

Annual plan 2017/18 - Q2 update July - September 2017

Strategic Priorities

Key to RAG status

R - More than two months behind schedule OR will not deliver unless the context changes

A - Up to 2 months behind schedule but there is a possibility of recovery is possible and plans are in place

G - Delivery to plan is on schedule

B - complete and KPIs, benefits are being realised in line with plan

Ref	Action	Lead director	Lead manager/clinician	NED Lead	Q2 RAG	Q2 Trend (delete as appropriate)	Q2 update	Strategic Objective link
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 201718 include cardiology, management of diarrhoea and outpatients. Q2 National learning event to showcase management of diarrhoea case study. First of quarterly open days. RPIW for Cardiology Angio inpatients. Q3 Cohorts 3 & 4 L4L complete their course. Cohorts 5 and 6 L4L training begin. PArticipate in two national conferences to share learning. Two year review with VMI and NHSI. Appointment of 3 KPO facilitators. Q4 Cohorts 5 &6 complete their course. Review high level metrics for high value workstreams to evaluate progress through the year.	Sue Jenkins	-		G	➔	"National learning event in Leeds attended with nearly 30 SASH staff. Focus for our case study was management of diarrhoea. Materials published to share success including video, case study document and info graphics First of quarterly open days held for external visitors Planning underway for RPIW#11 - management of diarrhoea - focus is on stool sampling. Due to take place wc 16/10/17 Cohorts 5 and 6 launched for lean for leaders with 60 candidates First ALT candidate to be certified by SASH has commenced taught modules with Shresbury and Telford	1, 2, 3, 4, 5
2.2	Year on year recruit more research participants and ensure learning is published Q2 Recruit to large scale research projects Q3 Highlighting further high volume participant research projects for 2018/19 Q4 Review that targets have been met as set by Clinical Research Network	Des Holden	Anne Shears		G	⬆️⬇️⬆️	Recruitment to large scale research projects has been successful.	1,2,5
2.4	Deliver services differently to meet the changing needs of patients, the local health economy and the Trust: New day surgery unit Q1 Open new Day Surgery Unit Q2 Open Ambulatory Care Unit Q3 Open new Primary Care lead GP streaming service incorporating ED developments to provide a better environment for ambulance handover, GP streaming and ED waiting area.	Angela Stevenson	Natasha Hare		G	⬆️⬇️➔	Ambulatory Care Unit - build completed awaiting confirmation of opening date. KPIs in place. Tariff agreed with commissioners Primary Care Streaming at front door - build in progress due to open 30 October 2017.	1,2,3,4,5
2.9	Aim for an 'A' rating for SSNAP with a minimum delivery of 'B' in year to ensure ongoing improvements Q2 Move from D rating to C Q3 Increase speed of access to the stroke ward (4hr to raech stroke ward) and ensuring patient stays are in the appropriate setting (90%) Q4 Move from C to B	Des Holden	Ben Mearns		G	⬆️	Q1 rated as C. Q2 not available as yet. Work continues to improve access to stroke ward. Working towards improvements in all elements of SSNAP data.	2,3,4,5
2.12	Embed SAFER bundle Q2 Review of what is working well and what next steps are Q3 Agree next steps plan	Des Holden - QUERY ANGELA	Chiefs (Ben Mearns)			⬆️⬇️➔	Surgical division has agreed the need to revisit the embedding of SAFER	2,3,4,5
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. Q2 Approve outline business case Q4 Draft full business case to execs 18/19 Full business case approval (Q1) and begin estates work (Q2 onwards to Oct 2019)	Ian Mackenzie			G	⬆️	OBC approved and detailed plans being developed to enable tendering and FBC by March 2018	1,2,3,4,5

