



# OPERATIONAL PLAN

2015 - 2016

## Contents Page

SECTION ONE: EXECUTIVE SUMMARY .....	3
1.1 EXECUTIVE SUMMARY .....	4
SECTION TWO: ESTABLISHING STRATEGIC CONTEXT .....	6
2.1 INTRODUCTION .....	7
2.2 REVIEW OF PERFORMANCE (FINANCIAL, OPERATIONAL AND QUALITY) IN 2014/15 .....	7
2.2.1 Delivering the Trust's Strategic Plan 2014-2019 - Progress Report .....	7
2.2.2 Changes in Overall Performance .....	18
2.3 CONSIDERATION OF THE TRUST'S EXTERNAL ENVIRONMENT .....	21
2.4 BOARD'S RESPONSE .....	24
SECTION THREE: PROGRESS AGAINST DELIVERY OF THE STRATEGY .....	25
3.1 INTRODUCTION .....	26
3.2 LHE RESPONSE TO THE FIVE YEAR FORWARD VIEW .....	26
3.3 STRATEGIC INITIATIVES .....	26
3.4 PERFORMANCE .....	33
3.5 PRODUCTIVITY, EFFICIENCY AND CIP PROGRAMMES .....	37
3.6 CAPITAL PROGRAMME .....	38
SECTION FOUR: PLAN FOR SHORT-TERM RESILIENCE .....	40
4.1 INTRODUCTION .....	41
4.2 QUALITY PRIORITIES .....	41
4.3 OPERATIONAL REQUIREMENTS .....	42
4.3.1 Inputs Needed to Meet Expected Activity Levels .....	42
4.3.2 Risks to Fluctuations in Demand .....	46
4.4 FINANCIAL FORECASTS .....	46
4.4.1 The Core Financial Gap 2015/16 and Efficiency Requirement .....	47
4.4.2 Income Assumptions and Planned Activity Levels During 2015/16 .....	48
4.4.3 Planned Expenditure 2015/16 Including Emerging Cost Pressures .....	49
4.4.4 Financial Risk Rating .....	50
4.4.5 Risks and Sensitivity Analysis .....	51
SECTION FIVE: BOARD DECLARATIONS FOR SUSTAINABILITY & RESILIENCE .....	53



# SECTION ONE: EXECUTIVE SUMMARY

## 1.1 EXECUTIVE SUMMARY

The intention of this plan is to clearly set out the operational priorities for Western Sussex Hospitals NHS Foundation Trust (WSHFT) over the coming year (2015/16).

In this plan we demonstrate how we intend to develop from being an already high performing organisation to one that has an enhanced and growing reputation for delivering great care for patients.

To continue to improve from our current levels of quality and performance will not be easy, particularly given the demographic and financial challenges we are facing (including an increasingly elderly population, increases in long term conditions and continued public sector resource constraint). However we firmly believe that it is through putting quality first, and focusing on doing the right things for patients, that we will also improve our efficiency and productivity.

Within this plan, Section 2 describes the strategic context the Trust is operating within. The introduction summarises basic details about the Trust - including our vision 'we care' that describes our intention to provide excellence in all that we do. Next it provides a summary of our historical performance in 2014/15 against:

- Our Strategic objectives - including actions taken to address any identified sub-optimal performance
- The Trust's key operational, quality, financial and workforce targets - with specific reference to any significant changes (particularly deteriorations) in our overall performance and any missed access targets

The plan then considers the Trust's external environment - the key challenges we face, the results of a recent market share assessment (for the period 2012 - 2014), key national policy and regulations that we need to respond to, and a description of our main commissioner's requirements and priorities.

Finally this section describes how, as a result of the analyses, the Trust Board has decided to refresh its Strategic Plan (2014-2019) during 2015/16.

Section 3 of this plan describes how we have planned to make further progress with delivering our strategy during 2015/16. The section describes how our LHE is currently formulating a response to the Five Year Forward View<sup>1</sup>. This is then followed by a summary of our strategic initiatives for 2015/16 (which include our corporate objectives that have shaped our programmes of work and milestones for each programme). It then describes actions the Trust has taken to address identified sub-optimal overall performance in 2014/15 and details how the Trust's Patient First Programme will support our continuous quality improvement programme in 2015/16 to improve the quality of care we offer patients. Information is then provided about our productivity, efficiency and CIP programmes for 2015/16 and our capital programme for the year.

---

<sup>1</sup> NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority (Oct 2014) *Five Year Forward View* available online as of 20/04/15 at <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Section 4 describes how the Trust is planning for short term resilience. The Trust recognises the need to improve resilience in the intermediate term. It describes our quality goals and priorities for 2015/16 (and how they have been identified through a comprehensive engagement exercise with key external and internal stakeholders). It details our current CQC registration status (we are “registered without conditions”) and describes how our risk management framework will integrate risk management with the Trust’s strategic aims and objectives and how our quality governance processes will ensure any identified quality issues are addressed. It then describes our operational requirements for 2015/16 - summarising the inputs needed to meet our expected activity levels, the key risks to fluctuations in demand (related to NHS Coastal West Sussex CCG’s QIPP programmes for unscheduled care and activity levels for planned care) and how we plan to mitigate these risks.

The final section (Section 5) describes how the Trust Board has made declarations of sustainability and resilience alongside this operational plan.



# SECTION TWO: ESTABLISHING STRATEGIC CONTEXT

## **2.1 INTRODUCTION**

Western Sussex Hospital NHS Foundation Trust (WSHT) serves a population of approximately 450,000 and has an annual turnover of c£400m. The Trust provides district general and specialist services to the population of West Sussex and parts of east Hampshire. The majority of the Trust's services are delivered from the three hospitals the Trust owns and operates:

- St. Richards Hospital in Chichester including c400 beds, A&E, maternity, intensive care and outpatient services
- Worthing Hospital including c 500 beds, A&E maternity, intensive care and outpatients
- Southlands Hospital in Shoreham by Sea including outpatient, day surgery and ambulatory care

The Trust's Strategic Plan 2014-2019 (June 2014) set out our vision 'we care' describing our intention to provide excellence in all that we do. Improving patient experience is at the heart of the Trust's vision and values, and is a central aspect of our Patient First Programme which successfully launched in the Autumn of 2014 as the Trust-wide approach to continuously improving the quality of care we offer patients.

This Operational Plan describes how the Trust has developed and evolved its strategy in response to its performance during 2014/15 and to changes in the external environment. Specifically this plan describes how the Trust will operationalise its strategic goals and objectives during 2015/16 with the aim of ensuring that we provide high quality, reliable care for the population we serve.

## **2.2 REVIEW OF PERFORMANCE (FINANCIAL, OPERATIONAL AND QUALITY) IN 2014/15**

### **2.2.1 Delivering the Trust's Strategic Plan 2014-2019 - Progress Report**

The Trust's 2014-2016 Operational Plan (April 2014) described our vision 'we care' and the strategic objectives that linked to this vision. Our plans for 2014/15 and 2015/16 were focussed on ensuring we deliver on our core strategic objectives. The following table summarises our progress with delivery of our plans for 2014/15 together with actions to address any sub-optimal performance.

We Care - Our Strategic Themes			
We Care About.....You			
Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Improving the overall experience patients receive from our Trust	<b>Develop and deliver the Trust's 'Customer Care' training programme</b> The Trust is introducing a major change to the way it improves customer care by introducing 'The Western Sussex Way' an innovative approach to training, recruitment, induction and appraisal, which seeks to transform the way Trust staff interact with patients and their carers.	<ul style="list-style-type: none"> <li>• New induction programme successfully introduced.</li> <li>• 'Western Way' successfully launched and Ambassador programme set up. Firmly embedded within the Patient First Programme - five-year plan agreed to develop and integrate the 'Western Sussex Way' into the culture of the Trust.</li> </ul>	All milestones met.
	<b>Staff, patient and stakeholder engagement programme</b> Ensure constant improvement and value is added through enabling staff to identify and lead service improvement.	<ul style="list-style-type: none"> <li>• Staff:               <ul style="list-style-type: none"> <li>- Review of Staffnet successfully completed. Recommendations for further development underway.</li> <li>- National 2014 Staff Survey administered. First cut of results analysed – headlines circulated in Trust Brief (Jan 2015) and included on StaffNet and in Headlines.</li> <li>- Facilitated time out for Employee Partnership Forum completed (with resulting actions for future improvement).</li> <li>- Patient First Programme successful launched - further events scheduled.</li> <li>- Medical engagement survey completed.</li> </ul> </li> <li>• Patients and Stakeholders:               <ul style="list-style-type: none"> <li>- Trust external website successfully launched.</li> <li>- Membership Engagement</li> </ul> </li> </ul>	All milestones met.

		Strategy being reviewed and refreshed.	
	<b>Improve access to elective care</b> To ensure the Trust meets its 18 weeks and Cancer waiting targets.	<ul style="list-style-type: none"> <li>• Trust successfully delivered more Referral To Treatment (RTT/18 weeks) pathways than planned in 2014/15 - however as demand continued the Trust is still in recovery.</li> <li>• Cancer 2 week referral compliance was predominantly maintained - the only material period of non-compliance was in March 2015 (due to a peak in referral levels).</li> </ul>	RTT Recovery Plan implemented, monitored and reviewed throughout the whole year.  Immediate operational response - backlog elimination action is in place. Breeches are expected to continue in April however Q1 2015/16 aggregate compliance is forecast.
	<b>Call management booking system</b> To introduce new technology that will enhance the patient experience whilst delivering internal efficiency and productivity improvements.	<ul style="list-style-type: none"> <li>• Call Centre successfully centralised onto Southlands Site.</li> <li>• Rollout of applications to enable SMS texting &amp; appointment reminders is progressing well but is not fully implemented.</li> <li>• Proof of concept work still underway for self check-in and clinical outcomes modules.</li> </ul>	Outpatient transformation project set up for 15/16 to continue to enhance patient experience.
	<b>Promote the use of telecare across the Trust</b> Telecare can be used to increase convenience and improve productivity across the Trust. It enables scarce clinical resources to be better used to manage patients closer to home where appropriate, and enables further cross-site working within the Trust.	<ul style="list-style-type: none"> <li>• WSHFT is leading a West Sussex technology enabled care services (TECS) steering group with support from Kent, Surrey &amp; Sussex Academic Health Science Network (ASS AHSN).</li> <li>• Outline plan for 2020 is in development, with Local Health Economy (LHE) partners, to increase use of TECS to assist in admission avoidance and clinical education, with support of</li> </ul>	Review when bid results available.

		external funding.  • Implementation plan delayed whilst LHE project awaiting results of bid for external funding to proceed.	
<b>We Care About.....Quality</b>			
Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Delivering improvements in the quality of care we provide	<b>Improve and reshape our cancer services</b> The Trust intends to reshape its cancer services, to provide an improved accessible and equitable service across the Trust. The provision of all cancer services, including individual tumour groups' chemotherapy, radiotherapy acute oncology and end of life care (EOL), are being considered.	<ul style="list-style-type: none"> <li>• Radiotherapy provision review successfully completed.</li> <li>• Cancer Strategy being developed with ongoing review of oncology services.</li> <li>• Work underway with our tertiary providers to review best model of care. Completion is dependent on cancer partner agreements connected with the development of the linear accelerator at St. Richards Hospital.</li> </ul>	On-going discussions with cancer partners to develop linear accelerator at St Richards Hospital. Governance arrangements and project structure in place.
	<b>Review and improve the Breast Cancer service</b> To lead a programme of service improvement across breast screening and cancer pathways with the aim of standardising clinical pathways and improving sustainability of the service.	<ul style="list-style-type: none"> <li>• Breast Cancer Service programme superseded by the formation of an Integrated Breast Service Board.</li> <li>• Detailed discussions held.</li> </ul>	Breast Service delivery plan for breast services being developed.
	<b>Deliver the programme of quality improvements specified through CQUIN's</b> sought by the Trust's Commissioners through the CQUIN programme, both for the CCG and NHS England.	CQUIN programme of quality improvements successfully delivered.	All milestones met.
	<b>Service improvement to reduce mortality</b> To allow early intervention and decision making in patients who are deteriorating. This will improve likelihood of recovery or allow more appropriate EOL care discussions.	<ul style="list-style-type: none"> <li>• Critical care: Patientrack 2 successfully 'went live' Trust-wide in March 2015. This is an upgrade to Patientrack - an electronic observation and assessment system that records patients' vital signs (blood pressure,</li> </ul>	All milestones met.

