Western Sussex Hospitals NHS
NHS Trust

Annual Plan 2012-13

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1. Trust Vision and Strategic Objectives

1.1 At Western Sussex Hospitals NHS Trust we care passionately about providing the best quality care for our local population.

1.2 Our strategy for the next five years is set out in our *Integrated Business Plan* 2011-17, which was revised in September 2011. The purpose of this *Annual Business Plan* is to summarise our corporate objectives and goals for 2012-13 and set out how we aim to achieve them, in the year that we plan to become a Foundation Trust.

1.3 Our vision as a Trust is simple – we care. Our seven strategic themes show how we aim to deliver our vision to the highest possible standards.

We Care – Our Strategic Themes
A. We care about you: Embed a culture of customer focus throughout the Trust to ensure that we treat patients with kindness, dignity and respect. This will be evidenced through improvements in our patient survey, and in real-time feedback from patients and carers.
B. We care about quality: Provide the highest possible quality of care to our patients. This we will do through focusing on a range of measures to improve clinical effectiveness.
C. We care about safety: Ensure that our services are the safest we can make them. We will do this by eradicating avoidable hospital acquired infections, investing to provide the right environment for patient services, and continually striving to improve our clinical outcomes.
D. We care about serving local people: Ensure that we can meet the needs of our local population, both now and in the future by providing the right range of services, improving accessibility and providing care closer to home where possible.
E. We care about being stronger together: Work closely in partnership with our commissioners and other providers in order to provide streamlined, integrated care for patients, removing duplication and improving the quality and efficiency of the care we provide.
F. We care about improvement: Improve our performance against a range of quality, access and productivity measures through the introduction and spread of best practice throughout the organisation.
G. We care about the future: Ensure the sustainability of our organisation by continuing to meet our national targets and financial performance and investing in appropriate infrastructure and capacity.

1.4 Our Vision and Strategic Objectives are supported by two important Trust strategies - our Clinical Services and Quality strategies. Our *Clinical Services Strategy* is focused on the integration and redesign of clinical services within the current commissioning and financial climate. Our *Quality Strategy* outlines the basis and principles on which we will make these changes, guided by our commitment to continuously improve patient experience, outcomes and safety. Both strategies are being reviewed and refreshed in light of local and national priorities.

1.5 To support the delivery of our vision and strategic objectives, we have identified a number of corporate objectives for 2012-13. Our specific aims, together with the actions we will take to deliver them, are described in Section 4.

1.6 The achievement of our ambitious objectives cannot be achieved without continued investment in our most important asset – our staff. The hard work, skill and dedication of all our staff is at the heart of the delivery of high quality care for all our patients. We will seek to better communicate with, develop and support our staff to deliver quality improvement and innovation.

1.7 The Trust recognises the value of a diverse workforce capable of understanding the needs and cultures of all patients, and of communicating effectively with them. With this in mind, the Trust has a separate comprehensive list of objectives and actions in relation to equality and diversity which can be found on both the intranet and Trust website.

2. Trust Achievements and Challenges in 2011-12

2.1 The year 2011-12 was one of significant achievements for Western Sussex Hospitals Trust across a range of measures. This section outlines those achievements, set against the stretching aspirations we set ourselves in our Annual Plan for 2011-12

2.2 Our Annual Plan for 2011-12 specified our corporate objectives in some detail; our achievements and remaining challenges against each of these are summarised below:

Corporate Objective	Achievements & Challenges
Increase the number of patients who would recommend the Trust to family and friends	Successful introduction of Real Time Patient Experience Tracker to identify and address concerns immediately. The Trust is awaiting comparative results of the 2011 Patient Survey.
Improve customer care by embedding a culture of caring across the Trust	Successful launch of our new vision and values 'We Care', with a poster and video campaign. The Trust received very positive feedback from the privacy and dignity review, and has had received positive reports from the Care Quality Commission (CQC) throughout the year.
Reduce our mortality rates	On both the measure of crude mortality and on Hospital Standardised Mortality Rates (HSMR), the Trust has seen a significant reduction during 2011-12. However, on both the HSMR and new Summary Hospital Mortality Indicator (SHMI) measure, the Trust remains above the average.
Reduce our rates of unplanned readmissions	The Trust has worked with partners in the community to improve pathways in unscheduled care; however, the numbers of unplanned readmissions has not fallen during 2011-12 and will require further action in 2012-13.
Improve outcomes for patients admitted following hip fracture (fractured neck of femur)	Introduction of new pathway for patients with fractured neck of femur to improve outcomes. The waiting time from admission with fracture to surgery has improved significantly during 2011-12, moving from 67% of patients treated within 36 hours in 2010-11 to over 87% for 2011-12, and 100% achievement in March 2012. It is currently too early to tell from national comparative data whether the outcomes for patients have improved as a result of pathway changes.
Eradicate avoidable HCAIs (healthcare-associated infections)	No cases of avoidable HCAIs for MRSA during 2011-12. For Clostridium Difficile, the Trust was within its trajectory at the end of the year.

Improve prescribing performance	Moderate/high grade incidents in line with trajectory. Anti-microbial audit data being reviewed.
Reduce healthcare-associated VTE (venous thromboembolism)	The national target of 90% for VTE assessment was exceeded for the year 2011-12 at 91%. However, the Trust remains short of the internal stretch target of 95%.
Complete the Service Redesign for Quality consultation and, subject to the outcomes, develop and commence a plan for implementation	Consultation successfully concluded and implementation begun. Successful opening of new wing at Worthing Hospital and transfer of patients from Southlands in March 2012.
Redesign six planned care pathways, in collaboration with the Coastal Cabinet	Work to redesign pathways in Dermatology, Orthopaedics, Ophthalmology and Rheumatology is progressing well in line with plans.
Define and begin to deliver plans to implement the Clinical Services Strategy	Significant progress in both defining and beginning to implement the next stage of our *Clinical Services Strategy*, such as the move of acute inpatient beds from Southlands to Worthing, new theatres at Worthing and Ophthalmology development at St. Richard's (SRH).
Develop and manage our relationship with commissioners, particularly in respect of commissioning intentions and service developments	As NHS Sussex cluster has become established, and the Coastal West Sussex Clinical Commissioning Group has developed, the relationship has markedly improved, resulting in much closer collaboration on our plans for Proactive and Planned Care.
Work with partners to deliver the QIPP agenda, in particular to develop schemes to manage demand	We have been a very active partner in the PCT-led 'Sussex Together' programme, in particular in relation to the ambitious goals to reduce non-elective admissions, which are reflected in our 2012-13 plans.
Develop and implement a strategy for engagement with staff, members and other community stakeholders	We launched a new internal communications programme to ensure that we communicate more effectively with all staff. We have also produced posters and a video to more clearly communicate our vision with staff.
Develop our service improvement capacity and produce and implement clear plans for delivery	Divisional service improvement plans are outlined through annual planning and monitored quarterly. Service improvement methods piloted in a number of areas (Theatres, Enhanced Recovery, fractured neck of femur).
Complete the development of and implement Service Line Management (SLM) across the organisation	Continuous progress made towards SLM implementation, with improved Service Line Reporting (SLR) information, Divisional Integrated Performance meetings, and the piloting of SLM within one Division.

Achieve our target financial performance for 2011-12 and build a sustainable financial position	On trajectory to achieve target surplus for 2011-12 and achievement of Cost Improvement Programme (CIP).
Achieve Foundation Trust status	SHA stage completed and application with DH for consideration. Monitor stage expected to start in early 2012-13.
Achieve the required Monitor quality governance rating	Refreshed independent review of our quality governance arrangements assessed us as achieving the rating required by Monitor.
Achieve the required rating against the Monitor Compliance Framework	Continuous improvement throughout the year, particularly on 18 week waits and cancer waits, has resulted in us achieving the required rating from Quarter 2 onwards.

2.3 In the last year, we have worked towards a wide range of standards and requirements, which cover national, regional and local priorities. Some of these specifically related to the regulatory requirements of the Care Quality Commission (CQC – the quality regulator, with whom all service providers must be registered) and Monitor (the financial and overall regulator of Foundation Trusts), as well as the overall NHS Performance Framework. Scorecards covering our achievements against the full range of performance and quality requirements are included at Appendix A. Our performance against a selection of the key indicators is outlined below:

Key performance Indicators	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	MAR	2011/12 YTD	2011/12 Target/ threshold
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	97.43%	96.68%	96.77%	97.01%	97.65%	97.90%	96.39%	96.76%	95.72%	95.24%	92.10%	98.60%	**96.57%**	95%
Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	9.09%	4.65%	3.57%	14.29%	0.00%	0.00%	6.00%	2.67%	0.00%	1.82%	4.55%	0.00%	**3.19%**	5%
MRSA incidence	0	0	0	0	0	0	0	0	0	0	0	0	**0**	6
C Diff incidence	11	6	7	5	5	9	9	3	8	3	3	7	**76**	90
RTT (referral to treatment time) - admitted patients - 90% in 18 weeks	81.6%	81.7%	77.0%	77.1%	77.6%	82.3%	90.4%	90.6%	92.2%	91.7%	91.1%	91.0%	85.4%	90%
RTT (referral to treatment time) - non-admitted patients - 95% in 18 weeks	95.7%	96.0%	96.9%	95.7%	95.6%	96.3%	95.9%	96.2%	95.9%	96.1%	95.0%	95.1%	95.9%	95%
Cancer: 2 week GP referral to 1st outpatient	91.85%	85.80%	94.35%	98.39%	98.65%	97.79%	97.55%	98.24%	97.01%	96.22%	97.70%	97.23%	**95.93%**	93%
Cancer: 31 day diagnosis to treatment for all cancers	97.94%	98.48%	98.25%	98.54%	99.03%	99.1%	95.07%	96.08%	98.17%	98.17%	99.53%	100.00%	**98.18%**	96%
Cancer: 62 days urgent GP referral to treatment of all cancers	86.63%	79.40%	83.47%	89.20%	91.10%	92.15%	93.21%	93.12%	92.06%	90.83%	87.39%	91.11%	**89.01%**	85%
Delayed transfers of care	3.9%	4.5%	3.1%	4.1%	3.1%	4.0%	3.3%	4.5%	1.8%	2.5%	1.8%	1.8%	3.2%	3.5%

2.4 Each of the divisions within the Trust (Medicine, Surgery, Women & Children and Core) has made significant progress against a range of specific divisional objectives that were outlined in 2011-12, as well as contributing to the delivery of the corporate objectives. This is due to the continued effort of staff at all levels to promote service and quality improvement and innovation.

3. Drivers for Change

3.1 Our Annual Business Plan has been developed, and must be delivered, in the context of a rapidly changing NHS. A range of external factors will impact on the Trust's future and the environment in which we operate. These have helped to inform our corporate objectives and priorities for 2012-13. Our objectives have also been influenced by our own internal values.

3.2 The NHS reforms in the Health & Social Care Bill signal significant change to both the commissioning and provision of services in the future. As well as these significant structural changes within many parts of the NHS, 2012-13 will see a continuation of an austere financial climate for the NHS in general and the Acute sector in particular. Demographic changes, particularly an increase in older people and those with long-term conditions, will continue to present challenges to traditional models and pathways of care.

3.3 Our *Integrated Business Plan* provides a detailed PESTLE analysis of the local and national context, covering the political, economic, sociological, technological, legal and environmental factors relevant to the Trust. Specific internal and external factors which have influenced the development of our objectives for 2012-13 are summarised below:

	National and Local Drivers
National and Regional policy	***Operating Framework 12/13:*** the national requirements for the NHS laid down in the *NHS Operating Framework* show a focus on maintaining a tight grip on financial performance and access, improving quality for patients, delivering the reform agenda and making the necessary QIPP (Quality, Innovation, Productivity and Prevention) improvements. ***NHS South of England Operating Framework***: the new clustered Strategic Health Authority (SHA) has issued its *Operating Framework* for 2012/13. This reinforces a number of the messages in the national *Operating Framework*, and outlines the roles and responsibilities, financial framework and requirements and timetable for NHS organisations within the SHA area. ***Clinical outcomes and quality standards*:** The publication of the *NHS Outcomes Framework* places a greater emphasis on overall patient outcomes (such as mortality and readmissions) and will require greater transparency of reporting from providers. ***Provider environment changes*:** The NHS reforms propose a potentially more competitive provider environment, with a strong move towards Foundation Trust status for NHS Trusts, increased competition from non-NHS Providers, and more frequent competitive procurements. ***Commissioning changes*:** The proposed abolition of SHAs and PCTs has been anticipated through the clustering of SHAs and PCTs into larger groups to ensure the resilience of the system in transition. Although the Provider environment is less subject to change, the uncertainty of commissioning in the transition is a consideration for providers.