2.16	Develop a plan for maximising the use of the East Surrey Hospital site which supports delivery of the Trusts key objectives. Q2 Submit application to Reigate and Banstead Borough Council for parts of the estate to either be moved out of Green Belt or to become a major development zone. Q3 Monitor ACS developments to agree timescale for internal view of how the Trust site should be developed 18/19 Q2 Application outcome known and next staeg plan to be agreed.	Ian Mackenzie			G	↑	Application submitted to Reigate Council for removal of parts of East Surrey Hospital site from Green belt	2,3
2.17	Utilise model hospital and other benchmarking tools to identify opportunities for greater efficiency. Increase productivity of services where the opportunity exists. Q2 Identify areas of unwarranted variation as noted in the model hospital and agree areas of focus for the rest of the year. Q3 deliver against productivity requirements for theatres and outpatients. Review data for Urology, T&O, Obs and Gynae, Estates and Facilities & Payroll to establish levels of opportunity as identified by model hospital Q4 review progress gainst model hospital action pland and theatres/ outpatients productivity programmes.	Anouska Adamson-Parks/ Angela Stevenson	Various		G	↑	Inaugural Model Hospital Board Meeting held (charied by CEO) and Terms of Reference agreed. Areas of focus agreed with a deadline of end November to adress any data inaccuracies. Presentation made to clinical leads outlining how model hospital works and how to understand where clinical and financial vaiation exists. Urology review undertaken with agreed actions.	1,2,5
3.7	Listen to patients and their families and ensure their views shape clinical services that reflect their feedback and care needs	Fiona Allsop	Vicky Daley	Daphnee Pushparajah	G	→	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 however launch date for functionality on the system for producing letters in alternate formats, still to be confirmed.	1,2,3,4,5
3.14	Improve capacity in primary care through direct access, advice and support, expert patient, (and potentially salaried GPs, employed by SASH) Q3 Establish project group to agree concept of expert patient and how it relates to our health economy. Agree plan for delivery. Monitor delivery against GP streaming and availability of sufficient GP resource to agree next steps if required. Q4 Deliver plan	Angela Stevenson			G	→	Advice and Support available through new Kingsfold model aswell as services already up and running. East Grinstead and Horsham areas reviewing opportunity of enhacning paramedic practioner input to reduce the number of GP referrals to the hospital. GP recruitment not currently being considered due to GP streaming pilot.	2,3,5
3.16	Proactive thought leadership in prevention and treatment of substance misuse and addiction	Des Holden		Caroline Warner	G	→	System wide workshop held.	3,5
3.17	Develop the end of life care pathway and ensure its consistency 7 days a week Q2 Pilot assessment tool on two wards to identify those likely to be in the last year of their life. STP work commences. Q3 Evaluate pilot with a view to implementing full roll out in Q4 Q4 Present a stock take to the Board at the end of Q4 on both the internal and STP EOLC work	Des Holden		Richard Shaw/ Pauline Lambert	G	→	STP work launched. Amber pilot underway.	2,3,4,5
3.18	Ensuring a safe and timely discharge for every patient Q2 Employ Associate Director for Integrated Discharge on behalf of health economy. Q3 Agree system wide plan for addressing system issues related to discharge including DTOC and CHC issues. Implement "Lets get you home". Identify mechanisms for tracking internal delays. Q4 Ensure trajectory for reduction in DTOCs is achieved and "Lets get you home" is being implemented for every patient. Agree trajectory for improved patient satisfaction with discharge.	Angela Stevenson	Jane Griffiths		G	↑	AD Integration appointed and took up post on 21st August 2017. Gap analysis undertaken against High Impact Change Document and actions for both internal teams and system partners identified. Working group being established to agree trajectory for reduction in DTOCs across the SASH economy.	1,2,3,4,5
4.1	Develop plans to define and deliver 7 day services Q2 Begin the national audit data collection exercise. Q3 SQC to receive a report on our performance against south of england and national picture for 7 day working. Therapies 7 day working plan to be presented to exec. Q4 Go live with two consultant surgeons on at weekends	Des Holden	Chiefs (Ben Mearns)		G	→	The Trust benchmarks well compared to others in the STP area. National audit has begun.	2,3,5