		<p>temperature, etc) and gives an early warning if a patient's condition is deteriorating.</p> <p>Patienttrack 2 records more patient information, giving a better picture of each patient's medical condition. It provides automatic alerts when a patient's condition deteriorates and has a "tasks" function to improve handovers and consistency of care.</p> <ul style="list-style-type: none"> <li>• Sepsis: Work is ongoing as part of the NHS QUEST programme.</li> <li>• EOL care: Additional posts, funded by hospices, put in place and weekly EOL ward rounds by a matron and lead manager (on alternate sites) successfully implemented.</li> </ul>	
	<p><b>Improve our stroke services</b> To deliver improvements in quality of care as outlined by Sentinel Stroke National Audit programme (SSNAP).</p>	<ul style="list-style-type: none"> <li>• The SSNAP gradings for both Worthing Hospital and St Richards Hospital improved during 2014/15: <ul style="list-style-type: none"> <li>- Worthing Hospital improved from a grade D to grade C stroke unit (SSNAP data<sup>2</sup>)</li> <li>- St Richards Hospital improved from a grade E to grade C stroke unit (SSNAP data<sup>2</sup>).</li> </ul> </li> <li>• An options appraisal for Stroke Services configuration is in process.</li> </ul>	<p>Continue to work with CCG on the case for change project to enable accurate population mapping to complete the options appraisal.</p> <p>Stroke care remains a key priority for 2015/16, with the Trust seeking to make further progress towards attaining target levels.</p>

<sup>2</sup> Stroke data is captured as part of the Sentinel Stroke National Audit Programme (SSNAP)

	<p><b>Improve the care we provide to dementia patients</b> To embed the progress made in 2013/14 within the usual business processes of clinical teams.</p>	<ul style="list-style-type: none"> <li>• Dementia Strategy developed and ratified at Public Board in July 2014.</li> <li>• Strategy implementation is in progress: <ul style="list-style-type: none"> <li>- Workforce training needs analysis completed and dementia training programme reviewed.</li> <li>- Network of Dementia Champions successfully established throughout the Trust.</li> <li>- Avoidable ward moves (particularly between 10.30pm to 6am) reduced.</li> <li>- Flexible visiting provided for carers.</li> <li>- Dementia friendly signage in corridors.</li> <li>- Nutrition - Let's Do Lunch campaign successfully launched.</li> </ul> </li> </ul>	<p>Dementia remains a key priority for 2015/16.</p>
--	---	--	---

**We Care About.....Safety**

Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Delivering improvements to maintain and enhance patient safety	<p><b>Implement the seven-day working programme</b> In response to the Francis and Keogh report, initiate the introduction of seven day working across the Trust to improve the safety of care provided and access to high quality care.</p>	<ul style="list-style-type: none"> <li>• Gap analysis completed.</li> <li>• Good progress made towards implementation of two seven day working standards: <ul style="list-style-type: none"> <li>- Shift handovers</li> <li>- Patient experience.</li> </ul> </li> </ul>	All milestones met.
	<p><b>Responding to the key themes in the Francis report 'patients first and foremost'</b> The Trust has introduced a programme of work containing nine distinct workstreams</p>	<ul style="list-style-type: none"> <li>• Progress on implementation of the programme of work reported quarterly to the Board.</li> </ul>	All milestones met.

	designed to address the issues raised in the report.	<ul style="list-style-type: none"> <li>• Programme now embedded in the Patient First Programme.</li> </ul>	
	<b>Implementation of Electronic Prescribing and Medicines Administration</b> To deliver significant patient safety benefits, enabled through the purchase and deployment of an IT system, by reinforcing best practice in medicines prescribing and administration, and providing clinical decision support for users, thereby significantly reducing prescribing and medications administration errors.	<ul style="list-style-type: none"> <li>• Pilot site rollout successfully commenced in February.</li> <li>• EPMA upgraded to v2014 &amp; system moved to virtual server</li> <li>• Rollout plan confirmed for medical wards.</li> <li>• Surgical pilot under discussion.</li> <li>• Draft business case prepared for devices in theatre.</li> </ul>	All milestones met.
	<b>Continue to reduce the numbers of healthcare acquired infections (HCAI's)</b> To maintain zero tolerance in order to increase the safety of patient care.	<ul style="list-style-type: none"> <li>• The Trust achieved no (i.e. 0) avoidable 'Trust acquired' cases of MRSA bacteraemia.</li> <li>• Trust-wide deep clean programme successfully commenced and completed.</li> </ul>	Reducing HCAIs remains a priority for 2015/16.

**We Care About.....Serving Local People**

Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Delivering our strategic clinical change programmes	<b>Open the Emergency Floor at Worthing Hospital</b> Bringing together the Acute Medical Unit, Surgical Assessment Unit and the Elderly Care Assessment areas into a single assessment area for emergency admissions in order to provide better integrated care and reduce the length of time patients stay in hospital.	<ul style="list-style-type: none"> <li>• Emergency Floor at Worthing Hospital successfully opened.</li> </ul>	All milestones met.
	<b>Develop Southlands Hospital including the relocation of Ophthalmology services</b>	<ul style="list-style-type: none"> <li>• Pathways for improvement successfully identified.</li> </ul>	All milestones met.

	Invest in Southlands Hospital to develop it as a thriving ambulatory care centre, with Ophthalmology at the heart of the development. To dispose of surplus land/buildings on the site to support the investment requirements for the retained Hospital.	<ul style="list-style-type: none"> <li>• Strategic Outline Case for relocation of diagnostic outpatients and cataracts surgery day cases to Southlands Hospital approved by the Trust Board in Dec 2014.</li> <li>• Outline Business Case development started and in progress.</li> </ul>	
	<b>Implement improvements in our Endoscopy services</b> Invest in Endoscopy to enhance patient experience, improve patient flow and efficiency. Reduce operational risk through an equipment replacement programme. To maintain accreditation from the Joint Advisory Group at St. Richard's Hospital and re-achieve accreditation at Worthing Hospital – a 'kite mark' of a well-run Endoscopy service.	<ul style="list-style-type: none"> <li>• Business case for endoscopy at Worthing developed and approved by the Trust Board.</li> <li>• Building contractor successfully procured.</li> <li>• Building programme commenced in August - completion expected in October 2015.</li> <li>• Service improvements and workforce model changes identified in the business case are progressing.</li> <li>• Maintained JAG accreditation at St. Richards Hospital.</li> </ul>	On-going focus on ensuring JAG accreditation for Worthing Hospital in 2015/16.

**We Care About.....Being Stronger Together**

Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Developing our role in delivering emergency and planned care	<b>Improve our Acute Medicine care pathways and reduce length of stay (LOS) through service improvement</b> Through a review of specific care pathways where the Trust has longer than average LOS, improve the internal processes to streamline patient care, thereby improving the quality of care and reducing LOS.	<ul style="list-style-type: none"> <li>• Reviewed opportunities in improving pathways including ward-rounds, predictive discharge, dispensing of TTOs, use of Discharge Lounge, Therapy and Radiology interventions and Patient Transport Service</li> <li>• Review of discharge processes and planning carried out by 20/20.</li> </ul>	Detailed programme plans in place for all workstreams.

	<p><b>1) Further develop our Lead Provider role within 'One Call One Team'</b></p> <p><b>2) Develop Programme - Integrated Reactive Care Pathway</b></p> <p>The One Call One Team service, will be further enhanced in conjunction with the Trust's partners, to provide a comprehensive service where healthcare professionals will have one number to call to access a range of services including Community Geriatricians, Rapid Assessment and Intervention team, GP in A&amp;E, Paramedic Practitioner and Dementia Crisis team.</p>	<ul style="list-style-type: none"> <li>Continued engagement with the local health economy to support delivery of 'Right Care, in the Right place at Right time' for patients.</li> <li>'One Call One Team' lead provider contract being negotiated.</li> </ul>	<p>Trust and CCG Executive-level focus to agree scope and timeline for contractual agreement.</p> <p>Maintain and enhance current service delivery through Trust-led LHE governance.</p>
	<p><b>Reduce the level of readmissions through a series of targeted projects</b></p> <p>In the audit of readmissions carried out during 2013 a number of themes emerged which has resulted in the development of a range of improvement projects including:</p> <ul style="list-style-type: none"> <li>COPD Virtual Ward</li> <li>Early notification of Admission</li> <li>Post-surgery specialist nurse</li> <li>End of Life Care</li> <li>Emergency outpatient surgical clinics</li> <li>Improving catheter care</li> </ul>	<ul style="list-style-type: none"> <li>All approved programmes successfully initiated and underway except for COPD where the remit has been revised and the Trust is not directly part of this workstream).</li> </ul>	<p>All milestones met.</p>

**We Care About.....Improvement**

Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Developing and delivering leadership development programmes	<p><b>Further develop the Trust's Leadership Development programmes for Clinicians, Nurses and Managers</b></p> <p>The Trust has started its second year of Leadership Development plans, and is extending the programme to cover Nurses and Managers as well as Clinicians. The aim is to equip a cadre of staff to have the skills to manage the Trust through the challenging future it faces.</p>	<ul style="list-style-type: none"> <li>Worked effectively with the University of Chichester to continue to shape and deliver the Leadership Development Programmes (LDP).</li> <li>Evaluation of effectiveness of the multi-disciplinary LDP evaluation completed.</li> <li>EXCEL programme renamed as Patient First</li> </ul>	<p>All milestones met.</p>

		programme.  • Workshop for 120 senior managers held in November 2014, plus further 3 workshops for 300 staff held in March-April 2015.	
Delivering coordinated service improvement programmes across the Trust	<b>Develop and deliver service improvement learning programmes (including Lean training)</b> To encourage all staff to adopt and use evidence-based service change and improvement tools, to improve the quality of service they deliver.	<ul style="list-style-type: none"> <li>• Programme of training to be developed under the 'Patient First' programme.</li> <li>• Specification developed for service improvement strategic partner.</li> <li>• Procurement underway to select partner - to be completed during April 2015.</li> </ul>	All milestones met.

### We Care About.....The Future

Corporate Objective	Primary Delivery Programmes/ Purpose	Progress/ Variation from Plan	Actions
Implementing our Clinical Services Strategy and maintaining an acceptable financial risk rating and governance rating	<b>Review the Trust's internal configuration for emergency surgery out of hours.</b>	<ul style="list-style-type: none"> <li>• Potential options for emergency surgery out of hours configuration successfully considered through the development of the five-year Strategic Plan.</li> <li>• Options for change within surgery considered as part of the Efficiency and Transformation programme</li> <li>• Programme superseded by broader review of surgical services and their configuration across the Trust.</li> </ul>	Superseded by 2015/16 elective end-to-end pathway programme.
	<b>Complete the reconfiguration of our Pathology services.</b>	<ul style="list-style-type: none"> <li>• Staff consultation for Blood Sciences bands 5-8 and A&amp;C posts successfully completed in August 2014 and revised service model to be finalised.</li> <li>• Go live for LIMS<sup>3</sup> and Order Communications (OCS)</li> </ul>	Project Board has instigated frequent project review meetings with supplier and progress is being monitored closely.

