

Annual plan 2015/16 v1.5 - Q4 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	Q4 Update	RAG status	C/F to 2016/17? Y or N
1.1	NEW	Strategic objectives delivery plan	Complete deep dive process for all relevant specialties	Sue Jenkins	-	All deep dives scheduled and underway. Will be finished in May 2016 due to operational pressures	G	Y
1.2	NEW	Strategic objectives delivery plan	Maintain a CQC inspection rating of good or outstanding	Fiona Allsop	-	Outpatients at Crawley 7 Horsham reinspected in February 2016. Service rated as compliant and no further must do recommendations received. Three 'should do' recommendations being progressed through outpatient board.	G	Y
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	N
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	Y
1.5	NEW	Strategic objectives delivery plan	Implement achievement review and include safety goals for all staff	Mark Preston	Janet Miller	2015/16 Achievement Review achieved 74% completion against a 90% target. The 2016/17 AR cycle has been publicised and the documentation is available electronically. A 'cascade' approach has been agreed and 90% of staff with 12 months or more continuous service should complete the AR process by October 2016.	A	Y
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. Q4 report submitted to Patient Safety Committee and Executive Committee for Quality and Risk meetings in April 2016 as planned. All 5 pledge projects are on target and actions have been completed in accordance with year 1 detailed plans. Concerns about compliance against Duty of Candour regulation highlighted in both the quarterly update reports throughout the year and via the Patient Safety Committee as part of the monthly compliance report. The new Nurse Consultant for Older People and Dementia starts in April and will continue with the pledge 2 project.	G	Y
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	Y

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	<p>ED Jan92.8% Feb91.4% Mar88.6% Q490.9 % 2015/16 94.3% - 6th highest in the country at year end</p> <p>2 week rule Jan93.8% Feb93.2% Mar93.4% Q493.1 % 2015/16 93.3%</p> <p>31 days Jan96.2% Feb96.2% Mar96.5% Q496.3 % 2015/16 97.6%</p> <p>62 days Jan81% Feb87.5% Mar86.8% Q485.1 % 2015/16 85.4.%</p>	G	Y
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		Des Holden	Jonathan Parr	A positive peer review in January acknowledged the improvement work that has been going on in ERP and all pathways have seen significant improvements in compliance with the pathways. The Trust has met all milestones for the CQUINs for Q4 with the exception of Sepsis screening which fell short of the 90% target. The work continues this year as this is being continued into 2016/17	A	Y
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 the WACH Business Plan 2015-16 to improve the current ratio of 1:33 and bring the service in line with the National Average Two Senior midwifery post recruited to	B	N
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	2 more candidates have completed ALT training in Q4 and have been successful Trust Guiding Team well established and meeting on a monthly basis 2 RPIWs have been held for cardiology and reported to Board in April 2016 Improvement workshop for outpatients completed and priorities for RPIWs agreed All 3 value stream sponsorship teams now in place and meeting regularly Taster sessions planned on a monthly basis Draft training and education plan agreed and national training and education plan also being developed Lean for leaders development programme advertised and recruitment underway	G	Y
1.12	BF	Quality Account Quality strategy	Avoidable falls/ falls resulting in harm	Demonstrate further improvement in number of falls	Fiona Allsop	Francis Fernando	Falls lead has left the Trust Chief Nurse considering the structure of the falls service. Falls reporting has increased. 72.4% no injury, 25.7% moderate, 1.2% severe, 0.2% death. Noted that falls resulting in death have increased but need to consider context and other co-morbidities. At the point of data collection the falls with death and severe injury has had a noticeable increase. Considerations into the next financial year around structure of service (therapist or nurse), falls alarms, immediate response (stop the line), review for repeat fallers, consider paperwork necessity	A	Y
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	We have completed the year with 47 minor pressure damage. Some of these have been unavoidable. We have had no avoidable major pressure damage. We will continue to aim to reduce hospital acquired pressure damage in the coming year.	A	Y