4.3	Complete Frontier pathology services joint venture implementation and delivery Q2 Q3 Q4	Bruce Stewart	Michael Rayment		A	➡	National and local context has changed with the announcement by NHSi in September of plans to create 29 hub-&-spoke Pathology networks across England. Locally, we are in Network South 7, which is to be confined to the Sussex & East Surrey STP and to incorporate an extension of Frontier Pathology to involve East Sussex Health NHS Trust (ESHT) and Western Sussex Hospitals NHS Foundation Trust (WSHT). This is a major game-changer and will require the assembling of a new Project Team resourced to deliver a new Strategic Outline Case, transformation programme, governance framework and engagement plan over the next few weeks. In the meantime, the existing Frontier Pathology programme will continue under the current leadership and governance arrangements.	2,3,4,5
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 deliver elective plans Q2 Evaluate impact of new ambulatory care unit on bed base and opportunity to increase patients going to right bed first time. Q3 Agree key metrics for monitoring on a system wide basis with agreed key actions for implementation of the "high impact changes" Q4 Monitor KPI delivery against trajectory	Angela Stevenson	Ben Emly		R	➡	LOS trend continues to benchmark in lower quartile despite improvements since last year. Ambulatory Unit opening in October 17. See SAFER priority / Discharge priority for LOS actions	2,3, 4
4.9	Private Patient Services – raise £5m of income to support other investments. Generate a further £15m from other sources. Q3 Gather feedback on private patient service options and opportunities for additional income in 17/18. Draft private patient policy Q4 Finalise private patient policy (Jan) and implement action plan to generate additional income.	Anouska Adamson-Parks		Paul Biddle	G	➡	Fact finding exercise has been undertaken to understand the issues that currently exist within the Trust related to private patient income and what needs to be addressed with the Private Patient Policy.	2,5
4.10	Develop Outpatient Unit that delivers enhanced contribution Q2 Expressions of Interest Closing Date Sep. Review EOIs Q3 Agree preferred provider. Ensure appropriate building consent is in place. 18/19 Q1 Develop full business case (acknowledging building permissions outstanding) 18/19 Q2 Provider plans to be developed with the Trust	Michael Wilson		Paul Biddle	G	➡	EOIs have been received. A project group is due to meet in October to review the EOIs and agree next steps.	2,3,4,5
5.3	Improve staff to patient nursing ratios	Fiona Allsop	DCNs (Nicola Shopland)		G	➡	Staffing ratios have been increased as per Q1 plan. Recruitment continues. An action plan has been developed and shared with NHSI regarding retention. The overall trust position remains static. Data shared at Trust board demonstrates above a 94% fill rate for vacant shifts.	1,2,3,4,5
5.4	Deliver ongoing staff development programmes including talent management including leadership and succession planning Q3 Succession Planning for top 100 leaders developed Q4 Talent Management scoped as part of recruitment and retention plan to support workforce strategy	Mark Preston	Adele Kendrick		G	➡	Process for formal succession planning being developed to share with key stakeholders. Funding application to HEKSS for development of succession planning and 'SASH Leaders'.	2,3,5
5.5	Implement delivery of EPR and increased use of technology Q2 Q3 Assuming loan is provided by end October - implementation to begin Q4 Health Information Exchange go live	Ian Mackenzie	Anna Wickenden		A	⬇	Loan has been approved in principle but monies not yet forthcoming. Fallback plan being developed. Amber rating due to delay in funding.	1,2,4,5
5.6	Develop effective partnerships to design integrated services Q2 Agree joint clinical pathways with CCGs, SECamb, Social Care and Community Services for the Frailty Unit. Recruit a shared Associate Director for Integration to focus on system wide flow. Q3 Agree patient pathways with CCGs, SECamb, Social Care and Community Services for the Ambulatory Care Unit. Agree new ways of working for CHC service provision and agree shared definition of DTOC. Go live with GP Streaming. Q4	Jim Davey	ADs (Alison James)		G	➡	work undertaken with community colleagues and SECamb to support development of ambulatory care unit, Primary Care Streaming in ED and further development of the frailty unit. Continuing with joint project for Primary Care Streaming within ED. Aim to open new area 30 October 2017. AD Integration took up post 21.8.17	4,5