<sup>3</sup> LIMS - Laboratory Information Management System

		deferred to June 2015 (originally December 2014) due to delays in system configuration, testing and data take on from legacy systems.	
	<b>Develop and expand Private Patient Services.</b>	<ul style="list-style-type: none"> <li>• Target contribution improvement partially met.</li> <li>• New joint private practice committee set up to engage with practicing consultants.</li> <li>• Marketing strategy produced.</li> <li>• Capital investment options Strategic Outline Case agreed by Finance &amp; Investment Committee.</li> <li>• Unprecedented seasonal pressures impacted on capacity available for Private Patient activity. Website launch was therefore delayed.</li> </ul>	<p>Elective capacity planning and bed alignment initiative to ensure capacity meets demand.</p> <p>Website to be launched by Q2.</p>
	<b>Exploit commercial opportunities.</b>	<ul style="list-style-type: none"> <li>• Although the Trust's MSK bid was unsuccessful the preferred bidder subsequently withdrew and the CCG halted the procurement process.</li> </ul>	<p>Following detailed impact assessment, co-commissioned by the Trust and CCG, the Trust is engaging with the CCG to develop an innovative model of care, using local providers.</p>
	<b>Introduce a comprehensive Programme Management Office for the Efficiency Programme.</b>	<ul style="list-style-type: none"> <li>• Programme Management Office established to help develop and enable the delivery of the Efficiency Programme.</li> <li>• Delivery of the Efficiency Programme measured against the approved phased financial plan.</li> </ul>	<p>All milestones met.</p>

		<ul style="list-style-type: none"> <li>• Submission of 2015/16 Efficiency Programme to Trust Board for approval.</li> <li>• Commenced preparatory activities to deliver 2015/16 Efficiency Programme.</li> </ul>	
--	--	--	--

## 2.2.2 Changes in Overall Performance

The following section analyses changes in the Trust's overall performance in 2014/15 with particular attention to any deteriorations in performance.

### *Operational Performance*

This section considers the Trust's compliance against national and local key performance metrics.

- Monitor Risk Assessment Framework

The Trust achieved a score of 2 points against the Monitor Risk Assessment Framework performance metrics during Quarters 1 and 2 of 2014/15, and a score of 3 points during Quarters 3 and 4. Referral to Treatment (RTT) access times generated 2 points in each quarter, and there was a single compliance failure in Quarter 3 relating to A&E waiting times, and a single compliance failure in Quarter 4 relating to waiting times associated with the two week cancer referral rule.

- Activity

The following table shows cumulative Trust operational activity by type during 2014/15.

	Day Cases	Elective Inpatient	Non-elective Inpatient	Outpatient Attendances (*)
2013/14 Actual	50,569	9,593	58,262	447,499
2014/15 Plan	55,012	10,225	58,279	460,167
2014/15 Actual	55,753	9,118	61,342	480,999
<b>Variance</b>	<b>+741</b>	<b>-1,107</b>	<b>+3,063</b>	<b>+20,832</b>

(\*) Excludes Physiotherapy

**Table 2.1:** Activity by type

**Source:** WSHFT SLAM data

The referral growth for planned activity was higher than expected which led to increased outpatient attendances.

There was also a 5.7% over-performance in non-elective activity throughout the year. The operational impact of this unplanned increase was exacerbated by increased numbers of patients occupying acute beds whose discharges were delayed despite

the patients being medically fit. Extreme peaks in emergency pressure required the Trust to declare internal incidents in December 2014 and January 2015 in order to maintain safe services.

Emergency pressure on beds from December 2014 to March 2015 triggered unavoidable cessations of surgical elective inpatient work in order to ensure patient safety, and reduced planned delivery levels. The reduced numbers of elective inpatients were offset by higher levels of elective day case admissions. Although the Trust completed significantly more Referral to Treatment (RTT/18 weeks) pathways than planned in 2014/15, the waiting list growth increased in year by 12.8%. The imbalance in demand and available capacity continues and the Trust is committed to on-going recovery actions (with associated non-compliance in all three metrics relating to Referral to Treatment (RTT)).

- Cancer

The Trust saw 11.8% more patients in year during 2014/15 following the 2 week referral rule whilst attempting to meet a 12.3% increase in referral demand for cancer services. This increase in referral demand, together with an increased conversion level in the number of patients going on to required cancer treatment, exceeded planned levels. This generated an associated increase in operational resources required to treat patients urgently and presents an on-going risk to compliance.

Despite this pressure, cancer compliance was predominately maintained in 2014/15. The only material period of non-compliance occurred in March 2015 (due to a 19.9% peak in referral levels). Despite increasing attendance volumes by 23.9% during that month, the scale of response required exceeded available capacity at a number of points during March, causing exceptional breach levels and compromised compliance in Quarter 4.

- Diagnostic Test Waiting Times

Compliance for Diagnostic Test Waiting Times was, in most months, close to the required 1% target for patients waiting over 6 weeks however sustained compliance was increasingly challenged. Activity levels in key diagnostic modalities continued to exceed planned levels in response to demand:

➤ Magnetic Resonance Imaging (MRI):	+16.4%
➤ Non-obstetric ultrasound (inc. vascular sonography):	+5.7%
➤ Computed Tomography (CT):	+11.2%
➤ Sleep Studies (sleep apnoea):	+7.4%
➤ Urodynamics (pressure & flow):	+11.0%
➤ Peripheral Neurophysiology:	+15.3%

### *Quality Performance*

The following table details quality performance variances during 2014/15.

VARIANCES FROM QUALITY PLAN	
Stroke Care	Timely access to CT scanning in patients admitted to hospital with suspected stroke - short of 100% target proposed last year
	Direct admission (within 4hrs) to a stroke unit, following arrival at hospital - short of 90% target proposed last year
	Incidence of thrombolysis within 60 mins for appropriate stroke cases - short of 100% target proposed last year
	Swallow screen within 4 hours - short of 100% target proposed last year
Crude Mortality	From December onwards an increase in crude mortality compared to the previous year. This increase has occurred nationally and initial analysis suggests that the increase at WSHFT is not as significant as that occurring nationally. The overall crude-mortality for the year 2014/15 shows an increase to 3.29% (from 3.22% in 2014/15)

**Table 2.2:** Variations from plan for quality performance during 2014-15

**Source:** WSHFT information

### Financial Performance

The Trust delivered a £0.3m surplus in 2014/15. The Trust relied upon £4.4m of non-recurrent benefits to deliver this position. This has been through estate rationalisation gains and a combination of non-recurrent seasonal escalation funds to recover recurrent costs and short-term measures to deliver operational control totals. Despite delivering activity above planned levels, the level of income earned for the activity undertaken was less than the operational costs incurred due in particular to a higher use of agency staff and other temporary measures.

	Planned Year End Forecast	Year End Position	Variance From Plan	Comment
Continuity of Services Rating	3	3	0	
Surplus (£k)	3,430	307	-3,123	The forecast was revised to £301k surplus from month 9, following discussion with Monitor. This was in response to changes in activity case-mix and higher than planned workforce costs.
Efficiency & Transformation Programmes (£k)	18,948	18,310	- 638	Operational pressures and workforce challenges compromised delivery across some work-streams, offset by more ambitious estate rationalisation programme than planned.  The Trust achieved 97% of the cost improvement programme.

**Table 2.3:** Financial performance during 2014-15

**Source:** WSHFT data

Subject to audit, provisional accounts show that the Trust achieved the revised year-end surplus of £0.3m.

### *Workforce Performance*

During 2014/15 the Trust experienced a number of workforce constraints driven by an increased and sustained level of demand on services. The planned reduction in agency usage and waiting list initiative (WLI) spend was not achieved because of the additional activity that the Trust was required to deliver.

In some specialties (namely ophthalmology, radiology and general medicine) a rise in staff turnover, coupled with existing hard to recruit to vacancies, amplified the Trust's reliance on medical locum agency staff. Stability of the workforce supporting MSK services has also been restored following a tendering process by the local CCG. This has assisted the Trust in its targeted recruitment.

The increases in demand within medicine, exacerbated by system-wide issues in local health and social care have put significant pressure on nursing teams. This has resulted in increased sickness absence and staff turnover. Whilst the workforce capacity required has largely been met through additional temporary staff, including the use of agency staff, it is recognised this is not sustainable.

## **2.3 CONSIDERATION OF THE TRUST'S EXTERNAL ENVIRONMENT**

Whilst Western Sussex Hospitals NHS Foundation Trust is a high performing, high quality organisation with an excellent track record of delivery against a range of quality, performance and financial measures it continues to face a period of unprecedented change and challenges requiring a step-change in the level of transformation required in order to build and improve on these sound foundations.

We have worked closely with our key Commissioner, Coastal West Sussex Clinical Commissioning Group (CCG), to identify the challenges facing the local health economy over the coming year. In summary, we know that we need to address:

- An increasingly elderly and frail population - the over 85 years of age population in West Sussex is forecast to grow by 13% by 2019<sup>4</sup> which will lead to a rise in demand for health services
- Demand for services has risen locally in 2014-15 in many areas - particularly urgent and emergency care
- With an aging population there will be increases in the number of people living longer with a long-term condition, such as chronic obstructive pulmonary disease (COPD) and diabetes and dementia, and many will have multiple long term conditions<sup>5</sup>

<sup>4</sup> West Sussex Health and Wellbeing Board (January 2015) *Better Care Fund West Sussex Health and Social Care Economy* available as of 16/04/15 online at

<http://www2.westsussex.gov.uk/ds/cttee/hwb/hwbbettercarefundJan15.pdf>

<sup>5</sup> West Sussex Public Health Research Unit (September 2014) *West Sussex Joint Strategic Needs Assessment 2014 - Summary* available as of 16/04/15 online at [Comprehensive Needs Assessments - West Sussex Joint Strategic Needs Assessment \(JSNA\)](#)

- Budgets are not increasing in line with demand - continued public sector restraint in resources for the foreseeable future will result in a potential gap between NHS funding and demand for services. Coastal West Sussex CCG have stated there is a potential funding gap of £201m between 2014 and 2019 for the Coastal West Sussex local health economy<sup>6</sup> if services are not delivered in a different way
- Patient expectations are increasing<sup>4</sup>
- Through its proactive and unscheduled care programme, a commissioner intent to provide more care for its population outside of the acute setting, through preventative and Community-based services
- How the Better Care Fund<sup>4</sup> is likely to impact on the local health economy in 2015/16 and how the 5 Year Forward View<sup>7</sup> is likely to impact in the longer term
- Workforce shortages - we are working together within the LHE to look at solutions

### Market Assessment

The following table shows WSHFT's market share<sup>8</sup> during 2014, by our key local commissioners, for elective admissions and outpatients.

Clinical Commissioning Group (CCG)	% Of Volume				% Of Tariff			
	2012	2013	2014	Change since 2012	2012	2013	2014	Change since 2012
<b>Coastal West Sussex CCG</b>								
• Elective admissions	79.3%	77.4%	77.6%	-1.6%	68.3%	64.9%	64.5%	-3.8%
• Elective outpatients*	83.7%	84.2%	82.9%	-0.8%	86.2%	85.6%	83.6%	-2.7%
<b>Brighton and Hove CCG</b>								
• Elective admissions	2.0%	2.0%	2.0%	0.0%	2.0%	2.0%	2.0%	0.0%
• Elective outpatients	3.0%	2.0%	2.0%	-1.0%	3.0%	3.0%	3.0%	0.0%
<b>South Eastern Hampshire CCG</b>								
• Elective admissions	5.0%	5.0%	4.0%	-1%	5.0%	5.0%	3.0%	-2.0%
• Elective outpatients	9.0%	7.0%	6.0%	-3%	6.0%	4.0%	4.0%	-2.0%
<b>Horsham and Mid-Sussex CCG</b>								
• Elective admissions	2.0%	3.0%	3.0%	+1%	2.0%	3.0%	3.0%	+1.0%
• Elective outpatients	3.0%	3.0%	2.0%	-1%	3.0%	3.0%	3.0%	0.0%

\*Excluding Physiotherapy due to in year counting changes in 2014

Table 2.4: WSHFT's elective admissions and outpatient market share for 2014

Source: Dr Foster

<sup>6</sup> NHS Coastal West Sussex CCG (May 2014) *Delivering the vision: Five Year Strategy & Two Year Operational Plan - First Edition-Final Cut-Public Version-May 2014* available online as of 14.05.15 at

<http://www.coastalwestsussexccg.nhs.uk/key-documents>

<sup>7</sup> NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority (Oct 2014) *Five Year Forward View* available online as of 20/04/15 at

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>8</sup> Source: Dr Foster

A recent analysis of changes in WHSFT's share of the Coastal West Sussex CCG market, by specialty, over the past three years (2012 - 2014) showed that the market share for non-elective inpatient geriatric medicine has increased the most (from 64.1% to 71.7% i.e. by 7.5%).

A change in referral criteria has created an unprecedented demand for ophthalmology services. The volume of WSHFT's Ophthalmology elective inpatients and day cases has shown an average annual growth of 41.3% (from 3,928 in 2012 to 7,170 in 2014). An on-going transformation programme is in place to re-design services and provide sufficient capacity to meet demand. As part of this a business case is currently being developed for a new Ophthalmology Service at Southlands Hospital.

