

<b>TRUST BOARD</b>		<b>Date: 31 August 2017</b> <b>Agenda Item: 5.3</b>	
<b>REPORT TITLE:</b>		Revised 17/18 Annual plan with priorities	
<b>EXECUTIVE SPONSOR:</b>		Anouska Adamson-Parks	
<b>REPORT AUTHOR (s):</b>		Anouska Adamson-Parks	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		Executive Committee	
<b>Action Required:</b>			
<b>Approval (√)</b>	<b>Discussion</b>	<b>Assurance</b>	
<b>Purpose of Report:</b>			
The report provides an update on the work to prioritise the annual plan to ensure it reflects the key priorities for the organisation.			
<b>Summary of key issues</b>			
<p>The Executive team met on 2<sup>nd</sup> August to review the annual plan alongside the actions previously generated from the Board Development Day and prioritise the actions within it. Prior to prioritisation the Executive Team considered the content of the annual plan, how it was being used and whether it reflected the expected strategic priorities. The following feedback was gathered:</p> <ul style="list-style-type: none"> <li>• The annual plan is unwieldy and not necessarily being used to deliver the Trusts strategy</li> <li>• There needs to be a process for adding new priorities to the plan in year</li> <li>• There needs to be a process for ranking the importance of actions on the annual plan</li> <li>• There needs to be a process for ranking the level of financial investment allowed for annual plan priorities</li> <li>• There needs to be a way of communicating the annual plan objectives and progress being made against them to the wider organisation</li> <li>• There are a number of areas that are on the annual plan which were considered “business as usual” (BAU) but were being captured to ensure delivery of key action plans within the organisation eg quality account</li> <li>• The detail was considered necessary for Board assurance but that there may be opportunity to change the way the detail is reported</li> <li>• It was difficult to see the key strategic priorities in amongst the business as usual actions and to gain assurance that relevant milestones were being delivered in line with expectations</li> <li>• There were duplicate or similar actions that could be themed</li> <li>• There were some key plans for the year missing which should be added. These included: <ul style="list-style-type: none"> <li>• Neonatal unit</li> <li>• Estate master plan for East Surrey site</li> <li>• SASH+ cultural goals and priority areas</li> </ul> </li> </ul>			

- Discharge Planning

The Executive Team considered each of the entries on the annual plan against a set of 3 questions to support the prioritisation process:

1. Do we have to do this in order to continue to deliver services safely and to the expected performance and quality levels?
2. Does it have to happen this year?
3. Does it support the strategic intent to lead and drive towards the development of a place-based ACS that delivers integrated care?

Building upon the feedback during the session the team were also asked to consider which items were business as usual in order to clearly distinguish these from the strategic initiatives.

The document attached provides an updated version of the annual plan with the following changes:

- A split between strategic priorities and business as usual priorities
- new additions to reflect the Board Development Day actions
- new actions that were considered missing from the annual plan
- a number of actions have been combined to reduce duplication
- a small number of actions have been removed as they are reported routinely to the Board via other means for example, continue to ensure there are no mixed sex breaches, or they are not considered to be appropriate for the annual plan for example, recruit a coder to the coding team
- A new column to reflect Non-Executive Directors (NED) lead where Non-Executive Directors have expressed a wish to be involved in plans.

Additionally, a change control process has been implemented to note any changes to the plan in year and to keep the plan live and appropriate.

In order to ensure delivery in year against those areas noted as strategic priorities it is recommended that scrutiny and reporting against these areas is increased. The current RAG rating is subjective and is not necessarily aligned to whether a plan has been delivered in line with original expectations. Each of the strategic priority areas should have an enhanced reporting process with key milestones agreed for each of the subsequent quarters within the year to ensure that genuine progress against plans is being measured.

The BAU priority areas should continue to be monitored in the existing format on the basis that the majority of these actions are monitored more thoroughly through existing governance structures.

There are some issues raised from the initial feedback from the session which still need to be addressed and these are noted below for the sake of completeness. These actions will be taken forward separately.

- Ranking of process for agreeing financial investment – to be taken forward with Finance team
- Communicating the annual plan more widely - following agreement of the refreshed annual plan various communications will be prepared using different mediums to share the message about the Trusts development work for the year.

