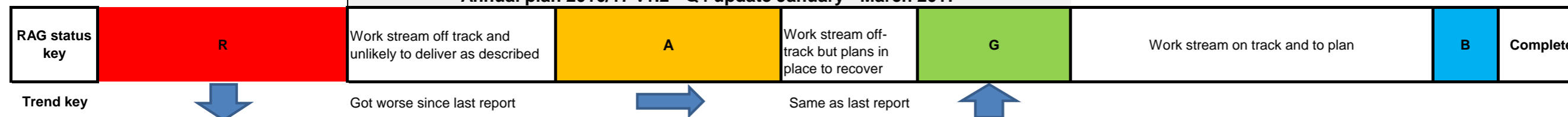










Annual plan 2016/17 v1.2 - Q4 update January - March 2017



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	Q4 update	RAG	Trend	To C/F Y or N
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	Q 3 benchmark for safety complete and we benchmark overall in the third quartile nationally. Key areas for improvement relate to safety thermometer and a revised data collection process has been put in place from March	A		Y
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	-	Processes to ensure consistency for ST data collection and validation commenced in March 2017. No new never events during Q4.	G		Y
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	-	Eight RPIWs have now been completed across three value streams. 32 leaders completed all six taught modules of L4L and will complete whole programme in May. 58 leaders have been recruited for cohorts 3 and 4 of L4L which commences in April 2017 25 leaders have been recruited for cohorts 5 and 6 of L4L which starts in September 2017	G		Y
1.4	BF	Strategic objectives delivery plan	Actively participate in national Patient Safety Collaborative in Kent, Surrey and Sussex area	Des Holden	-	Continue to contribute in patient safety collaborative via AHSN	G		N
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. Consider complete	B	Q2	N
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	Prevent has continued to be high on the agenda during the past year. Following the passing of the Counter Terrorism and Security Act in February 2016, WRAP (Workshop to Raise Awareness of Prevent) training has continued during 2016/17 and the Trust is on track to be 100% compliant with PREVENT WRAP training by July 2018.	G		Y
1.7	BF	Clinical strategy Divisional plans	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray	July to September data only available For knee replacements we have 0 SSIs in this quarter and none in the 4 quarters For hip replacement we had 1 in this quarter making a total of 2 in the 4 quarters For repair of NOFs we had 2 SSIs in the last quarter making a total of 7 in the 4 quarters. We continue to be under the threshold for being an outlier on this KPI	B		Y
1.8	BF	Clinical strategy Divisional plans	Monitor and work towards compliance with national midwifery staffing guidance	Fiona Allsop	Michelle Cudjoe	Guidance now due in June 2017 but in mean time 5 new posts have been agreed to support maternity triage	A		Y
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	Paula Tucker	Pilot of 8 wards continues with a collective improvement target to reduce the rate of inpatient falls by 20% Q4 shows an encouraging improvement in the rate of inpatients falls per 1000 bed stay days and the number of falls with harm. Multidisciplinary monthly falls focus group continue where the learning is shared.	G		Y

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	Unfortunately we have not achieved our target of no hospital acquired major pressure damage this year. We have had a total of 5 patients who acquired mostly unavoidable grade 3 pressure damage. We aimed to reduce hospital acquired minor damage to below 159 for the year. We have reduced slightly or incidence to just over 60. During Q4, the Trust continued to see a low incidence of pressure ulcers, with an average of 6 per month. RCAs are carried out on any hospital acquired pressure ulcers and presented at the fortnightly Pressure Ulcer Meeting in order to share learning.	A		Y
1.11	BF	Quality Account Quality Strategy	Healthcare acquired infection	Meet the DH central infection control targets of <15 Cdiff cases and no preventable MRSA blood stream infections	Des Holden	Ashley Flores	1 MRSA BSI in Q4. 11 cases of <i>Clostridium difficile</i> in Q4.	R		Y
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 and reported to effectiveness committee	B		Y
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		Y
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	Q4 update	RAG	Trend	To C/F Y or N	
2.1	NEW	Strategic objectives delivery plan	Achieve top 20% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr	benchmarking report at Q2 is positive for effectiveness and in top decile for readmissions. Mortality is priority for focus	G		Y	
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	Finished the financial year with our highest ever number of participants recruited to research. A very busy final quarter contributed to annual total of 914 participants (includes 840 patient recruits) . Exceeded the KSS network target of 650 participants. Cuts in external funding for 2017-18 will bring pressures for research delivery next year.	G		Y	
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	Sussex has bid via Better Care Fund for monies to support D2A programme and Surrey has identified funding for 4 beds , date for D2A to start TBC	G		Y
2.4				Support and develop Integrated Reablement Unit	Angela Stevenson	Jane Griffiths	Discussion with CCG continues. Next important step will be agreement to recruit substantive staff .	A		Y
2.5				Develop and implement frailty unit	Des Holden	Alison James	Currently open 5 days per week whilst recruitment continues. Will link with Ambulatory Care Unit development regarding recruitment and pathways	G		Y
2.6	NEW	Strategic objectives delivery plan	Progress academic appointments with Surrey University and HEKSS	Des Holden	-	Job description is being revisited and post to be advertised again in June 2017	G		Y	
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	Continue to await outcome of bid process and feedback from commissioners	A		Y	
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	N	
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	Still requires agreement however key equipment e.g. Ultrasound, CT have been bought and case for MRI is under review.	A		Y	
2.10			Demonstrate full compliance	Progress appointment of hart failure specialist nurse	Fiona Allsop	Nicola Shopland	Business case not approved in 2016. To be included in business plan for 2017/19			Y

