





Annual plan 2017/18 v1.1 - Q1 update April - June 2017									
RAG status key		<b>R</b>	Work stream off track and unlikely to deliver as described	<b>A</b>	Work stream off-track but plans in place to recover	<b>G</b>	Work stream on track and to plan	<b>B</b>	Complete
Trend key			Got worse since last report		Same as last report				

**SO1 - Safe - Deliver safe high quality and improving services which pursue perfection and be in the top 25% against our peers**

Ref	New or bf	Annual priority	Source	Action	Lead director	Lead manager/clinician	Q1 update	RAG	Trend
1.1	BF		Strategic objectives delivery plan Quality account Clinical strategy Divisional plans	Consistently meet national patient safety standards and benchmark in top 25% against peers	Angela Stevenson	Ben Emly	The Q4 benchmarking report showed the Trust to be in the third quartile for quality with an improved quality score.	<b>G</b>	From Q2
1.2	BF	Reduce avoidable harm	Strategic objectives delivery plan Quality account	Demonstrate 95% compliance with the safety thermometer and have no never events	Fiona Allsop	-	There have been no never events in the quarter and we are delivering 98% compliance.	<b>G</b>	From Q2
1.3	BF	All	Strategic objectives delivery plan Quality account	Work in partnership with Virginia Mason Institute and develop a culture of continuous improvement	Sue Jenkins	-	10 RPIWS across 3 value streams now been completed First two cohorts of lean for leaders now complete with 30 certified leaders in place 52 leaders currently progressing on cohorts 3 & 4	<b>G</b>	
1.4	New	Reduce avoidable harm	Quality account Quality strategy	Reduce collective falls rate by 20% from the baseline	Fiona Allsop	Paula Tucker	Currently on track with a 23% collective reduction	<b>G</b>	From Q2
1.5	NEW	Reduce avoidable harm	Quality account	Demonstrate improvements and increased awareness of DOLs, MCA applications, domestic abuse, Prevent, FGM and modern slavery	Fiona Allsop	Fiona Crimmins	All topics are discussed at updated MAST training. <b>MCA &amp; DoLS</b> - numbers of DoLS applications slightly raised for the first quarter with figures sent to the CQC on a monthly basis. The Team are currently in the process of actively recruiting a MCA & DoLS lead. <b>Domestic Abuse</b> - MARAC referrals made and attendance at MARAC when possible. Expectation is that a representative from each Organisation attends every MARAC in Surrey - difficult to achieve 100% attendance due to service delivery commitments on site (often clashes with MAST training). Trust policy near completion. <b>Prevent</b> - Training on track to meet 100% compliance by July 2018. Increase in referrals over the last quarter. <b>FGM</b> - Discussed at training. Figures sent by Named Midwife for Safeguarding. <b>Modern Slavery</b> - Discussed at MAST Training, there have been no concerns raised regarding modern slavery during the first quarter.	<b>G</b>	From Q2
1.6	BF	Reduce avoidable harm	Quality account	Develop and implement plans to ensure 100% of staff are compliant with the PREVENT WRAP training by July 2018	Fiona Allsop	Fiona Crimmins	Wrap training currently stand at 50.8% and is on track to meet 100% compliance by July 2018.	<b>G</b>	From Q2
1.7	BF	Reduce avoidable harm	Clinical strategy Divisional plans	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray	Full year data for 2016 reported in July 17. Trust in line with national averages. Knee 0% (National 0.8%), #NoF 1.5% (1.4%), Hip 1% (0.9%). Aseptic-Non-Touch-Technique wound protocols have been developed and are being implemented in 2017/18 and the 'One Together Assessment Toolkit' work will be continued and consolidated in 2017/18 across surgical specialities and in capturing all aspects of perioperative practice.	<b>G</b>	From Q2