### *National Policy and Regulation*

The Trust's operational plan responds to:

- Key priorities outlined in '*Building the NHS of the Five Year Forward View - NHS England Business Plan 2015 - 16*'<sup>9</sup> to make sure we deliver high quality health and care, for now and also for future generations
- The recommendation of the Dalton Review's<sup>10</sup> that, as part of their 2015/16 business planning processes, Boards consider their response to the 5 Year Forward View (looking outside traditional organisational boundaries to form new organisational forms more suited to support delivery of safe, high quality, reliable, economically viable services for the people they serve)

The Trust is currently formulating a response to the 5 Year Forward View in consultation with the Coast West Sussex CCG and the rest of the Local Health Economy.

Additionally, the plan demonstrates how the Trust continues to respond to the recommendations in the Francis Report, the report on '*NHS Services, Seven Days a Week*', by Professor Sir Bruce Keogh, and Don Berwick's report on patient safety, '*A promise to Learn - a commitment to act: improving the safety of patients in England*', by. It also reflects the requirements on NHS Foundation Trusts set out in Monitor's '*Risk Assessment Framework*'.

### *Commissioner Requirements*

The Trust's Operational Plan has been developed in consultation with NHS Coastal West Sussex CCG, the Trust's main commissioners of services. The areas the CCG is prioritising for transformation, based on its operational plan<sup>11</sup>, that are relevant to the Trust are:

<sup>9</sup> NHS England (March 2015) *Building the NHS of the Five Year Forward View - The NHS England Business Plan 2015-16* available as of 15/04/15 online at: <http://www.england.nhs.uk/about/business-plan/>

<sup>10</sup> Department of Health (December 2014) *Examining new options and opportunities for providers of NHS care: the Dalton review* available as of 20.04.15 at <https://www.gov.uk/government/publications/dalton-review-options-for-providers-of-nhs-care>

<sup>11</sup> NHS Coastal West Sussex CCG (May 2014) *Delivering the vision: Five Year Strategy & Two Year Operational Plan - First Edition-Final Cut-Public Version-May 2014* available online as of 14.05.15 at <http://www.coastalwestsussexccg.nhs.uk/key-documents>

- Urgent and proactive care – commission safe and responsive urgent and emergency care by:
  - Underpinning delivery of One Call One Team and Proactive Care with robust contractual arrangements to share risks and offer incentives
  - Focussing on discharge planning and designing new approaches to patient flow
  - Driving towards a 7 day service
- Planned care – empower patients to make more informed choices about their care and treatment through:
  - More Shared Decision Making and more support to enable more self-management
  - Streamlining pathways and improving referral management and supporting our GPs to manage planned care needs effectively
- Children, young people and maternity – we will integrate services around children and their families by:
  - Commissioning a new model of community care
  - Ensuring parents know where and how to access support and advice about urgent and emergency care for children

The CCG's operational plan also highlights the impact and opportunity of the Better Care Fund in 2015/16. The Trust has been involved in discussions with partners locally and, as no further negative impact has been identified, it has not been explicitly factored into the income assumptions for 2015/16. Further discussion and work is required with LHE partners to implement the scheme.

The Trust is also reviewing its plans with its other main Commissioners - NHS England (for our specialist services) and West Sussex County Council Public Health (for our sexual health service).

## 2.4 BOARD'S RESPONSE

Based on the outcome of the above analyses the Trust Board intends to refresh the Trust's 2014-19 strategy during 2015/16. We will take into account the results of the 2015 General Election.



# SECTION THREE: PROGRESS AGAINST DELIVERY OF THE STRATEGY

### 3.1 INTRODUCTION

This section of the operational plan describes how we will achieve progress with delivery of the Trust's Strategic Plan (2014-19) during 2015/16.

### 3.2 LHE RESPONSE TO THE FIVE YEAR FORWARD VIEW

The Trust is represented on the Coastal Cabinet (a group of senior representatives from the Local Health Economy who are committed to working together collaboratively and to supporting each other). The group also includes representatives from:

- Coastal West Sussex Clinical Commissioning Group
- Sussex Community NHS Trust
- Sussex Partnership Foundation NHS Trust
- West Sussex County Council

The Cabinet's mission includes putting patients first and working together to deliver joined up care. It has discussed the 5 Year Forward View and formed a sub-group (the 'Transformation Board'), which is currently formulating a response to the Five Year Forward View. Partners have signalled a commitment to moving towards a more integrated system and are exploring accountable provider models.

### 3.3 STRATEGIC INITIATIVES

In response to issues causing variations from plans during 2014/15, as well as recent changes identified in the external environment, the Trust Board has reviewed and set corporate objectives and associated programmes for 2015/16. The 2015/16 strategic initiatives are detailed in the following table.

Our People		
Corporate Objective	Primary Delivery Programmes/ Purpose	Milestones
Improve the overall experience patients receive from our Trust	<b>Develop and deliver the Trust's 'Customer Care' training programme</b> The Trust is introducing a major change to the way it improves customer care by introducing 'The Western Sussex Way' - an innovative approach to training, recruitment, induction and appraisal, which seeks to transform the way Trust staff interact with patients and their carers.	<i>Q1 - Establish operational group which will meet quarterly to develop annual workplan in response to triangulating patient experience data. Q2 - Respond to national inpatient survey. Q3/Q4 - Monitor progress against workplan.</i>

	<b>Patient, public and member engagement programme</b> To ensure constant improvement and value is added through identifying issues and areas for improvement that matter to our patients.	<i>Q1 - Scope and align the current engagement processes to ensure they are robust and efficient. Support Membership Committee in development and implementation of Membership Strategy. Increase opportunities for patient voice in planning services and in training staff.</i>
Continue to develop and deliver staff engagement and leadership development programmes in order to improve patient experience	<b>Develop the leadership strategy for the Patient First Programme</b> The Trust has continued to support staff through its Leadership Development plans, and is extending the programme to cover Nurses and Managers as well as Clinicians. The aim is to equip a cadre of staff to have the skills to manage the Trust through the challenging future it faces.	<i>Q1 - Draft leadership 'compact' and strategy and agree implementation process. Q2 - Agree leadership development priorities and process (to include priorities such as Lean, coaching etc).</i>
	<b>Staff Engagement Programme</b> To ensure constant improvement and value is added through enabling staff to identify and lead service improvement.	<i>Q1 - Agree action plans including staff side engagement and methodologies for measuring progress. Agree action plan for Freedom to Speak Up review.</i>
To deliver coordinated and standardised service improvement methodologies across the Trust in priority areas	<b>Develop and implement service improvement learning programmes for the Patient First Transformation Programme (including Lean training)</b> To encourage all staff to adopt and use evidence-based service change and improvement tools, to improve the quality of service they deliver.	<i>Q1 - Select Partner to deliver service improvement training programme.</i>
<b>Quality Improvement</b>		
<b>Corporate Objective</b>	<b>Primary Delivery Programmes/ Purpose</b>	<b>Milestones</b>
Reducing Mortality and Improving Outcomes	<b>Reducing Mortality and Improving Outcomes 1.</b> Implementation of care bundles for sepsis, AKI and cardiac arrest.	<i>Q1 - Agree care bundles to be implemented. Q2 - Design mechanisms to monitor compliance. Q3 - Set targets and monitor progress.</i>

	<b>Reducing Mortality and Improving Outcomes 2.</b> Implementation of 'Better Births' Programme.	Q1 - Plan to be developed with new Head of Midwifery. Q2 - Monitor progress against workplan. Q3 - Monitor progress against workplan. Q4 - Monitor progress against workplan.
	<b>Reducing Mortality and Improving Outcomes 3 (Yr 1).</b> Introduction of a structured programme to review each death in hospital and learn from each event.	Q1 & Q2 - Scope methodology to identify structure review process. Q3 - Implement review process.
Delivering Safe, Harm Free Care	<b>Delivering Safe, Harm Free Care 1</b> Reducing Hospital Acquired Infections - we will better our targets for C Diff and maintain zero MRSA infections for 2015/16.	Q1 - Develop 2015/16 workplan. Q2 - Monitor progress against workplan. Q3 - Monitor progress against workplan. Q4 - Monitor progress against workplan.
	<b>Programme to reduce Falls within the Hospital</b> We will reduce the number of falls within the hospital.	Q1 - Develop workplan based on output from QUEST Falls Collaborative. Q2 - Monitor progress against workplan. Q3 - Monitor progress against workplan. Q4 - Monitor progress against workplan.
	<b>Implementation of Electronic Prescribing and Medicines Administration</b> To deliver significant patient safety benefits, enabled through deployment of an IT system, by reinforcing best practice in medicines prescribing and administration, and providing clinical decision support for users, thereby significantly reducing prescribing and medications administration errors.	Q1 - Rollout to Medical wards at Chichester & DOME wards at Worthing (14 wards). Q2 - Rollout to Emergency Floor & Medical Wards at Worthing (7 wards); EPMA Paediatrics rollout; EPMA Surgical Pilot. Q3 - Surgical rollout (13 wards); rollout to remaining areas, i.e. OPD, Maternity, A&E, etc.

Delivering Reliable Care	<p><b>Improve our stroke services</b> To deliver improvements in quality of care as outlined by Sentinel Stroke National Audit Programme (SSNAP).</p> <p>To review models of care including HASU provision within the Trust. To work with the Sussex-wide stroke review in developing a Sussex-wide service model for Stroke.</p>	<p>Q1 - Additional stroke consultant in place, setting of trajectory for improvement plan. Q2 - Monitor improvements.</p> <p>Q1 - Submit Trust solution for configuration to CCG. Q2 - Engagement with the Sussex-wide review. Q3 - Agree plan in line with Sussex-wide review.</p>
	<p><b>Improve the care we provide to dementia patients</b> To continue to progress improvements in care to patients with dementia, implementing our dementia strategy.</p>	<p>Q1 - Objectives identified. To be developed into workplan. Appoint Dementia Matron. Q2 - Monitor progress against workplan. Q3 - Monitor progress against workplan. Q4 - Monitor progress against workplan.</p>
Deliver quality improvements internally and as agreed in partnership with our local Clinical Commissioning Group - Deliver <b>CQUIN</b>	<p><b>Deliver the programme of quality improvements specified through CQUIN's</b> sought by the Trust's Commissioners through the CQUIN programme, both for the CCG and NHS England.</p>	<p>Q1 - Sign off of CQUINS for 15/16 contract. Allocation of resources to achieve CQUINs 15/16. Establishment of new project tracker and delivery board meetings to programme manage achievement of milestones within each project. Q1 to Q4 - Tracking and delivery of milestones as per each individual CQUIN.</p>
Improving the Patient Experience	<p><b>Out Patients</b> Transformation programme to review, redesign and implement the end-to-end pathway in outpatients, in order to improve the patient experience whilst delivering internal efficiency and productivity improvements.</p>	<p>Q1 - Select external support to conduct a diagnostic exercise prior to service improvement. Q2 - Diagnostic work and delivery plan. Q3 &amp; Q4 - As per delivery plan milestones.</p>