Regulatory regime	***Foundation Trust status:*** On the successful completion of our application to become a Foundation Trust, the Trust will move from a managed to a regulatory system, as laid down in Monitor's *Compliance Regime*. ***Care Quality Commission:*** the Trust will need to continue to be registered with the quality regulator without conditions and seek to improve in any areas of concern identified with respect to quality.
Local health economy changes	***PCT transition:*** PCTs in Sussex have successfully clustered and are providing resilience during the transition to the new system. However, the ongoing uncertainty over future forms and functions may lead to instability locally. As a relatively stable part of the local health economy, the Trust will need to play a strong leadership role. ***Clinical Commissioning Groups:*** We have developed strong relationships with Coastal West Sussex, our local Clinical Commissioning Group (CCG), as it enters its preparatory year prior to assuming full commissioning responsibility in April 2013. Engagement will be crucial to help deliver joint QIPP initiatives, such as Proactive care, Planned care and admissions avoidance. ***Role of Local Authority:*** the Local Authority will develop a more active role in public health and health strategy and continuing active engagement from the Trust is required.
Social and demographic changes	***Demographic changes:*** the rapidly ageing local population in West Sussex, together with the impact of lifestyle factors such as alcohol and obesity, continue to present a challenge for the health economy and mean that focusing on the pathways for elderly people and those with long-term conditions must remain a priority.
Economic environment	***National financial pressures*****:** the NHS in England is required to secure efficiencies of £20bn by 2014/15 in the context of no significant real-term increase to NHS budgets. The picture is likely to be worse for Acute Trusts as commissioners seek to invest in upstream initiatives to prevent admission. Other parts of the public sector, including social services, have received significant budget reductions. ***Local pressures:*** The challenges faced by the NHS in Sussex have been mapped out by the 'Sussex Together' programme, which forecasts a significant deficit in the coming years if current trends in demand and expenditure continue. The Trust will need to deliver both challenging Cost Improvements and participate in programmes to manage demand better in order for the local health economy to thrive. ***Local competition:*** In the face of increased local competition and choice is crucial that we make our services attractive and accessible to all local patients and GPs.
Trust strategy and priorities	***Patient experience:*** national surveys show that our patients generally report a positive and improving experience but we want to do better. We have made it a corporate priority to continue to focus on patient experience, to be at the heart of everything we do. ***Patient outcomes***: Our HSMR and crude mortality rates are reducing, but remain above average across England. We are determined to improve on this and need to ensure we have the improvement programmes in place to do this.

Foundation Trust development: we are anticipating being in the Monitor assessment phase at the beginning of 2012-13. Successful achievement will mean we have greater independence but we will also be subject to a rigorous regulatory regime – we will need to continue to demonstrate strong performance and improvement across all our services.

***Sussex Together and Service Redesign for Quality*:** following our successful consultation, we are proceeding at pace with implementation of our Service Redesign for Quality plans, which support the wider 'Sussex Together' programme across the Local Health Economy. Following the build of the new wing at Worthing and the transfer of inpatient services from Southlands, we are developing our plans for an Emergency Floor at Worthing and an ambulatory care centre at Southlands Hospital.

Access: Maintaining the huge improvements seen during 2011-12 in access for 18 weeks, and ensuring that we continue to offer excellent access for Cancer services and through our Accident & Emergency department will be crucial for our success.

Infection prevention and control: although we have been very effective at reducing HCAIs (healthcare-associated infections), particularly MRSA, the national requirements for 2012-13 are very challenging, particularly with respect to Clostridium Difficile. We will need to ensure that our infection prevention and control measures remain robustly embedded throughout the Trust.

4. Corporate Objectives and Priorities 2012-13

4.1 Our priorities for 2012-13 have been developed in response to the drivers outlined above. They aim to support the delivery of our seven strategic objectives within the complex and challenging national and local context. They take into account a range of specific requirements from a number of sources, including Monitor, CQC, *The NHS Operating Framework, The Framework for Preparing the Operating Plan for NHS South of England 2012/13* and the PCT cluster and emerging Clinical Commissioning Group, as well as the priorities identified by local people. The priorities also reflect the 2012-13 delivery expectations of our Clinical Services and Quality strategies, which are described in greater detail in our *Integrated Business Plan.* Detailed analysis of the strengths and weaknesses of the Trust has informed the development of the objectives; a full SWOT analysis can be found in the *Integrated Business Plan.*

4.2 Our objectives each have a number of measurable indicators or milestones so that we can monitor progress throughout the year. The Trust Board will receive regular reports on progress against the *Annual Business Plan* objectives and will hold directorates and divisions to account through the Performance Framework, which is described in further detail in Section 8.

4.3 A Trust Scorecard will be used to monitor progress at corporate level, whilst each division will have access to detailed divisional versions. A copy of the Trust Scorecard is available at Appendix A.

4.4 Our objectives for 2012-13 are:

Strategic Theme	Corporate Objective	Executive Lead	Measures of Success
A. We Care About You	A1 Increase the number of patients who would recommend the Trust to family and friends	Director of Nursing & Patient Safety	National Inpatient and Outpatient surveys – improve the score for patient rating of overall quality of care in-year, with the longer-term aim of being in the top 20% Improve our results in real-time patient monitoring: increase the score for patients who would recommend the Trust from 90 to 92 by March 2013 Reduce the number of complaints relating to staff attitude/behaviour by 10% and the rate of PALS (Patient Advice & Liaison Service) contacts per outpatient appointment from 0.12% to 0.1% Improve performance in the patient experience national composite CQUIN indicator *[dependent on agreement of trajectory with Commissioners]* Maintain excellent rating in Care and Compassion peer review

Strategic Theme	Corporate Objective	Executive Lead	Measures of Success
B. We Care About Quality	B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate	Medical Director	Reduce our HSMR from 103 to 100 by the end of 2012-13 To target the most significant areas of care resulting in high mortality, through pathway specific standardisation using the care bundle approach, focusing on hip fracture, pneumonia, COPD and heart failure, monitored through HSMR To reduce 30-day mortality following hip fracture so that the trust lies within the middle two quartiles of mortality in the National Hip Fracture Database To improve maternity care by encouraging natural childbirth wherever it is safe to do so and reducing the Caesarean Section rate from 24.4% (Q1-3 2011-12) to 23% in 2012-13
	B2 Reduce our rates of unplanned readmissions	Chief Operating Officer	Reduce the Trust 30-day readmission rate in line with our agreement with Commissioners
C: We Care About Safety	C1 Deliver the patient safety gains specified in the Quality Strategy	Director of Nursing & Patient Safety	Improve safety of prescribing by making demonstrable improvement in three specific aspects of prescribing, as identified in the annual baseline full prescribing audit Reduce incidence of healthcare associated VTE, including increasing the level of VTE assessment from 91% (2011-12) to 95% in 2012-13 Reduce incidence of HCAI and keep below the nationally-set thresholds for incidence of C. Difficile (75 cases) and avoidable MRSA (2 cases), taking measures to protect the patient and aiming to remain free of avoidable MRSA Improve theatre safety for patients, including achieving 99% compliance with the World Health Organisation (WHO) Surgical Safety Checklist in 2012-13 Reduce numbers of falls in hospital by 15% for those resulting in low or moderate harm and 50% for severe harm by 2012 (compared to 2009-10

Strategic Theme	Corporate Objective	Executive Lead	Measures of Success
			baseline) Improve overall Trust Patient Aggregate Safety Score (PASS) score, achieving continuous improvement (a score of <100 compared to baseline in 2011-12)
D: We care about serving local people	D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme	Chief Operating Officer/ Director of Leadership & OD	Successful opening of the new theatres at Worthing by July 2012 Board approval of the Business Case for an Emergency Floor at Worthing in Q1 Fully develop plans for an ambulatory care centre at Southlands by December 2012
E: We care about being stronger together	E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care	Chief Operating Officer	Achieve the reductions in unscheduled care admissions and the changes to planned pathways in line with 'Sussex Together' accountability agreement
F: We care about improvement	F1 Implement a strategy for engagement with staff, members and other community stakeholders	Director of OD and Leadership	Improve annual staff survey aggregate score for engagement, with longer-term aim of being in top 20% of trusts Improve annual staff survey question score for perception of communication with senior managers Active, engaged membership: increase membership to 8,000 and elect full council of governors
	F2 Continue to improve the patient environment through investment in the Trust's Estate.	Director of Finance	Improve the condition of the Trust's Estate by raising standards to category B through investment into routine maintenance and the Trust's Capital programme

Strategic Theme	Corporate Objective	Executive Lead	Measures of Success
			Maintain Excellent PEAT Scores
	F3 Improve productivity and the quality of patient care through the introduction of a service improvement function	Director of OD and Leadership	Agree Trust-wide service improvement approach Produce demonstrable service improvement in at least one service
G: We care about the future	G1 Achieve Foundation Trust status	Director of Finance	Achievement of FT status by Q3
	G2 Achieve a Financial Risk Rating of 3 or above	Director of Finance	Deliver the required year-end financial position of £5.2m surplus Deliver the Trust's CIP target of £18.3m Achieve a Financial Risk Rating of 3 or above
	G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year	Chief Operating Officer	Perform at Amber Green level or above consistently throughout the year
	G4 Continue the development and implementation of Service Line Management (SLM)	Chief Operating Officer	Implement new clinical leadership arrangements by the end of Q1 Development of SLM information and infrastructure in line with agreed programme

5. Corporate Delivery Programmes

5.1 The delivery of our corporate objectives for 2012-13 will be achieved through a combination of Trust-wide corporate delivery programmes, together with a range of divisionally-led programmes. These programmes all align with our strategic themes and corporate objectives.

5.2 Our success as an organisation depends on all members of staff understanding and supporting our objectives and working towards the same challenging goals. This includes clinical and managerial staff working in the clinical divisions, together with colleagues who work in a range of enabling functions, such as Finance, IM&T, Performance, Facilities & Estates and HR. Members of staff will have clear personal objectives which support the corporate objectives and are reviewed within annual appraisals. Specific education, development and support will be given to enable staff to deliver improvements to patients, such as customer care and service improvement technique training.

5.3 The delivery of our corporate objectives includes a number of complex programmes of work, which sometimes contribute to more than one objective and have links to overarching strategies, primarily the Clinical Services and Quality strategies.

5.4 The key corporate delivery programmes for 2012-13 and their contribution to our corporate objectives are summarised in the matrix below. This is followed by an overview of each programme.

DELIVERED THROUGH
Corporate Delivery Programmes

Corporate Objectives	1. Improving Patient Experience	2. Improving Clinical Outcomes	3. Improving Patient Safety	4. Service Improvement Programme	5. Implementing Service Redesign for Quality	6. Develop and implement our clinical servs. strategy	7. Developing Effective Engagement	8. Achieving Foundation Trust Status	9. Ensuring Sustainability	10. Implementing Service Line Management
A1 Increase the number of patients who would recommend the Trust to family and friends	▲	▲	▲							
B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate		▲								
B2 Reduce our rates of unplanned readmissions		▲			▲					
C1 Deliver the patient safety gains specified in the Quality Strategy.			▲							
D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme					▲	▲				
E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care					▲	▲				
F1 Implement a strategy for engagement with staff, members and other community stakeholders							▲			
F2 Continue to improve the patient environment through investment in the Trust's Estate.					▲	▲			▲	
F3 Improve productivity and the quality of patient care through the introduction of a service improvement function				▲						
G1 Achieve Foundation Trust status								▲		
G2 Achieve a Financial Risk Rating of 3 or above									▲	▲
G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year	▲	▲	▲						▲	
G4 Continue the development and implementation of Service Line Management.										▲

1. Improving Patient Experience		Lead: Director of Nursing & Patient Safety	
Aims: • To promote a culture of customer care throughout the Trust • To ensure that patients and their families have a positive experience of the Trust • To ensure that patient experience is core to quality care • To improve communication with patients and their families, particularly in outpatients and regarding conditions and treatments • To improve patient experience of discharge • To improve patient nutrition • To maintain an excellent patient environment		**Key work streams:** • Customer Care Programme • Real-time patient experience tracker (RTPET) full roll out, analysis and response • Inpatient, Outpatient and Cancer survey action plans (linked to customer care programme) • Care and Compassion peer review • Productive Ward programme • Dementia Care strategy • Energising for Excellence programme • PEAT (Patient Environment Action Team) improvement • Board scrutiny, including executive walkabouts and use of patient stories	
Q1: *Roll out of RTPET to Maternity & Children's Services* *Complete roll out of productive ward programme*	***Q2:*** *Free standing kiosks for RTPET* *Roll out Dementia Care strategy* *Initiate 'Energising for Excellence' programme*	***Q3:*** *External peer review Care and Compassion*	***Q4:*** *National PEAT inspection* *2012 Inpatient Survey results* *Internal peer review – Care and Compassion*
Measures of success: • National Inpatient, Outpatient and Cancer surveys – improved score for patient rating of overall quality of care in-year, with the longer-term aim of being in the top 20% • Improve our results in real-time patient monitoring: increase the score for patients who would recommend the Trust from 90 to 92 by March 2012 • Improve performance against the CQUIN composite patient experience score and the internal composite measure		• Reduce the number of complaints relating to staff attitude/behaviour by 10% and the rate of PALS (Patient Advice & Liaison Service) contacts per outpatient appointment from 0.12% to 0.1% • Maintain 'excellent' in Care and Compassion Peer Review • Maintain 'excellent' PEAT scores • Full compliance with all CQC visits • Increase in number of recorded compliments	