1.8	BF	Staff HWB and improving working lives	Clinical strategy Divisional plans	Monitor and work towards compliance with national midwifery staffing guidance	Fiona Allsop	Michelle Cudjoe	Annual review undertaken and board agreement/funding allocated to improve ratio to 1:32. New guidance confirms existing approach to workforce planning	A	From Q2	
1.9	BF	Reduce avoidable harm	Quality Account Quality strategy	Pressure damage		Fiona Allsop	Louise Evans	RCAs continue to be completed and presented along with action plans and lessons learned at the Pressure Board. Learning from June is that there appears to be a theme around friction and focus work is being taken to prevent further incidents. Pressure Damage continues to be discussed daily at ward safety huddles. The Terms of Reference of the Pressure Board are currently being reviewed	G	From Q2
1.10	BF	Reduce avoidable harm	Quality Account Quality Strategy	Healthcare acquired infection	Meet the DH central infection control targets of $\leq 15$ Cdiff cases and no preventable MRSA blood stream infections	Des Holden	Ashley Flores	9 Trust-apportioned Cdiff (1 lapse) Zero MRSA Blood stream infections	A	MRSA $\downarrow$ Cdiff
1.11	BF	Reduce avoidable harm	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	G	From Q2
1.12	BF	Reduce avoidable harm	Quality Account	Continue to maintain high standards of cleanliness and to listen and respond to feedback from patients and visitors	Ian Mackenzie	Carol Dixon	Cleanliness continues to be monitored by the Executive Team. There have not been any instances of negative patient feedback regarding cleanliness in the last quarter.	G	From Q2	
<b>SO2 - Effective: As a teaching hospital deliver effective and improving sustainable clinical services within the local health economy</b>										
Ref	New or bf	Annual priority	Source	Action	Lead Director	Lead Manager/clinician	Q1 update	RAG	Trend	
2.1	BF		Strategic objectives delivery plan	Achieve top 25% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr	For the Effectiveness indicators we are in the Upper Quartile for 4 of the 7 indicators. Bed Occupancy for Critical Care remain on the lower quartile	A	From Q2	
2.2	BF		Strategic objectives delivery plan Quality account	Year on year recruit more research participants and ensure learning is published	Des Holden	Anne Shears	SASH is already on track to exceed the KSS CRN research recruitment target of 700 research participants for 2017-18. 1st Qtr recruitment figures very strong - 375 participants. Working towards a stretched internal target of 1200 recruits this year.	G	From Q2	
2.3				Deliver services differently to meet the changing needs of patients, the local health economy and the Trust	Ambulatory care unit	Angela Stevenson	Alison James	Development in progress - aim to be operational from 18 September 2017.	G	From Q2
2.4	BF		Strategic objectives delivery plan		New day surgery unit	Angela Stevenson	Natasha Hare	The unit opened at the beginning of July. Performance is being monitored and metrics will be developed to measure successful delivery via the productivity programme of work.	B	From Q2
2.5	BF		Strategic objectives delivery plan	Progress academic appointments with Surrey University and HEKSS	Des Holden	-	Recruitment unsuccessful and job description being reviewed.	G	From Q2	
2.6	BF		Clinical strategy Divisional plans	Implement a managed equipment service which is supported by a rolling equipment replacement schedule	Des Holden	Mo Luqman	12 year plan to be managed in-house	A	From Q2	
2.7	BF		Quality Account Quality strategy	Maintain "better than expected" mortality rating for HSMR	Des Holden	Jonathan Parr	Latest 12 month rolling data to Mar 17 has Trust rated as 'better than expected'	G	From Q2	
2.8	BF		Quality Account Quality strategy	Be in top 25% of Trusts for SHMI	Des Holden	Jonathan Parr	Latest 12 month rolling data to Dec 16 has Trust ranked 34/135	G	From Q2	
2.9	NEW	Reduce avoidable harm	Quality account	Aim for an 'A' rating for SSNAP with a minimum delivery of 'B' in year to ensure ongoing improvements	Des Holden	Ben Mearns	Presently rated as C - actions to improve are underway and will be kept under review by Clinical Effectiveness Committee	A	From Q2	

