## Council of Governors Meeting

9.30 to 11.30   17 July 2014  
Devonshire Room, Chatsworth Hotel, 17-23 The Steyne, Worthing,  
West Sussex, BN11 3DU  
Worthing

### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30</td>
<td>Welcome and Apologies for Absence</td>
<td>Mike Viggers</td>
</tr>
<tr>
<td>09.30</td>
<td>Declarations of Interests</td>
<td>Verbal</td>
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<td>To note</td>
<td>Mike Viggers</td>
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<tr>
<td>09.30</td>
<td>Minutes of the Meeting of the Council of Governors held on 15 April 2014</td>
<td>Enclosure</td>
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<td>To approve</td>
<td>Mike Viggers</td>
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<td>09.35</td>
<td>Matters Arising from the Minutes</td>
<td>Enclosure</td>
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<td>To note</td>
<td>Mike Viggers</td>
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<td><strong>ASSURANCE</strong></td>
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<td>09.40</td>
<td>Chief Executive’s Performance Report</td>
<td>Enclosure/</td>
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<td></td>
<td>To discuss and agree action</td>
<td>Presentation</td>
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<td>Marianne Griffiths</td>
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<td>09.50</td>
<td>External Auditors Report on Annual Accounts and Quality Accounts</td>
<td>Enclosure</td>
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<td>Paul King Ernst and Young</td>
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<td>10.00</td>
<td>Customer care in the Outpatient Environment</td>
<td>Enclosure</td>
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<td>Jane Farrell</td>
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<td>10.10</td>
<td>Audit Committee Feedback</td>
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<td>Karen Geoghegan</td>
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<td><strong>STRATEGY</strong></td>
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<td>10.30</td>
<td>Trust Strategic Plan 2014 - 2019</td>
<td>Enclosure</td>
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<td>Denise Farmer</td>
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<td><strong>GOVERNANCE</strong></td>
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<td>10.40</td>
<td>Engagement Using Social Media</td>
<td>Presentation</td>
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<td>Jonathan Keeble</td>
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<td>11.05</td>
<td>Appointment of Deputy Chair</td>
<td>Enclosure</td>
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<td>Chairman</td>
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12 11.15  **Lead Governor's report**  
To discuss and agree action  
Enclosure  Margaret Bamford

13 11.20  **Membership Committee Update**  
To receive a report  
Enclosure  Vicki King

14 11.25  **Other Business**  
Verbal

15 11.25  **Questions from the Members of the Public**

16 11.30.  **Resolution into Committee**  
To pass the following resolution:  
Verbal  Chair

“That the Council now meets in private due to the confidential nature of the business to be transacted.”

**Date of Next Meeting**

The next meeting of the Council of Governors will be at 9.30am on 14th October 2014 Mickerson Hall, CMEC, St Richards Hospital

Andy Gray  
**Company Secretary**  
t: 01903 285288, e: andrew.gray@wsht.nhs.uk
Minutes of the Council of Governors meeting held at 10:30am on 15 April 2014 in the Mickerson Hall, Chichester Medical Education Centre, St Richard’s Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 6SE

Present:
Mike Viggers Chairman
Margaret Bamford Elected Public Governor, Arun
Margaret Boulton Elected Public Governor, Arun
Alison Langley Elected Public Governor, Arun
Barbara Porter Elected Public Governor, Adur
John Todd Elected Public Governor, Adur
Stuart Fleming Elected Public Governor, Chichester
Vicki King Elected Public Governor, Chichester
Abigail Rowe Elected Public Governor, Chichester
John Gooderham Elected Public Governor, Horsham
Shirley Hawkridge Elected Public Governor, Worthing
David Langley Elected Public Governor, Worthing
Beda Oliver Elected Public Governor, Worthing
Paul Benson Elected Patient Governor
Richard Farmer Elected Patient Governor
Greg Daliling Elected Staff Governor, Additional Clinical Services
Helen Dobbin Elected Staff Governor, Scientific, Technical & Professional
Jenny Garvey Elected Staff Governor, Administrative and Clerical
Martin Harbour Elected Staff Governor, Estates & Ancillary
Mike Rymer Elected Staff Governor, Medical & Dental
Professor Shirley Bach Appointed Governor, University of Brighton
Jane Ramage Appointed Governor, Friends of WSHT and the WRVS
Nigel Peters Appointed Governor, West Sussex County Council

In Attendance:
Marianne Griffiths Chief Executive
Dr George Findlay Medical Director
Jane Farrell Chief Operating Officer
Denise Farmer Director of Organisational Development and Leadership
Karen Geoghegan Director of Finance
Tony Clark Non-Executive Director
Joanna Crane Non- Executive Director
Martin Phillips Non-Executive Director
Jon Furmston Non-Executive Director
Bill Brown Non-Executive Director
Cathy Stone Director of Nursing and Patient Safety
Andy Gray Company Secretary
Barbara Mathieson Assistant to Company Secretary

COG/04/14/1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chairman welcomed all those present to the meeting of the Council of Governors.

1.2 Apologies for absence were received and noted from Jennifer Edgell, Robert Hayes, Patrick Peeney , Peter Pimblett – Dennis and David Walsh.
COG/04/14/2 DECLARATIONS OF INTERESTS

2.1 There were no interests to declare.

COG/04/14/3 TO APPROVE THE MINUTES OF THE LAST MEETING

3.1 The minutes of the last meeting of the Council of Governors held on 14 January 2014 were approved by those present subject to the following amendments:

5.2.1 Vascular Surgery – amend first sentence to read
“The Chief Executive reminded the Council of Governors that responsibility for emergency and elective Vascular Surgery had been transferred to Brighton & Sussex Hospitals NHS Trust (BSUH) in June 2013.”

3.2 The Council of Governors resolved that the minutes of the meeting held on 14 January 2014 would be approved subject to the amendment outlined above as an accurate record of the meeting and signed by the Chairman.

3.4 Mike Rymer raised concern that the minutes did not reflect the questions or comments made by the Governors at the meeting. Margaret Bamford supported his remarks by saying that questions raised at the Trust Board meeting were attributed within the minutes and that this was helpful. Others present also felt that there should be some recording of the discussion and to do this demonstrated good governance and reflected any challenge made. The Chairman asked for a show of hands from the Governors to indicate if they supported the proposal to including recording of discussion and questions raised and by whom within the minutes. The Council of Governors supported this proposal.

COG/04/14/4 MATTERS ARISING FROM THE MINUTES

4.1 The matters arising from the meeting held on the 14 January 2014 were noted as all had been completed with the exception that a seminar on procurement still needed to be arranged.

COG/04/14/5 Chief Executive’s Performance Report

5.1 Marianne Griffiths, Chief Executive presented her report on the highlights from across the Trust for Quarter 4, 2013/14. The key points were:

Overview
5.2 Marianne explained that the hospitals had been very busy during the Quarter which had meant that it had been a challenging time for all services. A major achievement during the period was that the Trust achieved CNST Level 3 in Maternity Services.

5.3 Performance – Quality
During the period no “Never Events” had occurred and there had been a good level of incident reporting. The Care Quality Commission (CQC) had made two visits to the Trust. The first was at Worthing regarding Mental Health Act compliance and the result was that the Trust was compliant in all five standards. The second was to St Richards regarding care of patients with a Dementia. The outcome of this visit was that a good standard of care had been recognised for these patients and the issues regarding documentation had since been addressed. The CQUIN target for Dementia Screening in the over 75’s was achieved with an average of over 90% of patients within the age group being
screened over the three month period.