5.8	Develop and implement a health and well-being plan Q2 Health and Well being day held. Flu vaccination plan developed and ready to launch Q3 Launch flu plan Q4 Review Health and Well being metrics related to staff survey. Meet 2017/18 CQUIN objectives on Health and Wellbeing	Mark Preston	Janette Barnes		G	➡	Health & Well-being day held on 12th September - 36 stands and over 500 staff attended 2017 Flu vaccination campaign commenced on 9th October - target to administer vaccines to 70% of frontline staff 2017 National Staff Survey launched on 5th October - closes 1st December Mental Health Awareness Impact Assessments and Mental Health Awareness training being delivered by South London & the Maudsley	3,4,5
5.13	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. Feed this into the development of an overall workforce strategy that addresses the long term workforce challenges. Q2 Liaise with providers on delivery of apprenticeship and recruit to available places (particularly for nursing associate role) Q3 Q3 Scope and start development of workforce strategy Q4 HR BPs to review annual workforce plans to ensure delivery by division. Staff to start nursing associate course (subject to course accreditation). Present and ratify workforce strategy.	Mark Preston	Janet Miller	Richard Durban	G	➡	On-going discussions with Providers regarding the delivery of Apprenticeships (includes discussions with Brighton University about Nurse Associate apprenticeships)	2,4,5
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. Q2 Share draft strategy with executive team Q3 Share and consult with stakeholders. Q4 Ratify strategy (Jan). Develop detailed stakeholder analysis and engagement action plan.	Gillian Francis - Musanu	-	Daphnee Pushparajah	G	➡	Draft Strategy now approved by Exe Committee. Draft being shared with stakeholders and the voluntary/community Sector during October. Plan to update following feedback with approval of strategy in Dec or Jan.	1,2,3,4,5
5.26	Agree a trajectory for charitable funds growth with an agreed action plan to support delivery against the trajectory.	Gillian Francis - Musanu			G	➡	New Fund Raising Manager started end of Sept 2017. FR Trajectory for rest of 17/18 and 18/19 to be agreed by Charitable Funds Committee in Nov 2017	3,5

Annual plan 2017/18 - Q2 update July - September 2017

Business as usual requirements

Key to RAG status

- R - More than two months behind schedule OR will not deliver unless the context changes
- A - Up to 2 months behind schedule but there is a possibility of recovery is possible and plans are in place
- G - Delivery to plan is on schedule
- B - complete and KPIs, benefits are being realised in line with plan

