quickly answering a ringing telephone and pro-actively helping the caller Five point scale: Strongly agree to strongly disagree, plus 'don't know' option Review of effectiveness to be undertaken with a view to tailoring questions each quarter to develop a multi source feedback system for staff.	G	
5.6	BF	Strategic objectives delivery plan	Complete delivery of SaSH plus GE clinical leadership programme	Des Holden	Colin Pink	Culture champion network maturing, Trust wide 'Standards of Behaviour' developed and agreed during Q3.	G	
5.7	BF	Strategic objectives delivery plan	Complete delivery of Foresight board development programme	Gillian Francis-Musanu	-	Complete	B	
5.8	NEW	Strategic objectives delivery plan	Governance processes adapted to support clinical leadership model and remain effective	Gillian Francis - Musanu	Colin Pink	Stable governance system in place including strengthened divisional and speciality level reporting.	G	
5.9	NEW	Membership strategy	Establish and deliver engagement and communications strategy for members following FT authorisation	Gillian Francis - Musanu	Laura Warren	Engagemnt plan agreed at initial Shadow Council of Governors meeting, initial steps taken to implement	G	
5.10	NEW	Membership strategy IBP	Council of Governors (CoG)	Hold election for Council of Governors	Gillian Francis - Musanu	Laura Warren	Election to the shadow Council of Governors complete with all seats filled, Selection of nominated governors 98% complete.	G
				Complete induction for CoG	Gillian Francis - Musanu	-	CoG Induction currently in progress due for completion by end of Q4	G
				Establish CoG meetings and effective engagement and communications strategy	Gillian Francis - Musanu	Laura Warren	Engagement plan agreed at initial Shadow Council of Governors meeting, initial steps taken to implement	G
5.11	BF	IT strategy	Upgrade of end-of-life Trust operating systems	Ian Mackenzie	Peter Hodgetts	Completed in Q3	B	
5.12	BF	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	Plan being developed for implementation in 2016	G	

5.13	BF	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	permission to proceed to business case developed and to be approved in Q4. Aim will be to accelerate the implementation of EPR	G
5.14	BF	Estate strategy	Deliver estates capital programme	Ian Mackenzie	Shaun Cunningham	Ongoing and on track	G
5.15	NEW	Quality Account	Continue to embed the setting of personal goals that effect the quality of service for all staff in annual achievement reviews	Des Holden Mark Preston	Adam Stacey-Clear Janet Miller	Focus in Q3 has been on compliance against targets and audit and analysis will be undertaken in Q4.	A
5.16	BF	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	Mark Preston	Nathaniel Johnston	Work has been on-going to develop a multi-disciplinary education strategy which will include embedding the Healthcare Leadership Model (HLM). As part of this work, we will explore how we utilise the HLM into all professional leadership development, and we will look to phase out the medical L.E.A.D.E.R tool that is being used currently by our medical workforce. Next steps in this process include a meeting between Dr Sarah Rafferty, Chief of Education and Nathaniel Johnston, Head of Workforce Development at the end of January 2016, to develop this further and agree an action plan for delivery.	G
5.17	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	Business Planning Guidance includes reference to Workforce Plans. ESR project commenced to validate Establishment for each service area prioritising medical and nursing staff as a starting point. SOPs for agreeing changes with Service/Finance/HRBP. Divisional Workforce Plans to be generated following Business planning seminar in Q4 27/1/16. Divisional Workforce Plans to be generated following Business Planning seminar 27/1/16	G
5.18	BF	Workforce and OD strategy	<p>Focus on increasing workforce productivity</p> <ul style="list-style-type: none"> realise the benefits of technological business processes across the Trust harness productivity gains identified in service developments - advances in medical/surgical innovations e.g. telemedicine. 	Angela Stevenson	-	Project manager for eroster recruited and implementation has commenced Permission to proceed to business case being developed to support acceleration of EPR programme	G
5.19	BF	Workforce and OD strategy	Refocus of induction to support OD intervention around behaviours and values.	Mark Preston	Nathaniel Johnston	The Induction Programme has been revised and is being re-launched in April 2016. Changes to the programme include hosting a marketplace in the atrium for staff to meet different departments, (for example Occupational Health and Libraries). The 'Exec Welcome' has been brought forward in the Induction Programme to open the day rather than being held after lunch. Capacity has been created in the Induction Programme for a Values Workshop, which will be an interactive session where new staff will be asked to consider the SaSH values and how they will role model them in their work. The staffs stories will then be collected to help understand what our staff think about our Values.	G