2. Improving Clinical Outcomes		Lead: Medical Director	
Aims: • Reduce mortality following hip fracture • Reduce the rate of unplanned readmissions following discharge from the Trust • Review and attempt to reduce mortality for patients admitted under Elderly Care Medicine • Improve the treatment pathway and clinical outcomes for patients with Stroke or TIA		**Key work streams:** The improvements expected in clinical outcomes are delivered through a number of service/pathway-specific change programmes within divisions or through continuous improvement and everyday performance and quality management within each division and service. Specific areas of work include: • Stroke and TIA (Medicine – Programme 4) • Orthogeriatrics and hip fracture – embedding 11/12 changes (Medicine) • Unplanned readmissions (Delivered by all divisions) • Implementation of care bundles (Medicine – pathway work, including Programmes 5 and 9 – Ambulatory Care and Proactive Care) • Safe Maternity Care (Women & Children – Programme 1 CNST and 4 Medical Staffing)	
Q1:	***Q2:***	***Q3:***	***Q4:***
Contained within Divisional Delivery Plans			
Measures of success: • Reduce our HSMR from 103 to 100 by the end of 2012-13 (subject to rebasing) • Reduction crude mortality from 3.6% to 3.2% by end 2012 • Significant reduction in the Trust's 30-day readmission rates • Increase in the percentage of hip fracture repairs carried out within 24 hours from 77.6% (Dec 2011) to 90% by the end of 2012-13		• To reduce mortality following hip fracture so that the trust lies within the middle two quartiles of mortality in the National Hip Fracture Database and HSMR is within the expected range • Achieve the Stroke and TIA indicators, including improving the percentage of patients with suspected TIA being seen and treated in 24 hours to 60% • Demonstrate improvements in the Enhancing Quality measures	

3. Improving Patient Safety		Lead: Director of Nursing & Patient Safety	
Aims: To reduce the avoidable harm suffered by patients in connection with their hospital care, including to: • Reduce the number of HCAIs • Improve the safety of prescribing • Reduce the incidence of healthcare-associated VTE • Improve theatre safety • Reduce the number of in-hospital falls		**Key work streams:** • Safety Thermometer • E-Prescribing (led by Core Division) • Near-patient monitoring • VTE compliance • Theatre safety (delivered by Surgery Division) • Falls prevention	
Q1: *C diff testing for all patients* *Introduction of Patient Safety Thermometer* *Near-patient monitoring implementation begins*	***Q2:*** *Implement output of falls working group* *E-prescribing implementation*	***Q3:*** *E-prescribing implementation*	***Q4:*** *Full roll-out of near-patient monitoring*
Measures of success: • Reduced incidence of healthcare associated VTE, including increasing the level of VTE assessment from 91% (2011-12) to 95% in 2012-13 • Reduce incidence of HCAI and keep below the nationally-set thresholds for incidence of C. Difficile (75 cases) and avoidable MRSA (2 cases), taking measures to protect the patient and aiming to remain free of avoidable MRSA • Improve safety of prescribing by making demonstrable improvement in three specific aspects of prescribing, as identified in the annual baseline full prescribing audit • 99% compliance with the WHO theatre safety checklist		• Reduction in incidence of falls in hospital by 15% for those resulting in low or moderate harm and 50% for severe harm by 2012 (from 09-10 baseline) • Zero Never Events • Improve overall Trust Patient Aggregate Safety Score (PASS) score, achieving a continuous reduction in the score from 77 (Q1-3 2011-12) • Compliance with national reporting of Safety Thermometer data • Maintain and improve 80% compliance with nutritional assessment tool (MUST) after 24 hours and improve compliance after 7 days from 95% (Q1-3 2011-12) to 100% in 2012-13	

4. Service Improvement		Lead: Director of Leadership & Organisational Development	
Aims: • Improve the quality and productivity of patient care through the introduction of a service improvement function • Provide training, development and support to clinical and non-clinical staff to identify opportunities for service improvement and implement sustainable change using tried and tested techniques and approaches		**Key work streams:** • Programme establishment • Project delivery and evaluation	
***Q1**:* *Agree budget, remit, structure and accountabilities for programme* *Agree areas of focus and delivery for programme for 2012/13* *Initiate any recruitment necessary*	***Q2**:* *Complete any recruitment necessary* *Commence the first service improvement project* *Commence training and development programme*	***Q3**:* *Service improvement project underway*	***Q4**:* *Undertake initial evaluation of service improvement project* *Undertake initial evaluation of training and development programme* *Determine priorities for service improvement in 2013/14*
Measures of success: • Establishment of programme • Tangible delivery of service improvement in chosen area • Skills development across the organisation • Value for money of intervention			

5. Implementing Service Redesign for Quality		Lead: Chief Operating Officer/Director of Leadership and Organisational Development	
Aims: • To implement the major service changes agreed in the Service Redesign for Quality programme, including new theatres and an Emergency Floor at Worthing, Ophthalmology at St Richard's and ambulatory care at Southlands • To contribute to the Sussex Together programme to ensure high quality, sustainable services		**Key work streams:** • Admissions avoidance and early supported discharge • Capital programme at Worthing to provide 2 new laminar flow theatres (link to Surgery programme 2) • Emergency Floor implementation at Worthing (link to Medicine programme 1) • Ambulatory care development at Southlands, including Ophthalmology • Ophthalmology development at SRH	
Q1: *Board approval of Emergency Floor development* *Scoping of ambulatory care development at Southlands*	***Q2:*** *SHA approval of Emergency Floor (if required)* *Laminar flow theatres open in Worthing* *Ophthalmology development opens at SRH*	***Q3:***	***Q4:*** *Sign-off for start of building work early 2013*
Measures of success: • Successful opening of the new theatres at Worthing by July 2012 • Board approval of the Business Case for an Emergency Floor at Worthing in Q1 and start of building work by Q4		• Opening of Ophthalmology development at SRH by Q2 • Fully develop plans for an ambulatory care centre at Southlands by December 2012	

6. Developing and Implementing our Clinical Services Strategy		Lead: Chief Operating Officer/Director of Leadership & Organisational Development	
Aims: • To develop the Trust's Clinical Services Strategy in order to provide a clear basis for future priorities for service development • To ensure the implementation of the next steps of the Clinical Services Strategy through the Divisional programmes		**Key work streams:** • Work with the Board to develop and confirm strategic intent • Continue to engage with each of the clinical divisions to ensure ownership and consistency of Clinical Services Strategy • Ensure alignment with the Trust business planning process, including the Trust's Capital Programme • Work with Local Health Economy stakeholders to ensure congruence of strategy with the aims of Sussex Together	
Q1: *Revised Clinical Services Strategy approved by Board*	***Q2:***	***Q3:*** *Updated Annual Plan and Corporate Objectives reflecting the Clinical Services Strategy*	***Q4:*** *Integrate Clinical Services Strategy with the service developments and programmes contained within the Trust's 2013-14 Annual Plan*
Specific service developments contained within Divisional Delivery Plans			
Measures of success: • Board-approved Clinical Services Strategy in place • Revised Annual Plan which reflects these changes • Updated Corporate Objectives which reflect the Strategy • Annual Plan for 2013-14 which demonstrates ongoing implementation of the Strategy			

7. Developing Effective Engagement		Lead: Director of Leadership & Organisational Development	
Aims: Internal and external programme to: • Improve staff, member and public engagement with, and perceptions of, the organisation • Improve staff communication and engagement, including through more timely feedback and response actions • Develop partnership working further with staff representatives • Improve engagement in relation to the protected characteristics of the Equality Act		**Key work streams:** • Promulgate vision and values and translate into expectations of staff; communications and marketing material; and performance management processes. • Improve staff engagement through implementation of divisional action plans focusing on specific areas of concern/improvement highlighted in the staff survey • Engagement of membership and improved engagement opportunities for public and stakeholders. • Public profile and media handling	
Q1: *Vision and values tested with staff – leading to key trust messages* *Communication processes reviewed and refined* *Divisional staff engagement/survey priorities identified* *Face-to-face briefing/engagement sessions between ET and senior managers (ongoing)* *Expand use of social media as a means both of communication and engagement* *MP, HOSC, LINk briefings (ongoing)* *Engagement plan for members commenced* *Promote election of FT governors*	***Q2:*** *Audit of new team briefing to determine effective forms of communication* *Divisional staff focus groups conducted* *Divisional staff engagement/survey action plans agreed* *Develop role of Stakeholder Forum post-FT* *Support skills development of FT Governors*	***Q3:*** *Engagement events for members continued* *Engagement/marketing strategy with GPs developed* *Begin roll-out of handheld technology to gain timely staff views at divisional/service level* *Implementation of divisional staff engagement action plans* *Re-launch InTouch (members' magazine)* *Support FT Governors to engage effectively with wider membership* *Promote participation in Staff Survey*	***Q4:*** *Support FT Governors to engage effectively with wider membership* *Implementation of divisional staff engagement action plans*
Measures of success: • Improve annual staff survey aggregate score for engagement, with longer-term aim of being in top 20% of trusts • Improve annual staff survey question score for perception of communication with senior managers • Increase positive perceptions in SHA media analysis		• Active, engaged membership: increase membership to 8,000 and elect full council of governors • Reduced patient complaints related to staff attitude (see Programme 1) • Run compliant consultations as required	

8. Achieving Foundation Trust Status		Lead: Director of Finance	
Aims: • To achieve Foundation Trust for the Trust by Q3		**Key Work Streams** • Programme Management of FT process	
Q1: *Begin Monitor Assessment Phase*	***Q2:*** *Election and appointment of Governors*	***Q3:*** *Completion of Monitor Assessment Phase* *Achievement of FT status* *Council of Governors convenes*	***Q4:***
Measures of success: • Initiation of Monitor Assessment Phase • FT authorisation awarded			

9. Ensuring Sustainability		Lead: Chief Operating Officer, Director of Finance and Director of Leadership & Organisational Development	
Aims: To ensure delivery and robust management of the Trust's financial and operational requirements, including: • The Monitor Compliance Framework/ National Performance Framework • Cost Improvement Plans/QIPP • Integrated workforce plan to ensure delivery of operational requirements, including the appropriate capacity and skills		**Key work streams:** • Cost Improvement • Coastal Cabinet - QIPP • Integrated performance • Integrated workforce planning and assurance • Service Line Management (see programme 10) • Service/pathway service improvement – Cancer, 18 Weeks, Stroke, HCAI, A&E	
Q1: *Agreed workforce plan in place (12/13)*	***Q2:***	***Q3:*** *Identify education and CPD requirements to inform future*	***Q4:*** *Agreed workforce plan in place (13/14)*
Please refer to CIP/QIPP plans for specific milestones			
Measures of success: • Achieve a score of less than 2 against the Monitor Compliance Framework • Achieve an overall financial surplus of £5.2m • Achieve Cost Improvement Plan (CIP) savings of £18.3m • Continuously improve Trust RAG rating in SHA workforce assurance framework		• Continuous improvement and sustained achievement of workforce KPIs relating to capacity, resourcing and efficiency • Improve appraisal rates (81% at March 12) and statutory/mandatory training rates (in the range 74%-90% for different training modules at March 12) to ensure compliance with the national standard of 95% by March 2013	

10. Implementing Service Line Management (SLM)		Lead: Chief Operating Officer	
Aims: • To develop and implement SLM across the Trust		**Key work streams:** • Clinical leadership and education • Increasing availability and awareness of SLR information • Improve the information infrastructure to support SLM implementation, including spread of patient-level costing • Implementation planning revision	
Q1: *Introduce revised clinical leadership structure, which support SLM*	***Q2:*** *Design clinical leaders' programme to support SLM* *Complete roll-out of SLM pilot to all divisions*	***Q3:*** *Commence education programme for clinical leaders* *Single point of access for SLM established* *Detailed implementation plan designed and agreed*	***Q4:*** *Commence delivery of detailed implementation plan*
Measures of success: • Integrated SLM reports in place in all services • Clinical leadership structure and education programme in place • Detailed implementation designed and agreed			

6. Divisional Delivery Programmes

6.1 The four clinical divisions (Medicine, Surgery, Women & Children and Core) have a crucial role to play in delivering our Corporate Objectives for 2012-13, as well as the Trust's overall strategy. Each division has carried out business planning for 2012-13 to outline the division's priorities, key delivery programmes and their contribution to the corporate objectives.

6.2 Each division contributes to each of the corporate objectives in a number of different ways. The corporate programmes all have a divisional impact and will not be successful without being embedded throughout divisional operations. Each division has mapped the specific contribution of its identified programmes to the corporate objectives at Appendix C. However, much of the work to achieve the corporate objectives is a core part of 'everyday business', such as patient outcomes, initiatives to improve patient safety, operational performance and contributing to financial sustainability.

6.3 As well as ensuring effective delivery of corporate objectives, divisions have their own specific areas of focus, based on the services that they offer and the needs of the patients whom they serve. Where the Clinical Services or Quality strategies have a specific divisional implication, these are outlined within the divisional delivery programmes.

6.4 A number of divisional plans are dependent on the outcomes of options appraisals, business case reviews, wider health economy decisions and/or, potentially, consultation. The plans are, therefore, subject to amendment and development during the year.

6.5 The delivery of corporate and divisional plans is also often dependent on the contributions and actions of other clinical divisions, non-clinical teams (such as Estates & Facilities, IM&T or HR) or other local health economy partners. This is outlined in the detailed plans supporting each work programme.