Ref	Action	Lead director	Lead manager/clinician	Q2 RAG (RAGB)	Q2 Trend (delete as appropriate)	Q2 update
1.1	Consistently meet national patient safety standards and benchmark in top 25% against peers	Angela Stevenson	Ben Emly	G	↑	The Q1 benchmarking report showed the Trust to be in the upper quartile for quality with an improved quality score.
1.5	Demonstrate improvements and increased awareness of DOLs, MCA applications, domestic abuse, Prevent, FGM and modern slavery	Fiona Allsop	Fiona Crimmins	G	→	All topics are discussed at updated MAST training. <b>MCA &amp; DoLS</b> - numbers of DoLS applications figures sent to the CQC on a monthly basis. The Team have recruited a MCA & DoLS lead who is starting later this year. <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. There have been no 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 was one concern raised regarding modern slavery during this quarter.
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	G	↑	Wrap training currently stand at 67.3% and is on track to meet 100% compliance by July 2018.
1.7	Maintain the low incidence of surgical site infections	Des Holden	Barbara Bray	G	→	There continues to be low incidence levels.
1.8	Monitor and work towards compliance with national midwifery staffing guidance	Fiona Allsop	Michelle Cudjoe	G	→	Maternity triage implemented from November which will move the staffing to 1:32. There is also a plan to incrementally increase staffing which will see a move to 1:30. An ongoing review of activity and demand will be required moving forward.
1.9	Pressure damage: Reduce hospital acquired minor and major damage (Baselines:- grade 2 = 60 grade 3 = 5)	Fiona Allsop	Louise Evans	A	→	YTD G2's = 31, G3/4 = 6. Followig this increase in major harm the Pressure Damage investigaion process has been reviewed and the updated Terms of Reference of the Pressure Board finalised. RCAs continue to be completed and presented along with action plans and lessons learned at the Pressure Board. From November RCAs will be presented a SIRG and NMPC. Pressure Damage continues to be discussed daily at ward safety huddles. Learning from the last quarter has shown improvement is needed in the completion of documentation and management of incontinence. Education sessions have resared on the MAST days.
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	A	→	23 Trust-apportioned Cdiff (4 lapses) Zero MRSA Blood stream infections
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	G	→	100% compliance in use of WHO checklist. Qualitatitvie audit highlighted some areas of improvement in the finer detail of application. An action plan is in place to address this with a reaudit planned.
1.12	Continue to maintain high standards of cleanliness and to listen and respond to feedback from patients and visitors	Ian Mackenzie	Carol Dixon	G	→	Ongoing
2.1	Achieve top 25% performance in benchmarked clinical outcomes	Des Holden	Jonathan Parr	A	→	No new benchmarking data available.
2.5	Progress academic appointments with Surrey University and HEKSS	Des Holden	-	G	→	Recruitment successful and appointments currently underway.
2.7	Maintain "better than expected" mortality rating for HSMR	Des Holden	Jonathan Parr	G	→	Latest 12 month rolling data to June 17 has Trust rated as 'better than expected'

2.8	Be in top 25% of Trusts for SHMI	Des Holden	Jonathan Parr	G	↑	Latest 12 month rolling data to March 17 has Trust ranked 31/135
2.12	#NOF: Maintain BPT > 75% Improve % patients on a hip fracture ward < 4 hours Strengthen links with community providers	Des Holden	Jonathan Parr	A	↑	BPT now monitored the scorecard and shows further improvement on meeting BPT with an improvement to 86% in September. Remain amongst the best performers in the region in achievement.
2.11	Complete re-audits in audit plan including:- TED stockings Calories for enteral feed patients Safeguarding referrals	Des Holden	Jonathan Parr	G	→	Enteral feeding scheduled for March 18. VTE Prescribing audit underway. Dental unit auditing safeguarding pathway.
2.14	Digital at home – alternatives to inpatient, outpatient or community activities	Angela Stevenson				No update as present
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 did to be used to share action taken.	Fiona Allsop	Cathy White	G	→	Plans to review the patient experience strategy alongside the patient engagement strategy. Wider engagement in strategy development and the issues that really matter to patients to be worked up. Staffing changes have remained static for the last quarter.
3.7 a	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	G	↑↓→	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 however launch date for functionality on the system for producing letters in alternate formats, still to be confirmed.
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	G	→	Elements of Dementia Strategy continue to be worked on; Patient Experience, Butterfly Volunteers, Trust volunteers who have received additional training to support people living with dementia on care of the elderly wards. Reviewing impact of social dining on CoE wards. With the catering department developing hot finger food menu options. Patient engagement, continue to roll out the butterfly scheme, planning on how the butterfly scheme can be used in the Emergency Department in order to identify patients with dementia as they enter the hospital in order that they receive the best care. Have held a session with ED staff and they are keen to support. Training & developments continue with Dementia Friends sessions (Trust NEDs recently attended a session) SaSH Trust Dementia friends total nearly 2000. Dates set for next year's 3 day dementia leads programme. The environment, SaSH charity have launched appeal for dementia friendly open space the "Camomile Courtyard" next to the Pendleton Unit. Delirium pathway updated and available launched at the start of new junior doctors intake in August. Also produces a patient /carer information leaflet about delirium. The information leaflet was evaluated by carers as clear, concise and very useful. My care matters boards bid to the Health Foundation to scale up the project was unsuccessful exploring other alternatives. National Audit for Dementia results have been published the trust action plan reflects many elements of the Trust dementia strategy, ie improving delirium screening, involving patients with decisions regarding discharge, better use of patient personal information sheets (Reach out to me), improve nutrition choices i.e. snack menu and finger food menu. A follow up audit will take place in October focusing on delirium, we also plan to use the opportunity to review notes using last year's audit tool.
3.11	Implement new platform provider for patient feedback	Fiona Allsop	Cathy White	B	↑↓→	complete
3.13	Nutrition: Continue to make improvements to protected meal times	Fiona Allsop	Vicky Daley	G	→	Action plan relating to protected mealtimes continues to be monitored via the Nutritional Steering Group. Divisions continue to work on actions arising from March 2017 audit which highlighted the importance of social eating. Many wards providing patients with meals around a large dining room table.
4.2	Continue series of hot topic events with patient involvement	Des Holden	Laura Warren	G	→	Hot Topic events scheduled – Dementia (2 November) and Therapies (8 February)
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	R	→	Bed occupancy continues to be above 85% despite LOS improvements. Activity growth exceeds plan driving increased bed requirements.