2.11	NEW	Quality account	with NICE guidance for heart failure and atrial fibrillation	Develop and implement policy for the management of patients with AF	Des Holden	Ben Mearns	guidelines in development	A		Y
2.12	BF	Quality Account Quality strategy	Maintain "better than national average" mortality rating for both HSMR and SHMI		Des Holden	Jonathan Parr	Achieved Q4	G		Y
2.13	NEW	Quality account	Maintain positive position for all three enhanced recovery pathways		Des Holden	Jonathan Parr	Achieved Q4 and complete	B		N
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 Q4	G		Y
SO3 - Caring - Working in partnership with staff, families and carers										
Ref	New or bf	Source	Action	Lead Director	Lead Manager/clinician	Q4 update	RAG	Trend	To C/F Y or N	
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		Y	
3.2	BF	Strategic objectives delivery plan	Show evidence of "you said we did" in all areas	Fiona Allsop	Cathy White	The Your Care Matters survey is now being run by Meridian and the migration over to them (from InMoment) is nearing completion. Training dates have been arranged and circulated.	G		Y	
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	Complete	B	Q2	N
3.4				Demonstrate how patient listening events influence service development and improvement	Fiona Allsop	Cathy White	Always event in diagnostic imaging now planned for Q1 and co design work for signage also planned for 17/18	A		Y
3.5				Continue with values based recruitment	Mark Preston	Janet Miller	Complete and in place	B	Q2	N
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 and continuing to meet	G		Y
3.7				Demonstrate how patients are involved in the planning of care	Fiona Allsop	Cathy White	Carers steering group and the Patient Experience Committee continues with good attendance from the patient/carer representatives.	G		Y
3.8				Actively seek feedback from patients, carers and their families	Fiona Allsop	Cathy White	FFT and Your Care Matters continues. The service is being run by Meridian and the migration over to them is nearing completion. Training dates have been arranged and circulated.	G		Y
3.9				Engage with the voluntary sector	Gillian Francis - Musanu	Colin Pink	Complete and in place	B	Q2	N
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)	Work continues.	G		Y
3.11	BF	Quality account Clinical strategy	Continue to ensure there are no mixed sex breaches	Angela Stevenson	-	No mixed breaches in Q4	B		Y	
3.12	BF	Quality Account Quality strategy	End of life care	Audit EoLC plan	Fiona Allsop	Jane Penny	100 sets of notes have been audited and data analysis underway	B		N
3.13				Implement 7 day service			Unsuccessful recruitment process first time round so role is back out to advert	G		Y

3.14	BF	Quality Account	Nutrition	Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	The Trust continues to make improvements to protected mealtimes. The Nutrition and Hydration steering group and the Oral Nutrition and Hydration group monitor progress with the action plan and feedback from clinical areas and make adjustments as necessary. Over recent months, the Catering Team at the Trust have been working closely with the Palliative Care Team and the Dietetics Department, to enhance the catering provision for patients at the End of Life. Additionally, work is ongoing to develop finger food boxes for patients with Dementia. The new range of nutritional supplements and fortified milk for our patients, designed to maximise their nutritional intake continue to be well received by patients.	G		Y
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SO4 - Responsive - Become the secondary care provider of choice for our catchment population