1.14	BF	Quality Account Quality Strategy	Dementia	Develop community facing approach to dementia care	Fiona Allsop	Steve Adams	Successor starting in April. Ongoing training in place and some on line courses are being developed. Carers survey is being reviewed	G	Y
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	34 cases against a target of 15. Two cases are judged as 'red' due to lapses in care. 4 cases are outstanding for CCG review.	R	Y
				Continue to screen patients for MRSA and administer MRSA suppression treatment in a timely way			2 MRSA BSIs against a target of 0 avoidable. 1 avoidable MRSA BSI in NNU and one transient bacteraemia or contaminated sample. MRSA screening was 64 % during last audit.	R	Y
1.16	NEW	Quality Account Quality Strategy	Venous thromboembolism (VTE)	Improve completion of assessment on discharge	Des Holden	-	Compulsory pages now in Cerner millennium so it mandates the assessment. This is only on first admission at the moment but we are actively trying to extend the system to discharge as well and this is likely to come in to effect by end of Q1	G	Y
	BF			Continue risk assessment on > 95% of patients on admission	Des Holden	-	Q3 and Q4 compliance met	G	Y
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. Introduced new documentation which will strengthen the recording and reporting of incidents as well as their prevention	G	Y
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	Reviewing 4 hour ward admission target to ensure appropriateness due to complexity. LOS for patients that return home is good but those going further rehab, social care or require a new placement remains an issue	A	Y
				Improve length of stay for #NOF				A	Y
				Improve follow up data collection and reporting					
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	SSNAP performance currently B. Bid submitted in April 2016 to support SaSH developing as a HASU	A	Y
				Further improve scanning time	Des Holden	Ben Mearns	Build and installation of new CT scanner in ED underway - will be completed in Q2-3 of 2016-17	A	Y
1.20	BF	Quality Account Quality Strategy	Incident reporting	Improve use of safety information at divisional meetings	Fiona Allsop	Katharine Horner Jonathan Parr DCNs	Dashboard used live in the Patient Safety sub-committee in September. Dashboard is still being developed and refined.	G	Y
				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 March. Audit database now	G	Y
				Make patient safety data more transparent for staff and patients			Patient safety dashboard show compliance with metrics at service level for staff.	G	Y
1.21	BF	CQC improvement plan	Deliver outpatients improvement plan		Angela Stevenson	Natasha Hare Linda Judge	Actions completed and CQC visit in Q1 2016 confirmed that the improvement notices have been now been lifted.	G	N
1.22	BF	CQC improvement plan	Deliver medical records improvement plan		Ian Mackenzie	Phil Stone	Work underway and new build in progress	G	Y

1.23	BF	CQC improvement plan	Deliver Dictate IT improvement plan		Jim Davey		Completed Q1 - Plan delivered and savings realised	B	N
1.24	BF	Quality Account	Improve communications and information around medication on discharge		Angela Stevenson	David Heller	<p>Cerner e-discharge letter pilot to be relaunched after initial work on AMU.</p> <p>EpMA project business case to be included in roll out of acceleration of EPR work</p> <p>MaPPs leaflets still in use and continued reinforcement of their importance is maintained with staff.</p> <p>SASH+ RPIW for discharge on Holmwood (Cardiology) has produced two developments:</p> <ol style="list-style-type: none"> 1. Discussions underway with Discharge Unit about pre-printing copies of leaflets to speed the discharge process. 2. A patient held discharge checklist to ensure that patients are aware of what needs to be done prior to discharge, including someone going through their medicines with them. 	G	Y
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	<p>The Safety Thermometer continues to be monitored and discussed at the Patient Safety and Clinical Risk sub-committee. The Trust achieved 95% or above compliance for eleven of the twelve months for new harm, however it did not achieve the second objective of 97% throughout January to March 2016. The Trust saw an increase in falls with harm in February, however it continues to focus on ensuring that the data is collected in an accurate and timely way.</p>	G	Y
1.26	NEW	Quality Account	Continue to maintain high standards of cleanliness and to ensure patients are not disturbed unnecessarily		Fiona Allsop	Vicky Daley	<p>High standards of cleanliness remain a key focus with learning identified and shared from the investigations in to CDI and MRSA. As per the previous quarter, formal CCG CDI review meetings continue, with just 2 lapses of care identified to date. An Infection Prevention and Control and Annual Stewardship annual programme of work has been agreed and is monitored by the IPCAS Group. The main purpose of this programme of work is to ensure that a culture of continual improvement is maintained and to reduce avoidable harm from infection. The inpatient survey action plan including noise at night continues to be monitored via the Patient Experience. The results of the 2015 survey showed an improvement on the previous year with 38% of respondents recording "yes" as being disturbed.</p>	G	Y

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	N
2.2	BF	IBP service development Strategic objectives delivery plan	Manage non elective care	Angela Stevenson	-	In-reach into ED from AMU team now in place supporting early intervention and admission avoidance where appropriate. LOS Performance Meetings in place with Medicine Division.	A	Y
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	-	rostered time for AMU consultants in ED to review and pull appropriate patients. Additional recruitment required to support further development.	G	Y
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	N