6.6 The key objectives of each clinical division are outlined below:

Division	Objectives 2012-13
Medicine	1. Gain approval for, and plan the development of, an Emergency Floor at Worthing Hospital 2. To develop a fully integrated Rheumatology Service for patients in West Sussex 3. Implement Specialty Business Units in Medicine 4. Implement improvements in Stroke and TIA pathways 5. Avoid unnecessary non-elective admissions through Ambulatory and other care pathways 6. Open a second cardiac catheter lab at Worthing Hospital and repatriate appropriate activity from other providers 7. If appropriate, achieve success in Dermatology procurement 8. Maintain Endoscopy accreditation and improve efficiency of service

	9. Work with commissioners to refine the Proactive Care and One Call/One Team to reduce unscheduled emergency admissions and provide care closer to home

Division	Objectives 2012-13
Surgery	1. Theatres: improve operating theatre productivity and efficiency 2. To develop, recommend and implement preferred option for the optimisation of day surgical facilities across Worthing and Southlands Hospitals 3. Theatre non-pay efficiency : Stock management, rationalisation and standardisation 4. Deliver Service Redesign for Quality Changes in Trauma and Elective Orthopaedic Services 5. Develop and implement strategy for Breast Services 6. Further develop and implement strategy for Ophthalmology Services 7. Introduce and roll out Medical Staffing Electronic rostering system TAR 8. Implement Specialty Business Units in Surgery

Division	Objectives 2012-13
Women & Children	1. Deliver evidence for assessment to Maternity CNST (Clinical Negligence Scheme for Trusts) Level 2 in year 2. Implement Gynaecology service improvements 3. Children and Young People: Beach and Barn Ward reconfiguration 4. Medical staffing redesign to ensure sustainability 5. Develop case for a Maternity Led Unit at Worthing Hospital 6. Strategic review of Paediatric and Maternity services 7. Neonatal Services: strengthening and developing services and workforce to meet neonatal standards

Division	Objectives 2012-13
Core	1. Transform service delivery: service review and redesign 2. Ensure appropriate information management systems, applications, processes and supporting infrastructure to enable all staff to work efficiently, effectively and safely 3. Improve the way in which the Division uses information received from patients, users and the public to inform practice and improve service delivery 4. Develop our staff to their full potential: capacity and capability to deliver high quality, professional care, including Medicines Management improvements 5. To transform how we work to deliver services: productivity in Pharmacy, Radiology and Pathology 6. Work in partnership and integrate services with other agencies to deliver multidisciplinary care and flexible care pathways 7. Ensure best practice in the safe handling of medicines throughout prescribing, supply and administration

6.7 Each division has produced detailed plans for the delivery programmes which support each objective. These plans include clear aims and objectives, milestones, resource implications and measurable impacts. They also have clearly identified clinical and managerial leads.

6.8 Progress against the divisional plans and risks to delivery will be monitored in line with the Performance Framework, outlined in Section 8. The Framework includes robust processes by which divisions are held to account for their delivery and provide assurance to the Board.

6.9 The successful delivery of divisional plans relies on the commitment and skill of staff in all disciplines and at all levels. Significant work has been and is taking place to ensure that staff receive the appropriate training, development and support to achieve both divisional and corporate objectives and to empower staff to make real improvements to patient care.

6.10 A number of non-clinical teams play a significant role in ensuring the effective delivery of both corporate programmes and the objectives and programmes of the clinical divisions. These teams each have their own annual plans, partly to ensure the maintenance of 'business as usual' and partly to contribute to, or lead, major change programmes. The key areas of work that contribute to the corporate and divisional objectives for 2012-13 are:

	Support for Corporate Programmes	Support for Divisional Programmes
Facilities & Estates	1. Maintain the Excellent standard achieved for food, environment and privacy and dignity in the national PEAT	1. Implement specific changes in line with divisional service developments to deliver the Clinical Services Strategy and Service Redesign for

	Support for Corporate Programmes	Support for Divisional Programmes
	assessments 2. Continue to develop the Patient Environment Action Groups and Food Strategy, in conjunction with clinical divisions 3. Develop and deliver a Catering Strategy for the whole Trust 4. Develop a Sustainability Delivery Management strategy for the Trust 5. Develop waste management and recycling targets for the Trust 6. Deliver estate capital projects as approved in the Trusts annual Capital programme 7. Review the Estates Strategy in line with clinical strategy and divisional developments	Quality 2. Support and develop plans with Clinical Divisions to support CIP and QIPP programmes 3. Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme 4. Continue to improve the patient environment through investment in the Trust's Estate.
IM&T	1. Develop a business case for document scanning/'paper light' for approval in Q2 and link with Office Automation across the Trust 2. Contribute to patient safety by completing the implementation of Near-patient Monitoring in Q1 3. Progress implementation of electronic assessments for VTE and other patient safety initiatives 4. Roll-out of White Board functionality across the Trust, following e-Whiteboard implementation in the Acute Medical Unit (AMU) 5. Support Service Line Reporting and Monitoring implementation 6. Development of a business case to support the creation and implementation of a 'Clinical Desktop' to provides	1. Surgery • Theatres system replacement to go live in Worthing in Q1, following implementation in 11-12 at SRH and Southlands • Theatre stock control: to provide a central stock control solution for all consumables and trays. • Electronic pre-assessment 2. Women & Children • Maternity Information System replacement/implementation by Q2 3.Core • E-Prescribing implementation • Pharmacy systems merger in Q1 • Order Comms implementation within Pathology • Pathology system replacement • Radiology system replacement or renewal: complete the Sussex wide collaborative procurement

	Support for Corporate Programmes	Support for Divisional Programmes
	a patient centric view of all available clinical information held on our patients 7. Continuation of clinical coding improvements to support the delivery of the Quality Strategy	and implementation of the new PACS, RIS and vendor neutral archive • Radiology vendor neutral archive solution: implementation by Q2
Human Resources	1. Ensure contracts with university and education providers are used effectively to support Trust objectives, including monitoring uptake 2. Ensure active monitoring of professional and study leave 3. Facilitate process to improve quality and uptake of appraisals and PDP to ensure all staff are working towards the delivery of the corporate and divisional objectives 4. Improve staff involvement and engagement, in line with the staff survey and improve recognition across the Trust 5. Support medical revalidation across the Trust 6. Ensure compliance with the public sector duties in the Equality Act 2010 by achieving the agreed five objectives for equality and diversity, developed using the equality delivery system. 7. Pilot customer care training and progress pathway of leadership development for managers 8. Agree and implement a staff wellbeing strategy 9. Improve workforce productivity through the implementation of time/attendance/rostering software 10. Lead staff consultation process for Service Redesign for Quality or other proposed service changes 11. Complete review and negotiations on the revised on-	1. Support divisions in the identification of the workforce implications associated with service changes e.g. management of change, TUPE transfer, job design, job planning, training and development needs identified, recruitment and selection 2. Support divisions to ensure workforce plans in place that supports CIPs and improves workforce productivity over next 5 years 3. Support divisions to ensure robust job planning is in place 4. Facilitate development and implementation of divisional plans to improve staff satisfaction (staff survey action plans) 5. Support divisions to identify productivity opportunities and achieve workforce KPIs (sickness absence, turnover, reduction in temporary staff, skill mix review, statutory and mandatory training) 6. Hold divisions to account on workforce outcomes and performance through the integrated approach of the Trust Performance Framework

	Support for Corporate Programmes	Support for Divisional Programmes
	call arrangements 12. Increase the number of e-learning modules available to reduce staff release	

7 Integrated Activity, Capacity, Workforce and Financial Plan

Integrated Plan 2012-13: Summary

7.1 The table, below, summarises our activity, capacity, financial and workforce plans for 2012-13 for each Clinical Division.

Division	Activity Plan (spells)	Capacity Plan (beds)	Expenditure Plan (£000)	CIP (£000)	Workforce Plan (WTE)
Medicine	52,528	557	84,510	3,591	1,453
Surgery	43,963	303	75,324	4,195	1,264
Women & Children	17,350	95	40,283	2,134	631
Core	225	1	61,729	3,084	1,126

7.2 More detailed tables covering organisational activity and financial planning, together with an outline of the Cost Improvement Programme, are available at Appendix B. These are based on the plan and assumptions signed off by the Trust Board in March 2012. Private patient activity is not included in the numbers above.

7.3 Activity projections for 2012/13 have been based on 2011/12 forecast outturn activity with uplift for estimated population growth using data from the Office of National Statistics. Other known changes and pressures around 18 weeks, plus service changes in the Divisions have been included. The Trust is working with NHS Sussex and other health partners to refine the demand management plans for 2012/13 and to deliver emergency admission reductions.

7.4 Income projections have been based on the activity projections described above. They are based on the payments by Results expected tariff for 2012/13, which has seen a deflation of 1.8% on prices from the previous year. The non-payment for readmissions has been included.

7.5 A further reduction has been included for the effect of demand management, resulting in a Sussex PCT healthcare income figure of £295.6m. This figure is consistent with the memorandum of understanding between the Trust and NHS Sussex. Demand management plans for reducing emergency admissions have been devised by the PCT, and work is continuing within the local health economy to refine these plans to ensure a sustainable health system.

7.6 Pay and Non Pay budgets have been derived from the 2011/12 expenditure budgets. This baseline has then been adjusted for inflationary pressures, and for cost pressures resulting from activity and other known changes.

7.7 The Capital Programme includes schemes that are funded by internally generated cash and schemes that are proposed to be funded by long-term borrowing.

7.8 The Trust has an efficiency requirement of 5.4%, based on projected income and expenditure. This is higher than the 4% efficiency requirement assumed in the NHS Operating Framework for 2012/13 due to an estimated increase in readmission payments made in 2011/12 and the reduction from demand management.

7.9 A Cost Improvement Programme has been developed with divisional input. It includes major components from the Trust clinical strategy. All cost improvement schemes are quality impact assessed to ensure that the implications for patient outcomes, patient safety and patient experience are understood, and can be measured. Cost improvement schemes have been risk rated based on the degree of influence that the Trust has over the scheme and the expected progress during the year. The risk rated efficiencies expected to be delivered by the programme are £18.3m.

7.10 Liquidity and cash flow remain key issues for the Trust and are a risk to the success of our Foundation Trust application. The Trust is currently working with the Department of Health to develop a solution that will allow the Trust to be authorised as a Foundation Trust.

Metric	2012/13	
	Plan	Risk Rating
EBITDA Margin (%)	8.2%	**3**
EBITDA Plan Achieved (%)	100%	**5**
I&E Surplus Margin (%)	1.5%	**3**
Return on Assets (%)	2%	**4**
Liquid Ratio (days)	24	**3**
Overall Risk Rating		**3**

8. Ensuring Success

8.1 Our Annual Plan is ambitious and its successful delivery will depend on active work towards the corporate objectives at all levels of the Trust.

8.2 The Trust's Performance Framework is in place to help ensure that performance reporting and review is embedded at each level of the organisation and can be tracked from specialty to Board level. This integrates with Service Line Management and the annual plans of each division.

8.3 The Performance Framework aligns corporate objectives, the NHS Operating Framework and Constitution, associated contractual requirements, and the elements of the Monitor Compliance Framework through all levels of the organisation.

8.4 The Trust Board is responsible for agreeing the organisation's plans, which the Executive have responsibility to implement. The Trust Board reviews progress against the Corporate Objectives on a monthly basis, supported by a Corporate Objectives dashboard. Every quarter the a report on progress against delivery of the Annual Plan is reviewed by the Trust Board

8.5 The Trust Executive oversees a comprehensive performance governance structure. The Trust Executive Board reviews Divisional performance across quality, performance and finance through a monthly Divisional Integrated Performance review. Each of the Divisions has a Divisional Management Board which supports this process. On a quarterly basis, the Divisional Integrated Performance meetings review progress against the quarterly milestones contained within the Divisional Programmes within the Annual Plan. The Divisional Executive Performance meetings are supported by Divisional dashboards which provide a comprehensive picture of performance at a Divisional level.

8.6 Our governance framework has developed to support our future requirements as a Foundation Trust. On achieving Foundation Trust status, we will incorporate quarterly reporting requirements to Monitor within our governance framework and will be well-prepared to work in an environment in which Governors will hold the Board to account on its delivery against the Trust's corporate objectives.

8.7 Risk management is embedded within the Trust's processes. The Board Assurance Framework describes the key risks to delivery of the corporate objectives and outlines relevant controls and assurances, together with any further actions required to mitigate the risks. The Board Assurance Framework for the 2012-13 objectives was approved by the Trust Board in April 2012. The more significant risks are summarised below. Those with a residual risk of 12 are colour-coded orange and those at 15 or above are red, based on the assessed impact, likelihood and impact of the controls.

Ref	Corporate Objective	Description of Risk (Risk Register ref.)	Gross Risk Rating		Controls	Net Risk Rating	
			L	I		L	I
A1	Increase the number of patients who would recommend the Trust to family or friends	**2. Patients have a poor experience of our services**	**4**	**5**	**1. Provision of patient monthly safety metrics to provide public assurance.** **2. Monthly review of RTPE feedback to ensure that public concerns are identified and resolved in a timely fashion.** **3. Monthly Divisional Performance Review Panel meetings** **4. Stakeholder engagement and feedback** **5. Peer reviews of Care & Compassion**	**3**	**5**
B1	Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate	**2. We fail to provide to staff timely and accurate information on mortality and other quality issues, impeding the tracking of improvement actions.**	**5**	**3**	**1. Patientrack data are reviewed at monthly project meetings** **2. New role of Trust-wide Clinical Lead for clinical quality improvement: early objective is to develop mortality information system.**	**4**	**3**
E1	Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care.	**1. External partners fail to help deliver programmes (293) (LHE)**	**5**	**4**	**1. Ongoing engagement with our Commissioners to ensure success of Sussex Together programme** **2. Manage Divisional planned and proactive care programmes to improve access and discharge arrangements**	**4**	**4**

G1	Achieve Foundation Trust status	**1. The Department of Health does not pass the application to Monitor in timely fashion**	**4**	**5**	**1. Providing assurance to DH regarding 12/13 SLA.**	**4**	**5**

8.8 The Annual Plan has been developed within the framework of the agreed business planning cycle within the Trust. Effective business planning helps to ensure that we have the capacity to deliver our future business objectives in a sustainable manner.