5.4 There were 13 cases of Clostridium Difficle (C Diff) within the quarter making a total of 57 for the year. This represented a 21% reduction from 2012/13. The new limit for 2014/15 had been set at 56 due to new ways of recording by the local CCG but it was noted that the Trust had been asked by the Board to set a local stretch target.

Performance – Operational

5.5 Marianne noted that there had been three areas of non-compliance against the Monitor score card. These were :-

C Diff – Total number of cases at the end of the year of 57 against a limit of 46

RTT (Referral to Treatment Time)
Non admitted = 91.1% vs target of 95% and Incomplete pathways = 90.42% vs target of 92%

A full recovery plan had been put in place & Monitor informed. It was planned that compliance would be achieved again against RTT by July 2014 This would require an additional 2870 additional Outpatient Appointments and 1082 Inpatient Day Cases

A&E – 95.71% of patients seen within 4 hours against a target of 95%

Performance _ workforce

5.6 Substantive levels of staff had increased by 215 more than the similar period in 2013 however the Trust was still over reliant on temporary capacity with over 10% within that category and including 2.4% agency staff. There was an ongoing need to balance the need for staffing to maintain a safe service against high agency costs. Sickness absence was 3.9% for the period which represented an increase of 0.1%. The target for sickness absence was 3.3% which highlighted the need for ongoing focus through the Health and Wellbeing Strategy. The appraisal rate of 82.5% and statutory and mandatory training rates were excellent and amongst the top in the country at 90.6%.

5.7 A new corporate induction programme which focused on behaviours and values was being launched. Also a Staff Friends and Family Test was due to be launched which would be undertaken quarterly. No target for response had yet been set.

Finance Report

5.8 The Trust had achieved its revised financial surplus of £1.023m at year end although this had been extremely hard to achieve. In addition the cash position of the Trust had improved which would mean that all loan payments would be met. The Trust had maintained a Monitor Continuity of Service Risk Rating of 3 which was consistent with the forecast.

Challenges Ahead

5.9 For the forthcoming year one of the major risks for the Trust would be finance and a Cost Improvement Programme of circa £19m would be required. A Programme Management Office approach would be put in place with appropriate management and governance arrangements to help to ensure its delivery.

5.10 The operational pressures remain acute and it was noted how much the other
local services including the Community Trust and South East Coast Ambulance (SECAMB) were also under pressure.

5.11 A full RTT recovery plan had been launched which was aiming to recover compliance by the end of Quarter 1 2014/15. Within the Quality Agenda it was noted that there were still areas where improvements were needed e.g. within Stroke Care and issues with various areas of Estate in relation to the delivery of patient care. There was also expected to be a continued growth in demand for services.

5.12 Vicki King asked if there was any update on the “Better Care Fund” and Marianne confirmed that it was expected that there would be minimal impact during the 2014/15 Financial Year. The impact for 2015/16 though could be significant.

5.13 Marianne confirmed that two away days were due to be held in the near future with organisations such as the local Community Trust and the County Council to look at partnership working during periods of financial concern.

5.14 Vicki then asked about the challenge of C. Diff within the community and what were the stakeholders involvement in trying to tackle these issues. Cathy Stone, Director of Nursing and Patient Safety confirmed that one of the main issues with C Diff remained the prevalence within the local community and the Trust was looking at ways to support both the local Community Trust and the Clinical Commissioning Group (CCG). The CCG had instigated a higher level of scrutiny for C Diff cases and overall reducing this number would remain a high priority for the local health economy. Joint working with all stakeholders would continue to be key.

5.15 The Council discussed the issues around Dementia Care and asked that a seminar be organised on Dementia for the Governors at an appropriate time in the future.

5.16 Alison Langley asked about the CQC visit regarding Dementia and the concern that not all appropriate patients had care plans / and or risk assessments. Cathy Stone confirmed that the CQC had raised some issues about Dementia documentation. No issues had been raised about patient care. Since then weekly audits of documentation had been instigated. What was right for the patient was key and a Matron had been tasked with overseeing and promoting Dementia Care throughout the Trust for an initial period of six months. The Trust would also be reviewing the work of Dementia Specialist Nurses.

5.17 Helen Dobbin spoke about the RTT target and asked what plans were in place to regain compliance whilst maintaining quality. She related this question to Stroke Services which had been moved to accommodate Ophthalmology at Worthing. Jane Farrell, Chief Operating Officer explained that the move had been as a result of unexpected estates work. Improving pathways for all patients including those using Therapy Services was important and these were examples of the competing demands within the Trust. Jane confirmed that to regain compliance to RTT there had been work undertaken “out of hours” and other services had been outsourced for a short period.

5.18 John Gooderham spoke about the changes in funding allocation throughout the local health economy and noted an increase of £21m to the CCG. John felt it was important that funding was used to pay for new patients and not to cover the cost of any backlog. John asked for the Trust support for him to write to the CCG expressing this view. Mike Viggers, Chairman confirmed that it was important for the CCG to be aware of Governors views.
Karen Geoghegan, Director of Finance confirmed that it was important to have the Governors support but recognised that the CCG was still under-funded and had issues with clearing its inherited deficit.

Karen confirmed that the Trust was close to signing the contract with the CCG but that the negotiations had been difficult. Despite this working relationships with the CCG were positive with both the CCG and the Trust recognising the increase in demands.

Barbara Porter enquired when funding would be available to refurbish some of the wards and asked specifically about Eastbrook Ward at Worthing Hospital. She reported that the staff and patients were particularly struggling with the environment on that ward. The facilities and decoration were tired and cramped and it was unsuitable for the long term patients who tended to stay on the ward. Marianne responded by saying that she recognised the issues with the wards and agreed that the appearance was less than ideal. One of the problems was that there was no space within the Hospital currently, to move the number of patients it would involve for an extended period of time and it was also acknowledged that there was no funding available within the 2014/15 financial year for major refurbishments. The Chairman recommended that refurbishment be considered within the future financial plans.

**COG/04/14/6 Care Quality Commission (CQC) Insight and the new Inspection Regime**

6.1 Cathy Stone, Director of Nursing and Patient Safety presented the report which included details of the new CQC Intelligent Monitoring Report. This report from the CQC replaced the previous CQC Quality Risk Profiles which had ceased from October 2013. It was noted that as well as being provided to Trusts they would be available to the Public on the CQC website.

6.2 It was noted that the Trust had an unannounced themed inspection review of Dementia Care provided at St Richards and the announced Mental Health Act 1983 monitoring visit to Worthing Hospital. Both visits had produced positive reports.

6.3 It was noted that the Trust had now received the new Handbooks which provide guidance for inspections and Cathy confirmed that copies could be provided electronically.

6.4 Margaret Bamford asked for more information on how the Trust works with Sussex Partnership NHS Foundation Trust and it was suggested that this could be the subject of a future seminar.

