











Annual plan 2016/17 v1.1 - Q3 update October - December 2016

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| RAG status key | R | Work stream off track and unlikely to deliver as described | A | Work stream off-track but plans in place to recover | G | Work stream on track and to plan | B | Complete |
|-----------------------|----------|--|----------|---|----------|----------------------------------|----------|-----------------|

Trend key  Got worse since last report  Same as last report 







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 | Q3 update | RAG | Trend |
|-----|-----------|--|---|------------------|------------------------|--|----------|---|
| 1.1 | NEW | Strategic objectives delivery plan Quality account Clinical strategy Divisional plans | Consistently meet national patient safety standards and benchmark in top 20% against peers | Angela Stevenson | Ben Emly | Exec and SQC discussed revised benchmark report with additional indicators for inclusion from Q2 onwards. Current position remains upper quartile for quality overall but below average for safety domain (VTE, Safety Thermometer) | A |  |
| 1.2 | NEW | Strategic objectives delivery plan Quality account | Demonstrate 95% compliance with the safety thermometer and have as few never events as possible | Fiona Allsop | - | New DC N for Innovation and Improvement commenced in post in November 2016. No new never events during Q3. Safety thermometer meeting planned for 9th January to look at data collection validation and use of data going forward. | A |  |
| 1.3 | NEW | Strategic objectives delivery plan Quality account | Work in partnership with Virginia Mason Institute and develop a culture of continuous improvement | Sue Jenkins | - | Seven RPIWs have now been completed across the three value streams 34 leaders have progressed to module 4 of Lean for Leaders 2016 60 leaders are being recruited for lean for leaders in 2017 work underway to prepare for system wide conference on 9 May | G |  |
| 1.4 | BF | Strategic objectives delivery plan | Actively participate in national Patient Safety Collaborative in Kent, Surrey and Sussex area | Des Holden | - | Continue to be fully engaged and participating in Collaborative. Have attended all relevant events and many of our clinicians are leading clinical work streams | G |  |
| 1.5 | BF | Strategic objectives delivery plan | Include quality goals in all clinical staff appraisals | Des Holden | - | Quality goals included in all medical appraisals and where absent they are returned for completion. Consider complete | B |  |
| 1.6 | NEW | Quality account | Develop and implement plans to ensure 100% of staff have received appropriate levels of PREVENT training by July 2018 | Fiona Allsop | Fiona Crimmins | WRAP training has continued over the last year with sessions delivered on the preceptorship programme and doctor's induction. WRAP also continues through the MAST programme. 5 further WRAP facilitators are now in place to assist with the rolling out of training to ensure compliance with the timescale of achieving 100% by July 2018. | G |  |
| 1.7 | BF | Clinical strategy Divisional plans | Maintain the low incidence of surgical site infections | Des Holden | Barbara Bray | July to September data now 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 | G |  |