8.9 Improvements have been made to the process to ensure integrated and aligned financial, activity and workforce planning for 2012-13, which is reflected at both organisational and divisional level.

8.10 We will continue embedding our business planning cycle during 2012-13 and will incorporate the outputs of our refresh of the Clinical Services Strategy. This will allow us to identify our major schemes by September 2012 and the work up of related business cases by December 2012. It will be integrated with Service Line Management to ensure that each service and division has a robust Annual Plan which supports the Trust's objectives. The process will also be aligned with emerging commissioning intentions and delivery plans across the local health economy.

9 Appendices

Appendix A: Corporate Scorecards

The Trust has developed a number of corporate scorecards to enable robust monitoring and performance management of the range of national and local performance and quality requirements, in support of the Trust's objectives. These will be underpinned by divisional scorecards as part of an integrated Performance Framework, as described in Section 8. The scorecards have been developed extensively in 2011-12 and will be augmented as further data and information becomes available.

The examples here are from March 2012.

The scorecards examples included here are:

- Monitor Compliance Framework
- NHS Performance Framework
- Quality
- Corporate Objectives Overview

Monitor Compliance Framework

MARCH 2012

	Key performance Indicator(s)	Threshold	Weighting	Apr	May	Jun	Q1	Weighted Score	Jul	Aug	Sep	Q2	Weighted Score	Oct	Nov	Dec	Q3	Weighted Score	Jan	Feb	Mar	Q4	Weighted Score	2011/12 YTD	FOT Weighted score
Safety																									
1.1	Clostridium Difficile – meeting the Clostridium Difficile objective	90	1.0	11	6	7	24	0.0	5	5	9	19	0.0	9	3	8	20	0.0	3	3	7	13	0.0	76	0
1.2	MRSA – meeting the MRSA objective	6	1.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0	0	0	0.0	0	0
Patient Experience																									
2.1	Referral to treatment waiting times – admitted patients (95th percentile wks)	23	1.0	28.5	27.3	31.6	29.3	1.0	29.5	28.0	25.8	27.8	1.0	21.9	22.1	20.9	21.6	0.0	21.8	22.8	21.8	22.3	0.0	25.5	0
2.1	Referral to treatment waiting times – non-admitted patients (95th percentile wks)	18.3	1.0	17.1	16.7	15.6	16.4	0.0	16.9	17.0	16.3	16.7	0.0	16.9	16.7	16.9	16.8	0.0	17.0	18.0	17.9	17.5	0.0	16.9	0
2.3	Certification against compliance with requirements re access to healthcare for people with a learning disability	YES	0.5																					0	0
Quality																									
3.1	All cancers : 31-day wait for second or subsequent treatment - surgery treatments	94%	1.0	100%	100%	97.06%	98.97%	0.0	100%	97.78%	100%	99.19%	0.0	100%	97.06%	100%	97.75%	0.0	100%	96.77%	88.24%	96.34%	0.0	98.21%	0.0
3.2	All cancers : 31-day wait for second or subsequent treatment - drug treatments	98%	1.0	100%	100%	100%	100%		100%	100%	95.83%	98.78%		100%	100%	100%	100%		100%	100%	100%	100%		99.62%	
3.3	All cancers : 62-day wait for first treatment following urgent GP Referral	85%	1.0	86.63%	79.40%	83.47%	82.46%	1.0	89.20%	91.10%	92.15%	90.88%	0.0	93.21%	93.12%	92.06%	92.78%	0.0	90.83%	87.39%	91.11%	89.68%	0.0	89.01%	0
3.4	All cancers : 62-day wait for first treatment following consultant screening service referral	90%	1.0	85.42%	83.33%	74.55%	80.89%		86.67%	96.36%	100%	95.59%		83.33%	97.92%	93.55%	92.36%		95.16%	87.18%	100.00%	95.09%		90.87%	0
3.5	All cancers : 31-day wait from diagnosis to first treatment	96%	0.5	97.94%	98.48%	98.25%	98.26%	0.0	98.54%	99.03%	99%	98.90%	0.0	95.07%	96.08%	98.17%	96.42%	0.0	98.17%	99.53%	100.00%	99.20%	0.0	98.18%	0
3.6	Cancer : two week wait from referral to date first seen - All patients	93%	0.5	91.85%	85.80%	94.35%	90.74%	0.5	98.39%	98.65%	97.79%	98.28%	0.0	97.55%	98.24%	97.01%	97.63%	0.0	96.22%	97.70%	97.23%	97.08%	0.0	95.93%	0
3.7	Cancer : two week wait from referral to date first seen - Symptomatic breast patients	93%	0.5	71.05%	71.14%	82.14%	75.05%		98.37%	97.39%	97.78%	97.86%		99.30%	97.02%	96.67%	97.61%		97.06%	94.80%	96.97%	96.20%		91.33%	0
3.8	A&E : Total time in A&E (95th percentile mins)	240	1.0 3 or more 0.5 2 or less	239	239	239	239	0.0	239	239	238	239	0.0	240	239	240	240	0.0	240	331	237	303	0.0	240	0
3.9	A&E : Time to initial assessment (95th percentile mins)	15							11	10	11	11												-	
4.0	A&E : Time to treatment decision (median mins)	60							61	56	57	58												-	
4.1	A&E : Unplanned reattendance rate	5%							2.69%	2.67%	2.65%	2.67%												-	
4.2	A&E : Left without being seen	5%							2.58%	2.26%	2.11%	2.32%												-	
4.3	Stroke Infdicator (TBC)	TBC	0.5	tbc				-	-				-					-					-	tbc	tbc
Monitor Compliance Framework Score								2.5					1.0					0.0					0.0		0

Green : 0 to < 1.0 | Amber/Green 1.0 to < 2.0 | Amber/Red : 2.0 to < 4.0 | Red : 4.0 or more

NHS Performance Framework

MARCH 2012

	Key performance Indicators	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	MAR	2011/12 YTD	2011/12 Target	Under PF Threshold	Weighting	Q1 PF Score	Q2 PF Score	Q3 PF Score	Q4 PF Score	Trend
N1	Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	96.84%	97.43%	96.68%	96.77%	97.01%	97.65%	97.90%	96.39%	96.76%	95.72%	95.24%	92.10%	98.60%	96.57%	95%	94%	1.00	3	3	3	3	
N2	A&E Data completeness : Attendances reported on weekly SITREP vs attendances reported via SUS	-	100.0%	99.4%	100.0%	99.6%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	90-110%	>120% or <80%	0.00	3	n/a	n/a	n/a	
N3	A&E Data Quality	-	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS	Range of DQ checks applied to CDS data		0.00	3				Trend data n/a
N3	Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by	-	Targets applicable from Quarter 2 2011/12			2.69%	2.67%	2.65%	2.41%	2.32%	2.07%	2.29%	2.44%	2.75%	2.48%	See notes (1)		2.00	n/a	3	3	3	
N4	Left department without being seen rate	-				2.58%	2.26%	2.11%	2.42%	2.18%	2.57%	2.15%	2.71%	2.30%	2.36%								
N5	Time to initial assessment - 95th percentile	-				11	10	11	11	11	12	12	8	3	10								
N6	Time to treatment in department - median	-				61	56	57	58	54	52	52	53	56	56								
N26	Total time in departement - 95th percentile	-				239	239	238	240	239	240	240	331	237	239								
N7	Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	0.00%	9.09%	4.65%	3.57%	14.29%	0.00%	0.00%	6.00%	2.67%	0.00%	1.82%	4.55%	0.00%	3.19%	5%	15%	1.00	2	2	3	3	
N8	MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	>1SD*	1.00	3	3	3	3	
N9	C Diff	9	11	6	7	5	5	9	9	3	8	3	3	7	76	90	>1SD	1.00	3	3	3	3	
N10	RTT - admitted - 95th percentile	26.8	28.5	27.3	31.6	29.5	28.0	25.8	21.9	22.1	20.9	21.8	22.8	21.8	25.5	23	>27.7	0.50	0	0	3	3	
N11	RTT - non-admitted - 95th percentile	17.6	17.1	16.7	15.6	16.9	17.0	16.3	16.9	16.7	16.9	17.0	18.0	17.9	16.9	18.3		0.50	3	3	3	3	
N12	RTT - incomplete - 95th percentile	28.6	27.8	26.6	24.7	24.2	24.3	23.8	22.7	22.8	23.9	24.4	23.8	22.3	24.4	28	>36	0.50	3	3	3	3	
N13	RTT - admitted - 90% in 18 weeks	80.6%	81.6%	81.7%	77.0%	77.1%	77.6%	82.3%	90.4%	90.6%	92.2%	91.7%	91.1%	91.0%	85.4%	90%	85%	0.75	0	0	3	3	
N14	RTT - non-admitted - 95% in 18 weeks	95.5%	95.7%	96.0%	96.9%	95.7%	95.6%	96.3%	95.9%	96.2%	95.9%	96.1%	95.0%	95.1%	95.9%	95%	90%	0.75	3	3	3	3	
N15	Cancer: 2 week GP referral to 1st outpatient	93.35%	91.85%	85.80%	94.35%	98.39%	98.65%	97.79%	97.55%	98.24%	97.01%	96.22%	97.70%	97.23%	95.93%	93%	88%	0.50	2	3	3	3	
N16	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	83.84%	71.1%	71.1%	82.1%	98.37%	97.39%	97.78%	99.30%	97.02%	96.67%	97.06%	94.80%	96.97%	91.33%	93%	88%	0.50	0	3	3	3	
N17	Cancer: 31 day second or subsequent treatment - surgery	97.92%	100.0%	100.0%	97.06%	100.0%	97.78%	100.0%	100.0%	97.1%	100.0%	100.0%	96.77%	88.24%	98.21%	94%	89%	0.25	3	3	3	3	
N18	Cancer: 31 day second or subsequent treatment - drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.83%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.62%	98%	93%	0.25	3	3	3	3	
N19	Cancer: 31 day diagnosis to treatment for all cancers	98.12%	97.94%	98.48%	98.25%	98.54%	99.03%	99.1%	95.07%	96.08%	98.17%	98.17%	99.53%	100.00%	98.18%	96%	91%	0.25	3	3	3	3	
N21	Cancer: 62 day referral to treatment from screening	89.17%	85.42%	83.33%	74.55%	86.67%	96.36%	100.0%	83.33%	97.92%	93.55%	95.16%	87.18%	100.00%	90.87%	90%	85%	0.50	0	3	3	3	
N23	Cancer: 62 days urgent GP referral to treatment of all cancers	88.05%	86.63%	79.40%	83.47%	89.20%	91.10%	92.15%	93.21%	93.12%	92.06%	90.83%	87.39%	91.11%	89.01%	85%	80%	0.50	2	3	3	3	
N24	Patients that have spent more than 90% of their stay in hospital on a stroke unit	-	57.5% (2009/10 CQC assessment)												57.5%	60%	30%	1.00	2	2	2	2	
N25	Delayed transfers of care	3.2%	3.9%	4.5%	3.1%	4.1%	3.1%	4.0%	3.3%	4.5%	1.8%	2.5%	1.8%	1.8%	3.2%	3.5%	5.0%	1.00	2	2	3	3	
TOTAL WEIGHTED PERFORMANCE																			2.09	2.51	2.93	2.93	

Individual measures are scored as follows: Underperforming 0 Performance under review 2 Performing 3

Overall performance threshold: Underperforming when weighted score less than 2.1 (Red) Performance under review when weighted score between 2.1 and 2.4 (Amber) Performing when weighted score above 2.4 (Green)

Notes

1. Achieve the thresholds for at least one indicator in each of the two groups (timeliness - time to initial assessment, time to treatment and patient impact- left without being seen and re-attendance).