4.7	Develop an approach to focus on population health and consider commissioning environment and how this supports a move to capitated budgets (change from market share growth)	Anouska Adamson-Parks		G	➔	NHSE and NHSI facilitated a meeting with commissioners and SASH team to review projected year end position and the impact on control totals for all. There was a commitment to review the control totals once the work was concluded which currently outlines a £12m gap in projected spend. Discussions around capitated budgets are not yet progressed.
5.10	Provide upgraded email solution	Ian Mackenzie	Peter Hodgetts	G	⬆️	nhs.net rollout underway
5.11	Complete Network Upgrade	Ian Mackenzie	Peter Hodgetts	A	➔	Solution for network support not yet signed off. Prioritisation exercise begun taken forward to address areas of greatest need first.
5.12	Coding: Train one new trainee coder	Jim Davey	Ven Gaddam	G	➔	Trainee coder completed standards course aiming to be qualified coder in 2 years time.
5.12	Coding: Support experienced coders towards accreditation	Jim Davey	Ven Gaddam	G	➔	1 coder took exam in sep -17 other coder due to resit on sep-17 dropped the idea will take exam in mar-18 with 2 more coders.
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	G	➔	ongoing
5.15	Develop and incorporate the associated values and behaviours into job specifications and descriptions and selection processes	Mark Preston	David Vincent	G	➔	On-going support to recruiting managers to ensure relevant and up to date recruitment documentation is used on each and every occasion. This has been strengthened by the increased use of psychometrics mapped against values and the NHS Healthcare Leadership model for senior appointments
5.16	Ensure robust arrangements are in place for effective performance management and good quality appraisal of individuals	Mark Preston	Adele Kendrick	A	➔	2017 Achievement Review completion targets are slightly behind target (currently 65% at end of September), however HRBPs are managing within Divisions / Corporate Teams to ensure the 90% KPI will be met by end of October. National Staff Survey has been launched on 5th October which has a specific key finding related to the quality of appraisals
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	G	➔	Initial discussions held regarding the introduction of 'SASH Leaders' programme. This will encompass different levels of leaders at the Trust and different core skills (ie how to be an effective manager. Leadership development, etc). A bid for funding to support this work has been made to HEKSS
5.18	Integrate our vision and values into our learning programmes as core to the way we do business	Mark Preston	Adele Kendrick	G	➔	Continue to ensure all Trust learning programmes are aligned with SASH Values and Trust strategy
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	G	➔	Draft of the SASH One Team Inclusion Plan has been completed - under final review following conversations with brap about ensuring this is meaningful and appropriate. 2017 WRES data submitted within expected timescale
5.22	Further develop the volunteering service to support new roles and functions	Mark Preston		G	➔	On-going development of the Volunteer strategy to ensure there is a wide demographic of volunteers at the Trust. Link Volunteers to the Trust 'widening participation' agenda
5.24	Offer VMI training to develop leadership and change externally.	Sue Jenkins		G	➔	Series of quarterly open days now in place to share our SASH+ story to wider NHS system Unable to offer external places on lean for leaders at the moment as licensing does not cover external use of materials