Systems and Partnerships		
Corporate Objective	Primary Delivery Programmes/ Purpose	Milestones
In partnership with our local Clinical Commissioning Group develop our lead role in the local health economy for unscheduled care	<b>Develop System-Wide Urgent Care</b>  <b>1) Accountable Lead Provider role within 'One Call One Team'</b>  <b>2) Play a lead role in LHE Urgent Care Review (overseen by Coastal Cabinet)</b>	<i>Q1 - Agree lead provider scope and contractual arrangements.</i> <i>Q3 - New lead provider arrangement in place.</i> <i>Q1 to Q2 - Define scope and responsibilities for lead of urgent care integrated system.</i>
Develop and redesign our MSK pathways in response to CCG specification	<b>To design an integrated MSK service, linking from primary to acute care</b> To implement the service in the second half of the year.	<i>Q1 - Agreement by CCG to appoint WSHFT as prime provider.</i> <i>Q2 - Set up of project management governance structures and resourcing of design and delivery groups.</i> <i>Q3 - Submission of final "bid" to CWS CCG and signing of contract.</i> <i>Q4 - Implementation phase with "Go Live" at end of Q4.</i>
Deliver improved cancer pathways for our population through working with our tertiary partners	<b>Improve and reshape our cancer services</b> The Trust intends to reshape its cancer services, to provide an improved accessible and equitable service across the Trust. The provision of all cancer services, including individual tumour groups chemotherapy. To work with partners to design and deliver a new radiotherapy treatment facility at St Richards Hospital.	<i>Q1 - Finalise Heads of Terms and agree implementation plan with partners, confirm contract for Linaccs and commence works.</i> <i>Q2 - Agree cancer pathways as priority areas.</i> <i>Q3, Q4 - Increase local provision of chemotherapy.</i> <i>Q4 - Implement new cancer pathways.</i>
Implement Seven Day Working	<b>Implement the seven-day working programme</b> Plan and initiate the introduction of seven day working across the Trust, in conjunction with partner organisations in the Local Health Economy.	<i>Q1 - Establish Governance Arrangements.</i> <i>Q2 - Agree Local Health Economy plans and deliverables.</i> <i>Q3 - Monitor achievement of milestones in plan.</i>

Sustainability		
Corporate Objective	Primary Delivery Programmes/ Purpose	Milestones
To Deliver service Transformation Programmes in priority areas such as Outpatients, Non Elective Pathways, Elective Pathways, Workforce Redesign	<b>Formation of Patient First Programme Board</b> Implement a new governance and delivery structure for the main Trust transformation programmes.	<i>Q1 - Agreement of formation of Patient First Transformation Board and new governance structures.</i>
	<b>Maximise workforce capacity through a dedicated programme management approach</b> To transform the Trust workforce through a transformation programme	<i>Q1 - Formation of Workforce Transformation Board. Q1 - Identify and resource key programmes of change. Q2 Onwards - delivery against identified milestones within each project.</i>
	<b>Elective End to End Pathways</b> Transformation programme to review the end-to-end pathway in elective care to align capacity to demand, maximise efficiency and optimise service development.	<i>Q1 - Hold planning event with key stakeholders to form the key elects of the strategy. Q1 - Agree quick wins elective strategy and service reconfiguration. Q1 - Engage appropriate external resource to facilitate development of the strategy. Q2 - Implement quick wins identified. Q2 - Agree Elective Strategy. Q3 &amp; Q4 - Implementation stage according to strategy timeline.</i>
	<b>Non Elective End-to-End Pathways</b> Transformation programme to review the end-to-end pathway in non-elective care to align capacity to demand, maximise efficiency and optimise service development.	<i>Q1 - Embedding of emergency floor systems and processes at Worthing. Q1 - Emergency admission review.</i>

	<b>Develop Southlands Hospital including the relocation of Ophthalmology services</b> Invest in Southlands Hospital to develop it as a thriving ambulatory care centre, with Ophthalmology at the heart of the development.	Q1 - Outline Business Case approved. Q1 - Appoint principle design contractor and work up full design. Q2 - Approve Full Business Case. Q3 - Appoint building contractors. Q4 - Begin construction.
	<b>Implement improvements in our Endoscopy services</b> Invest in Endoscopy to enhance patient experience, improve patient flow and efficiency.	Q1 - Hand over of Phase 1 of facility - equipping unit. Q3 - Handover complete Q4 - Fully operational.
To refresh the Clinical Services Strategy	<b>Review the Trust's Clinical Services Strategy</b>	Q1 - Review of current Clinical Services Strategy in line with national vision. Q2 - Refresh Clinical Services Strategy
	<b>Review Trust organisational form in line with 5 year forward view and the Dalton Review, and emerging risks in the local and national context</b>	Q1 - Document Trust's outline vision of future models of care. Q2 - Agree with LHE partners strategic direction for LHE.
To exploit the Trust's commercial opportunities, including Any Qualified Provider tenders and Private Patient activity, to support our core NHS business	<b>Develop and expand Private Patient Services, including a new business case for development of a new unit in Worthing</b>	Q1 - Review funding approach and assess possible partners. Q1 - Development of further opportunities not dependant on bed base as per efficiency scheme. Q2 - Engage partner - finalise Outline Business Case. Q3 - Outline Business Case approved - develop Full Business Case. Q4 - Approval of Full Business Case.
Maintain an acceptable Monitor governance rating throughout the period	<b>Maintain a minimum rating of amber/green</b>	Q1 to Q4 - Tracking delivery of, and compliance against, targets.
To maintain a minimum Monitor Continuity of Service Rating of 3	<b>To maintain a minimum Monitor Continuity of Service Rating of 3</b>	Q1 to Q4 - Tracking delivery of, and compliance against, financial plan.
Delivery of the Efficiency Programme	<b>Embed sustainable Programme Management arrangements to</b>	Q1 - Confirm transition arrangements to in-house

	<b>support the delivery of the efficiency programme</b>	<i>team. Q1 Onwards - Tracking delivery of efficiency programmes. Q2 Onwards - Continued tracking of 15/16 and on-going rolling programme of pipeline schemes. Q4 - Finalise 16/17 programme.</i>
Delivery of capital programme	<b>Delivery of capital programme within resources available and on time to maintain Trust assets and deliver service improvements</b>	<i>Q1 - Embed new governance arrangements for capital programme through the Capital Investment Group. Q2 - On-going tracking of delivery.</i>
To Refresh the Trust Estates Strategy		<i>Q1 - Completion of Seven Facet Survey. Q2 - Refreshed Estate Strategy to Board. Q3 - Develop implementation and compliance plan against Estates Strategy. Q4 - Monitor on-going implementation and compliance plan.</i>

### 3.4 PERFORMANCE

To address sub-optimal performance identified in Section 2.2 the Trust has taken the following actions:

#### *Operational Performance*

- Monitor Risk Assessment Framework

The Trust scored 3 points against the Monitor Risk Assessment Framework performance metric set in Quarter 4. Referral to Treatment (RTT) was the consistent area of concern. Two of the penalty points relate to planned non-compliance in Referral to Treatment (RTT) linked to recovery plans agreed with our commissioners. This reflects a continued imbalance between demand and available capacity across the West Sussex Health Economy, which the Trust has worked vigorously on, with Coastal West Sussex Clinical Commissioning Group, to resolve (via increased activity volumes and demand reduction).

- Activity

To increase elective inpatient activity the Trust accessed in-reach and outsourced independent sector capacity, where available, and performed greater day case

numbers than planned. Through these actions RTT recovery plan volumes were delivered in 2014/15, however recovery actions required extension into 2015/16 to restore compliance. The scale of recovery requirement, and inherent risks relating to demand, has generated a need for continuous monitoring and refinement of recovery actions and the associated timeline for return to compliance in 2015/16.

The Trust has signalled the need to develop an Elective Care Strategy which will be implemented during Q3 and 4 of 2015/16. Detailed work has been undertaken to assess projected activity growth in 2015/16 and the requirements to achieve aggregate RTT compliance. The modelling indicates £11m of additional activity above generic growth is required to achieve RTT aggregate compliance in year. In turn, these assumptions have been tested against internal capacity plans to assess ability to deliver, and the output of the modelling forms the basis of the Trust's income and activity plan for patient activity across all specialties. The assessment of delivery within internal capacity and the affordability of the RTT uplift plan within the health economy are still under review.

In response to emergency pressures the Trust has worked with community care and social care system partners to deliver integrated solutions via a system-wide review. This includes: reviewing system leadership models for urgent care (including One Call One Team contractual arrangements); consideration of new, integrated models of care; and the further roll out of Proactive Care Teams.

- Cancer

In March 2015 the Trust undertook 1447 appointments following the two week referral rule (25.5% more than the monthly average in the year to February, and 23.7% more than March 2014). The same focus has been continued in April 2015 supported by daily operational oversight led by the Divisional Director of Operations - Core. The legacy impact of the atypical pressure in March 2015 is a distortion of waiting list size and distribution. The essential, unavoidable backlog elimination action required to resolve this will generate a significant volume of patients who breach the two week standard in April 2015, however Quarter 1 aggregate compliance is still forecast.

- Diagnostic Test Waiting Times

The Trust has significantly increased the outsourced provision of imaging activity, at a premium cost, to increase capacity and alleviate demand pressure. The Trust optimised all opportunities to extend capacity externally via the independent sector, working in partnership with the NHS England Outsourcing Programme Management Office. Internal workforce capacity is being increased in critical areas with recruitment underway for Radiologists.

Recovery actions have been developed for endoscopy waiting times that are based on a significant expansion of capacity via weekend working, alongside insourcing and outsourcing of independent sector capacity.

## Quality Performance

Actions put in place to address quality performance variances during 2014/15 are detailed in the following table.

VARIANCES FROM QUALITY PLAN		ACTIONS TO ADDRESS VARIANCE
Stroke Care	Timely access to CT scanning in patients admitted to hospital with suspected stroke - short of 100% target proposed last year	The Trust made considerable progress against each of these metrics over the past year. While these targets are stretch targets that reflect a gold-standard service that few providers currently achieve, they remain our ultimate aim and therefore Stroke care remains a key priority for 2015/16, with the Trust seeking to make further progress towards attaining these levels
	Direct admission (within 4hrs) to a stroke unit, following arrival at hospital - short of 90% target proposed last year	
	Incidence of thrombolysis within 60 mins for appropriate stroke cases - short of 100% target proposed last year	
	Swallow screen within 4 hours - short of 100% target proposed last year	
Crude Mortality	From December onwards an increase in crude mortality compared to the previous year. This increase has occurred nationally and initial analysis suggests that the increase at WSHFT is not as significant as that occurring nationally. The overall crude-mortality for the year 2014/15 shows an increase to 3.29% (from 3.22% in 2014/15)	The Trust continue to seek further reductions in crude mortality and to focus especially carefully on mortality in patients admitted with acute kidney injury

**Table 3.1:** Variances from the Trust's 2014-15 quality plan and actions taken to address the variances

**Source:** WSHFT information

## Workforce Performance - Including Allocation of Resources

A revised Workforce Strategy is being developed to further support the development and implementation of the Trust's 2014-2019 Strategic Plan taking into account current national and local issues and recommendations with regards to workforce. The Workforce Strategy will focus on the following areas:

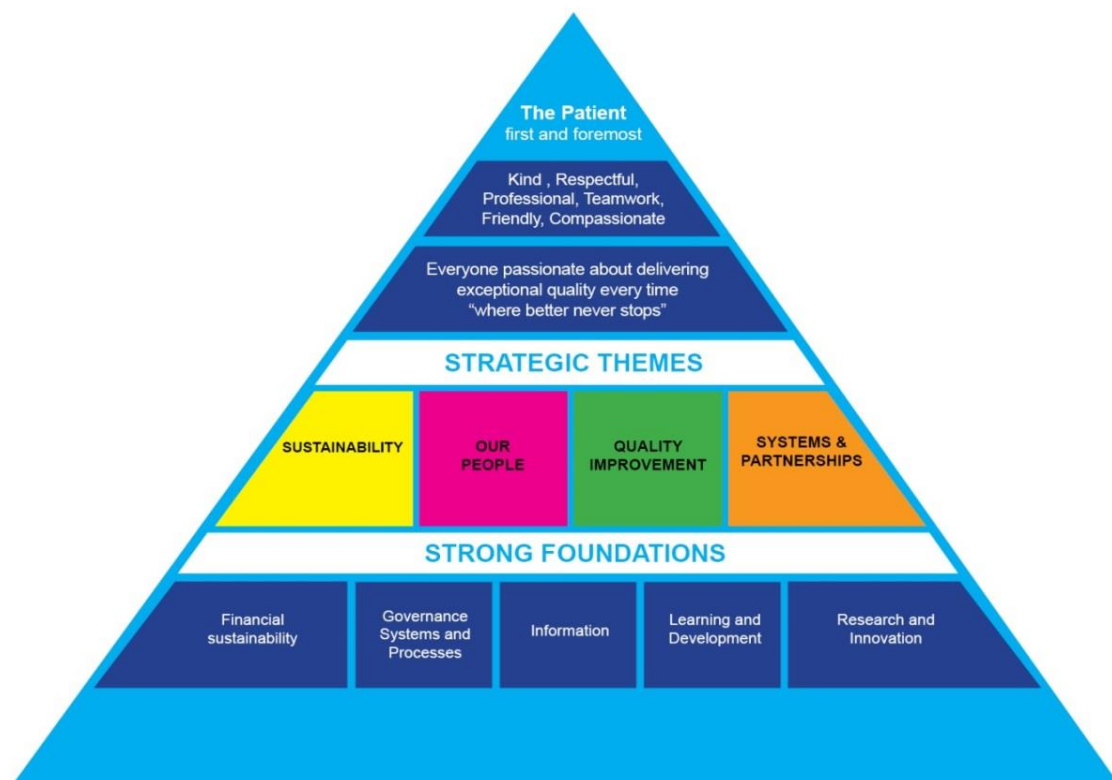
- Workforce Information and Planning - this includes modelling of the workforce taking into consideration the need to ensure resilience
- Recruitment and Selection
- Developing the Future Workforce
- Leadership and Development
- Performance Management
- Talent Management and Succession
- Reward and Retention
- Workforce Capacity and Productivity
- Equality and Diversity

Additionally the Patient First Programme, launched in Autumn 2014, is being set up to be the trust-wide approach to continuously improving the quality of care we offer patients (based on engaging with staff, standardisation, system redesign and the improvement of patient pathways to eliminate error and waste).