QUALITY SCORECARD

MARCH 2012

		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	MAR	YTD Actual	YTD Target	Target	Trend
IMPROVING CLINICAL OUTCOMES																		
1A	**Achieve a 10% reduction in the Trust's crude mortality rate by 2012**	3.93%	3.57%	3.38%	3.11%	2.60%	2.86%	2.97%	3.36%	2.85%	3.09%	4.12%	3.90%	3.27%	3.29%	3.5%	3.2%	
1B	**Reduce the Hospital Standardised Mortality Rate (HSMR) to 103**	104.8	105.1	105.0	104.9	104.4	103.8	103.2	102.3	101.3	99.3	98.9			98.9	103	103	
1.1	**Improve treatment pathway and clinical outcomes for stroke patients**																	
1.11	Reduce HSMR for cerebrovascular disease	91.5	93.7	93.5	94.7	92.3	90.9	93.8	93.1	93.5	98.4	102.4			102.4	100	100	
1.12	Stroke patients are eligible for best practice tariff payment	79.2%	87.5%	88.2%	83.1%	89.7%	92.6%	85.5%	88.4%	92.4%	93.7%				89.2%	80%	80%	
1.14	TIA patients are assessed and comence treatment within 24 hours	61.1%	85.7%	30.0%	84.2%	58.3%	25.0%	85.7%	57.1%	57.1%	22.2%	53.8%	76.5%		60.7%	60%	60%	
1.2	**Reduce mortality following hip fracture**																	
1.21A	Reduce HSMR for hip fracture (head of femur replacement)	182.4	194.4	198.5	197.0	213.0	208.3	201.6	188.8	182.0	177.8	148.8			148.8	147	140	
1.21B	Reduce HSMR for hip fracture (all diagnoses/procedures)	138.4	141.6	135.3	130.9	130.4	135.0	136.4	136.3	135.9	131.0	120.0			120.0	tbc	tbc	
1.22	Reduce mortality rate following hip fracture (all diagnoses/procs	10.0%	12.5%	10.3%	3.9%	6.2%	12.3%	5.7%	12.9%	9.5%	7.3%	6.5%	4.5%		8.7%	8.6%	8.6%	
1.25	30 day mortaliy rate following hip fracture (all diagnoses/procs)	9.2%	12.1%	4.4%	6.5%	6.0%	8.6%	6.3%	11.3%	10.4%	6.4%	5.8%			8.1%	tbc	tbc	
1.23	Medically fit patients are operated on within 24 hours (source: NH	50.9%	35.8%	36.4%	45.8%	64.1%	50.0%	61.0%	46.3%	62.1%	77.6%	68.3%	69.8%		56.2%	90%	90%	
1.24	Reduce length of stay to best quartile (all diagnoses/procs)	22.7	22.4	25.2	20.6	16.1	19.1	20.9	18.2	18.6	19.7	18.2	18.4	16.6	19.5	tbc	tbc	
1.3	**Reduce the rate of readmission following discharge from the Trust**																	
1.31	Achieve 25% reduction in emergency readmissions within 30 day	569	546	562	608	629	579	581	596	600	608	616	570		6,495	4,885	5,330	
1.32	Reduce admissions for patients with over 4 adms in prev 12 mths (data for rolling 12 mths)	4,200	4,174	4,192	4,143	4,203	4,121	4,096	4,088	4,229	4,177	4,211	4,264	4,217	4,217	2,100	2,100	
1.4	**Reduce HSMR for patients admitted under elderly care medicine**																	
1.41	Reduced HSMR for elderly care medicine	106.2	107.6	106.4	105.2	104.7	105.2	104.4	104.9	103.7	102.6	103.2			103.2	101	100	
1.42	Disease specific HSMR in 5 areas with greatest number of deaths	109.1	110.8	108.3	107.9	107.0	107.4	105.8	106.3	105.3	103.7	104.8			104.8	104	103	
1.43	Disease specific HSMR in 5 areas with greatest number of excess	129.8	129.1	125.93	126.3	126.1	127.3	125.3	125.1	122.2	119.8	118.7			118.7	113	110	
1.5	**To improve maternity care by encouraging natural chilbirth**																	
1.51	Proportion of mothers having their babies delivered by caesarian	28.5%	24.5%	25.0%	20.0%	23.0%	24.0%	24.0%	25.0%	26.7%	24.3%	27.5%	29.0%	25.0%	24.8%	<23%	<23%	
1.52	Proportion of mothers requiring forceps for delivery	10.0%	11.0%	11.0%	14.0%	10.5%	10.0%	13.0%	12.5%	12.0%	13.5%	12.1%	11.0%	12.0%	11.9%	<15%	<15%	
1.53	Proportion of deliveries complicated by post-partum haemorrha	0.43%	0.91%	0.82%	0.40%	0.79%	0.85%	0.00%	0.21%	0.22%	0.84%	0.85%	0.24%	0.43%	0.57%	1%	1%	
SAFETY																		
2A	**Achieve reduction in the Patient Aggregate Safety Score (PASS)**	-	84.96	96.14	77.89	80.39	75.37	73.41	80.74	81.89	57.25	54.58	60.9	66.3	74.4	<100	<100	
2.1	**Improve safety of prescribing**																	
2.11	Reduction in moderate or severe prescribing incidents	-	0	1	1	0	1	1	0	2	0	0	0	0	6	8	8	
2.12	Reduction proprtion of GTT returns showing a prescribing issue	Data are under development														tbc	tbc	
2.13	Reduced errors on zero tolerance anti-microbial prescribing audits		39%	36%	49%	56%	44%	48%	47%	55%	42%	46%	45%	54%	47%	tbc	tbc	
2.2	**Reduce incidence of healthcare associated VTE**																	
2.21	95% compliance with the DoH risk assessment tool	93.1%	91.4%	91.9%	91.9%	92.0%	90.8%	90.7%	90.2%	91.0%	89.9%	92.2%	92.3%	91.7%	91.3%	95%	95%	
2.22	90% compliance with approved VTE prophylaxis in quarterly audi	Data are under development														tbc	tbc	
2.23	Reduction in rates of post-admission DVT and PE[4]	0.13%	0.08%	0.18%	0.20%	0.18%	0.26%	0.15%	0.10%	0.13%	0.17%	0.13%			0.15%	0.20%	0.20%	
2.24	Reduce readmissions within 90 days due to VTE	11	11	15	11	14	17	18	21	11	13	17	15		163	121	132	
2.25	Achieve 20% reduction in mortality from VTE disease	3	4	6	4	3	3	4	5	3	3	10	6		51	41	45	
2.3	**Reduce incidence of healthcare acquired infections**																	
2.31	Number of hospital attributable MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	6	
2.32	Number of hospital attributable C. diff cases	9	11	6	7	5	5	9	9	3	8	3	3	7	76	90	90	
2.33	Number of MSSA bacteraemia cases	7	4	5	4	5	9	9	12	5	7	9	4	7	80	tbc	tbc	
2.34	Surgical site infection rates for colorectal surgery	Data are under development														tbc	tbc	
2.35	Surgical site infection rates for hip replacement surgery	Data are under development														tbc	tbc	
2.4	**Improve theatre safety for patients**																	
2.41	Full compliance with WHO Surgical Safety Checklist		89%			97%			96%						94%	tbc	tbc	
2.42	Achieve 50% reduction in unexpected returns to theatre	Data are under development														tbc	tbc	
2.43	Elimination of all NEVER events	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
2.44	Achieve 75% reduction in theatre related SIRIs	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	
2.5	**Reduce number of falls in hospital**																	
2.51	Achieve 15% reduction in falls resulting in low or moderate harm	45	46	52	33	40	48	38	40	36	33	35	42	41	118	132	531	
2.52	Achieve 50% reduction in falls resulting in severe harm or death[3]	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	
2.53	Falls assessment within 24hrs of admission	-	-	-	-	-	-	-	-	79.85%	81.75%	85.0%	91%	93%	86.0%	80%	80%	
2.6	**Pressure damage**																	
2.61	Achieve 50% reduction in incidence of grade 2 pressure sores[3]	24	15	13	12	12	12	2	15	13	12	12	16	12	40	77	213	
2.62	Achieve 80% reduction in incidence of grade 3 & 4 pressure sores	1	0	0	0	0	1	1	1	0	0	0	0	0	0	6	20	
PATIENT EXPERIENCE																		
3A	**Increase the proportion of patients who would recommend the Trust**											87.8%	87.0%	88.7%	88%	tbc	tbc	
3B	**Increase the proportion of staff who would recommend the Trust**												-	-	-	tbc	tbc	
3.1	**Improved scores in targeted patient survey questions**																	
3.11	I felt involved in the decisions about my care and treatment[5]	-	-	94%	90%	93%	89%	91%	98%(95%)	92%(80%	98%(80%	76%	77%	74%	77%	tbc	tbc	
3.12	I felt able to express any fears or anxieties[5]	-	-	97%	98%	97%	96%	96%	95%(95%)	94%(91%	93%(87%	62%	65%	71%	64%	tbc	tbc	
3.13	My privacy and dignity was maintained at all times[5]	-	-	97%	99%	98%	99%	98%	95%(95%)	98%(99%	95%(98%	77%	76%	76%	76%	tbc	tbc	
3.14	I was informed of medication side effects															tbc	tbc	
3.15	I was informed who to contact if worried about my condition after leaving hospital															tbc	tbc	
3.16	I felt the attitude of staff was good[5]	-	-	99%	99%	100%	100%	98%	99%(100%	100%(98%	99%(98%)				99%	tbc	tbc	
3.2	**Reduction in patients suffering a bad experience dealing with the Trust**																	
3.21	Reduce numbers of re-booked outpatient appointments	8.3%	11.1%	8.9%	8.8%	8.6%	9.0%	8.6%	7.8%	7.8%	8.4%	8.7%	8.5%	9.4%	8.8%	tbc	tbc	
3.22	Reduce number of clinics cancelled with less than 6 weeks notice	Data are under development														tbc	tbc	
3.23	Reduce the average number of ward stays per non-elective admi	1.82	1.74	1.76	1.80	1.79	1.82	1.84	1.74	1.79	1.75	1.80	1.80	1.76	1.78	tbc	tbc	
3.24	Reduce the number of complaints relating to administrative proc	-	-	-	6	4	11	4	3	5	3	5	7	12	-	tbc	tbc	
3.25	Reduce patients cancelled on the day of surgery for non-clinical r	33	22	43	28	14	25	46	50	75	31	55	44	37	470	tbc	tbc	
3.3	**Nutritional Assessment**																	
3.31	Compliance with MUST tool after 24 hours	87.0%	89.0%	90.0%	90.0%	87.7%	88.5%	85.0%	85.6%	84.5%	84.3%	84.5%	85.5%		86.8%	80%	80%	
3.32	Compliance with MUST tool after 7 days	-	-	-	93.0%	94.0%	98.5%	98.0%	96.8%	92.1%	95.5%	94.0%	95.0%		95.2%	100%	100%	
3.33	Evidence of production and adherence to nutritional action plans	Indicator to be specified														tbc	tbc	
3.34	Evidence of success in pre-discharge reassessment audits	Indicator to be specified														tbc	tbc	
3.4	**Cleanliness / PEAT Survey**																	
3.41a	Internal PEAT compliance : St Richard's Hospital	-	90%	93%	94%	93%	97%	96%	98%	97%	94%	98%	97%	94%	95%	85%	85%	
3.41b	Internal PEAT compliance : Worthing Hospital	-	92%	93%	93%	93%	91%	94%	89%	96%	97%	95%	98%	97%	94%	85%	85%	
3.41c	Internal PEAT compliance : Southlands Hospital	-	75%	92%	90%	93%	89%	92%	89%	100%	98%	95%	96%	97%	92%	85%	85%	
3.5	**Improve our customer service and become a more caring organisation**																	
3.51	Reduction in complaints where staff attitude or behaviour is an issue		4	3	2	5	2	3	4	7	3	3	3	2	41	tbc	tbc	
3.52	Reduction in complaints where staff communication is an issue		8	8	7	4	5	9	7	2	5	4	6	8	73	tbc	tbc	
3.53	Positive care and compassion observations in general care			-			-			87%			76%		82%	tbc	tbc	
3.54	Positive care and compassion observations in patient / visitor interaction			-			-			91%			77%		84%	tbc	tbc	

Notes

1 The five diagnosis groups with the most deaths in 2010/11 are pneumonia, acute cerebrovascular disease, congestive heart failure non-hypertensive, fracture neck of femur and UTI.
2 The five diagnosis groups with the most excess deaths in 2010/11 are Acute and unspecified renal failure, congestive heart failure non-hypertensive, fracture neck of femur, UTI and fluid and electrolyte disorders.
3 Data for these metrics are being monitored against trajectories agreed with the SHA. These are set on a calander year basis.
4 Post operative DVT and PE - Dr Foster Patient Safety Measure
5 Scores given parentheses are taken from the Real Time Patient Experience monitoring system (see Quality Report).