**COG/04/14/7 National Staff Survey Results 2013/14**

7.1 Denise Framer, Director of Organisation Development and Learning presented that outcomes from the National Staff Survey 2013 and introduced Claire White, Workforce Development Manager who had a key input into producing the Survey Report. All staff within the Trust were surveyed to ensure a large enough data source to produce statistically significant results. Denise reminded the Council that the important fact that there was an increased recognition of the link between staff satisfaction and quality output.
7.2 The key points from the Survey were:-

- The response rate was 55% in 2013 compared to 47% in 2012
- The Trust performed well in the areas of Staff engagement, Motivation at work, Job satisfaction and Support from immediate managers
- The areas where the Trust was in the Top 20% compared with other Acute Trusts included:
  - Staff recommending the Trust as a place to work or receive treatment
  - % staff appraised in the last 12 months (also a 4% improvement in the number of staff reporting having well structures appraisals
  - % staff having equality and diversity training in the last 12 months
  - % staff received health and safety training in the last 12 months
- The bottom five scores for the Trust were for:
  - % of staff working extra hours
  - % of staff receiving job-relevant training or development in the last 12 months
  - % saying hand washing materials always available
  - % witnessing potential harmful/errors near misses or incidents in the last month
  - % experiencing harassment, bullying or abuse from patients, relatives or the public the last months.

7.3 It was particularly noted that the Trust had invested heavily in staff engagement including the introduction of the Trust Brief, localised newsletters, staff engagement events, Leadership and Management Development programmes and the Trust wide Health and Wellbeing (HWB) Strategy.

7.4 The post “Francis Report” staff events had exceeded expectations for the Trust and it was very encouraging that staff were willing to contribute their views and ideas.

7.5 Denise confirmed that the Trust would develop an action plan to focus on the bottom 5 ranking scores. Alongside this, there would continue to be a focus on attitudes and behaviours through recruitment, appraisal and training. More work would be undertaken on understanding the results relating to witnessing errors; in particular were more errors taking place or was there more reporting taking place.

7.6 Overall the results had been felt to be good although there were still areas where more work could be done. Denise reminded the Council that the survey covered the period of when the Trust was working towards Foundation Trust (FT) status. During this process it could have been a concern that the Trust was less engaged with its staff while focusing on this area of work. However given the outcomes of the survey this did not appear to be the case and it confirmed that the Trust had been concentrating on the right areas with staff whilst working on gaining FT status.

7.7 John Gooderham asked if, 5 years on from the Hospitals mergers, whether there were any significant deviations across the sites in the responses. Denise confirmed that there were not.

7.8 Vicki King asked for more information on the areas of Hand Washing and staff experiences of bullying and harassment by patient and relatives. Marianne Griffiths confirmed that the issue of Hand Sanitisers being available at the entrances to the Hospitals had been discussed with the Infection Control Teams.
and confirmed that it was no longer national policy to ensure that they are available in this location and they should be removed. However sanitisers / full hand washing facilities must be available at the entrances to wards and clinical areas and by patients beds. Denise Framer said that bullying and harassment of staff was not just limited to the A&E Departments but had been experienced in all areas. Jenny Garvey said that the wording of the question could be open to interpretation and as a result there could be a wide variation in reporting in what a member of staff consider to be bullying or harassing behaviour.

7.9 Mike Rymer commented on the fact that 35% of staff had witnessed potentially harmful errors and asked if this could be related to an increased awareness of the need to report incidents. The Chairman supported this and suggested that more work needed to be undertaken on this. As such it was agreed that Cathy Stone would undertake some analysis on whether the staff reporting of incidents via the staff survey was reflected in the data captured on Datix. Denise Farmer also commented that the Trust could be more efficient at providing feedback on incidents to staff.

7.10 To conclude the item Denise Farmer reported on the recent Stress Survey which covered a multitude of issues and a good amount of useful data had been obtained from the results which would be formulated into an action plan.

COG/04/14/8 Operational Plan 2014/2016

8.1 Denise Farmer, Director of Organisational Development and Leadership presented the Western Sussex Hospitals NHS Foundation Trust Operational Plan for 2014/2016 and confirmed that it had been submitted to Monitor. She confirmed that the next stage would be to work on developing the detail of how the Plan would be delivered along with staff involvement and engagement. The Plan would form the basis of objective setting for staff during appraisals.

8.2 John Gooderham commented that he felt it was beneficial for the Governors to see the Operational Plan and that it was an excellent document giving clear details of how the Trusts Strategy would be taken forward. He highlighted how the document summarised the value of the work undertaken within the Trust. He also said that in future would be beneficial to be able to review the document at a penultimate stage so that further input could be made.

8.3 Richards Farmer asked if the Trust felt it would be able to achieve the financial targets which had been set and how would things be done differently in order to do this. Marianne Griffiths confirmed that this question would be covered under the next agenda item however that it would not be achieved by working in the same ways as before.

8.4 Jane Ramage said that she had noted the assumption of donated assets of £1.75m for 2014/15 and expressed concern about the deliverability of this. Denise replied by saying that the Trust recognised that this was an ambitious target and that they were in discussions with the three main charities which supported the work of the hospitals on how this could be achieved.

8.5 Margaret Bamford, Lead Governor supported comments made by other Governors that the Plan was excellent and that the Council of Governors was keen to support it and its further development. She also stressed the need for ongoing consultation with the Governors at the appropriate points within the development of key trust documents and confirmed that she had discussed this with the Company Secretary. It was noted that dates had already been set for
engagement in the Trusts 5-year Strategy.

COG/04/14/9 Feedback from Virginia Mason and Salford Royal NHS Foundation Trust

9.1 Marianne Griffiths presented the findings of two Executive Team visits made to other organisations that had made considerable innovation in terms of dealing with the current health care, current financial constraints and health care.

9.2 The first had been to the Virginia Mason Medical Centre in Seattle where members of the Executive Team had received funding from the Leadership Academy to attend their Induction Programme. The Virginia Mason Centre operated a not-for-profit health care system based across nine locations with 5,500 staff. They had faced considerable challenges including financial loss, the fact that health care was unaffordable to many local people and that health care workers were negatively impacted by unreliable systems. They were a large organisation but were losing market share.

9.3 A programme of transforming care was instigated including changing the style of leadership, culture, training and daily management processes. The changes focused on the value of care for the patients and ensuring that pathways were completed properly. The organisation was clear about its Vision, Mission and Values. These were cascaded to all staff and the Executive Team including the Chief Executive concentrated on observing and identifying issues.

9.4 Results had seen a sustained momentum and drive for 13 years, insurance premiums had reduced and there has been increased patient satisfaction. As a not-for-profit organisation the surplus was used to develop services. There was considerable focus on innovation, coaching and enabling.

9.5 Members of the Executive Team and a Governor had visited Salford Royal NHS Foundation Trust who had undergone a similar journey in transforming care to the Virginia Mason Centre. The focus was on safety and a “No Harm” policy. A Quality Improvement Team had been introduced and many ways of work were standardised; an example of which was the reduction in the number of Cardiac Arrests. Continuity of leadership had been an issue. The SCAPE (Safe Clean and Personal Every time) model had been introduced on the wards very effectively.

9.6 7 day working across the hospital had been successfully introduced and the Trust had achieved the best Patient Survey Scores in the country.

9.7 To conclude Marianne said that much had been learned from the visits and ways to transfer some of the learning to sustainable changes within Western Sussex Hospitals Foundation Trust (WHSFT) were being considered. This would include accelerating the current leadership programme, strengthening the Values, Strategy and Vision for the Trust and changing the recruitment process to focus on behaviours and values. Effective communication with staff and partnership organisations would be important.

9.8 Work on a shared Vision had already begun where the patient was always put first. People, quality, service and innovation were all important along with sustainability of change, eliminating waste, maximising value and cost improvements. Good staff engagement and commitment along with consistent and confident leadership were also key.