| 1.8 | BF | Clinical strategy Divisional plans | Monitor and work towards compliance with national midwifery staffing guidance | Fiona Allsop | Michelle Cudjoe | Repeated workforce review to be completed following the expected publication of new guidance in early 2017. | A | | |
|---|-----------|--|---|---|------------------------|--|--|-------|--|
| 1.9 | BF | Quality Account Quality strategy | Implement falls strategy and demonstrate a reduction in the number of falls that cause harm to our patients to less than 1.5 per 1,000 bed days | Fiona Allsop | Paula Tucker | New DCN for innovation and improvement commenced in post in November 2016 and her remit includes a focus on falls management and prevention. A pilot of 8 wards will commence in January 2017, where they will be doing monthly falls focus groups, imbedding After Action Review training and sharing the learning as it emerges. | G | | |
| 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 | During Q3, the Trust continued to see a low incidence of pressure ulcers, with an average of 5 per month. RCA's are carried out on any hospital acquired pressure ulcers and presented at the weekly Pressure Ulcer meeting. The Trust remains on track to deliver a reduction in hospital acquired pressure damage. | G | |
| 1.11 | BF | Quality Account Quality Strategy | Healthcare acquired infection | Meet the DH central infection control targets of <15 Cdiff cases and no preventable MRSA blood stream infections | Des Holden | Ashley Flores | 0 MRSA BSI in Q3. 3 cases of <i>Clostridium difficile</i> in Q3. | R | |
| 1.12 | BF | Quality Account Quality strategy | World Health Organisation (WHO) safer surgery checklist | Continue to audit quality of safer surgery processes and achieve 100% compliance | Des Holden | Barbara Bray | Compliant | G | |
| 1.13 | NEW | Quality Account | Continue to maintain high standards of cleanliness and to listen and respond to feedback from patients and visitors | Ian Mackenzie | Carol Dixon | Ongoing | G | | |
| SO2 - Effective: As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy | | | | | | | | | |
| Ref | New or bf | Source | Action | Lead Director | Lead Manager/clinician | Q3 update | RAG | Trend | |
| 2.1 | NEW | Strategic objectives delivery plan | Achieve top 20% performance in benchmarked clinical outcomes | Des Holden | Jonathan Parr | Will consider this as part of work with PwC | G | | |
| 2.2 | NEW | Strategic objectives delivery plan Quality account | Year on year recruit more research participants and ensure learning is published | Des Holden | Anne Shears | 3rd qtr. recruitment on track - 472- participants recruited. High number of new studies starting end 2016 / beginning 2017. Planning for 2017-18 recruitment and funding being finalised Jan 2017. | G | | |
| 2.3 | NEW | Strategic objectives delivery plan | Deliver services differently to meet the changing needs of patients, the local health economy and the Trust | Continue and embed discharge to assess | Angela Stevenson | Jane Griffiths | IDT role appointed to Agreed more integrated approach of working A new post working across the community hospital is now being progressed | G | |
| 2.4 | | | | Support and develop Integrated Reablement Unit | Angela Stevenson | Jane Griffiths | Discussion with CCG continues. Progress has been made but there has been nothing definite agreed yet | A | |
| 2.5 | | | | Develop and implement frailty unit | Des Holden | Alison James | Currently open 5 days per week whilst recruitment continues. Aim to open 7 days per week later in 2017. | G | |
| 2.6 | NEW | Strategic objectives delivery plan | Progress academic appointments with Surrey University and HEKSS | Des Holden | - | Medical post advertised but not recruited to. Will go out to advert again | G | | |
| 2.7 | BF | Clinical strategy Divisional plans | Redesign the stroke pathway to create a seamless in and out of hospital patient centred pathway across all providers | Des Holden | Ben Mearns | awaiting outcome of bid process and feedback from commissioners | A | | |
| 2.8 | BF | Clinical strategy Divisional plans Estate strategy | Redesign of service to support the installation of a digital mammography machine on the ESH site | Angela Stevenson | Ed Cetti Mo Luqman | Complete | B | Q1 | |

| 2.9 | BF | Clinical strategy Divisional plans | Implement a managed equipment service which is supported by a rolling equipment replacement schedule | Des Holden | Ed Cetti Mo Luqman | Delay in preparing change as change in direction requires some re-working. | A | | |
|--|-----------|---------------------------------------|---|--|--------------------------|---|--|-------|----|
| 2.10 | NEW | Quality account | Demonstrate full compliance with NICE guidance for heart failure and atrial fibrillation | Progress appointment of heart failure specialist nurse | Fiona Allsop | Nicola Shopland | Business case not approved in 2016. To be included in business plan for 2017/19 | | |
| 2.11 | | | Develop and implement policy for the management of patients with AF | Des Holden | Ben Mearns | AF guidance still in development | A | | |
| 2.12 | BF | Quality Account Quality strategy | Maintain "better than national average" mortality rating for both HSMR and SHMI | Des Holden | Jonathan Parr | Achieved for Q3 | G | | |
| 2.13 | NEW | Quality account | Maintain positive position for all three enhanced recovery pathways | Des Holden | Jonathan Parr | Delivered for Q3 | G | | |
| 2.14 | NEW | Quality account | Continue reporting of #NOF enhanced quality data to AHSN and demonstrate improvement in patient pathway | Des Holden | Jonathan Parr | Achieved for Q2 - Trust benchmarks top performer in region. | G | | |
| SO3 - Caring - Working in partnership with staff, families and carers | | | | | | | | | |
| Ref | New or bf | Source | Action | Lead Director | Lead Manager/clinician | Q3 update | RAG | Trend | |
| 3.1 | BF | Strategic objectives delivery plan | Audit how patients feel cared about and respond to issues raised by YCM, FFT and inpatient survey | Fiona Allsop | Cathy White | ongoing at divisional and Trust level | G | | |
| 3.2 | BF | Strategic objectives delivery plan | Show evidence of "you said we did" in all areas | Fiona Allsop | Cathy White | New patient experience platform provider offers functionality that ward staff may find easier | G | | |
| 3.3 | NEW | Strategic objectives delivery plan | Treat patients, carers and their families with dignity, respect and compassion | Continue to develop and deliver customer care training | Mark Preston | Nathaniel Johnston | Complete | B | Q2 |
| 3.4 | | | | Demonstrate how patient listening events influence service development and improvement | Fiona Allsop | Cathy White | Focus groups among recently discharged patients is on hold. Experienced-based co-design project to establish an Always Event in diagnostic imaging is planned for Q4. Co-design approach also planned for signage and way finding project. | A | |
| 3.5 | | | | Continue with values based recruitment | Mark Preston | Janet Miller | Complete and in place | B | Q2 |
| 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 | |
| 3.7 | | | | Demonstrate how patients are involved in the planning of care | Fiona Allsop | Cathy White | One carer on Carers Steering Group, second being recruited. Two shadow governors on Patient Experience Committee | G | |
| 3.8 | | | | Actively seek feedback from patients, carers and their families | Fiona Allsop | Cathy White | Ongoing using Friends and Family Test and Your Care Matters | G | |
| 3.9 | | | | Engage with the voluntary sector | Gillian Francis - Musanu | Colin Pink | Complete and in place | B | |
| 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 continuing. | G | |
| 3.11 | BF | Quality account Clinical strategy | Continue to ensure there are no mixed sex breaches | Angela Stevenson | - | No mixed breaches in Q3 | G | | |
| 3.12 | BF | Quality Account Quality strategy | End of life care | Audit EoLC plan | Fiona Allsop | Jane Penny | Audit of End of life care plan is continuing, completed and with audit department to analyse the data | G | |
| 3.13 | | | | Implement 7 day service | | | This continues as we recruit to one vacant post, and support 2 nurses in training positions | G | |