<b>Recommendation:</b>	
<p>The Trust Board are asked to review the information provided and agree the changes to the annual delivery plan.</p> <p>The Trust Board are asked to note the addition of NED involvement in some of the strategic priority areas.</p> <p>The Trust Board are asked to support a move to enhanced reporting against the strategic priorities which is milestone delivery based.</p>	
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>	
<p><b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers</p> <p><b>SO2:</b> Effective - Deliver effective and sustainable clinical services within the local health economy</p> <p><b>SO3:</b> Caring – Ensure patients are cared for and feel cared about</p> <p><b>SO4:</b> Responsive – Become the secondary care provider and employer of choice our catchment population</p> <p><b>SO5:</b> Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>	
<b>Corporate Impact Assessment:</b>	
<b>Legal and regulatory impact</b>	The annual plan demonstrates delivery of key actions to support the strategic objectives
<b>Financial impact</b>	Business cases will be developed for any significant resource developments.
<b>Patient Experience/Engagement</b>	The annual plan includes a number of objectives linking to patient experience and engagement
<b>Risk &amp; Performance Management</b>	Delivery of the annual plan is monitored by the Executive Committee and reported to the Trust Board
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	The annual plan demonstrates delivery of the organisations strategic objectives
<b>Attachment:</b>	
None	

## Strategic Priorities

Ref	Action	Lead director	Lead manager/clinician	NED Lead
<b>SO1 - Safe - Deliver safe high quality and improving services which pursue perfection and be in the top 25% against our peers</b>				
1.3	Work in partnership with Virginia Mason Institute and develop a new culture within the organisation where LEAN becomes a common language and tool to support continuous improvement. Everyday improvements should be lead through the LEAN process and the number of our Lean leaders should increase year on year. Specific areas of focus for 2017/18 include cardiology, management of diarrhoea and outpatients.	Sue Jenkins	-	
<b>SO2 - Effective: As a teaching hospital deliver effective and improving sustainable clinical services within the local health economy</b>				
2.2	Year on year recruit more research participants and ensure learning is published	Des Holden	Anne Shears	
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	
2.4	Deliver services differently to meet the changing needs of patients, the local health economy and the Trust: New day surgery unit	Angela Stevenson	Natasha Hare	
2.6	Implement a managed equipment service which is supported by a rolling equipment replacement schedule	Des Holden	Mo Luqman	
2.9	Aim for an 'A' rating for SSNAP with a minimum delivery of 'B' in year to ensure ongoing improvements	Des Holden	Ben Mearns	
2.12	Embed SAFER bundle	Des Holden	Chiefs (Ben Mearns)	
2.13	Pursue the establishment of integrated patient datasets	Angela Stevenson		
2.14	Digital at home – alternatives to inpatient, outpatient or community activities	Angela Stevenson		
2.15	Re-develop the neonatal unit to ensure sufficient capacity is available for the needs of the local population whilst also meeting quality requirements.	Ian Mackenzie		
2.16	Develop a plan for maximising the use of the East Surrey Hospital site which supports delivery of the Trusts key objectives.	Ian Mackenzie		

<b>SO3 - Caring - Work with compassion in partnership with patients, staff, families, carers and community partners</b>				
3.7	Listen to patients and their families and ensure their views shape clinical services that reflect their feedback and care needs: Develop information to cover areas and in a format that patients have influenced	Fiona Allsop	Vicky Daley	
3.14	Improve capacity in primary care through direct access, advice and support, expert patient, (and potentially salaried GPs, employed by SASH)	Angela Stevenson		
3.15	Develop care pathways for rehab unit	Des Holden		
3.16	Proactive thought leadership in prevention and treatment of substance misuse and addiction	Des Holden		Caroline Warner
3.17	Develop the end of life care pathway	Des Holden		Richard Shaw/ Pauline Lambert
3.18	Ensuring a safe and timely discharge for every patient	Angela Stevenson	Jane Griffith	
<b>SO4 - Responsive - To continue to be the secondary care provider of choice for the people of our community</b>				
4.1	Develop plans to define and deliver 7 day services	Des Holden	Chiefs (Ben Mearns)	
4.3	Complete Frontier pathology services joint venture implementation and delivery	Bruce Stewart	Michael Rayment	
4.5	Ensure patients receive the right care, in the right bed, at the right time, every time: Work towards LOS being in top 20% and delivery of all elective plans.	Angela Stevenson	Ben Emly	
4.7	To maintain and expand market share for elective activity	Paul Simpson	Larisa Wallis	
4.8	To explore opportunities for new services, joint ventures, partnerships and new markets. Develop effective partnership so design integrated services.	Paul Simpson	Larisa Wallis	
4.9	Private Patient Services – raise £5m of income to support other investments. Generate a further £15m from other sources.	Michael Wilson	Anouska Adamson-Parks	Paul Biddle
4.10	Develop Outpatient Unit that delivers enhanced contribution	Michael Wilson	Anouska Adamson-Parks	Paul Biddle
<b>SO5 – Well led – To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model</b>				
5.1	Deliver financial plan and develop and implement a viable long term financial model	Paul Simpson	Peter Burnett	