9.9 Shirley Hawkridge thanked Marianne for her enthusiastic presentation and agreed that change was needed from both the top down and bottom up. Other
Governors echoed these comments and agreed that systems across the Trust and wider health economy needed to be different. Marianne confirmed that the local CCG and the Community Trust were keen to engage and develop new ways of work.

**COG/04/14/10  Lead Governor’s Report**

10.1 Margaret Bamford presented her Lead Governor reported and confirmed that the members of the Council of Governors had been very busy since the last meeting in January.

10.2 The Patient Experience Group had met and had received a very informative update on the work that was being delivered within the Trust on this area. Sandi Ellard, Deputy Director of Nursing and Lisa Ekinsmyth, Head of Patient Experience had presented this information and Margaret suggested that it would be useful if they could give a presentation to the full Council. The group had been impressed with the processes used to gain patient feedback although there were some areas which still needed to be addressed. Following the presentation several Governors had volunteered to take part in Sit and See Training.

10.3 The Governors had contributed to various consultations including the Quality Accounts.

10.4 Mike Rymer applauded the work on training and leadership the Trust was delivering and noted that investment in skills within the workforce was always important and the Trust should support Clinical and Medical training at a time when budgets were under pressure. Dr Findlay supported these comments and said that it was very important to continue to strengthen the appraisal system for all staff and develop appropriate work plans for all areas of the Trust.

10.5 John Gooderham asked for updates on the development of Cancer and in particular Radiotherapy Services provided within the Trust as well as Private Patients and the commercial aspects of the Trust. It was confirmed that these were all be included in forward Strategy for the Trust and further information would be given at the next meeting in July.

10.6 To conclude her item Margaret said that the role of the Council of Governors was to support the Board but it would question and voice concerns as necessary. She thanked the Trust Board members for their support.

**COG/04/14/11  Accountability for the Performance of the Board of Directors**

11.1 Richard Farmer, Patient Governor presented the paper on “Accountability for the Performance of the Board of Directors. He reminded the Council of Governors of their statutory duty to hold the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors.

11.2 At the Governors only meeting held in January it had been agreed to set up a working group to develop a process in order to be able to do the above. Three meetings had taken place and two of the NED’s Bill Brown and Joanna Crane had attended one and had commented on the draft proposal.

11.3 It was noted that appropriate assurance would be gained through the constructive and open interaction between the NEDs and the Governors and the
The next step would be to develop an implementation plan including scheduling of receiving appropriate reports etc.

**COG/04/14/12  Membership Committee Update**

12.1 Vicki King gave an update on the Membership Committee meeting which had taken place on the 10th April 2014. The Terms of Reference were agreed and it was confirmed that Nigel Peters from West Sussex County Council had agreed to be an Appointed Governor representative on the Committee. The main points included the:-

- Regular Engagement with the Membership – with the support of the Governors through speaking at various events and meetings. A set of slides had been produced to help with this.

- Ongoing recruitment – particularly with younger age groups and Minority groups.

- Effective communication with the membership via In Touch and providing input to the new Trust Website as well as effective communication with volunteers and staff.

12.2 An ambitious and ongoing workplan had been developed by the Committee which would need the support of the Governors, the Trust and its staff to deliver. The Chairman confirmed the Trusts support for the work.

12.3 Paul Benson stated that the Trusts membership should represent the demographics of its users and the population of the local area and Stuart Fleming suggested that minorities could be contacted via their own local community organisations.

**COG/04/14/13  Other Business**

13.1 There was no further business

**Questions from members of the Public**

13.2 There were no questions from the public

**COG/04/14/14  Resolution into Committee**

14.1 The Council of Governors resolved to meet in private due to the confidential nature of the business to be discussed.

**DATE OF NEXT MEETING**

14.2 The next meeting of the Council of Governors would take place at 10:30am on Thursday 17 July 2014 in the Worthing Health Education Centre (WHEC), Worthing Hospital,
Signed as an accurate record of the meeting

Chair

Date
## MATTERS ARISING FROM COUNCIL OF GOVERNORS MEETINGS

### MATTERS ARISING FROM THE MEETING HELD ON 15 April 2014

<table>
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<tr>
<th>Minute Ref</th>
<th>Description of Action</th>
<th>Responsible Person</th>
<th>Deadline</th>
<th>Report</th>
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<tbody>
<tr>
<td>COG/04/14/4</td>
<td>Seminar on Procurement to be arranged at appropriate time.</td>
<td>AG</td>
<td>Complete</td>
<td>Seminar capture list developed – this item added – will be arranged to fit with future Governors seminar as per meeting schedule issued.</td>
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<td>COG/04/14/5</td>
<td>Seminar on Dementia Care to be arrange at appropriate time.</td>
<td>AG</td>
<td>Complete</td>
<td>Seminar capture list developed – this item added – will be arranged to fit with future Governors seminar as per meeting schedule issued.</td>
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<td>COG/04/14/6</td>
<td>Seminar on working with Sussex Partnership NHS Foundation Trust (Mental Health Services) to be arranged at appropriate time.</td>
<td>AG</td>
<td>Complete</td>
<td>Seminar capture list developed – this item added – will be arranged to fit with future Governors seminar as per meeting schedule issued.</td>
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<td>COG/04/14/7</td>
<td>Cathy Stone to undertake some analysis on whether the staff reporting of incidents via the staff survey was reflected in the data captured on Datix.</td>
<td>CS</td>
<td>October meeting</td>
<td>Report to be brought to the October meeting</td>
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<td>COG/04/14/10</td>
<td>Patient Experience Group : a presentation to the full Council.</td>
<td>AG</td>
<td>Complete</td>
<td>See draft proposal as outlined in Lead Governor Report</td>
</tr>
<tr>
<td>COG/04/14/11</td>
<td>Accountability for the Performance of the Board of Directors – Implementation Plan</td>
<td>RF</td>
<td>Complete</td>
<td>See Lead Governor Report</td>
</tr>
</tbody>
</table>
To: Council of Governors  
Date of Meeting: 17 July 2014  

Title  
Chief Executive’s Performance Report

Responsible Executive Director  
Marianne Griffiths, Chief Executive

Prepared by  
Andy Gray, Company Secretary

Status  
Disclosable

Summary of Proposal  
The Chief Executive will update the Council of Governors on the performance of the trust over the past quarter in its strategic context, to enable a discussion by Governors on overall performance against targets and strategic objectives, and the performance of the board in leading the trust’s achievements.

The update will cover patient safety, patient feedback, activity, finance and workforce. The board has received detailed monthly reports on each of these areas, and these are available for governors on the trust’s public website.

Implications for Quality of Care  
Patient Safety and Quality of Care are covered in the presentation

Link to Strategic Objectives/Board Assurance Framework  
The quarterly report demonstrates progress against all the strategic objectives

Financial Implications  
The financial position is covered in the presentation

Human Resource Implications  
Workforce is covered in the presentation

Recommendation  
The Council is asked to: NOTE the report and ask any questions of the Directors.

Communication and Consultation  
The information included is publicly available and has been discussed by the board.

Appendices  
None

This report can be made available in other formats and in other languages. To discuss your requirements please contact the Company Secretary on 01903 285288.
FOR INFORMATION

PERFORMANCE OF THE TRUST Q1 2014

1. INTRODUCTION

This paper sets out how the trust has performed during the start of the first quarter, setting that in the context of the local and national picture. Current challenges are identified, and the paper shows how the board has reviewed these and the actions that it has put in place. The report also gives Governors an overview of issues and expectations for the next quarter.