| 3.14 | BF | Quality Account | Nutrition | Continue to make improvements to protected meal times | Fiona Allsop | Vicky Daley | This work continues to be on track and monitored via the Nutritional Steering Group. Open visiting commenced in Q3. | G | |
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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 | Q3 update | RAG | Trend | |
| 4.1 | NEW | Strategic objectives delivery plan | Develop performance and benchmarking reports to track progress against delivery of national standards | Angela Stevenson | Ben Emly | Complete | B | Q1 | |
| 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 | G | | |
| 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 . | G | | |
| 4.4 | NEW | Strategic objectives delivery plan | Continue series of hot topic events with patient involvement | Des Holden | Laura Warren | Cancer hot topic event being planned for 26 January 2017 | G | | |
| 4.5 | NEW | Strategic objectives delivery plan | Involve patients in SASH+ work in partnership with the Virginia Mason Institute | Sue Jenkins | - | Seven RPIWs have been held and all bar one have included a patient representative or the voice of the patient i.e. a governor | G | | |
| 4.6 | NEW | Strategic objectives delivery plan | Review and increase use of SaSH@home beds | Angela Stevenson | - | Focus of SASH@home case mix is being reviewed to concentrate on elective patients and ensuring those patients with community needs are referred to community service providers | G | | |
| 4.7 | NEW | Strategic objectives delivery plan | Complete Frontier pathology services joint venture implementation and delivery | Bruce Stewart | Michael Rayment | Continuing above plan for savings and income. OBC for new build and LIMS approved by both Trust boards in October. Now with NHSI for approval. KAls submitted monthly to boards and presented quarterly. Case for 4th microbiologist and additional staff for Cellular Pathology to be submitted in Q4 as part of business planning for 17/18 | G | | |
| 4.8 | NEW | Strategic objectives delivery plan | Ensure patients receive the right care, in the right bed, at the right time, every time | Work towards achieving 85% bed utilisation | Angela Stevenson | Ben Emly | Q2 adult occupancy rate was 92.9% | A | |
| 4.9 | | | | Work towards LOS being in top 20% | Angela Stevenson | Ben Emly | Non Elective LOS has reduced from 6.4 days in Q2 to 5.9 days in Q3 as the SAFER flow bundle and a number of other measures have been put in place across the Trust | A | |
| 4.10 | | | | Deliver all elective plans | Angela Stevenson | Natasha Hare | Elective activity at end of M8 was 2.8m adverse to plan, most of the shortfall was in Surgery. M8 activity was the highest YTD. | R | |
| 4.11 | BF | Market Development strategy | To maintain and expand market share for elective activity | Paul Simpson | Larisa Wallis | Elective work continues to provide sustained and strong demand (referrals are growing by about 8% year on year as at Q2), and CCGs have acknowledged growth rates in 2017/18 contract agreement. The issue for the Trust is its capacity to deliver this demand. Revised market development strategy will be completed in January 2017. | G | | |