Strategic Priorities	
1a	Develop the end of life care pathway
1b	Ambulatory Care/ Frailty Unit
1c	(HIE) Pursue the establishment of integrated pat
1d	Digital at home – alternatives to inpatient, outpa
2a	Develop a long term workforce strategy that is cu
2b	Development of Nursing Associate role
2c	Staff profiles/ roles/ capacity on our wards – nee
2d	Further develop the volunteering service to supp
3a	Build Rehab unit
3b	Develop care pathways for rehab unit
3c	Improve capacity in primary care through direct i
3d	Develop relationships with the voluntary and thi
4a	Proactive thought leadership in prevention and i
5a	Private Patient Services – raise £5m of income to
5b	Develop Outpatient Unit that delivers enhanced
6a	Offer VMI training to develop leadership and cha
1. Develop a case for change	
1a	The case for change to be worked up in more det
1b	Create a compelling picture of what the new mo
2. Work with the willing to develop new model of care	
2a	Develop Key messages for working with stakehol
2b	Agree approach for engagement, identify key lea
3. Develop a business case outlining the future care model governance and	
3a	Outline the model of care, the implications for th
3b	Agree organisational form and shadow arrangem
3c	Share a business case outlining the model of care
4. Agree how SASH will work with the wider STP	
4a	Agree areas where joint working will benefit SAS
4b	Agree messaging to wider STP on SASH's strategi

#### New items

Exec Workshop	Re-develop the neonatal unit to ensure s meeting quality requirements.
Exec Workshop	Develop a plan for maximising the use o objectives.
Exec Workshop	From: Work in partnership with Virginia Mas To: Work in partnership with Virginia Masor common language and tool to support conti process and the number of our Lean leaders management of diarrhoea and outpatients.
Exec Workshop	Ensuring a safe and timely discharge for



Ongoing changes	
Origin of change	Action and change implemented
Feedback from Gillian on 18 Aug via email	develop a patient and public engagement
Feedback from fiona Allsop 26 August	Move 3.1,3.13 to BAU
Feedback from fiona Allsop 26 August	Amend 3.17 to reflect the need to allow for
Feedback from fiona Allsop 26 August	4.6 combined with 4.5 so that Right patient
Feedback from fiona Allsop 26 August	5.3 - Improve changed to invest in nurse/ pa
Feedback from fiona Allsop 26 August	5.6 combined with 4.8 to bring together inte
Feedback from fiona Allsop 26 August	5.11 deleted and combined with 5.10. Collec
Feedback from fiona Allsop 26 August	remove 1.2 and 1.4 re compliance with safe
Feedback from fiona Allsop 26 August	2.2 move from BAU to SP re recruiting more
Feedback from fiona Allsop 26 August	2.14 digital at home move from BAU to SP
Feedback from fiona Allsop 26 August	3.2, 3.3, 3.5 &3.6 merged into 3.4. No conte
Feedback from fiona Allsop 26 August	3.8 deleted as BAU and monitored via routir
Feedback from fiona Allsop 26 August	4.7 move to SP from BAU re expanding marl
Feedback from fiona Allsop 26 August	5.12 re training one coder removed as oper
Feedback from Ian McKenzie 18 Sep	5.1 &5.11 to move from strategic priorities t
Feedback from Ian McKenzie 18 Sep	2.4 expanded to include ambulatory unti an
Feedback from Ian McKenzie 18 Sep	2.6 to be removed as VAT changes mean thi
Board Seminar 28 October	3.1,3.7,3.13 move to BAU
Board Seminar 28 October	4.7 remove and change to capture a need to
Board Seminar 28 October	2.13 removed as captured in IT action
Board Seminar 28 October	3.15 removed and subsumed in 5.23
Board Seminar 28 October	5.1 remove delivery of financial plan as BAU
Board Seminar 28 October	5.26 - NEW action regarding charitable fund
Board Seminar 28 October	5.21 merged with 5.23
Board Seminar 28 October	2.17 NEW action related to productivity and
Meeting with Fiona Allsopp 19 Oct 2017	BAU 3.1 removed