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q4 update	RAG	Trend	To C/F Y or N	
4.1	NEW	Strategic objectives delivery plan	Develop performance and benchmarking reports to track progress against delivery of national standards	Angela Stevenson	Ben Emlly	Complete	B	Q1	N	
4.2	BF	Strategic objectives delivery plan	Develop plans to define and deliver 7 day services	Des Holden	Chiefs (Ben Mearns)	7 day services business cases are included in business planning for 2017/19. awaiting outcome.	G		Y	
4.3	NEW	Strategic objectives delivery plan	Using patient feedback further develop the Macmillan Cancer Information Centre	Fiona Allsop	Jane Penny	Services continue to be supported in the Macmillan centre the development of which has been supported and informed by patients .	B		N	
4.4	NEW	Strategic objectives delivery plan	Continue series of hot topic events with patient involvement	Des Holden	Laura Warren	Cancer Hot Topic - well attended. Diabetes (children and adults) Hot Topic event taking place 27 April	B		Y	
4.5	NEW	Strategic objectives delivery plan	Involve patients in SASH+ work in partnership with the Virginia Mason Institute	Sue Jenkins	-	Eight RPIWs have been held and all bar one have included a patient representative or the voice of the patient i.e. a governor	B		Y	
4.6	NEW	Strategic objectives delivery plan	Review and increase use of SaSH@home beds	Angela Stevenson	-	Initial review of SASH@home beds has been completed. Additional surgical pathways including urology have been identified as suitable pathways for this service	G		N	
4.7	NEW	Strategic objectives delivery plan	Complete Frontier pathology services joint venture implementation and delivery	Bruce Stewart	Michael Rayment	Joint venture delivered a surplus in first year against planned deficit. Have confirmed with NHSi that consolidation in STP with other Trusts should proceed.	B			
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 85% bed utilisation	Angela Stevenson	Ben Emlly	Q3 93.3% Q4 94.6%	A		Y
4.9				Work towards LOS being in top 20%	Angela Stevenson	Ben Emlly	Average LOS for non elective patients in January was 6.8 days. In February this increased slightly to 6.9 days and in March this reduced to 6 days which is one of the lowest rates of the entire year	A		Y
4.10				Deliver all elective plans	Angela Stevenson	Natasha Hare	Elective activity at end of M12 was £4m adverse to plan, most of the shortfall was in Surgery. M12 activity reached £4.3m and was the highest performing month YTD.	R		Y
4.11	BF	Market Development strategy	To maintain and expand market share for elective activity	Paul Simpson	Larisa Wallis	Revised market development strategy now complete and approved by FWC Q3 has seen (% increase in elective activity and 4% increase in outpatient referrals compared with Q3 last year	B		Y	
4.12	BF	Market Development strategy	To explore opportunities for new services, joint ventures, partnerships and new markets	Paul Simpson	Larisa Wallis	Pendleton frailty unit is providing a 5 day a week service. Joint venture with SCFT and CCGs has opened a 16 bedded step down facility in Crawley No current AQPs are being pursued by the Trust	G		Y	