There is a need for a broad range of staff to acquire service improvement skills and expertise to manage the range of transformational programmes required. We are therefore tendering for a 'strategic partner' to work with us over 18 months, to provide comprehensive training and a support service, which will result in the Trust being self-sustaining in improvement training.

The following Patient First triangle shows the layers of the Patient First programme. The mind-set it seeks to create is of **"everyone passionate about delivering exceptional quality every time"**, to create hospitals **"where better never stops"**.

## Patient First Programme



### 3.5 PRODUCTIVITY, EFFICIENCY AND CIP PROGRAMMES

The current overall efficiency requirement of the Trust is £19m. This equates to 4.75% of the controllable cost base. Savings plans valued at £20.1m have been identified to create headroom but, as part of a rolling programme, further pipeline schemes will continue to be developed.

The Efficiency Programme will be delivered through a combination of specialty based plans and transformational programmes. The development and implementation of plans is managed through a series of workstreams, each led by an Executive Director. The Efficiency Programme has been subject to formal maturity assessment and review through the Efficiency Programme Steering Group.

All programmes are subject to a Quality Impact Assessment (QIA). A risk assessment of each scheme has been undertaken by the Director of Nursing and Medical Director, to consider the potential impact each programme can have on the safety and quality of care delivered to patients to ensure, as a minimum, there is no detrimental impact on quality and appropriate mechanisms are in place to assure any potential risks are mitigated. These have been formally reviewed at the Quality and Risk Committee in May 2015.

The following underlying principles have been applied to development of the programme:

- All clinical divisions and all non-clinical areas are required to deliver a minimum 3.8% contribution through a reduction in direct costs
- Any additional efficiency requirement is targeted to specific areas based on identified transformational change programmes and related opportunities
- The efficiency programme will deliver half of efficiencies by reducing the pay bill, this equates to 4% of 2014/2015 pay expenditure
- All workstreams are led by a member of the Executive Team. The Trust now has an embedded programme management office to strengthen the governance arrangements of the programme led by a Programme Director who has oversight of the Efficiency Programme

The development of the Efficiency Programme for 2015/16 has been constructed through a number of processes:

- The full year effect of schemes delivered in 14/15 is the foundation of this year's programme. This accounts for £4m for which there is certainty of delivery and phased to be secured in Q1 and Q2
- The most significant financial element of the programme is secured from new schemes delivered within the existing workstreams. These more tactical schemes have been subjected to comprehensive review and a maturity assessment which attributes £10m financial benefit to be delivered in year. These programmes are phased to reflect immediate implementation across some workstreams and escalated benefits from Q1 onwards
- Transformation programmes as a key component of Patient First - these are planned to secure delivery of £5m of savings (although the total value identified is £6m which creates some headroom). Plans to support transformation are under development and governance structures to support each programme are currently being formed.

These will be completed by the end of Q1 to enable clarity on delivery of the required £5m in year across these areas. The transformation programmes are:

- Workforce
- Elective Strategy
- Non-Elective Flow

An outline of the Efficiency Plan 2015/16 by workstream to deliver £19m is set out below:

Workstream	Workstream	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
		£000's	£000's	£000's	£000's	£000's
Non Elective Patient Flow	Non Elective Tactical	56	56	56	56	223
	Non Elective Transformation			500	500	1,000
<b>Non Elective Patient Flow Total</b>		<b>56</b>	<b>56</b>	<b>556</b>	<b>556</b>	<b>1,223</b>
Elective Patient Flow	Elective Patient Flow Tactical	114	114	114	114	455
	Outpatients	114	125	157	43	438
	Productive Theatre	63	38	6		106
	Trauma & Orthopaedics	138	23			161
	Elective Patient Flow Transformation		250	375	375	1,000
<b>Elective Patient Flow Total</b>		<b>429</b>	<b>549</b>	<b>651</b>	<b>531</b>	<b>2,161</b>
Workforce	Workforce	487	1,308	1,488	2,534	5,817
	Medical Workforce	69	107	118	71	364
	Medical Workforce - Phase 2	15	118	218	218	568
<b>Workforce Total</b>		<b>570</b>	<b>1,533</b>	<b>1,824</b>	<b>2,822</b>	<b>6,749</b>
Cross Cutting	Back Office & Corporate Support	840	933	958	1,124	3,855
	Commercial Opportunities	330	624	617	577	2,147
	IM&T	67	66	79	79	292
	Medicines Management	105	106	109	105	425
<b>Cross Cutting Total</b>		<b>1,342</b>	<b>1,729</b>	<b>1,762</b>	<b>1,885</b>	<b>6,718</b>
Support Services	Diagnostics	264	288	245	337	1,133
	Facilities & Estates	155	183	194	143	674
	Women & Childrens	91	106	118	116	431
<b>Support Services Total</b>		<b>509</b>	<b>576</b>	<b>556</b>	<b>596</b>	<b>2,238</b>
<b>Grand Total</b>		<b>2,905</b>	<b>4,443</b>	<b>5,349</b>	<b>6,390</b>	<b>19,088</b>
		15.2%	23.3%	28.0%	33.5%	100.0%

Efficiency opportunities will continue to be constructed to deliver more than the target to provide headroom for potential slippage on some schemes. The plan is phased to deliver £2.9m in Q1 (15.2%) which will require 61.5% to be delivered in Q3 and Q4 combined at a time when the hospital is usually busiest. This will be an additional challenge to ensure delivery of the programme is not compromised by operational pressures.

An Efficiency Plan matrix has been constructed for each division and corporate department to ensure that the savings identified by each area are mapped across to the workstreams and vice versa. This is to ensure the development and implementation of plans are fully integrated across service lines and workstreams and that there is clear accountability for delivery of plans.

### 3.6 CAPITAL PROGRAMME

Each of the four capital workstreams (of Estates, IM&T, Medical Devices and Strategic Developments) has taken a robust approach to the prioritisation of their respective capital programmes. In considering potential schemes for inclusion in the 2015/16 Capital Plan each workstream adopted a rigorous process to ensure that capital expenditure is used strategically, linked to strategic objectives and the mitigation of risk, and in the most advantageous way for the benefit of the Trust.

The 2015-16 capital programme and source of funds is set out in the table below:

**Priority 1**


Source of Funds	2015/16 Plan £000s
Internally Generated Resources - 15/16 draft plan	<b>12,762</b>
Technology Fund 2 for Inpatient Documentation	<b>110</b>
Charitable Funds	<b>2,028</b>
Health Education England Funding	<b>170</b>
<b>GRAND TOTAL</b>	<b>15,070</b>

Workstream	2015/16 Plan £000s
Medical Equipment (funded from Charitable Funds)	<b>(28)</b>
2014/15 deferred schemes	<b>(2,032)</b>
Service Developments	<b>(4,173)</b>
Medical equipment	<b>(1,971)</b>
Southlands Ophthalmology	<b>(2,000)</b>
Endoscopy	<b>(2,529)</b>
Estates enabled schemes	<b>(4,230)</b>
IM&T enabled solutions	<b>(2,966)</b>
(Overprogramming)/Underprogramming	<b>(4,859)</b>
<b>GRAND TOTAL</b>	<b>(19,929)</b>

**Table 3.2:** 2015-16 capital programme and source of funds

**Source:** WSHFT information

The capital plan as currently presented is over-programmed by £4.859m. The risk associated with this over-programming will be managed through the strengthened governance of the Capital Investment Group which will provide appropriate oversight and scrutiny of the programme to enable close monitoring of schemes, robust forecasting and a framework for re-prioritisation as required. Slippage on schemes and emerging risks can be identified and will be subject to enhanced reporting arrangements now in place.



# SECTION FOUR: PLAN FOR SHORT- TERM RESILIENCE

## 4.1 INTRODUCTION

The Trust recognises the need to improve resilience in the intermediate term. This section describes the quality priorities, operational requirements for 2015/16 and the associated impact on financial forecasts.

## 4.2 QUALITY PRIORITIES

### *Quality Goals*

The Trust has developed its 2015/16 quality goals and improvement priorities through an engagement exercise to ensure continuous improvement in quality of services provided (in line with national and local commissioning priorities and standards). Specifically, we engaged with:

- Representatives from key local external organisations (e.g. Healthwatch West Sussex, Coastal West Sussex Clinical Commissioning Group (CCG), and Health and Adult Social Care (HASC) Select Committee, West Sussex County Council)
- Patients
- The public
- Staff

The Trust's quality goals for 2015/16 are as follows:

- Reducing mortality and improving outcomes
- Safe care
- Reliable care
- Improved patient and staff experience

The quality goals and improvement priorities for 2015/16 are described in detail in the Quality Report 2014-2015, and will be developed further in the Trust's Quality Strategy 2015-2018 that will set out a programme of work over the next three years to support continuous improvement in the quality of care we provide.

Additionally, in recognition of the importance of delivering safe care, the Trust has signed up to the national 'Sign up to Safety' campaign.

Where appropriate, the Trust's Quality Programme will be cross-worked with centrally and regionally driven programmes in collaboration with national and local health economy partners e.g: The Trust will be working closely with NHS Quest Foundation Trust partners, and Kent Surrey, Sussex Academic Health Sciences Network (AHSN) to develop our quality improvement programmes through collaborative learning and peer review. Collaborative work is already underway, currently focused on managing deteriorating patients with objectives to reduce cardiac arrest and reduce sepsis.

### *CQC Registration*

The Trust is required to register with the Care Quality Commission (CQC). Its current status is "registered without conditions". No CQC enforcement action was taken against the Trust during 2014/15 and we did not participate in any CQC special reviews or investigations.

### *Risks, Risk Management and Governance*

The Trust has a Risk Management Strategy and Policy that has been endorsed by the Board of Directors and is reviewed and monitored through the Trust's Quality and Risk Committee and onwards to the Board. It provides a framework for achieving the integration of risk management with the Trust's strategic aims and objectives. It encompasses the Trust's risk management processes and sets out how staff are supported and trained to enable them to identify, evaluate and manage risk. The risks to the organisation achieving its Corporate Objectives are captured in the Trust's Board Assurance Framework.

All of the Trust's cost improvement programmes, captured as our efficiency programme in Section 3.5 of this plan, are subject to Quality Impact Assessments. The Trust has a robust and comprehensive quality governance process, which ensures that no efficiency programmes that harm patient care are allowed to proceed, and the programmes are closely monitored once they are in place to ensure that the quality of care is not adversely affected. All Quality Impact Assessments are reviewed by the Medical Director and Nursing Director and given a risk rating prior to formal submission to, and review at, the Trust's Quality and Risk Committee.

The Board ensures scrutiny of the impact of efficiency programmes through the Quality and Risk Committee and the Audit Committee. The Quality and Risk Committee scrutinises three key documents at each meeting: the Monitoring of Quality Impact Assessments, the Trust's Risk Register and the quarterly updated Board Assurance Framework. In addition, the Committee also receives the outputs from Clinical Governance Reviews together with feedback from those Committees looking at Patient Experience and Feedback. The Quality and Risk Committee is able to draw this information together to highlight areas where quality may be of concern and to ensure that the root cause is identified and risks mitigated.