2.1	NEW	Reduce avoidable harm	Quality account	Improve signing of consent forms by patients by introducing a sticker to use in new booklets	Des Holden	-	Work in progress - update to follow	G	From Q2	
2.11	NEW	Reduce avoidable harm	Quality account	Complete re audits in audit plan including:- TED stockings Calories for enteral feed patients Safeguarding referrals	Des Holden	Jonathan Parr	These audits are in the approved audit programme to take place later in the year.	G	From Q2	
2.12	NEW	Reduce avoidable harm	Quality account	Embed SAFER bundle	Des Holden	Chiefs (Ed Cetti)	Medicine and Surgery now audit compliance with SAFER in order that actions can be taken where full implementation is not in place.	G	From Q2	
2.12	NEW	Reduce avoidable harm	Quality account	#NOF Maintain BPT > 75% Improve % patients on a hip fracture ward < 4 hours Strengthen links with community providers	Des Holden	Jonathan Parr	Performance continues to be a challenge for the 4 hour target when peaks in demand. However majority do get to a bed in 6 hours.	A	From Q2	
<b>SO3 - Caring - Work with compassion in partnership with patients, staff, families, carers and community partners</b>										
Ref	New or bf	Annual priority	Source	Action	Lead Director	Lead Manager/clinician	Q1 update	RAG	Trend	
3.1	BF		Strategic objectives delivery plan	Audit how patients feel cared about and respond to issues raised by YCM, FFT and inpatient survey	Fiona Allsop	Cathy White	New patient experience platform launched, which includes an alerting system and an audit trail for patients/visitors leaving negative ratings to FFT questions. Staff have been trained in the use of the performance map that models the importance of issues asked about on the YCM survey, providing a clear indication of priorities for improvement.	G	From Q2	
3.2	BF		Strategic objectives delivery plan	Treat patients, carers and their families with dignity, respect and compassion Demonstrate how patient listening events influence service development and improvement	Fiona Allsop	Cathy White	2016 National Inpatient Survey received at the end of May. Patient focus groups being planned under a 'time to talk' model, for discussion with the CEO/Chief Nurse and a couple of senior nurses to gain direct feedback of their experience of care and discharge.	G	From Q2	
3.3	BF	Improve patient environment	Strategic objectives delivery plan	Show evidence of "you said we did" in all areas	Fiona Allsop	Cathy White	PLACE inspection undertaken in Q1 with improvements noted in all domains.	G	From Q2	
3.4	BF	ALL	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	Two Shadow Governors attend the Patient Experience Committee, helping to shape the patient experience strategy.	G	From Q2
3.5		Improve discharge planning			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. Annual carers event took place in June with good interest from the public and staff staff who are carers.	G	From Q2
3.6		Improve patient environment			Actively seek feedback from patients, carers and their families	Fiona Allsop	Cathy White	New patient experience platform launched recently, providing far greater accessibility for patient feedback. Your Care Matters (YCM) responses have increased since the implementation of the new patient experience platform, with text reminders capturing most respondents	G	From Q2
3.7		Improve discharge planning			Develop information to cover areas and in a format that patients have influenced	Fiona Allsop	Vicky Daley	Various aspects of information for patients discussed at the Patient Experience Committee which is attended by two Shadow Governors. Accessible Information Standard functionality now in place on Cerner. Function to go live once Synatec system enabled to produce letters in different formats (braile, text etc).	G	From Q2
3.8	BF	Improve patient environment	Quality account Clinical strategy	Continue to ensure there are no mixed sex breaches	Angela Stevenson	-	There have not been any mixed sex breaches.	G	From Q2	

3.9	BF	ALL	Quality Account Quality strategy	End of life care	Implement 7 day service	Fiona Allsop	Jane Penny	Seven day visiting service started on weekend of 17th /18th June 2017	G	From Q2
3.10	NEW	Improve patient environment	Quality account	Dementia	Launch dementia strategy Further embed the butterfly scheme Collaborate with local dementia action alliances Develop clearer dementia and delirium pathways Improve dementia information Establish demntia friendly open space Trial my care matters boards	Fiona Allsop	Chris O'Connor	Dementia Strategy has now been launched(during Dementia Awareness week in May). Butterfly scheme included in the Dementia Strategy and training included in the dementia leads(3 day) programmes. 30 staff have now completed the programme. Wards and clinical ares continuing to embed and use the Butterfly Scheme and staff, pateints and carers are aware of it. Trust Dementia Strategy Group now established with inetrnal and external members it is linked with Local Dementia Action Alliances for East Surrey and Crawley. Delirium pathway at final draft that will cover inpatient and discharge pathways. Planning launch of delirium pathway in August and mini updates at junior doctor changeover times. Developing carer information leaflets on dementia and delirium to be made available on Trust website and in clinical areas. Dementia friendly open space designs now returned from landscape gardeners charity appeal for funding about to launch. Completing date to be set. Mycare matters boards trial in two ward areas with positive feedback from carers. A bid has gone into the Health Foundation to scale up the project.	G	From Q2
3.11	NEW		Quality account		Implement new platform provider for patient feedback	Fiona Allsop	Cathy White	New provider platform now implemented.	G	From Q2
3.12	NEW	Improve patient environment	Strategic objectives		Develop and implement a patient and public engagement strategy	Gillian Francis - Musanu	-	On track for delivery. Strategy will be shared with stakeholders in August with a view to sign off in September	G	From Q2
3.13	BF		Quality Account	Nutrition	Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	Action plan relating to protected mealtimes continues to be monitored via the Nutritional Steering Group. Mealtime Observational Audit undertaken in March 2017 with outputs fed back to the divisions for consideration and action. Audit highlighted the importance of social eating, with many wards now providing patients with meals around a large dining room table.	G	From Q2
<b>SO4 - Responsive - To continue to be the secondary care provider of choice for the people of our community</b>										
Ref	New or bf	Annual priority	Source	Action		Lead director	Lead manager/clinician	Q1 update	RAG	Trend
4.1	BF	ALL	Strategic objectives delivery plan	Develop plans to define and deliver 7 day services		Des Holden	Chiefs (Ben Mearns)	A Trustwide plan is currently being progressed.	G	From Q2
4.2	BF	ALL	Strategic objectives delivery plan	Continue series of hot topic events with patient involvement		Des Holden	Laura Warren	Maternity Hot topic event held in July.	G	From Q2
4.3	BF		Strategic objectives delivery plan	Complete Frontier pathology services joint venture implementation and delivery		Bruce Stewart	Michael Rayment	Year 2 I&E plan agreed. Programme timelines for MLSC, New build and LIMS to be adjusted due to BSUH Exec management changes & subsequent approval from NHSI. Plans still have support & credibility	A	programme delay compared with last report but outside of Frontier pathology control
4.4					Work towards achieving 85% bed utilisation	Angela Stevenson	Ben Emly	Bed occupancy continues to be above 85% despite LOS improvements. Activity growth exceeds plan driving increased bed requirements.	R	From Q2