5.3	Invest in staff to patient nursing ratios	Fiona Allsop	DCNs (Nicola Shopland)	
5.4	Deliver ongoing staff development programmes including talent management	Mark Preston	Adele Kendrick	
5.5	Accelerate delivery of EPR and increased use of technology	Ian Mackenzie	Anna Wickenden	
5.7	Lead development of STP and influence effective delivery	Michael Wilson	-	
5.8	Develop and implement a health and well-being plan	Mark Preston	Janette Barnes	
5.10	Enhance IT solutions by upgrading email and networks	Ian Mackenzie	Peter Hodgetts	
5.13 a	Develop integrated workforce plans (demand and supply) at divisional/ business unit level - identifying workforce changes required for 24/7 working in appropriate areas including the development of the nursing associate role	Mark Preston	Janet Miller	Richard Durban
5.20	Develop and implement a patient and public engagement strategy. Develop relationships with the voluntary and third sector to understand their offer and how it can be used effectively and supported by the Trust.	Gillian Francis - Musanu	-	
5.21	Review workforce strategy to plan for the longer term requirements; it should be current and ambitious	Mark Preston		Richard Durban
5.23	Build Rehab unit	Michael Wilson	Jim Davey/ Anouska Adamson-Parks/ Ilan MacKenzie	
5.25	Building on five Year Forward view, create a localised compelling case for change with partners to support the development of an integrated care model. Work with stakeholders to implement.	Anouska Adamson-Parks		

## Business as Usual Priorities

Ref	Action	Lead director	Lead manager/cl inician		NED Lea d
<b>SO1 - Safe - Deliver safe high quality and improving services which pursue perfection and be in the top 25% against our peers</b>					
1.1	Consistently meet national patient safety standards and benchmark in top 25% against peers	Angela Stevenson	Ben Emly		
1.5	Demonstrate improvements and increased awareness of DOLs, MCA applications, domestic abuse, Prevent, FGM and modern slavery	Fiona Allsop	Fiona Crimmins		
1.6	Develop and implement plans to ensure 100% of staff are compliant with the PREVENT WRAP training by July 2018	Fiona Allsop	Fiona Crimmins		
1.7	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray		
1.8	Monitor and work towards compliance with national midwifery staffing guidance	Fiona Allsop	Michelle Cudjoe		
1.9	Pressure damage: Reduce hospital acquired minor and major damage (Baselines:- grade 2 = 60 grade 3 = 5)	Fiona Allsop	Louise Evans		
1.10	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		
1.11	World Health Organisation (WHO) safer surgery checklist: Continue to audit quality of safer surgery processes and achieve 100% compliance	Des Holden	Barbara Bray		
1.12	Continue to maintain high standards of cleanliness and to listen and respond to feedback from patients and visitors	Ian Mackenzie	Carol Dixon		
<b>SO2 - Effective: As a teaching hospital deliver effective and improving sustainable clinical services within the local health economy</b>					
2.1	Achieve top 25% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr		
2.5	Progress academic appointments with Surrey University and HEKSS	Des Holden	-		
2.7	Maintain "better than expected" mortality rating for HSMR	Des Holden	Jonathan Parr		
2.8	Be in top 25% of Trusts for SHMI	Des Holden	Jonathan Parr		

2.12	#NOF: Maintain BPT > 75% Improve % patients on a hip fracture ward < 4 hours Strengthen links with community providers	Des Holden	Jonathan Parr	
2.1	Improve signing of consent forms by patients by introducing a sticker to use in new booklets	Des Holden	-	
2.11	Complete re audits in audit plan including:- TED stockings Calories for enteral feed patients Safeguarding referrals	Des Holden	Jonathan Parr	
<b>SO3 - Caring - Work with compassion in partnership with patients, staff, families, carers and community partners</b>				
3.1	Audit how patients feel cared about and respond to issues raised by YCM, FFT and inpatient survey	Fiona Allsop	Cathy White	
3.4	Listen to patients and their families and ensure their views shape clinical services that reflect their feedback and care needs: This includes implementation of the patient experience strategy, providing opportunity for patients and carers to share their experience at events and involvement in care planning. You said we di to be used to share action taken.	Fiona Allsop	Cathy White	
3.10	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 dementia friendly open space Trial my care matters boards	Fiona Allsop	Chris O'Connor	
3.11	Implement new platform provider for patient feedback	Fiona Allsop	Cathy White	
3.13	Nutrition: Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	
<b>SO4 - Responsive - To continue to be the secondary care provider of choice for the people of our community</b>				
4.2	Continue series of hot topic events with patient involvement	Des Holden	Laura Warren	
4.4	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	
<b>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</b>				
5.12	Coding: Support experienced coders towards accreditation	Jim Davey	Ven Gaddam	
5.14	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	



5.15	Develop and incorporate the associated values and behaviours into job specifications and descriptions and selection processes	Mark Preston	David Vincent	
5.16	Ensure robust arrangements are in place for effective performance management and good quality appraisal of individuals	Mark Preston	Adele Kendrick	
5.17	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	
5.18	Integrate our vision and values into our learning programmes as core to the way we do business	Mark Preston	Adele Kendrick	
5.24	Offer VMI training to develop leadership and change externally.	Sue Jenkins		
5.19	Develop and embed an Inclusion strategy that meets legal and regulatory frameworks and ensures equitable treatment for all staff	Mark Preston	Sarah Wood	
5.22	Further develop the volunteering service to support new roles and functions	Mark Preston		