CORPORATE OBJECTIVES

MARCH 2012

	Key performance Indicator(s)	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	MAR	This year to date	YTD Target	Target	Trend
PATIENT EXPERIENCE																		
PE1	Patient survey: How good was the overall quality of care you received?	-	-	-	-	-	-	-	-	-	-	-			8/10			
PE2	Number of complaints relating to staff attitude or behaviour/10,000 admissions	-	4.37	3.02	1.97	5.00	1.88	2.90	3.91	6.71	3.05	2.94	2.95	7.58	3.86	tbc	tbc	
PE3	Composite patient experience score (national CQUIN)	-	-	-	-	-	-	-	-	-	-	-			67.3			
OUTCOMES																		
OC1	HSMR (Trust-wide)	104.8	105.1	105.0	104.9	104.4	103.8	103.2	102.3	101.3	99.3				99.3	104	103	
OC2	Crude mortality (Trust-wide) rate	3.93%	3.57%	3.38%	3.11%	2.60%	2.86%	2.97%	3.36%	2.85%	3.09%	4.12%	3.90%	3.27%	3.29%	3.3%	3.2%	
OC4	% hip fracture repair within 36 hours	67.2%	69.8%	82.1%	91.9%	92.3%	77.6%	91.4%	68.1%	95.1%	96.0%	91.8%	98.5%	100.0%	87.6%	90%	90%	
OC5	HSMR #NOF (all diagnoses / procedures)	138.4	141.6	135.3	130.9	130.4	135.0	136.4	136.3	135.9	131.0				**131.0**			
SAFETY																		
SY1	Incidence of MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	6	6	
SY2	Incidence of C Diff.	9	11	6	7	5	5	9	9	3	8	3	3	7	**76**	90	90	
SY3	Number of prescribing-associated incidents graded moderate or severe	-	0	1	1	0	1	1	0	2	0	0	0	0	6	6	8	
SY5	% inpatients assessed for VTE risk using national tool	93.1%	91.4%	91.9%	91.9%	92.0%	90.8%	90.7%	90.2%	91.0%	89.9%	92.2%	92.3%	91.7%	91.3%	95%	95%	
LOCAL SERVICES																		
LS1	Service Redesign for Quality	-																
LS2	Pathway Redesign																	
LS3	Clinical Service Strategy																	
BEING JOINED UP																		
JU1	Achievement of Local and Regional CQUIN goals																	
JU2	% patient eligible episodes attracting Best Practice Tariffs	-	52.3%	57.1%	54.7%	53.6%	58.1%	56.5%	59.7%	59.6%	59.5%				55.0%	80%	80%	
JU3	Reduction in Number of Emergency Admissions	4,196	3,960	4,116	3,896	4,056	4,138	3,954	4,171	3,967	4,165	4,205	4,167	4,412	49,207	< 2010/11	< 2010/11	
IMPROVEMENT																		
I1	Overall staff engagement score (covers motivation, improvement and recommending trust to others)																	
I2	Staff appraisal rate (YTD position)	-	85%	84%	75%	68%	64%	62%	68%	74%	77%	79%	80%	81%	81%	95%	95%	
I3	Improve our service improvement capacity																	
I4	WHO Theatre Safety Checklist			89%			97%			96%					**94%**	tbc	tbc	
SUSTAINABILITY																		
S1	Service Line Management Roll out	-																
S2	Financial Risk Rating	-	-	-	-	-	2	3	3	3	3	3	3		3	3	3	
S3	CIP savings - % saved against plan	-	-	-	-	-	81%	82%		97%	98%	101%	98%		0%	100%	100%	
S4	Foundation Trust status approved	-														Approved	Approved	
S5	Monitor quality governance risk	-																
S6	Monitor performance compliance framework score	-	2.5	2.5	2.5	2.0	1.0	1.0	1.0	0.5	0.0	0.0	0.0	0.0	0.0	<1.0	<1.0	

Appendix B: Activity and Finance Plans

Activity Plan 2012-13: Elective and Non-elective Spells

Division	Specialty Name	Day Cases		Elective Inpatients		Non-Electives		Total Spells	
		2011/12	2012/13	2011/12	2012/13	2011/12	2012/13	2011/12	2012/13
Surgical	General Surgery	2608	2554	1703	1558	6483	6529	10793	10642
	Urology	6261	6503	1550	1402	262	264	8073	8169
	Breast Surgery	278	292	528	529	23	23	829	843
	Colorectal Surgery	3234	3498	242	189	33	33	3509	3720
	Upper Gastrointestinal Surgery	391	394	15	34	13	13	419	442
	Vascular Surgery	248	196	195	103	48	0	491	299
	Trauma & Orthopaedics	3633	3789	3033	2792	3562	3587	10228	10167
	ENT	809	872	388	349	193	194	1389	1416
	Ophthalmology	3457	3016	71	60	97	98	3624	3175
	Oral Surgery	2647	2805	284	207	135	136	3066	3148
	Maxillo-Facial Surgery	936	1080	24	21	168	172	1128	1273
	Anaesthetics	9	9	0	0	10	10	19	19
	Pain Management	574	645	6	6	1	1	581	652
Surgical Total		**25084**	**25653**	**8038**	**7250**	**11028**	**11060**	**44150**	**43963**
Medical	Accident & Emergency	0	0	0	0	9218	9304	9218	9304
	General Medicine	1296	1297	92	92	17732	17870	19119	19259
	Gastroenterology	7252	7241	209	212	73	73	7534	7526
	Endocrinology	0	0	2	2	5	5	7	7
	Clinical Haematology	5212	5265	167	168	194	195	5573	5627
	Diabetic Medicine	2	2	0	0	24	24	26	26
	Cardiology	1936	2002	505	537	222	290	2663	2829
	Paediatric Cardiology	0	0	0	0	1	1	1	1
	Dermatology	8	3	0	0	1	1	9	4
	Respiratory Medicine	392	393	105	107	40	40	537	541
	Nephrology	2	2	0	0	0	0	2	2
	Medical Oncology	3025	3031	8	8	211	212	3244	3250
	Neurology	134	131	0	0	0	0	134	131
	Rheumatology	576	574	2	2	34	34	611	610
	Geriatric Medicine	0	0	0	0	3367	3412	3367	3412
	Dental Medicine Specialties	0	0	0	0	1	1	1	1
Medical Total		**19833**	**19940**	**1088**	**1127**	**31123**	**31461**	**52044**	**52528**
W&C	Paediatric Diabetic Medicine	0	0	0	0	2	2	2	2
	Paediatrics	0	0	0	0	5310	5331	5310	5331
	Neonatology	0	0	0	0	23	23	23	23
	Obstetrics	0	0	0	0	5457	5549	5457	5549
	Gynaecology	1861	1751	1108	1076	1455	1470	4423	4297
	Gynaecological Oncology	0	2	0	0	2	2	2	4
	Midwife Episode	0	0	0	0	2102	2145	2102	2145
Women & Children Total		**1861**	**1752**	**1108**	**1076**	**14351**	**14523**	**17319**	**17350**
Core	Interventional Radiology	174	183	42	42	0	0	216	225
Core Total		**174**	**183**	**42**	**42**	**0**	**0**	**216**	**225**
Trust Total		**46952**	**47528**	**10276**	**9495**	**56502**	**57044**	**113730**	**114067**

The activity modelling excludes bariatric services and private patients.

Activity Plan 2012-13: Outpatients

Division	Specialty Name	New Outpatients		Follow Up Outpatients		Outpatient Procedures		Total Outpatients	
		2011/12	2012/13	2011/12	2012/13	2011/12	2012/13	2011/12	2012/13
Surgical	General Surgery	4760	4788	5169	5199	308	310	10237	10297
	Urology	6858	6920	12886	13003	2406	2428	22151	22351
	Breast Surgery	4797	4803	7324	7333	506	507	12628	12644
	Colorectal Surgery	3845	4046	3799	4005	1282	1354	8926	9405
	Upper Gastrointestinal Surgery	682	686	830	834	0	0	1512	1520
	Vascular Surgery	1545	1558	1927	1943	14	14	3485	3514
	Trauma & Orthopaedics	21387	21485	32764	32915	231	233	54383	54632
	ENT	4754	4780	5941	5973	4964	4991	15659	15744
	Ophthalmology	13104	13213	30103	30352	2621	2643	45828	46208
	Oral Surgery	1480	1493	4886	4928	401	405	6768	6826
	Restorative Dentistry	295	296	481	483	78	78	854	857
	Orthodontics	535	536	1450	1452	4725	4729	6711	6717
	Maxillo-Facial Surgery	4713	4756	4906	4950	567	572	10186	10279
	Cardiothoracic Surgery	2	2	2	2	0	0	3	3
	Paediatric Surgery	108	109	120	121	0	0	228	230
	Thoracic Surgery	81	82	146	147	0	0	227	229
	Anaesthetics	842	852	33	33	0	0	875	885
	Pain Management	609	610	1719	1723	2	2	2330	2334
Surgical Total		**70397**	**71014**	**114486**	**115395**	**18106**	**18266**	**202990**	**204675**
Medical	Accident & Emergency	1229	1238	128	129	0	0	1357	1367
	General Medicine	8771	8834	8457	8525	558	562	17786	17921
	Gastroenterology	3821	3847	4401	4424	11	11	8232	8282
	Endocrinology	547	550	1338	1344	0	0	1885	1893
	Clinical Haematology	2193	2210	10557	10632	159	160	12909	13003
	Clinical Physiology	8332	8374	6104	6147	3140	3162	17576	17683
	Diabetic Medicine	1595	1599	3667	3695	0	0	5262	5294
	Audiological Medicine	1135	1145	144	145	0	0	1279	1290
	Rehabilitation	156	158	540	544	0	0	696	701
	Cardiology	5148	5280	6102	6263	1578	1625	12828	13168
	Paediatric Cardiology	42	42	149	150	96	97	287	289
	Anticoagulant Service	935	943	191	192	0	0	1126	1135
	Dermatology	6618	6662	9118	9180	7560	7611	23296	23452
	Respiratory Medicine	3158	3173	5191	5217	914	918	9263	9308
	Nephrology	555	559	621	626	0	0	1175	1185
	Medical Oncology	1153	1157	4847	4865	0	0	6000	6023
	Neurology	3960	3982	4874	4901	0	0	8834	8883
	Rheumatology	5140	5157	7697	7722	368	369	13205	13248
	Geriatric Medicine	1030	1040	1513	1529	702	709	3245	3277
	Dental Medicine Specialties	0	0	5	5	0	0	5	5
	Cardiac Rehabilitation Worthing	657	663	3421	3472	0	0	4078	4135
Medical Total		**56173**	**56612**	**79063**	**79706**	**15085**	**15224**	**150321**	**151541**
W&C	Paediatric Urology	0	0	5	5	0	0	5	5
	Paediatric Pain Management	30	30	141	141	0	0	171	171
	Paediatric Gastroenterology	113	113	177	178	0	0	290	292
	Paediatric Endocrinology	20	20	41	41	0	0	60	60
	Paediatric Clinical Immunology And Allergy	63	64	11	11	3	3	77	77
	Paediatric Dermatology	248	249	158	159	44	44	449	451
	Paediatric Respiratory Medicine	263	265	458	461	17	17	738	742
	Paediatric Rheumatology	12	12	12	12	0	0	24	24
	Paediatric Diabetic Medicine	17	17	17	17	0	0	33	33
	Community Paediatrics	1757	1767	909	915	0	0	2666	2682
	Paediatrics	8693	8735	8789	8832	278	279	17760	17846
	Paediatric Neurology	11	11	14	14	0	113	24	137
	Neonatology	1067	1073	852	857	0	0	1919	1930
	Obstetrics	5118	5212	9962	10146	4323	4403	19402	19761
	Gynaecology	9762	9839	6410	6461	5078	5119	21250	21418
	Gynaecological Oncology	340	342	392	394	240	242	972	978
	Midwife Episode	8725	8900	3793	3870	0	0	12518	12770
	Community Midwifery	3419	3489	28407	28989	0	0	31827	32478
Women & Children Total		**39656**	**40136**	**60548**	**61500**	**9983**	**10219**	**110186**	**111855**
Core	Physiotherapy	1078	1087	5385	5431	0	0	6463	6518
	Occupational Therapy	753	757	2741	2756	0	0	3494	3513
	Speech And Language Therapy	200	201	528	530	0	0	727	730
	Dietetics	959	963	902	906	0	0	1861	1869
	Orthoptics	2430	2447	3113	3134	717	722	6260	6304
	Orthotics	2961	2976	2288	2299	0	0	5248	5275
	Interventional Radiology	15	15	5	5	275	276	295	295
	Chemical Pathology	394	395	395	396	0	0	789	791
	Clinical Physiology Locally Priced	510	515	1518	1536	0	0	2027	2051
	Echo Direct Access	2284	2307	640	650	0	0	2925	2957
Core Total		**11583**	**11664**	**17514**	**17643**	**992**	**998**	**30089**	**30304**
Trust Total		**177809**	**179426**	**271612**	**274244**	**44166**	**44706**	**493587**	**498376**

Financial Plan 2012-13: Income and Expenditure

Western Sussex Hospitals NHS Trust Income and Expenditure Account		
	2012/13	
	2011-12 Forecast Outturn £000s	2012-13 Budget £000s
Income		
Income from Activities	316,187	314,111
Other Income for Patient Care	7,824	9,366
Education Training and Research	18,159	17,907
Other Operating Income	24,929	20,118
Total Income	**367,099**	**361,502**
Pay		
Medical Staff	(60,978)	(65,407)
Nursing Staff	(87,348)	(90,480)
Professions Allied to Medicine	(15,004)	(16,197)
Professional and Technical Staff	(16,440)	(17,116)
Admin and Managerial Staff	(32,101)	(32,432)
Estates Staff	(14,763)	(14,673)
Agency Staff	(9,916)	(1,911)
Other Pay Costs	275	7,440
Total Pay Costs	**(236,276)**	**(230,761)**
Non-Pay		
Drugs	(23,970)	(22,813)
Clinical Supplies and Services	(34,150)	(34,145)
General Supplies and Services	(3,687)	(3,659)
Establishment Expenses	(6,128)	(7,646)
Premises Costs	(12,702)	(13,206)
Services from NHS Bodies	(13,822)	(11,754)
Services from Non NHS Providers	(708)	(572)
Other Operating Costs	(8,274)	(7,380)
Total Non-Pay Costs	**(103,440)**	**(101,175)**
EBITDA	**27,383**	**29,550**
Non Operating Items		
Depreciation and Amortisation	(13,741)	(15,624)
Profit/(Loss) on Disposal	(712)	
Impairment	(455)	
Finance Costs	(776)	(1,452)
Interest Receivable	29	32
Public Dividend Capital Dividend	(6,950)	(7,283)
Total Non-Operating Items	**(22,604)**	**(24,327)**
Net Surplus/(Deficit)	**4,779**	**5,224**