Performance is reviewed monthly by the board in public, and these papers are available on the trust website for governors wishing for further background information.

2. OVERVIEW AND SETTING THE CONTEXT

2.1 The Council of Governors has previously been updated on the scale of the financial challenge and also on the high level of activity within the Hospital. There is no let-up in the demand on services as illustrated below:

- 12,111 A&E attendances compared to 11,722 in May 2013 (+3.3%). When scrutinised by age group: there was a 7.8% increase in 65-84 years and an 11.5% increase in >=85 years May 2014 compared to May 2013.
- 4,197 emergency admissions compared to 3,874 in May 2013 (+8.3%). When scrutinised by age group: there was an 10.3% increase in 65-84 years and an 8.8% increase in >=85 years May 2014 compared to May
- Delayed transfers of care were 2.9% for May 2014.
- Occupancy of funded bed stock was 97.5% for May 2014

Locally we continue to work with the Community Trust following the closure of two Community Hospital wards in April which has had an impact upon the Trust.

2.2 Carers event

The educational and pampering event held in Chichester Medical Education Centre in Carers Week was greeted with positive acclaim.

We joined forces with Carers Support, Sussex Community Carers Health Team and Crossroads Care to create an event where carers could discuss their queries, needs and concerns with many different agencies under one roof. The programme also included many of our experts giving short, practical presentations on dementia, the importance of good diet and how to manage when someone refuses to eat and how to move someone safely and reassuringly.
I would like to thank all the staff and Governors who took part or supported this event.

2.3 **Staff Achievement and Recognition Scheme (STARS) 2014**

We launched the annual search to find our stars last month and nominations closed on 29th June. STARS give everyone – staff, patients, volunteers, Governors, members – the opportunity to nominate a member of staff or volunteer for exceptional service or care. The shortlisted nominees will be invited to an awards ceremony at Fontwell Park in September where the winners will be announced. Honouring outstanding members of our team through STARS is an enormously important part of our Trust’s annual activities and it is a very special and motivating experience to be nominated, shortlisted or indeed, a winner.

3. **QUALITY REPORT**

3.1 **Mortality**

Due to the low level of mortality experienced in elective care, the Trust measures mortality in relation to non-elective activity. Crude mortality has fallen year on year from 3.60% in 2010/11 to 3.22% in 2013/14. For 2014/15, the Trust seeks to further reduce this level with a month on month improvement against 2013/14 levels. The 12 month rolling average fell to below 3.13%, the lowest point for the Trust to date.

3.2 **Falls**

In May there were 42 falls resulting in harm against an in-month target of 41. The figure for the year to date remains below the trajectory. There were no falls resulting in serious harm or death. The 42 falls equate to 1.50 falls resulting in harm per 1000 occupied bed days compared to the national benchmark of 2.5 (Royal College of Physicians Report of the 2011 Inpatient Falls Pilot Audit).

3.3 **Tissue Viability**

The number of pressure ulcers in the Trust has fallen over recent years from 283 in 2010/11 to 105 in 2013/14. An internal limit of 100 cases grade 2 hospital acquired pressure ulcers has been set for 2014/15. This is based on a 5% reduction against the actual number in 2014/15. The limit for grade 3 and 4 ulcers has also reduced from 4 to 2. During May the Trust reported 5 cases of hospital acquired pressure sores (Grade 2). This was against an in-month trajectory of 8. There were no hospital acquired grade 3 or 4 pressure ulcers in May.

3.4 **NHS Patient Safety Thermometer**

The NHS Patient Safety Thermometer is used across all relevant wards. This tool looks at point prevalence of four key harms (falls, pressure ulcers, urinary tract infections and deep vein thrombosis (DVT) and pulmonary embolism (PE)) in all patients on a specific day in the month. A dashboard showing Trust-wide and ward-level data for each individual harm as well as the harm-free care score is available to each ward. Targets have been based on national average scores for 2013/14. The harm-free care score for the Trust in May was 94.9% (indicator S02), better than the target of 92.2%.
The Safety Thermometer includes harms suffered by the patient in health care settings prior to admission. The actual number of patients with no new harms during their inpatient stay at WSHFT (indicator S03) was 98.5% compared to the target of 97.1%.

3.5 **CQC Compliance:**
Work is underway to prepare the evidence of quality and safety that will be required to provide assurance to the CQC when the organisation is inspected sometime between now and December 2015. Information for staff will form a key part of the preparation to reduce anxiety by ensuring that they know what to expect.

**CQC Intelligent Monitoring Reports**
These reports are published quarterly. The latest available report was published in March and continues to band Western Sussex NHS Foundation Trust as Band 6 – within the lowest risk band. The full report is available on the CQC website:
http://www.cqc.org.uk/sites/default/files/media/reports/RYR_102v2_WV.pdf

**Safer Staffing / ‘Hard Truths: The Journey to Putting Patients First’**
As detailed last month, this document outlines a number of expectations in relation to the reporting of nursing workforce. From May 2014 the Trust is required to submit a return to NHS England detailing the fill-rate of day and night shift nursing / care staff. Details of this data has been published on the Trust’s public website and is also presented as an appendix to this report (for this month only the actual return has been used, in subsequent months this will be brought into line with the format of the Trust’s scorecards to show month by month data). To ensure join-up with the main Quality scorecard top-level figures for day/night registered/care staff have also been added to the Quality scorecard under the safety section (indicators S36 to S39). No national expectation, target or thresholds have yet been released.

4. **PERFORMANCE REPORT**

4.1. The Trust generated a notional Monitor Risk Assessment Framework score of 3 points at Month 2. Referral to Treatment (RTT) pathways were non-compliant in Admitted, Non-admitted and Incomplete (compliance failure is capped at 2 points), along with the 62 day to treatment post 2 week rule referral cancer metric. Aggregate Quarter 1 compliance is forecast to replicate the score of 3 points, with the same points of non-compliance.

4.2. The Trust had 5 cases of C.difficile in May against a revised national target of no greater than 56 cases for 2014/15.

4.3. Non-admitted RTT compliance was 87.52% against a target of 95%. RTT incomplete pathway compliance was 91.06% against a target of 92%. Admitted compliance was 89.39% against the target of 90%. Under the Monitor Risk Assessment Framework a single month of non-compliance generates a compliance failure for the entire Quarter, with a maximum of 2 points for RTT metrics; however formal ‘exception reporting’ is not triggered in a specific metric unless three consecutive quarters of non-compliance is reported in the same metric.
4.4 A&E Compliance

The Trust was non-compliant in May with 94.41% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge, against a national target of 95%.

For context and comparison, national data for the period 28th April – 1st June relating to Type 1 (Major A&E) departments shows compliance of 92.22%, therefore, WSHFT operated 2.19% ahead of the national average during the month. Compliance for Surrey and Sussex Area providers (excluding WSHFT) for the same period showed 91.41% for Type 1 A&E attendances, with WSHFT reporting the fourth best performance within the sector.

As shown in summary 2.5, A&E attendances were 3.3% higher in May 2014 than May 2013. There was a 7.8% increase in 65-84 year old admissions, and an 11.5% increase in patients over 85 years old, relative to May 2013.

Monitor Compliance against the A&E target is based on quarterly performance. Cumulative performance up to 19th June is 96.08%, therefore full compliance for Quarter 1 is forecast.