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	Bid submitted 18 April to support SASH developing as a HASU	A	Y	
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	Plans and business case for frailty unit completed - aim for unit to open Q2	A	Y	
2.7	BF	Clinical strategy Divisional plans	Redesign service to create HDU respiratory beds	Des Holden	Virach Phongsathorn	This is now functioning. Need to consider nursing ratio for these 8 beds	B	N	
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	Zara Nadim Michelle Cudjoe	Annual statistics demonstrates that the utilisation of the BU continues to be in excess of 20% per month	B	N	
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	Y	
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	Installation complete and up and running. Equitable service now being offered on both sites	B	N	
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	FBC being developed. Aiming for implementation Q1	G	Y	
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. Mortality Policy being updated to set out expectations of how Divisions review all deaths following recommendations from the TDA.	A	Y
				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	N
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	N
2.15	BF	Quality Account Quality strategy	Reducing need for admission	Reduce LOS	Angela Stevenson	Chiefs	LOS programme Board in Medicine in place.	A	Y
				Maintain core hospital at home beds all year		Paula Tooms	Capacity increased in line with plan	G	Y
				Review pathways to develop alternatives to admission		Jim Davey	Growth being considered as part of SRG plans	G	Y
2.16	BF	7 day working SDIP	Implement 7 day working for all relevant specialties	Des Holden	-	Update audit due to be submitted in April 2016	G	Y	
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		N
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. The Trust had a peer review in March with initial feedback being positive. Emergency Laparotomy regional meeting attended by Trust leads. COPD reporting now up to date and performance is amongst the best in region.	G	N

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	
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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 March. Audit database now integrated on to DATIX.	G	N	
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 NHS Improvement 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. A Practice Development Nurse for Career Development commenced in post in February 2016, with the primary aim of developing registered nurses in bands 5 – 6 and 6 – 7 and equipping them with the necessary skills and competencies to be able to lead a team. In addition, Preceptorship, OSCE preparation sessions, face to face and ward based overseas nurse support and transition programmes and revalidation sessions continue to be provided.	G	Y	
3.3	NEW	Strategic objectives delivery plan	Establish and undertake a programme of patient listening events	Fiona Allsop	Cathy White	There are currently no focus group scheduled.	G	Y	
3.4	NEW	Strategic objectives delivery plan Nursing & Midwifery strategy	Demonstrate that nursing review and assessment reflects individual needs of patients	Fiona Allsop	DCNs	No progress. To be developed in Q1.	A	Y	
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 took place in January 2016	B	N	
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 Q4	G	Y
				Share and implement learning from Breaking the Cycle	Angela Stevenson	-	BTC completed in January and February and learning shared with wider organisation and Board	G	Y
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	N
				Complete internal audit of end of life care documentation			Audit completed and submitted to the audit department, presented to cancer division October 15	B	N
				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	N
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	N	
3.9	NEW	Quality Account	Implement oral healthcare initiative and demonstrate improvement of patient and clinical care	Des Holden	Mili Doshi	Phase 2 of training completed and in the process of carry out audits on mouth care recording (CQC), training an patient experience. A focus group is planned so that staff can provide feedback. A project manager is being recruited so help with the roll out planned this Spring. London has also secured funding for MCM. The programme is being evaluated an improvement made when necessary. From September Mouth care matters will be mandatory.	B	N	

3.10	BF	Quality Account	Nutrition	Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	Protected mealtimes continues to be monitored as the Oral Nutrition and Hydration Group and the Nutritional Steering Group. An observational audit was undertaken in March as part of the International Nutrition and Hydration Week. completion of action points from the audit will be monitored via the Nutritional Steering Group.	G	Y
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. The contract will be re-procured over the coming months, with 4 or 5 companies invited to tender. Framework to stay the same for the survey.	G	Y
				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. Awaiting final FT authorisation before full enaction	G	N	
4.2	BF	IBP service development	Chemotherapy service development	Angela Stevenson	Jane Penny	There is no movement at present, plan to discuss chemotherapy development at SASH with Macmillan at visit on 14th June 16	A	Y	
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	Two meetings of Shadow Council of Governors have been held. Good feedback to date. Awaiting final FT authorisation before enaction	G	Y	
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	B	N	
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	Commissioners have not yet communicated the outcome of the APQ for NIV to applicants. SASH have applied and been qualified to deliver Non-Obstetric Ultrasound (NOUS) service in Sussex area through the AQP process, subject to Contract agreement and sign-off.	G	Y	
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 to repatriate electives have been compromised this year by capacity and operational pressures. Despite that SASH Elective admitted activity has increased by 6% across 4 CCGs. Some outsourcing to private sector is still in place, mainly for T&O to release pressures from RTT. It is not possible to comment on SASH market share for electives for 2015-16 as the full year data is not yet available on Dr Foster. Additional repatriation of activity is agreed with Sussex CCGs from BSUH to assist in achieving the RTT trajectories in 2016/17. The CCG will work with the Trust to quantify this additional activity that SASH will receive and undertake through the transfer of activity from BSUH or referrals at source. IRU is working with more efficiencies and KPIs being agreed by all parties.	A	Y	