4.5		ALL			Work towards LOS being in top 20%	Angela Stevenson	Ben Emly	LOS trend continues to benchmark in lower quartile despite improvements since last year.	R	From Q2
4.60	BF		Strategic objectives delivery plan	Ensure patients receive the right care, in the right bed, at the right time, every time				Elective activity as a whole is adverse to plan, now reporting at (£1.4m) for Q1. Both daycase and elective inpatient categories are adverse to plan and this is largely due to bed challenges. Daycase activity is adverse mainly due to a less rich casemix resulting in lower productivity levels. Both elements are being managed within the Directorates as well as the Productivity Programme.	A	From Q2
4.7	BF	Efficiency of elective care	Market Development strategy	To maintain and expand market share for elective activity		Paul Simpson	Larisa Wallis	For Q4 overall outpatient activity has risen by 13% (with +2% in market share) compared to Q4 2015/16, showing increase (164%) in OP activity from Brighton and Hove areas.  Overall elective activity has grown by 15% in Q4 in comparison to that period last year with increase of 369% from Brighton and Hove CCG area. SASH market share for elective episodes was higher by 1.3% compared to Q4 2015-16.  [Data is taken from the Dr Foster Intelligence tool. Q1 2017/18 data is not available at the time of the report.]	G	From Q2
4.8	BF		Market Development strategy	To explore opportunities for new services, joint ventures, partnerships and new markets		Paul Simpson	Larisa Wallis	No current AQPs that the Trust is participating in at the moment. Income opportunities are being explored from increasing private patient activity at SASH.	G	From Q2

**SO5 – Well led – To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centered, clinically led leadership model**

Ref	New or bf	Annual priority	Source	Action	Lead director	Lead manager/clinician	Q1 update	RAG	Trend
5.1	BF	ALL	Strategic objectives delivery plan	Deliver financial plan and develop and implement a viable long term financial model	Paul Simpson	Peter Burnett	Q1 2017/18 financial performance £0.1m ahead of Q1 plan. £1.2m actual I & E surplus V £1.1m planned surplus. 2017/18 I & E forecast being developed and will be discussed at July FWC - likely to show significant risk to £21.3m planned surplus delivery. Integrated long term financial model being developed.	G	From Q2
5.2	BF	Staff HWB and working lives	Strategic objectives delivery plan	Ensure staff are involved in key service developments	Angela Stevenson	ADs (Natasha Hare)	Lean for Leaders being used as a key vehicle to involve staff in developments. Innovation portal relaunched via Teamtalk for staff.	G	From Q2
5.3	BF	ALL	Strategic objectives delivery plan	Improve staff to patient ratios	Fiona Allsop	DCNs (Nicola Shopland)	Nutfield, Tilgate Annex and Holmwood have plans to increase staffing at night from Septmber 2017. Newdiatte and Leigh have plans to increase the staffing at night from September 2017	G	From Q2
5.4	BF	Staff HWB and working lives	Strategic objectives delivery plan	Deliver ongoing staff development programmes including talent management	Mark Preston	Adele Kendrick	New Head of Education & Training in post. Reviewing training offering, specifically in relation to Apprenticeships. TM 'stretch' opportunities to be identified.	G	From Q2
5.5	BF	ALL	Strategic objectives delivery plan	Accelerate delivery of EPR and increased use of technology	Ian Mackenzie	Anna Wickenden	EPR Digitise loan approved by NHSi awaiting funds release from DoH planned programme start 1st September 17	G	From Q2