5. ORGANISATIONAL DEVELOPMENT AND LEADERSHIP REPORT

Workforce Capacity

During May demand on services continued to exceed plan stretching workforce capacity still further and continuing, despite the recruitment of additional substantive staff, an over reliance on temporary staffing.

Workforce capacity exceeded budgeted establishments by 93 wte with 10% of overall capacity met by temporary staff. Use of agency accounted for 3.2% of temporary staffing capacity. We continue to fill circa 90% of the requests for temporary staffing.

The use of medical agency is the most significant issue, with nursing and other staff groups being too high, but more static. The Board should note that medical locum use during May remained broadly consistent with previous months, the release of circa £450k of accruals accounting for the increase in expenditure in month. Notwithstanding that, the ongoing use of expensive medical locums must remain a key area of concern.

Workforce Efficiency

Operational pressures are impacting, and being impacted by, sickness absence levels particularly within the Medicine Division where absence increased in month to 4.6%. However it is worthy of note that within the Surgery Division absence continued to reduce for the 5th consecutive month to 2.6% and for the Core Division where absence has improved by 0.4% in the last 12 months to 2.4%. Good practice within these Divisions is being shared with other areas where performance is deteriorating.

Following last month’s Board seminar, sickness absence reporting has been further enhanced to include the number of sickness episodes in month and the number of staff breaching a management trigger. This will help the Divisions to prioritise their attention and monitor improvements in their management of absence generally.
Staff Feedback
During May the number of staff who would recommend the Trust as a place to work or were happy with the standard of care if a friend or relative needed treatment fell. This was primarily reflected in responses from staff within the Medicine and Core divisions: staff commonly cited work pressures as the reason for their concerns.

Workforce Skills and Development
A workshop has been held with a number of administrative and clerical staff from a range of disciplines to identify improved efficiencies and working practices. This is part of the Trust’s efficiency programme and we are determined to engage and support staff who deliver these services to plan and lead change. Further work will continue over the summer leading to a proposal for change that will improve patient and staff experience – as well as improve efficiency and reduce costs.

Communications and Engagement
Work to develop the Trust’s new website has continued this month and included a very productive meeting with a number of Governors. Their feedback and suggestions, along with the results of an online survey of visitors, the views of staff and data analysis has been used to inform the new site’s look, feel and general development. It is anticipated that the new site will be launched by early September.

Two successful engagements events were organised by the communications team this month with support from the Council of Governors.

*Medicine for Members event:* A day in the life of an A&E trolley presented by Dr Amanda Wellesley, A&E Consultant and Clinical Lead for Emergency Medicine, on Thursday 5 June, at Worthing Health Education Centre

*Event for Carers:* The team joined forces with Carers Support, Sussex Community Carers Team and Crossroads Care to create a free, educational, pampering and social event for Carers with the opportunity for their cared for person to be looked after at the event too. The event took place on Friday 13 June – during Carers week – and included a series of presentations on caring for someone with dementia, as well as a keynote speech from Kate Keays, Local Ambassador for Carers UK, and a tea dance. We would like to thank everyone for their support in organising the event as well as the carers who attended. It is hoped a second event will be held in Worthing, later in the year.

6. FINANCE REPORT

The Financial environment remains very challenging. As at the end of May the Trust has delivered savings of £1.3m against a target of £1.4m. The annual target is just in excess of £19m.

The Trust is reporting a deficit of £1,943k in the year to date, which is slightly greater than the Plan submitted to Monitor but broadly in line with the financial plan and trajectory for the year.
The Continuity of Services rating as at the end of May is a ‘2’. This is in line with the Trust’s annual plan and is due the phasing of working capital loan repayments and the profile of the savings from the efficiency programme.

The Trust is forecasting delivery of surplus of £3.4m at year-end and a Continuity of Services rating of ‘3’.

There are a number of key risks that need to be mitigated to ensure the year end position is achieved, these include: (i) Affordability by commissioners of current activity projections. Close monitoring and monthly review of contract performance with commissioners is essential to manage unaffordable over-performance. (iii) The profile of delivery of the efficiency and transformation programme accelerates in Q2.

7. CONCLUSION AND RECOMMENDATIONS

The Council is asked to NOTE the report.
To: Council of Governors  
Date of Meeting: 17 July 2014  

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>EXTERNAL ASSURANCE ON THE TRUST’S QUALITY REPORT 2013/14</td>
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<table>
<thead>
<tr>
<th>Responsible Executive Director</th>
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</thead>
<tbody>
<tr>
<td>George Findlay, Medical Director</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prepared by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Report prepared by Ron Stamp, Quality Report Project Manager</td>
</tr>
<tr>
<td>External Assurance Report prepared by Ernst &amp; Young</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Status</th>
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<tr>
<td>Disclosable</td>
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**Summary of Proposal**

NHS foundation trusts must include a report on the quality of care they provide within their Annual Report and publish a Quality Account as required by the Quality Accounts Regulations. The Annual Report, containing the Quality Report, and the Quality Account have now been submitted. The attached report has been prepared by the Trust’s external auditors, Ernst & Young, and provides external assurance on the Trust’s Quality Report for 2013/14. The external auditors have confirmed that the Quality Report meets Monitor’s requirements and that two mandated and one locally selected quality indicators have been tested and found to be reasonably stated in all material respects.

**Implications for Quality of Care**

The Quality Report and Account is a summary of future priorities for quality improvement and actions taken in 2013/14 to improve quality of care and performance against a range of quality measures.

**Link to Strategic Objectives/Board Assurance Framework**

Corporate objectives A, B, C, F (Patient focus, Quality, Safety & Improvement)

**Financial Implications**

Failure to deliver constantly improving quality will jeopardize our ability to attract patients, and thus our financial position.

**Human Resource Implications**

None identified.

**Recommendation**

The Council of Governors is asked to NOTE the report provided by the external auditors.

**Communication and Consultation**

The governors were consulted during the preparation of the Quality Report and selected the local quality indicator to be tested by the external auditors.

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This report can be made available in other formats and in other languages. To discuss your requirements please contact Graham Lawrence, Company Secretary, on graham.lawrence@wsht.nhs.uk or 01903 285288.
Western Sussex Hospitals NHS Foundation Trust

Letter to Governors

Nine month period ending 31 March 2014

July 2014

Ernst & Young LLP
The Council of Governors
Western Sussex Hospitals NHS Foundation Trust
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

2 July 2014

Dear Governors

Letter to Governors 2013-14

The purpose of this Letter to Governors is to communicate to you key issues from our audit work for the nine month period ending 31 March 2014, since you were authorised as an NHS Foundation Trust.

We have already reported the detailed findings from our audit work to the Audit Committee, those charged with governance. These were detailed in our 2013-14 Audit Results Report issued on 23 May 2014. We will not repeat those detailed findings in this letter but instead provide a summary of our key findings.

We also make reference to our Limited Assurance work on the Trust’s Quality Report, on which we issued our report on 29 May 2014.

I would like to take this opportunity to thank the employees of Western Sussex Hospitals NHS Foundation Trust for their assistance during the course of our work.

Yours faithfully

[Signature]

Paul King
Audit Director
For and on behalf of Ernst & Young LLP

Enc.
The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter.