NB - 11/12 FOT includes impairment of £455k which is not part of our control total

Financial Plan 2012-13: Capital Programme

Western Sussex Hospitals NHS Trust

Capital Programme and Capital Cash Management Plan - 2012/13

	Scheme name	2012/13 £'000
1	General Medical Equipment	897
2	Ophthalmology Department - Year 2	900
3	Laminar Flow Theatres	900
4	IM&T Basic Expenditure	750
5	Minor Works and Small Schemes	900
6	Other IT schemes	578
7	Backlog Maintenance & High Risk	405
8	Sustainability - Carbon reduction schemes, built environment.	600
9	Other Estates schemes	1,640
10	West Wing Refurbishment inc. decant	1,300
11	Catering Project	360
12	Pathology Reconfiguration	750
13	Second CT Scanner at Worthing Building Cost (Carried forward from 11/12)	969
14	Interventional Room (SRH Room 5) Building Cost	600
15	Interventional Room (Worthing) Building Cost	150
16	Medical Equipment Library	126
17	Beach & Barn Reconfiguration	700
18	Consolidated MFU/ENT/Urology	750
19	E-prescribing	400
20	Non-medical equipment	50
21	Pharmacy Robot	95
22	Day Surgery, Worthing	1,000
23	Other schemes	(444)
24	Other schemes carried forward from 11/12	3,279
25	Other Schemes funded by donated funds	1,407
26	Emergency Floor - 12/13 element (not yet approved)	1,600
27	Breast Unit	7,486
	Gross Capital Expenditure (incl IFRS Impact)	**28,148**
	Financing of Capital Resource Limit	
	Internal Sources	
	Depreciation (non IFRIC12 related)	14,100
	Grants and Donations	1,607
	Unspent Capital Cash from Previous Years	11,734
	Internally generated capital cash	**27,441**
	External Sources	
	New Capital Investment Loan - Emergency Floor - 12/13 element (not yet approved)	1,600
	Capital Investment Loan Principal Repayments	(893)
	External capital cash requirement	**707**
	Total Capital Cash Financing	**28,148**

Financial Plan 2012-13: Statement of Financial Position

Western Sussex Hospitals NHS Trust
Statement of Financial Position
as at
31st March 2013

	Opening Balance 1st April 2012 £000s	Closing Balance 31st March 2013 £000s
Non-Current Assets		
Property, Plant and Equipment	243,582	255,947
Intangible Fixed Assets	1,298	1,298
Trade and Other Receivables	552	552
Total Non-Current Assets	**245,432**	**257,797**
Current Assets		
Inventories	4,491	4,491
Trade and Other Receivables	24,781	24,781
Cash and Cash Equivalents	2,341	2,556
Non-Current Assets Held for Sale	600	0
Total Current Assets	**32,213**	**31,828**
Current Liabilities		
Trade and Other Payables	(27,577)	(38,095)
Working Capital Loan	(3,655)	(2,420)
Capital Investment Loan	(612)	(676)
Borrowings	(445)	(445)
Provisions for Liabilities and Charges	(781)	(781)
Total Current Liabilities	**(33,070)**	**(42,417)**
Net Current Assets/(Liabilities)	**(857)**	**(10,589)**
Non Current Liabilities		
Working Capital Loan	(4,834)	(2,414)
Capital Investment Loan	(14,459)	(15,102)
Borrowings	(2,439)	(1,871)
Provisions for Liabilities and Charges	(2,420)	(2,174)
Total Non Current Liabilities	**(24,152)**	**(21,561)**
Net Assets	**220,423**	**225,647**
Taxpayers' Equity		
Public Dividend Capital	237,785	237,785
Retained Earnings	(37,831)	(32,607)
Revaluation Reserve	20,469	20,469
Total Taxpayers' Equity	**220,423**	**225,647**

Financial Plan 2012-13: Cash Flow

Western Sussex Hospitals NHS Trust
Cash Flow (Receipts and Payments) Forecast
for the year ending
31st March 2013

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income												
Operating Income, Other NHS/non-NHS income & Interest	29,237	31,741	29,017	31,257	31,440	29,958	31,427	30,964	29,921	30,579	28,564	29,796
Capital investment loan received	0	0	0	0	0	0	0	0	0	0	0	1,600
	29,237	**31,741**	**29,017**	**31,257**	**31,440**	**29,958**	**31,427**	**30,964**	**29,921**	**30,579**	**28,564**	**31,396**
Expenditure												
Pay	(11,163)	(12,071)	(11,344)	(11,617)	(11,070)	(11,409)	(11,140)	(11,140)	(10,801)	(11,408)	(10,740)	(11,703)
PAYE/NI	0	(5,091)	(4,784)	(4,899)	(4,669)	(4,812)	(4,698)	(4,698)	(4,555)	(4,811)	(4,529)	(4,936)
Superannuation	(2,519)	(2,725)	(2,560)	(2,622)	(2,498)	(2,575)	(2,514)	(2,514)	(2,438)	(2,575)	(2,424)	(2,641)
Suppliers - revenue	(6,745)	(7,517)	(6,117)	(9,610)	(10,649)	(8,601)	(10,393)	(9,978)	(9,741)	(9,427)	(9,027)	(7,600)
Suppliers - capital	(6,294)	(4,394)	(1,554)	(1,331)	(1,759)	(1,979)	(2,229)	(1,789)	(1,504)	(1,004)	(1,679)	(2,432)
Capital investment loan repayment	0	0	0	0	0	(447)	0	0	0	0	0	(447)
Working capital loan repayment	0	0	0	0	0	(1,352)	0	0	0	0	0	(2,303)
Loan interest/finance costs	0	0	0	0	0	(699)	0	0	0	0	0	(699)
PDC dividend	0	0	0	0	0	(3,645)	0	0	0	0	0	(3,645)
	(26,721)	**(31,798)**	**(26,359)**	**(30,079)**	**(30,645)**	**(35,518)**	**(30,975)**	**(30,120)**	**(29,039)**	**(29,225)**	**(28,399)**	**(36,406)**
Opening balance	2,341	4,856	4,799	7,457	8,635	9,429	3,869	4,321	5,165	6,047	7,400	7,565
Movement in month	2,516	(57)	2,658	1,178	795	(5,560)	452	844	882	1,354	165	(5,010)
Closing balance	**4,856**	**4,799**	**7,457**	**8,635**	**9,429**	**3,869**	**4,321**	**5,165**	**6,047**	**7,400**	**7,565**	**2,556**

Cost Improvement Programmes

The Cost Improvement Plan savings for 2012-13 are shown below by divisional area. The plans are incorporated into the objectives and plans of the relevant divisions, directorates and teams.

Directorate	WTEs identified from Schemes	Risk Rated CIP	Identified CIP % of cost base
	WTEs	£k	%
Core Services	20.12	3,084	5.25%
Women & Children	24.00	2,134	6.04%
Medicine	81.00	3,591	5.00%
Surgery	46.90	4,195	5.79%
Facilities	31.55	1,495	5.13%
Perf. Access	4.00	288	5.32%
Corporate	27.63	3,552	19.77%
Total	**235.20**	**18,338**	**6.03%**

Appendix C: Divisional Delivery Programme contributions to Corporate Objectives

There are four clinical divisions within the Trust: Medicine, Surgery, Women & Children and Core. Each division has identified its priorities for 2012-13, in support of the corporate objectives. A portfolio of specific projects and programmes has been devised within each division, which support the achievement of both corporate and divisional objectives. Other priorities form part of 'everyday business' throughout the divisions, such as a focus on infection prevention and control or the development of a culture of customer care.

The grids below outline the main ways in which each division's identified delivery programmes contribute to the corporate objectives. All the programmes have detailed plans, including aims and objectives, milestones, resource implications and measurable benefits. They will be monitored through the Performance Framework, which is summarised in Section 8.

MEDICINE

CONTRIBUTED TO BY
Divisional Delivery Programmes

Corporate Objectives	1. Emergency Floor	2. Rheumatology	3. Specialty Business Units	4. Stroke and TIA	5. Ambulatory Care	6. Catheter Lab	7. Dermatology	8. Endoscopy	9. Proactive Care/ One Call
A1 Increase the number of patients who would recommend the Trust to family and friends	▲		▲	▲					
B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate	▲		▲	▲					▲
B2 Reduce our rates of unplanned readmissions	▲		▲	▲	▲				▲
C1 Deliver the patient safety gains specified in the Quality Strategy.			▲					▲	
D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme	▲					▲			
E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care					▲		▲		▲
F1 Implement a strategy for engagement with staff, members and other community stakeholders									
F2 Continue to improve the patient environment through investment in the Trust's Estate.	▲					▲			
F3 Improve productivity and the quality of patient care through the introduction of a service improvement function									
G1 Achieve Foundation Trust status									
G2 Achieve a Financial Risk Rating of 3 or above			▲	▲		▲	▲		▲
G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year	▲			▲					
G4 Continue the development and implementation of Service Line Management.			▲						

SURGERY

CONTRIBUTED TO BY
Divisional Delivery Programmes

Corporate Objectives	1. Theatre efficiency	2. Day surgery	3. Theatres – non-pay	4. Trauma & Orthopaedics	5. Breast Services	6. Ophthalmology	7. Electronic rostering	8. Specialty Business Units
A1 Increase the number of patients who would recommend the Trust to family and friends		▲		▲	▲	▲		
B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate	▲	▲		▲	▲			
B2 Reduce our rates of unplanned readmissions				▲				▲
C1 Deliver the patient safety gains specified in the Quality Strategy.	▲	▲						
D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme		▲		▲		▲		
E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care				▲	▲	▲		
F1 Implement a strategy for engagement with staff, members and other community stakeholders		▲		▲	▲	▲		
F2 Continue to improve the patient environment through investment in the Trust's Estate.	▲	▲		▲	▲	▲		
F3 Improve productivity and the quality of patient care through the introduction of a service improvement function		▲		▲	▲	▲		▲
G1 Achieve Foundation Trust status								
G2 Achieve a Financial Risk Rating of 3 or above	▲		▲				▲	▲
G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year				▲		▲		
G4 Continue the development and implementation of Service Line Management.			▲				▲	▲

WOMEN & CHILDREN

CONTRIBUTED TO BY
Divisional Delivery Programmes

Corporate Objectives	1. Maternity CNST Level 2	2. Gynaecology improvements	3. Beach and Barn ward	4. Medical staffing redesign	5. Maternity Led Unit - Worthing	6. Strategic review Paeds/Maternity	7. Neonatal services
A1 Increase the number of patients who would recommend the Trust to family and friends	▲	▲	▲		▲		▲
B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate	▲			▲	▲	▲	▲
B2 Reduce our rates of unplanned readmissions		▲		▲			▲
C1 Deliver the patient safety gains specified in the Quality Strategy.	▲			▲			▲
D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme					▲	▲	
E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care		▲				▲	
F1 Implement a strategy for engagement with staff, members and other community stakeholders		▲			▲	▲	
F2 Continue to improve the patient environment through investment in the Trust's Estate.		▲	▲		▲	▲	
F3 Improve productivity and the quality of patient care through the introduction of a service improvement function							
G1 Achieve Foundation Trust status							
G2 Achieve a Financial Risk Rating of 3 or above	▲		▲	▲		▲	
G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year	▲	▲		▲		▲	
G4 Continue the development and implementation of Service Line Management.		▲					

CORE

CONTRIBUTED TO BY
Divisional Delivery Programmes

Corporate Objectives	1. Transform service delivery	2. Information systems	3. Use of information	4. Staff dev't/ Medicines Management	5. Pharmacy, Radiology, Pathology transformation	6. Partnership and integration	7. Safe handling of medicines
A1 Increase the number of patients who would recommend the Trust to family and friends			▲		▲		
B1 Deliver the quality outcome gains specified in the Trust's Quality Strategy, in particular a reduction in the Trust's mortality rate		▲	▲				
B2 Reduce our rates of unplanned readmissions		▲					
C1 Deliver the patient safety gains specified in the Quality Strategy.	▲		▲	▲			▲
D1 Continue to implement the improvements to local services as envisaged in our clinical services strategy, in particular our 'Service Redesign for Quality' programme	▲					▲	
E1 Work with our LHE partners to help deliver the 'Sussex Together' programme, including jointly developing and implementing our plans for Planned Care and Proactive Care						▲	
F1 Implement a strategy for engagement with staff, members and other community stakeholders				▲			
F2 Continue to improve the patient environment through investment in the Trust's Estate.				▲	▲		
F3 Improve productivity and the quality of patient care through the introduction of a service improvement function							
G1 Achieve Foundation Trust status							
G2 Achieve a Financial Risk Rating of 3 or above					▲	▲	
G3 Achieve a Monitor Governance rating of at least Amber Green throughout the year					▲		
G4 Continue the development and implementation of Service Line Management.		▲					