5.6	BF	ALL	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 Primary Care Streaming at the front door of ED – aim to be operational October 2017. Working on a number of schemes with community partners to improve discharge process for patients, for example honorary contracts, shared leadership . Funding confirmed to appoint 2wte Band 7 CAMHS liaison nurses to work across the Trust, including ED for Surrey patients.	G	From Q2
5.7	BF		Strategic objectives delivery plan	Lead development of STP and influence effective delivery	Michael Wilson	-	Ongoing close working with the STP. Board discussion around STP challenges and opportunities. Executive Chair appointment for the STP underway.	G	A
5.8	BF	Staff HWB and working lives	Strategic objectives delivery plan	Develop and implement a health and well-being plan	Mark Preston	Janette Barnes	Developing HWB plan in line with 2017/18 CQUIN targets. Flu vaccination planning commenced, working with SLaM to deliver mental health support interventions, developing 'Step Ahead' campaign to encourage walking, re-promotion of the fast-track physio service.	G	From Q2
5.10	BF	Staff HWB and working lives	IT strategy	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	Technical problems with the suppliers migration tools have led to a delay in the project. This has now been corrected and the pilot will recommence early August with roll-out starting immediately afterwards	A	From Q2
5.11	BF	Staff HWB and working lives	IT strategy	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	Paper for costs of out-of-hours support being taken to execs 26th July. OBC for network upgrade still under review	A	From Q2
5.12	NEW	Staff HWB and working lives	Quality account	Coding	Jim Davey	Ven Gaddam	Trainee Coder is due completion mandatory standards course july-17	G	From Q2
				Support experienced coders towards accreditation			2 experienced coders put forward for accreditation status, 1 passed with distinction the other failed will resit in sep-17	G	From Q2
5.13	BF	Staff HWB and working lives	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	Divisional HRBPs are developing workforce plans for their areas. These will take into account potential new roles (ie Nursing Associates, etc) as apt of the overall review.	G	From Q2
5.14	BF	Staff HWB and working lives	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	Adele Kendrick	Continue to ensure all Trust recruitment, induction and appraisal documentation is aligned with SASH Values and Trust strategy	G	From Q2
5.15	BF	Staff HWB and working lives	Workforce and OD strategy	Develop and incorporate the associated values and behaviours into job specifications and descriptions and selection processes	Mark Preston	David Vincent	On-going support to recruiting managers to ensure relevant and up to date recruitment documentation is used on each and every occasion	G	From Q2
5.16	BF	Staff HWB and working lives	Workforce and OD strategy	Ensure robust arrangements are in place for effective performance management and good quality appraisal of individuals	Mark Preston	Adele Kendrick	2017 Achievement Review completion targets are being met as at end June 2017.	G	From Q2
5.17	BF	Staff HWB and working lives	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	Adele Kendrick	Plans in place to commence development of a Leadership Development module for Trust leaders.	G	From Q2
5.18	BF	Staff HWB and working lives	Workforce and OD strategy	Integrate our vision and values into our learning programmes as core to the way we do business	Mark Preston	Adele Kendrick	Continue to ensure all Trust learning programmes are aligned with SASH Values and Trust strategy	G	From Q2
5.19	New	Staff HWB and working lives	Workforce and OD strategy	Develop and embed an Inclusion strategy that meets legal and regulatory frameworks and ensures equitable treatment for all staff	Mark Preston	Sarah Wood	SASH One team Inclusion programme being developed in conjunction with Trust BME Network and Disability Network Leads	G	From Q2
5.20	New		Strategic objectives delivery plan	Develop and implement a patient and public engagement strategy	Gillian Francis - Musanu	-	The strategy will be ready in August and ready for the Board to consider approval in September. The strategy contains an action plan.	G	From Q2