This report is made solely to the Audit Committee, Board of Directors, Governors and management of Western Sussex Hospitals NHS Foundation Trust in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit Committee, Board of Directors, Governors and management of the Trust those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Audit Committee, Board of Directors, Governors and management of the Trust for this report or for the judgements we have formed. It should not be provided to any third-party without our prior written consent.
1. **Executive Summary**

1.1 **Responsibilities**

Our 2013-14 audit work has been undertaken in accordance with the Audit Plan that we issued on 28 February 2014 and is conducted in accordance with Monitor’s Audit Code for NHS Foundation Trusts, International Standards on Auditing (UK and Ireland) and other guidance issued by Monitor.

The Trust is responsible for preparing and publishing its Statement of Accounts, accompanied by the Annual Governance Statement. In the Annual Governance Statement, the Trust reports publicly on the extent to which it complies with its own code of governance, including how it has monitored and evaluated the effectiveness of its governance arrangements in the year, and on any planned changes in the coming period. The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

As auditors we are responsible for:

- Expressing an opinion on;
  - the 2013-14 financial statements; and
  - the part of the remuneration report to be audited.
- Certifying the completion of the Trust’s audit.

We report to the National Audit Office (NAO) on the Trust’s Whole of Government Accounts return, the Foundation Trust Consolidation schedules.

We also undertake an Independent Assurance Engagement on the Trust’s Quality Report for the year ended 31 March 2014, and certain performance indicators contained therein. Our review is undertaken in accordance with the guidance issued by Monitor, the ‘2013/14 Detailed Guidance for External Assurance on Quality Reports’.

1.2 **Summary results**

Summarised below are the conclusions from all elements of our work

<table>
<thead>
<tr>
<th>Audit the financial statements of Western Sussex Hospitals NHS Foundation Trust for the nine month financial period ended 31 March 2014 in accordance with International Standards on Auditing (UK &amp; Ireland)</th>
<th>On 29 May 2014 we issued an unqualified audit opinion in respect of the NHS Foundation Trust.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to the National Audit Office on the accuracy of summarisation schedules</td>
<td>On 29 May 2014 we issued an unqualified report on the NHS Foundation Trust’s summarisation schedules</td>
</tr>
<tr>
<td>Issue a report to those charged with governance of the Trust (the Audit Committee) communicating significant findings resulting from our audit.</td>
<td>On 23 May 2014 we issued our report in respect of the NHS Foundation Trust.</td>
</tr>
<tr>
<td>Consider the information published with the financial statements, including the Trust’s annual governance statement and annual report. We identify any inconsistencies with other information of which we are aware from our work and consider whether it complies with guidance published by</td>
<td>On 29 May 2014 we issued our report.</td>
</tr>
</tbody>
</table>
Executive Summary

Consider whether, in the public interest, we should make a report on any matter coming to our attention in the course of the audit.

No issues to report.

Consider whether there are any issues to refer to Monitor.

No issues to refer.

Examining the contents of the Trust’s Quality Report and testing of three indicators.

Unmodified Limited Assurance Report issued on 29 May 2014.

Issuing a Limited Assurance Report and reporting any matters to the Governors.

Report to Governors issued on 29 May 2014.

Issue a certificate that we have completed the audit in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

On 29 May 2014 we issued our audit completion certificate.

1.3 Audit Fees

Our audit fees for the nine month period were consistent with our engagement letter and planned fees of:

- £45,000 for the financial statements audit; and
- £5,000 for the independent assurance engagement on the Trust’s Quality Report

We undertook no non-audit services in the period.
2. Financial Statements audit

2.1 Financial statement audit

Our 2013-14 audit work has been undertaken in accordance with the Audit Plan that we issued on 28 February 2014 and is conducted in accordance with Monitor’s Audit Code for NHS Foundation Trusts, International Standards on Auditing (UK and Ireland) and other guidance issued by Monitor.

In our audit plan we identified a number of risks for our audit. We set out below the key findings against our identified risks below.

Significant risks: Audit findings and conclusions

<table>
<thead>
<tr>
<th>Journal Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>► Management are developing review and control processes to mitigate the deficiency that we have identified and reported in prior periods that there are a lack of auditable controls in the financial system for journals.</td>
</tr>
<tr>
<td>► In the closedown process, senior management highlighted the required standards of supporting documentation to their accountants, and our substantive testing results confirmed that all sampled journals were supported by adequate information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accruals and cut-off</th>
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<tbody>
<tr>
<td>► As disclosed in the financial statements the Trust was managing its cashflow and expenditure payments. The better payment practice code disclosure highlighted an improvement against the prior period, but there was some way to go to meet a good standard of processing and payment timeliness to suppliers.</td>
</tr>
<tr>
<td>► Substantive accruals testing was prioritised early in the audit, and the supporting information provided was significantly improved on the preceding three month period as an NHS Trust ending 30 June 2013, providing appropriate and reasonable evidence.</td>
</tr>
<tr>
<td>► No cut-off errors were identified by our sample testing for expenditure.</td>
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<table>
<thead>
<tr>
<th>Income recognition</th>
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<tbody>
<tr>
<td>► The Trust’s reported contractual income has generally been supported by relevant and reasonable documentation.</td>
</tr>
<tr>
<td>► The Agreement of Balances exercise highlighted a number of mismatches with counter-parties, and the Trust worked through those during the audit period. The most significant were due to the counter-party not recognising the NHS Trust/FT split for their accounting periods.</td>
</tr>
<tr>
<td>► Generally our observation is that the Trust needs to retain, and provide for audit, a greater level of supporting information for its recorded balances to demonstrate the support for the information in the trial balance, its consistency to the values recorded in the FTCs, and the adjustment trail if required from the agreement of balances exercise.</td>
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<tr>
<th>Risk of management override</th>
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<tr>
<td>► We completed our work on journals and accounting estimates, and there were no identified indications of management override.</td>
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</table>

Other financial statement risks: Audit findings and conclusions

<table>
<thead>
<tr>
<th>Changes to the Foundation Trust Annual Reporting Manual (FT ARM) – Consolidating charitable funds.</th>
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<tbody>
<tr>
<td>► We reviewed the Trust’s assessment of the requirement to consolidate its charitable funds, concluding that we did not wish to challenge the Trust’s judgement not to consolidate on the basis of immateriality.</td>
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<table>
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<tr>
<th>Bank Reconciliations</th>
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<tr>
<td>► Management have cleared long-standing reconciling items, and we had no further issues to report.</td>
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<tr>
<th>Disposal of part of Southlands Hospital</th>
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</table>
Other financial statement risks: Audit findings and conclusions

► The valuation of the asset held for sale remained unchanged since the prior accounting period. We reviewed the information provided by the Trust to support the continuing classification as an asset held for sale, for example documentation confirming continued marketing of the property.

► We concluded that continued classification as an asset held for sale was reasonable as at the balance sheet date.

We reported to the National Audit Office (NAO) on 29 May 2014 the outcomes of our review of your summarisation schedules conducted under the departmental account group instructions issued by the NAO in December 2013.

We reported that your summarisation schedules were consistent to the audited financial statements.

2.2 Control themes and observations

As part of our audit of the financial statements, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control we communicated to those charged with governance at the Trust, as required, significant deficiencies in internal control.

Our audit identified the following control issues that we brought to the attention of the Audit Committee.