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	SASH will have c. £2m of additional income expected in 2016/17 relating to Angiography. 3 main CCGs recognised the potential for additional angio activity in 2016/17 contract and included in their IAP plans.	G	Y
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	Frontier JV is progressing to plan - see update oat 5.15 ESCCG and CCCG are planning to open the Frailty Unit on ESH site in 2016/17 which will allow GPs to referred elderly patients who don't require admission to the hospital. The development of a frailty pathway will aim to reduce hospital admissions for over 75s and length of stay for those patients who are admitted.	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	Angio Suite has opened and more day case activity has been going through the new lab. The step-change have been seen since Month 08 (Nov-15) in number of day cases performed in the new suite per month.	G	Y
4.10	BF	QGAF	Deliver QGAF action plan	Des Holden/ Fiona Allsop	Colin Pink	Delivery of specific elements of QGAF proceeding as planned, outstanding elements focus on data quality strategy which has been discussed at SQC and is being updated	G	Y

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 2015-16 will be produced once the latest data for Q4 is published on Dr Foster to show the trends and changes in Trust's market share.	G	Y
5.2	BF	Strategic objectives delivery plan	Develop nurse recruitment plan, monitor delivery and report to workforce committee	Fiona Allsop	Sue Carr DCNs	A further 40 nurses have started in the trust from overseas and this recruitment stream continues. In addition a further 40 nurses have been recruited locally. Retention work is ongoing with a focus now on B6 development.	A	Y
5.3	NEW	Strategic objectives delivery plan	Develop and implement SLM model with clinical leads	Paul Simpson	Catriona Tait	COO is developing proposal to take forward SLM	G	N
5.4	NEW	Strategic objectives delivery plan IBP service development	Develop plans for new outpatient facilities	Sue Jenkins	Natasha Hare	Demand and capacity review demonstrated enough space for clinics planned and growth anticipated. Business case not progressed in Q4 but will be considered in 16/17	G	Y
5.5	NEW	Strategic objectives delivery plan	Establish multisource feedback system for all staff	Mark Preston	Sarah Wood	Q4 Staff FFT closed on 29th March - results will be made available in May 16. Response rate for Q4 was 15%, which was an increase from previous quarters. Plan to further embed Staff FFT across the Trust during 2016/17. 2015 National Staff Survey results issued in Q4 - results mostly positive with 17 of 32 being in the top 20% nationally. Trade Union Survey undertaken in Q4 - results being correlated with National Staff Survey results	B	Y
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 launched during Q4	B	N

5.7	BF	Strategic objectives delivery plan	Complete delivery of Foresight board development programme	Gillian Francis-Musanu	-	Complete	B	N	
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	N	
5.9	NEW	Membership strategy	Establish and deliver engagement and communications strategy for members following FT authorisation	Gillian Francis - Musanu	Laura Warren	Plan agreed and in place. Awaiting final FT authorisation before enactment	G	Y	
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 complete.	G	N
				Complete induction for CoG	Gillian Francis - Musanu	-	CoG Induction currently in progress, slippage on original plan to deliver by end of Q4	G	Y
				Establish CoG meetings and effective engagement and communications strategy	Gillian Francis - Musanu	Laura Warren	Engagement plan agreed at initial Shadow Council of Governors meeting, on plan to deliver.	G	N
5.11	BF	IT strategy	Upgrade of end-of-life Trust operating systems	Ian Mackenzie	Peter Hodgetts	Completed in Q3	B	N	
5.12	BF	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	Supplier engagement has started. A technical workshop took place on 12th April. Further analysis needs to occur after which a proposed migration plan will be provided to the Trust. The Trust will assess this plan, after which a formal signoff and migration slot can be scheduled.	G	Y	
5.13	BF	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	OBC is under development; 1st draft reviewed, 2nd draft financial options to be included	G	Y	
5.14	BF	Estate strategy	Deliver estates capital programme	Ian Mackenzie	-	Ongoing and on track	G	N	
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	Audit to be carried forward into 16/17. Assurance as to quality of appraisals and achievement reviews provided by GMC revalidation visit in Nov 15 (very positive feedback with no remedial actions) and 2015 staff survey results published in Feb 16 which puts SaSH in top 20% of Acute Trusts nationally for quality of appraisals.	G	Y	
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	In Q4 work has been undertaken to develop a series of competencies to be used during recruitment and training that are aligned to the Healthcare leadership model. These will be developed during Q1 2016-17 as part of our values/competency based recruitment processes. In Q4 it was confirmed that at a regional level the South Thames Foundation School are exploring how the revised e-portfolio and associated training for doctors can be aligned to the healthcare leadership model, moving away from the clinical l.e.a.d.e.r tool. This work is on-going throughout 2016-17.	G	Y	
	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	Reviews of services are being undertaken to support the delivery of 24/7 working - HRBPs are working with Divisional teams and the Trust's Resourcing Team to identify recruitment needs and working up strategies to address these.	G	Y	
5.18	BF	Workforce and OD strategy	Focus on increasing workforce productivity	Angela Stevenson	-	Implementation of roster system underway and on plan Business case for acceleration of EPR being developed for Q1	G	Y	
			<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, 						