## **4.3 OPERATIONAL REQUIREMENTS**

This section provides a summary of assumptions made to determine the expected demand for services, the capacity available to meet this demand and the workforce required to deliver these activity levels.

### **4.3.1 Inputs Needed to Meet Expected Activity Levels**

#### *Activity Planning Assumptions*

As part of the annual planning process, the Trust has constructed detailed activity plans and capacity plans to anticipate the expected levels of demand and hence provision requirements by service in 2015/16.

The activity plan is predicated upon a forecast baseline from April - November 2014. This is forecast forward to a full year effect using the previous three year trend for non-elective, elective and outpatient care. The Trust then added a population growth factor by age band and activity type based upon West Sussex County annual population projections for the Trust catchment. Additionally, as the Trust has observed growth beyond population growth in 2015/16, an additional amount of growth has been added for A&E and non-elective care.

The Trust has added a material increase in elective activity (for non-admitted and admitted care) to meet increasing demand to meet 18 week targets. This additional 18 week amount is to tackle non-recurrently a backlog, and also to tackle increased numbers of patients on the admitted waiting list. The same calculation is used for non-admitted waiters, factoring in conversions from outpatients to additional downstream inpatient and day case admissions.

The Trust is currently reviewing risk associated with the CCG demand management (QIPP) plans.

The below table shows the output from the activity and capacity planning model.

Activity Type	14/15 OUTTURN	GROWTH APPLIED	RTT	2015/16 Plan
Non-Elective	61,342	1,288		62,630
Elective	9,118	127	1,180	10,425
Daycase	55,753	777	4,119	60,648
Outpatients (*)	480,999	6,095	9,828	496,921
A&E Attendances	138,159	3,316		141,475

Beds	963	24	10	997
Theatre Ops	27,757	397	3,668	31,821
Outpatient Clinics	83,850	941	1,768	86,560

(\*) Excludes Physiotherapy

**Table 4.1:** Activity and capacity model output

**Source:** WSHFT data

The different activities have differential impacts on the cost and income base of the Trust. The table below shows the weighted activity growth of the Trust between 2014/15 and 2015/16 is 4.8%. This compares to expected growth in national planning assumptions of 3%. The higher growth level is being driven by the high level growth in elective activity in order to achieve aggregate RTT compliance.

Activity	2014/15 Out-turn	2015/16 Plan	Unweighted Growth	Cost Weighted Ratio	Weighted Activity 2014/15	Weighted Activity 2015/16
Elective	64,871	71,073	9.6%	39.30%	25,494	27,932
Non-Elective	61,342	62,630	2.1%	49.30%	30,242	30,877
Outpatient First Attendances	190,161	196,202	3.2%	4.40%	8,367	8,633

Activity	2014/15	2015/16	Unweighted Growth	Cost Weighted Ratio	Weighted Activity	
	Out-turn	Plan			2014/15	2015/16
Outpatient Subsequent Attendances	290,837	300,720	3.4%	3.50%	10,179	10,525
Accident and Emergency	138,159	141,475	2.4%	3.40%	4,697	4,810
<b>Total</b>					<b>78,980</b>	<b>82,777</b>
<b>Weighted Activity Growth</b>					<b>4.8%</b>	

**Table 4.2:** Weighted activity growth

Source: WSHFT data

### *Capacity Planning*

The activity from the Trust's planning process is converted into capacity requirements such as numbers of beds, theatre sessions and outpatient clinics based on historical seasonal trends.

The Trust has reviewed in detail the bed configuration for 2014/15 compared to bed utilisation. This has resulted in plans to reconfigure medical beds to better meet demands for medical (particularly elderly medical patients) and reduce medical outliers in surgical areas, whilst looking to sustain inpatient elective bed provision in support of 18 week achievement.

### *Workforce Summary*

In response to the workforce constraints experienced during 2014/15 the workforce requirements for 2015/16 have modelled in an appropriate resilience rate so that there is confidence that the numbers of staff being recruited will be adequate and realised.

An analysis of the workforce numbers for 2014/15 and 2015/16 is set out in the table below.

Staff Type	Plan for Year Ending 31 Mar 15 (Funded WTE)	Outturn for Year Ending 31 Mar 15 (Contracted WTE)	Variance from Plan	Outturn for Year Ending 31 Mar 15 (Worked WTE)*	Variance from Plan2	Plan for Year Ending 31 Mar 16 (Funded WTE)
Administration and estates	1,256.10	1,158.80 -	97.30	1,255.90 -	0.20	1,240.00
All Locum staff	6.00	1.10 -	4.90	1.30 -	4.70	1.50
All Qualified Nursing, Midwifery and Health Visiting Staff	1,885.40	1,716.40 -	169.00	1,858.30 -	27.10	1,900.00
All Scientific, Therapeutic and Technical Staff	616.70	602.00 -	14.70	622.90	6.20	616.70
Healthcare assistants and other support staff	1,748.80	1,496.90 -	251.90	1,776.47	27.67	1,745.00
Managers and senior managers	15.00	13.80 -	1.20	13.70 -	1.30	15.00
Medical and Dental	759.90	704.60 -	55.30	781.19	21.29	768.35
Others	7.00	6.00 -	1.00	6.00 -	1.00	6.00
<b>Total</b>	<b>6,294.90</b>	<b>5,699.60 -</b>	<b>595.30</b>	<b>6,315.76</b>	<b>20.86</b>	<b>6,292.55</b>

\*includes bank and agency used

**Table 4.3:** Workforce numbers for 2014-15 and 2015-16

**Source:** WSHFT data

International campaigns for medical and nursing posts will be continued throughout the year. It is anticipated that a number of key medical posts will be filled in Q1. The nursing establishment is anticipated to be filled by a large cohort from the Philippines during Q3 in time for anticipated winter pressures. This is being supplemented by regular domestic recruitment days which to date have been successful, albeit on a smaller scale.

The Trust has Health and Wellbeing strategies in place which it continues to deliver.

A Workforce Transformation Programme to improve workforce capacity has been established for 2015/16. The programme is expected to also improve workforce efficiency and resilience.

#### *Information Management and Technology (I,M & T)*

The Trust has introduced a new health intelligence governance structure with a Health Intelligence Board (chaired by the Chief Executive) and with sub-groups responsible for:

- Technology
- Information reporting and management
- Information Standards

The structure will ensure prioritisation of our I,M & T developments in line with the Trust's strategic objectives.

#### 4.3.2 Risks to Fluctuations in Demand

**Unscheduled Care** - As part of the Better Care Fund planning assumptions there is an ambition for NHS Coastal West Sussex CCG to achieve 8.85% reduction in non-elective admissions (general and acute) during 2015/16 at a time when the population over 85 years of age living in West Sussex is expected to increase by 13% by 2019.<sup>12</sup> Whilst the Trust is supportive of the CCG's ambition to reduce admissions, there is a significant risk associated with this reduction target.

For 2015/16, NHS Coastal West Sussex CCG proposed QIPP programmes that aim to continue to mitigate against non-elective admissions through the 'One Call One Team' programme plus a further 1,640 reduction of admissions through continuation of the 'Proactive Care' programme. The Trust has agreed QIPP plans with the CCG and they are included in our contract.

A risk assessment against achievement has been included in our financial plan. Continued focus will be required by all LHE partners to deliver this scale of reduced admissions. In terms of mitigation, should the proposed levels of reduced admissions occur, the Trust has sufficient flexibility in both its staffing and bed base to ensure that costs are removed. Should the reductions in activity proposed not materialise, the Trust will be paid for the activity it undertakes through the contract.

The Trust has not reduced its core capacity and is keeping a watching brief - current levels of temporary staff and vacancies can be scaled down if required.

**Planned Care** - Activity plans are being agreed with our main commissioners for planned care for the year 2015/16. Reductions in the levels of planned care signalled by commissioners were built into the Trust's contracts and capacity plans for 2014/15. Overall, these reductions did not materialise, with sharp increases, in particular for Cancer services, Ophthalmology and Respiratory Medicine.

In the light of the experience of 2014/15, Trust plans for 2015/16 are predicated on absorbing observed demand levels, anticipated population driven growth and unmet demand in 2014/15. The Trust therefore seeks to deliver waiting list reduction and sustainable compliance via increased activity levels throughout the year. Our plans commit the Trust to a period of non-compliance during 2015/16 to recover the waiting list size and backlog element to sustainable levels; however, non-compliance has become unavoidable due to the unplanned increase in demand described above, which will deteriorate through 2015/16 unless a recovery programme is delivered.

#### 4.4 FINANCIAL FORECASTS

The financial plan for 2015/2016 is set to meet a number of key criteria, consistent with the requirements for a Foundation Trust:

- Maintain an overall CoSR of '3' in year

<sup>12</sup> West Sussex Health and Wellbeing Board (January 2015) *Better Care Fund West Sussex Health and Social Care Economy* available as of 16/04/15 online at <http://www2.westsussex.gov.uk/ds/cttee/hwb/hwbbettercarefundJan15.pdf>

- Retain a minimum 0.5% contingency
- Deliver an Operating Surplus to enable repayment of the working capital loan
- Maintain a minimum cash balance at least equal to the outstanding balance of the FT working capital loan

A summary of the Trust Income and Expenditure plan, profiled by quarter is outlined below; this reflects the contract agreement and maturity assessment of the efficiency programme.

	Quarter Ending				2015/16 £m
	30th June 2015 £m	30th September 2015 £m	31st December 2015 £m	31st March 2016 £m	
<b>Income</b>	102.27	101.15	98.54	98.19	400.15
Pay	(67.24)	(65.09)	(63.98)	(62.85)	(259.15)
Non-Pay	(30.19)	(29.13)	(28.80)	(28.52)	(116.63)
<b>Total Operating Expenditure</b>	<b>(97.42)</b>	<b>(94.22)</b>	<b>(92.78)</b>	<b>(91.37)</b>	<b>(375.78)</b>
<b>EBITDA</b>	<b>4.85</b>	<b>6.93</b>	<b>5.76</b>	<b>6.82</b>	<b>24.37</b>
Non Operating Items	(5.56)	(5.52)	(5.52)	(5.51)	(22.11)
<b>Net Surplus/(Deficit)</b>	<b>(0.71)</b>	<b>1.41</b>	<b>0.24</b>	<b>1.31</b>	<b>2.26</b>
Add back:					
Impact of Donated Asset Accounting	(0.30)	(0.32)	(0.32)	(0.32)	(1.27)
Impairment of Fixed Assets	0.00	0.00	0.00	0.00	0.00
<b>Performance against Control Total</b>	<b>(1.01)</b>	<b>1.09</b>	<b>(0.08)</b>	<b>0.99</b>	<b>0.99</b>

Due to the Trust's underlying deficit and phasing of the 2015/16 efficiency programme the Trust is reporting a planned deficit in Q1. A cumulative break-even position will be reached and maintained in Q2 and Q3 to allow delivery of a cumulative surplus in Q4.

#### 4.4.1 The Core Financial Gap 2015/16 and Efficiency Requirement

The overall efficiency requirement of the Trust is £19m. This equates to 4.75% of the cost base. This does not include any impact of QIPP or Better Care Fund demand reduction schemes should this result in stranded costs for the Trust.

The key drivers of the core financial gap are outlined below:

- Effect of the underlying run-rate in 2014/15
- Impact of the Enhanced Tariff Option
- Approved or anticipated service developments and investments
- Impact on the Trust of activity plans; growth and demand management

As described in section 2.2.2 the Trust's financial position in 2014/15 was supported by non-recurrent items most of which were opportunities that arose through estate rationalisation.

The key non-recurrent items within the 2014/15 financial position and therefore not included in the 2015/16 financial plan are as follows:

- Non-recurrent income £4.5m - this comprises community bed capacity above planned levels, RTT premium above tariff and non-recurrent education funding
- In addition there was non-recurrent exp £2.6m to cover the additional community beds opened and business continuity pressures during winter 14/15
- Non operating items from profit on disposal of £2.1m

The financial plan assumes the underlying run-rate is rectified through recurrent efficiency gains; if it were to continue this would add further risk to the financial plan.