| 4.12 | BF | Market Development strategy | To explore opportunities for new services, joint ventures, partnerships and new markets | Paul Simpson | Larisa Wallis | The Frailty Unit opened in Sept-16, and the Integrated Reablement Unit has been operating all year (and is unfortunately subject to a dispute with East Surrey CCG, but has reduced the level of excess bed days charged to the CCG). No AQPs are being pursued by the Trust and the STP discussion (and consequent actions) will likely lead to a re-wording of this objective for 2017/18. | G |  | |
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| 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 | Q3 update | RAG | Trend | |
| 5.1 | NEW | Strategic objectives delivery plan | Deliver financial plan and develop and implement a viable long term financial model | Paul Simpson | Peter Burnett | Forecast reviewed by Board at several points since Q2. Likely notification of change to forecast at Q4, subject to discussions and protocol with NHSi. 2017/18 Plan has been submitted, delivering control totals for 2017/18 and 2018/19, but carrying significant risk. | R |  | |
| 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 |  | |
| 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: - Pendleton Frailty Unit (opened Oct 16) - 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 | G |  | |
| 5.4 | NEW | Strategic objectives delivery plan | Improve staff to patient ratios | Fiona Allsop | Vicky Daley DCNs (Nicola Shopland) | A Safer Staffing Paper was presented to the Trust Board in December 2016, which concluded that the nursing establishments are sufficient to provide safe and effective care in the Trust, however further analysis of data is required in the areas of Nutfield, Leigh and Newdigate. Extensive work continues on the reduction of agency spend, the optimisation of Healthroster and the ongoing recruitment from the local area and overseas. A nurse recruitment and retention strategy will be presented to the Executive Committee in mid-January. | A |  | |
| 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 by November 16. The Workforce Development team will review the ARs to identify relevant training and development opportunities are where applicable add / promote these to SaSH staff. | G |  | |

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| 5.6 | NEW | Strategic objectives delivery plan | Accelerate delivery of EPR and increased use of technology | Ian Mackenzie | Anna Wickenden | OBC has been approved by FWC and Board. FBC is due in Q4 | G |  |
| 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 - successful implementation to date with hours extended to 12 hours per day. Working on a number of schemes with community partners to improve discharge process for patients. Funding confirmed to appoint 2wte Band 7 CAMHS liaison nurses to work across the Trust, including ED for Surrey patients. | G |  |
| 5.8 | NEW | Strategic objectives delivery plan | Lead development of STP and influence effective delivery | Michael Wilson | - | STP published and now being refined. Moving to engagement and implementation stages | G |  |
| 5.9 | NEW | Strategic objectives delivery plan | Develop and implement a health and well-being plan | Mark Preston | Janette Barnes | CQUIN Flu Vaccination target met. Other CQUIN targets to be achieved by 31.3.17 HWB Strategy development on-going. | G |  |
| 5.10 | BF | Membership strategy | Establish and deliver engagement and communications strategy for members following FT authorisation | Gillian Francis - Musanu | Laura Warren | New role for governors now agreed which is to be included in new PPE strategy in the absence of FT | B |  |
| 5.11 | BF | IT strategy | Provide upgraded email solution | Ian Mackenzie | Peter Hodgetts | Preparation works underway. Migration expected to start from mid February 2017 | G |  |
| 5.12 | BF | IT strategy | Complete Network Upgrade | Ian Mackenzie | Peter Hodgetts | Due diligence of cost estimates being undertaken. OBC expected to be ready during January 2017 | A |  |
| 5.13 | BF | Estate strategy | Deliver estates capital programme | Ian Mackenzie | - | Ongoing | G |  |
| 5.14 | BF | Workforce and OD strategy | Develop integrated workforce plans (demand and supply) at divisional/ business unit level - identifying workforce changes required for 24/7 working in appropriate areas | Mark Preston | Janet Miller | The HRBPs have developed Workforce Plans for their Divisions which identify and support both the delivery of local and Corporate workforce objectives | G |  |
| 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 consultant and Executive posts and A/C posts at Band 8b and above highlighting the expectations re: SaSH+ | G |  |
| 5.16 | NEW | Workforce and OD strategy | Develop and incorporate the associated values and behaviours into job specifications and descriptions and selection processes | Mark Preston | David Vincent | This work is being developed and used as / where appropriate. | A |  |
| 5.17 | NEW | Workforce and OD strategy | Ensure robust arrangements are in place for effective performance management and good quality appraisal of individuals | Mark Preston | Nathaniel Johnston | The Trust has achieved its target that 90% of staff with 12 months or more continuous service will have received an AR. This was achieved across all Divisions by November 2016. Planning and promotion for 2017/18 AR cycle will commence in January 2017. | B |  |
| 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.). National guidance on leadership ('Developing People - Improving Care'), has recently been issued and this is being reviewed to ascertain how this can 'dovetail' with current initiatives and overall SaSH culture | G |  |
| 5.19 | NEW | Workforce and OD strategy | Integrate our vision and values into our learning programmes as core to the way we do business | Mark Preston | Nathaniel Johnston | The Trust continues to align all learning programmes with the SaSH Vision and Values. | G |  |

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