Discussion with Des Holden  
20 Oct 2017

2.1 removed as Trust wide approach not bei

ient datasets
atient or community activities
urrent and ambitious
d a plan for the future workforce
ort new roles and functions
access, advice and support, expert patient, (and potentially salaried GPs, employed by SASH)
rd sector to understand their offer and how it can be used effectively and supported by the Tru
treatment of substance misuse and addiction
support other investments. Generate a further £15m from other sources.
contribution
inge externally.
tail with key messages developed for/ with a range of organisations and differing levels of staff
del of care could look like
ders
ids to develop new model of care and agree areas for integrated working.
finance
ie health economy and implications on workforce.
ments
e, the organisational form, the long term implications of the health economy and the desired c
H eg Pathology
c approach and take forward with the new Executive Chair.
sufficient capacity is available for the needs of the local population whilst also
f the East Surrey Hospital site which supports delivery of the Trusts key
son Institute and develop a culture of continuous improvement
1 Institute and develop a new culture within the organisation where LEAN becomes a
inuous improvement. Everyday improvements should be lead through the LEAN
; should increase year on year. Specific areas of focus for 201718 include cardiology,
every patient

it strategy and develop relationships with third and voluntary sector

7 day service provision and remove 3.9

right bed relates to Los and delivery of elective plans.

patient ratios

egrated partnerhsips and exploring working with partners to develop integrated care

ctive action regarding upgrade if email and networks

ty thermometer and reduction in falls as these are routinely monitored elsewhere.

: research participants and ensuring learning is published.

nt lost

ne operational procedures. No mixed sex breaches

ket share

ational management rather than something trust needs to monitor

to BAU - email and network upgrades

d GP streaming estates works

s is no longer viable

o focus on population health and capitated budgets within BAU

and reported routinely on a monthly basis

s growth

l model hospital

ing adopted. Approach being used where needed Consent forms are routinely being u

Number affected
inserted as 3.17
already in plan
inserted as 2.13
inserted as 2.14
inserted as 5.21
combined with 5.13
combined with 5.13
inserted as 5.22
inserted as 5.23
inserted as 3.15
inserted as 3.14
inserted as 5.20b
inserted as 3.16
inserted as 4.9
inserted as 4.10
inserted as 5.24
inserted as 5.25
inserted as 5.25
inserted as 5.27
inserted as 5.27
inserted as 5.26
not included as public facing
inserted as 5.27
already in plans 5.7
already in plans 5.7

inserted as 2.15
inserted as 2.16
ammended 1.3
inserted as 3.18

<b>Ref number of action affected</b>	
3.12 merged with 5.20a and b and moved to well led in strategic priorities spreadhseet. New number 5.20	
SP to BAU	
3.9 deleted	
4.6 deleted	
workding change 5.3	
5.6 deleted	
5.11 deleted	
delete 1.2 and 1.4	
BAU to SP	
BAU to SP	
3.2,3.3,3.5,3.6 deleted	
	3.8
BAU to SP	
	5.12
SP to BAU, 5.1 &5.11	
SP2.4	
SP to BAU	
SP to BAU and reframe	
SP to BAU and reframe	
removal	
removal	
removal	
NEW SP	
Merge New SP	
BAU removal	

| BAU removal

|