Within the financial plan there is £8m funding assumed for inflationary pressures and impact of NICE technology changes. This includes funding for national pay awards, some recognition of non-pay price inflation, including drugs. In addition, the impact of the tariff deflator is £5.5m, which brings the total inflationary pressure within the tariff to £13.5m.

The financial gap incorporates the Trust's and commissioners' joint assessment of underlying demographic growth and assumes this will be delivered at a marginal cost. These growth assumptions are consistent with the contract agreed with commissioners. Further work to finalise capacity assumptions for elective growth to reach RTT compliance and built-in resilience is close to being finalised. This plan reflects the latest validated assumptions but these may be subject to change as capacity plans are finalised and the consequential RTT trajectory is agreed with commissioners. To this end, no financial contribution is assumed at this stage for the elective uplift required to deliver RTT aggregate compliance.

Previous planning guidance from Monitor expects all Trusts to reflect 0.5% to 1% contingency in financial plans. Given the scale of financial challenge in 2015/16, the financial plan will only reflect the minimum 0.5% requirement which equates to £1.9m.

Achievement of a CoSR rating 3 will require delivery of a £0.9m surplus in 2015/16. This ensures both components of the risk ratio; liquidity and capital servicing are at a level 3.

#### **4.4.2 Income Assumptions and Planned Activity Levels During 2015/16**

The Trust has selected the Enhanced Tariff Option (ETO) for 2015/16. The most significant impacts from the PbR guidance and the National Contract on planned income levels for the Trust are outlined below:

- Tariff prices will reduce overall by a net aggregate 1.6%. This includes the 3.5% efficiency requirement which is embedded in the 2015/16 ETO and reflects the case mix of the Trust. The overall impact of this for the Trust is a net £5.3m reduction in income
- CQUIN linked to 2.5% payment remains. This does not represent new money to the Trust but requires delivery of these indicators to protect existing income levels. CQUIN plans have been agreed and signed off with the lead commissioner. A total of £8.2m income is required to be secured upon delivery of these targets
- The application of business rules in 2015/16 has been agreed with commissioners. The application and full reinvestment of fines for 30 day readmissions has been agreed and the schemes which will support a reduction in readmissions

- The CCG had agreed to re-base the threshold for non-elective admissions to 2014/15 outturn plus agreed non-elective growth in the contract. This protects the Trust from financial exposure of historic non-elective growth and enables certainty of investments to strengthen resilience of aspects of emergency care. However, there will still be calls upon Seasonal Resilience funding in year
- Full reinvestment of fines for RTT has also been agreed to protect funding to support delivery of the plan in 2015/16

Detailed work has been undertaken to assess projected elective growth in 2015/16 and the requirements to achieve aggregate compliance in year have been modelled. The modelling indicates £8.2m additional activity above generic growth is required to achieve RTT aggregate compliance in year. The contract does not yet include in full the required activity volumes and associated tariff payments to achieve RTT aggregate compliance in year. CWS and WSHFT have together committed to finalise a jointly agreed recovery plan including phased activity trajectory and associated tariff payments during May 2015.

As a minimum, this schedule will be included in the contract by way of a Contract Variation. The CCG has committed to have funds within its revenue budget hypothecated for the delivery of this plan. Any fines or penalties related to activity included in the Recovery Plan will be reinvested to support delivery of the plan. No contribution from the elective uplift is assumed at this stage but will be expected once capacity and commissioner affordability is clarified.

The activity and income quantum within the contract with CCGs are agreed. The overall income plan for the Trust includes some income expectations not yet reflected in the contract. These comprise additional £6.1m to support RTT recovery and also £3m which is a discrete fund within the CCG allocation set aside to support seasonal resilience plans and will be managed by the local health economy Seasonal Resilience Group.

The Trust has agreed a contract offer from NHSE for commissioning specialised services and this is reflected in the plan.

The income plan also reflects the anticipated increases in income for private patients and provider to provider agreements which are a component of the efficiency programme.

#### **4.4.3 Planned Expenditure 2015/16 Including Emerging Cost Pressures**

The key drivers of the expenditure assumptions in the Financial Plan 2015/16 are outlined below:

- Effect of the underlying run-rate in 2014-15
- Impact of the Trust's efficiency plans
- Anticipated price inflation pressures
- Impact of approved service developments and investments
- Impact on the Trust of activity plans and capacity

The income and expenditure trends in 2014-15 demonstrate an underlying deficit in the financial operations of the Trust. Although the Trust has been busier during the year it has also had significant workforce and capacity challenges. If this underlying run-rate were to continue during 2015-16 this could add further risk to the financial plan.

The Trust must deliver £19m of efficiency savings in 2015/16 to deliver £0.9m surplus. Based on the Trust Efficiency Programme the implementation of current plans will reduce the cost base by £15.8m.

The overall net increase in the cost base as a consequence of approved service developments is £1.9m. These include investments to support 7 day working, nurse overseas recruitment and replenishing the medical equipment library. There is currently no explicit mitigation identified for these cost pressures in 2015/16 so they are recognised as components of the £19m financial gap. If the impact of these cost pressures were mitigated then the financial gap would be reduced.

The most significant component of expenditure budgets is pay costs. The Financial Plan assumes overall pay expenditure will increase by £12m above 2014/15 levels, prior to the impact of the efficiency programme. The impact of the efficiency programme on the pay bill is estimated to be £12.5m but this estimate is still being refined. Reducing the pay bill is fundamental to the Trust's plan. Although efficiency plans seek to reduce pay expenditure by £12.5m, this is partially offset by inflationary pressures and some significant service developments and approved investments in clinical workforce reflected in the plan.

#### 4.4.4 Financial Risk Rating

A Continuity of Service Risk Rating (CoSR) of 3 is maintained throughout the period as shown in the following table.

		Quarter Ending			
		30th June 2015	30th September 2015	31st December 2015	31st March 2016
Revenue Available for Capital Service	£m	4.35	10.78	16.04	22.36
Capital Service	£m	(2.46)	(5.00)	(7.46)	(10.00)
Capital Service Cover metric	times	1.77	2.16	2.15	2.24
<b>Capital Service Cover rating</b>		<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
Cash for CoS liquidity purposes	£m	(0.31)	(1.53)	(2.42)	(3.22)
Operating Expenses within EBITDA, Total	£m	97.42	191.64	284.41	375.78
Liquidity metric	days	(0.28)	(1.44)	(2.30)	(3.08)
<b>Liquidity rating</b>		<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Continuity of Service Risk Rating</b>		<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

The phased 2015/16 plan will maintain a capital service cover rating of at least 3 during the financial year. This is an improvement on the 2014/15 position as the working capital loans from the legacy organisations were repaid in full in March 2015.

The liquidity metric will be maintained at 3 during the financial year but is very close to the threshold for a 2. This reflects the closing position from 2014/15 and the impact of the underlying financial position in 2014/15. To maintain the liquidity rating of 3 the Trust needs to deliver a surplus of £992k to generate the cash for the repayment on the remaining working capital loan and needs to manage its capital expenditure within internally generated resources.

As at 1st April the Trust will have £8.5m outstanding on the working capital loan draw down on FT authorisation. The Trust is expected to maintain a cash balance of at least the value of the outstanding working capital loan. £1m will be repaid on this loan during 2015/16 in two equal instalments in Q1 and Q3.

#### 4.4.5 Risks and Sensitivity Analysis

2015/16 will be a challenging year and there are a number of significant risks in delivering the financial plan. These will be closely monitored along with financial performance through the year. These have been summarised below:

- The impact of QIPP schemes and the ability to either take out stranded costs if schemes deliver in full or the affordability for commissioners to pay in full for over-performance above contracted activity levels. Mitigation of this risk is the close monitoring of activity levels in year and formalising escalation triggers for significant variance to plan
- The agreed contract does not yet include in full the required activity volumes and associated tariff payments to achieve RTT aggregate compliance in year. CWS and WSHFT have together committed to finalise a jointly agreed recovery plan including phased activity trajectory and associated tariff payments during May 2015. The capacity and cost of delivery of an elective uplift plan in year within the cost envelope assumed within the plan will require close scrutiny and rigorous tracking of costs
- The Trust's total efficiency requirement, including revenue generation schemes, is £19m, which equates to 4.75% of cost base. This is the second consecutive year which requires savings of this magnitude to be achieved to deliver the planned surplus so delivery of the Efficiency Programme in full is a risk. This will be mitigated by the enhanced infrastructure to support a rolling programme with a robust reporting framework and an approach which enables delivery through enhanced capacity and project management expertise as well as Executive led workstreams. A transition programme in Q1 which recognises continued external support during this time is also in place
- Workforce costs is the most significant component of the cost base and the premium costs incurred in 2014/15 is the key contributor to the underlying deficit. Reducing premium costs and ensuring a sustainable workforce is the most significant element of the Trust's Transformation Programme within Patient First

To understand the impact of these risks the Trust has undertaken sensitivity analysis on the following scenarios:

- QIPP: The Trust has modelled the impact of 50% of QIPP schemes being delivered and of stranded costs of 50% remaining
- RTT: The Trust has stress-tested the proposed RTT uplift, taking account historic delivery of uplift programmes, potential impact of non-elective activity pressures. This analysis indicates that £5.6m of the proposed increase of £8.2m is operationally resilient. This has been reflected in the sensitivity analysis. Given that a proportion of the RTT uplift is being delivered through additional premium sessions and a combination of insourcing and outsourcing options, the Trust would expect to be able to release the associated costs. However, in the sensitivity analysis the Trust has modelled stranded costs of 20%

- **Efficiency Programme:** In 2014/15 the Trust delivered cost improvement savings, excluding revenue generation savings, of 3.4% of its cost base. The equivalent proportion for 2015/16 is 4%. The Trust has modelled a sensitivity where cost improvements do not exceed 3.4%. This has been shown as a reduction in pay cost improvements, thereby also reflecting the significance of workforce costs in the Trust's Transformation Programme. A further reduction in the revenue generation target for Private Patient services has also been modelled

The net impact of these sensitivities is a reduction of £4.8m in the Trust's income and expenditure position and would result in a deficit of £3.8m compared to a planned surplus of £1.0m. This is summarised in the following table.

	2015/16	Impact of Sensitivity			2015/16
	Plan £m	QIPP £m	RTT Uplift £m	Efficiency Programme £m	Downside Scenario £m
Income	398.1	(2.3)	(2.6)	(0.5)	392.8
Pay	(259.2)	0.8	0.9	(2.6)	(260.0)
Non-Pay	(116.6)	0.3	1.0		(115.3)
<b>EBITDA</b>	<b>22.3</b>	<b>(1.1)</b>	<b>(0.6)</b>	<b>(3.1)</b>	<b>17.5</b>
Non Operating Items	(20.1)				(20.1)
<b>Net Surplus/(Deficit)</b>	<b>2.3</b>	<b>(1.1)</b>	<b>(0.6)</b>	<b>(3.1)</b>	<b>(2.6)</b>
add back:					
Impact of Donated Asset Accounting	(1.3)				(1.3)
<b>Control Total Net Surplus/(Deficit)</b>	<b>1.0</b>	<b>(1.1)</b>	<b>(0.6)</b>	<b>(3.1)</b>	<b>(3.8)</b>

Under these scenarios the Trust maintains a Continuity of Service rating of 3. As shown in the table below.

		2015/16 Plan £m	2015/16 Downside Scenario £m
Revenue Available for Capital Service	£m	22.36	17.53
Capital Service	£m	(10.00)	(10.00)
Capital Service Cover metric	times	2.24	1.75
<b>Capital Service Cover rating</b>		<b>3</b>	<b>3</b>
Cash for CoS liquidity purposes	£m	(3.22)	(8.05)
Operating Expenses within EBITDA, Total	£m	375.78	374.49
Liquidity metric	days	(3.08)	(7.74)
<b>Liquidity rating</b>		<b>3</b>	<b>2</b>
<b>Continuity of Service Risk Rating</b>		<b>3</b>	<b>3</b>



# SECTION FIVE: BOARD DECLARATIONS FOR SUSTAINABILITY & RESILIENCE

The Trust Board has approved a number of declarations alongside this operational plan including the declaration of sustainability and the 'Continuity of Services condition 7: Availability of Resources'.