SO5 – Well led – Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model

Ref	New or bf	Source	Action	Lead director	Lead manager/clinician	Q4 update	RAG	Trend	To C/F Y or N
5.1	NEW	Strategic objectives delivery plan	Deliver financial plan and develop and implement a viable long term financial model	Paul Simpson	Peter Burnett	Delivered 16/17 surplus and submitted plan to Board which meets the 17/18 control total. Actively engaged in STP discussions re long term sustainability	B		Y
5.2	NEW	Strategic objectives delivery plan	Ensure that key service development decisions are underpinned by clinical evidence	Des Holden	Chiefs (Barbara Bray)	Evidence based used to inform all service developments	G		N
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 or completed that include consultation and active participation from a wide cross section of staff, including: - Neonatal Unit redevelopment plans - Day Surgery plans, expected to open Jul 17 - SaSH+ RPIWs underway in Cardiology (emergency referrals), Outpatient Bookings (ophthalmology, breast and health records) and the Management of Diarrhoea - Care Stream work that includes development of Medically Ready for Discharge ward - opened Dec 16 - GP working alongside ED team - Paediatric DSU plans - cross divisional and multidisciplinary input - Ambulatory Care Unit (Medicine) plans being developed, expected to open Jul 17 - Appointed an Associate Director for Integration. Post jointly funded by external partner organisations.	G		Y
5.4	NEW	Strategic objectives delivery plan	Improve staff to patient ratios	Fiona Allsop	Vicky Daley DCNs (Nicola Shopland)	Extensive work continues corporately and at divisional level to reduce reliance on agency including recruitment from the local area and overseas and effective Healthroster management. A nurse recruitment strategy was presented to the Executive Committee in January and work is now ongoing to imbed interventions. Staffing levels are monitored on a daily basis and mitigation put in place where required to ensure that staffing ratios remain safe.	G		Y
5.5	NEW	Strategic objectives delivery plan	Deliver ongoing staff development programmes including talent management	Mark Preston	Nathaniel Johnston	The Trust achieved its objective of 90% of staff with 12 months or more continuous service receiving an AR for 2016. Promotion of the 2017 AR cycle commenced in February 2017. The Workforce Development team review the ARs to identify relevant training and development opportunities are available and promote these to SaSH staff. We are undertaking a more focussed approach to Talent Management and succession planning in 2017/18.	G		Y
5.6	NEW	Strategic objectives delivery plan	Accelerate delivery of EPR and increased use of technology	Ian Mackenzie	Anna Wickenden	FBC has been approved by FWC and Board in Q4 . Loan application deferred to Q1	G		Y
5.7	NEW	Strategic objectives delivery plan	Develop effective partnerships to design integrated services	Jim Davey	ADs (Alison James)	Continuing with joint project with local GPs to establish GP presence in ED 7 days per week. Awaiting outcome of bid to develop primary care streaming at the front door. working on a number of schemes with community partners to improve discharge process for patients. E-referral / A&G work with East Surrey CCG underway. Trust have initiated a review into paed emergency demand and established a task and finish group with the CCGs to review pathways. Appointment of Associate Director for Integration. Post jointly funded by external partner organisations	G		Y

5.8	NEW	Strategic objectives delivery plan	Lead development of STP and influence effective delivery	Michael Wilson	-	4 places now agreed as part of STP. Plan to recruit to senior STP leaders including a CEO and Director of Commissioning	G		Y
5.9	NEW	Strategic objectives delivery plan	Develop and implement a health and well-being plan	Mark Preston	Janette Barnes	CQUIN targets achieved by 31.3.17, including flu vaccination programme. Report for CCG highlighting progress, successes, and areas for development submitted. Health & Well-being Day being arranged for September 2017. HWB Strategy development on-going.	G		Y
5.10	BF	Membership strategy	Establish and deliver engagement and communications strategy for members following FT authorisation	Gillian Francis - Musanu	Laura Warren	New governor role agreed by the Board and in place. PPE Strategy in draft	B	Q3	
5.11	BF	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	Technical issues have delayed migration to NHS Mail. Working on resolution with Accenture - NHS Mail provider	A		Y
5.12	BF	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	OBC still being developed	A		Y
5.13	BF	Estate strategy	Deliver estates capital programme	Ian Mackenzie	-	Ongoing	G		N
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	The HRBPs continue to review and develop the Divisional Workforce Plans to support the delivery of workforce objectives and service requirements	G		Y
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	On-going review of Trust policies as per agreed timetable with Staff Side representatives. Sentence added to JDs for all new staff highlighting the expectations re: SaSH+	G		Y
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	This work is being developed and used as / where appropriate. A number of senior Trust appointments were made in Q4, using psychometric testing based on Trust values	G		Y
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	The Trust achieved a year end AR completion rate of 97.58%, against a target that 90% of staff with 12 months or more continuous service will have received an AR. SASH were placed in the Top 20% nationally for the quality of appraisals in the 2016 national Staff Survey. Planning and promotion for 2017/18 AR cycle commenced in February 2017.	B	Q3	Y
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	On-going management training is available across the Trust (i.e. Human Factors, Lead for Leaders, Effective Management, etc.). The national guidance on leadership ('Developing People - Improving Care'), has been reviewed and the Trust have / are implementing relevant initiatives from this where relevant. A review of leadership development is planned for 2017/18.	G		Y
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	The Trust continues to align all learning programmes with the SaSH Vision and Values.	G		Y