5.19	BF	Workforce and OD strategy	Refocus of induction to support OD intervention around behaviours and values.	Mark Preston	Nathaniel Johnston	In Q4 the induction programme was refocused to commence in Q1 2016-17. 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. 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 standards of behaviour and how they will role model them in their work.	B	N
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	Well-being strategy being developed - delivery due end Q2 16/17. National well-being CQUIN for 2016/17 issued - will link to Trust strategy to take a more preventative approach to managing well-being and sickness 2015/16 Flu immunisation total was 49% against a target of 75% (national average was 50%).	G	Y
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	We are developing a multi-professional approach to increase our community engagement by visiting schools, colleges and universities. In Q4 we created a central careers events calendar to maintain representation from SASH from the relevant professional group i.e. Nurses/AHPs etc. We continue our active use of social media including Twitter and LinkedIn to showcase achievements and promote opportunities.	G	Y
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 Q4 we will launched a number of leadership and magement e-learning modules including the revised Edward Jenner Programme. We continue to promote the regional/national leadership programmes to staff via our communications channels. We have a leadership exposition planned for May 2016 to showcase the personal and professional development of participants that have received education and training through SASH funded courses.	G	Y
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	In Q4, the Trust launched the SASH Talent Tool Plus- our framework for talent management and succession planning. This is an evolution of the 9-blocker and is an adaptation of the national talent framework developed by the NHS leadership academy. This has been embedded into the achievement review process and the data provided will be reviewed on an on-going basis through 2016-17, to inform talent and succession planning.	B	N
5.24	NEW	Workforce and OD strategy	Develop knowledge and skills vital for innovative thinking and service improvement	Mark Preston	Nathaniel Johnston	From April 2016 The KPO team are delivering the service improvement module on the 'Essentials of Management' programme. In Q4 we were awarded an investment from HEKSS to design a programme to embed Human Factors at SASH. This will be developed during Q1 2016-17 for a July 2016 launch.	G	Y

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	In Q4 our National Staff Survey results (February 2016), identified that two of our lowest performing indicators were violence/abuse from patients towards staff. This will be discussed at an upcoming patient experience committee in April 2016. The Trust's new Conflict Management programme was developed and launched in Q4. 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	Y
5.26	NEW	Workforce and OD strategy	Promoting schemes to recruit local people into the NHS careers and posts.	Mark Preston	Nathaniel Johnston	Plans in development following appointment of resourcing team leader and medical resourcing team leaders in Q4.	G	Y
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	In Q4 members of the workforce development team met with our universities, schools and colleges to promote placements/work experience opportunities in the Trust. We have created a calendar of careers days to ensure we can continue this through 2016-17. From April 2016 we will use the NHS Employers "Think Futures" branded communications tools to target opportunities towards young people at local schools and colleges.	G	Y
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	Joint venture FBC addendum approved by respective trust boards (in March 2016) .SOC for managed laboratory services also approved. OBC for the capital build/IT to go to Boards in June. Frontier is currently working with the Joint Management Board (JMB) representing stakeholder trusts to finalise its Annual Business plan and the quasi-legal collaboration agreement. Joint clinical & operational reporting is now in place, the Frontier Executive Team has been operating for some time and the integration of the service is visible, including the alignment of HR policies, management processes. All on track.	G	Y