5.20	BF	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.	Mark Preston	Janet Miller	Stress related absence reduced although it is still consistent in the top 5 reasons for absence through Q3. Continue with actions introduced. Wellbeing Strategy revision behind schedule but completion by end Q2 (16/17) achievable. Well being Group to focus on arranging Wellbeing Day in Q2 of 16/17. Significant Flu immunisation undertaken during Q3.	G
5.21	BF	Workforce and OD strategy	Create the SaSH identity and brand so that we are recognised as the 'Employer of Choice'	Mark Preston	Nathaniel Johnston	Following a focus on our brand at recruitment stage, work begins on developing our "brand" as an employer that is passionate about developing and training our workforce. We are currently developing an infographic to showcase our work in education and training to use as part of our marketing and communications materials. Further to this we are working on a multi-professional plan to increase our community engagement by visiting schools and colleges as well as increasing our profile with universities. In addition, we are building the Trusts profile on multi-media sites (eg Facebook / Linked In), in order to help share information with local online networking/community groups	G
5.22	NEW	Workforce and OD strategy	Ensure access to a range of leadership programmes, to cover the range of levels and focused on leading our values and behaviours.	Mark Preston	Nathaniel Johnston	In February 2016 we will launch the HEKSS suite of leadership e-learning modules, the Edward Jenner online programme and we continue to promote the regional/national leadership programmes to staff via our communications channels. We have a multi-disciplinary leadership Expo planned for March 2016, facilitated by Dr Jean Arokiasamy, Medical Leadership Tutor, that will showcase paired working between professional groups. Future leadership development will be explored through the development of the education strategy.	G
5.23	NEW	Workforce and OD strategy	Develop a Talent Management framework and succession planning tool to help identify potential leaders to fill key positions within the organisation.	Mark Preston	Nathaniel Johnston	We are working with the HEKSS leadership collaborative to align our local talent tools and resources with those that are being developed at a national level. The purpose of this is to ensure we are utilising recognised tools, endorsed by regulators/national organisations, making us 'Champions for Talent' within our region. The 9-blocker, or its equivalent, will be piloted at band 8a and above following the completion of band 8a Achievement Reviews in line with the achievement review cascade.	G

5.24	NEW	Workforce and OD strategy	Develop knowledge and skills vital for innovative thinking and service improvement	Mark Preston	Nathaniel Johnston	The Workforce Development Team is actively working with the Kaizen Promotion Office (Sash+ Programme) who will deliver service improvement training in line with the Virginia Mason value streams/ methodology. The KPO team will deliver our service improvement module on the 'Essentials of Management' Programme to ensure all staff understand /utilise the same methodologies. In addition we are designing a programme to embed Human Factors at SaSH, supported by the AHSN/ HEKSS.	G
5.25	NEW	Workforce and OD strategy	Ensure effective processes are in place for the prevention and management of violence and aggression against staff.	Mark Preston	Nathaniel Johnston	The Trust's new Conflict Management programme was developed and will be launched in January 2016. The programme will be delivered in house by Alexandria Dyer, Workforce Development Advisor. Conflict resolution will be included on the MaST programme, and delivered to teams on a bespoke basis. Topics include emotional intelligence and resilience, which have been identified as learning needs in the wider "conflict resolution" sphere. Programme content has been aligned to the Core Skills Training Framework.	G
5.26	NEW	Workforce and OD strategy	Promoting schemes to recruit local people into the NHS careers and posts.	Mark Preston	Nathaniel Johnston	The Workforce Development Team continue to engage with our local FEI/HEIs to create opportunities for students to learn about and/or work at the Trust. For example we have a cohort of health and care students at East Surrey College coming to the Trust on placement and we have opened up opportunities for hospitality (non-health) students to support with ward hostessing/ meal times. The Recruitment Team are developing our profiles on social media to engage local communities. We now have a "work for us" banner outside the main entrance and another in reception which can be seen by the public when they visit our campus.	G
5.27	NEW	Workforce and OD strategy	Positively engaging parents, young people, careers advisors, university advisors, through individual contact and Trust initiatives.	Mark Preston	Nathaniel Johnston	We have developed, for a January 2016 launch, an Apprenticeship/Work Experience page on the external internet site and our Apprenticeship Advisor is working with the Trust's HR Business Partners to engage Managers in the organisation to support apprentices and work experience. Members of the Workforce Development Team continue to work with our universities, schools and colleges to promote placements/work experience opportunities in the Trust.	G

5.28	NEW	IBP service development IT strategy	Joint venture for pathology - As part of the proposed pathology development with BSUH procure laboratory system that meets long-term Trust requirements.	Paul Simpson	Bruce Stewart	New LIMS procurement is included with the procurement for a new laboratory build, the OBC for which is currently under preparation and is subject to the Trust Boards agreeing (in Q4 2015/16) to proceed on the basis of a Pathology JV FBC addendum laying out the re-worked 10-year finances. Planned go-live has been put back by at least 6 months from March 2017 due to the time it has taken in 2015/16 to re-work and agree the JV financial plan.	A
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