<table>
<thead>
<tr>
<th>Current year</th>
<th>Update on previous year</th>
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| ► Management’s envisaged enhanced control processes for journals have been discussed, and we will review and evaluate their final design and implementation as part of the 2014/15 audit. | ► Working papers – in comparison to the preceding three month NHS Trust accounting period, the quality and completeness of the working papers provided for audit was improved. However, there is continuing scope for improvement on which we will work with management for the 2014-15 audit.
► Control accounts reconciliations were put in place to monthly schedules during this accounting period. |

2.3 Audit completion

We are required to issue an audit certificate to demonstrate that the full requirements of Monitor’s code of audit practice have been discharged. Within this certificate, we raise any identified issues regarding economy, efficiency and effectiveness.

We had no issues to report, and issued our certificate on 29 May 2014.
3. Independent Assurance Engagement on the Quality Report

3.1 Responsibilities

We are required to perform an independent assurance engagement in respect of the Trust’s quality report for the year ended 31 March 2014 (the ‘Quality Report’) and certain performance indicators contained within the report. Our review is undertaken in accordance with Monitor’s ‘2013/14 Detailed Guidance for External Assurance on Quality Reports’.

As auditors we are required to:

► Review the content of the Quality Report against the requirements set out in Monitor’s NHS Foundation Trust Annual Reporting Manual 2013/14;

► Review the content of the Quality Report to ensure that it is consistent with other information published by the Trust;

► Undertake substantive sample testing on two mandated indicators;

► Provide the Trust with a Limited Assurance Report confirming that the Quality Report meets Monitor’s requirements and that two mandated indicators are reasonably stated in all material respects;

► Undertake substantive sample testing on a third locally selected indicator; and

► Provide the Trust’s Governors with a report setting out the findings of our work including the content of the quality report, mandated indicators and the locally selected indicator.

3.2 Compliance and consistency

We reviewed the Trust’s Quality Report and found that its content was in line with Monitor’s requirements, and it was consistent with other information published by the Trust.

3.3 Performance indicators

We undertook testing on two mandated indicators:

► C. difficile; and

► Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The local indicator selected by the Governors for testing was the patient experience indicator, Total Complaints.

We found no reason to indicate the indicators were not reasonably stated.
External Assurance on the Trust’s Quality Report

Western Sussex Hospitals NHS Foundation Trust

May 2014
The Board of Governors  
Western Sussex Hospitals NHS Foundation Trust  
Lyndhurst Road  
Worthing  
West Sussex  
Worthing  
BN11 2DH  

29 May 2014

Dear Governors,

External Assurance on the Trust’s Quality Report

We are pleased to present our findings following our review of the Trust’s 2013/14 Quality Report. The purpose of this report to Governors is to set out the work that we have performed, our findings and conclusions and any recommendations for improvement concerning the content of the Trust’s Quality Report and our testing on two mandated indicators and one local indicator.

We would like to take this opportunity to thank the employees of the Trust for their assistance during the course of our work.

Yours faithfully

Paul King  
Director  
For and behalf of Ernst & Young LLP  
Enc
1. Executive summary .................................................................................................................. 1
2. Detailed findings ...................................................................................................................... 0
Appendix A Limited assurance report .......................................................................................... 3
1. Executive summary

1.1 Responsibilities

As part of our overall engagement as external auditors by the board of governors of Western Sussex Hospitals NHS Foundation Trust we are also required to perform an independent assurance engagement in respect of Western Sussex Hospitals NHS Foundation Trust’s quality report for the year ended 31 March 2014 (the ‘Quality Report’) and certain performance indicators contained within the report. Our review is undertaken in accordance with the detailed guidance issued by Monitor for each financial year.

Monitor’s ‘2013/14 Detailed Guidance for External Assurance on Quality Reports’ sets out the work that we are required to complete on the Trust’s Quality Report for the year ended 31 March 2014, which is published as part of its Annual Report.

As auditors we are required to:

- Review the content of the Quality Report against the requirements set out in Monitor’s NHS Foundation Trust Annual Reporting Manual 2013/14;
- Review the content of the Quality Report to ensure that it is consistent with other information published by the Trust;
- Undertake substantive sample testing on two mandated indicators;
- Provide the Trust with a Limited Assurance Report confirming that the Quality Report meets Monitor’s requirements and that two mandated indicators are reasonably stated in all material respects;
- Undertake substantive sample testing on a third locally selected indicator; and
- Provide the Trust’s Governors with a report setting out the findings of our work including the content of the quality report, mandated indicators and the locally selected indicator.

1.2 Key findings

Compliance and consistency

We have reviewed the Trust’s Quality Report and found that:

- Its content is in line with Monitor’s requirements
- It is consistent with other information published by the Trust.

Mandated indicator testing

We have undertaken testing on two mandated indicators:

- C. difficile
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

In both instances we found there is no reason to indicate the indicators subject to limited assurance have not been reasonably stated.
As a result of the work that we have performed, we have been able to issue a Limited Assurance Report to the Trust which conclude that nothing has come to our attention that leads us to believe that the quality report has not been prepared in line with the requirements set out in the NHS Foundation Trust Annual Reporting Manual and is not consistent with the other information sources as set out in that guidance. A copy of this report is provided in Appendix 1.

**Local Indicator Testing**

The local indicator selected by the Governors for testing was the patient experience indicator, Total Complaints.

We found no reason to indicate the indicator was not reasonably stated, according to the Trust’s definition of a formal complaint opened during the year.

We did, however, make other findings and observations related to the recording and reporting of the data during the year which do not impact on the Total Complaints indicator reported in the Quality Report.
2. Detailed findings

2.1 Content of the Quality Report

Compliance with the requirements of the Annual Reporting Manual

We have reviewed the content of the Quality Report against the requirements set out by Monitor in their Annual Reporting Manual.

In all regards we found that the Trust met these requirements.

Consistency with other specified documents

The Quality Report has also been reviewed for consistency with the following documents:

- Board Minutes for the period April 2013 to 29 May 2014;
- Papers relating to the quality, reported to the Board during the same period;
- Feedback from Commissioners;
- Feedback from Governors;
- Feedback from local Healthwatch organisations;
- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- The latest national patient survey;
- the latest national staff survey;
- The Head of Internal Audit’s annual opinion;
- Care Quality Commission quality and risk profiles;
- The Head of Internal Audit’s annual opinion over the trust’s control environment; and
- Any other information included in our review,

Our review concluded the contents of the Quality Report published by the Trust were consistent with these documents.

2.2 Testing of mandated performance indicators

In 2013/14, we have performed testing on the following two mandated indicators:

- C. Difficile
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

The result of our testing of these two indicators is detailed below.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Findings</th>
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C. difficile

Our walkthrough of the system used to collate this indicator found that it is suitably designed and operating effectively.

Sample testing of cases within the indicator found that:

- The indicator is correctly calculated
- The data included in the indicator is complete, accurate, valid, reliable, timely and relevant
- The indicator complies with the relevant guidance

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Our walkthrough of the system used to collate this indicator found that it is suitably designed and operating effectively.

Sample testing of cases within the indicator found that:

- The indicator is correctly calculated
- The data included in the indicator is complete, accurate, valid, reliable, timely and relevant
- The indicator complies with the relevant guidance

2.3 Locally selected indicator

In 2013/14 Monitor’s guidance also requires the testing of a locally selected indicator. The assurance work on this indicator does not contribute to our limited assurance report in Appendix A.

Governors selected the patient experience indicator of Total Complaints.

The Trust defines this indicator as:

- formal complaints received by the Customer Relations Team, consistent to its Complaints Policy; and
- the number being the complaints opened during the year in its Datix recording system.

The result of our testing of this indicator is detailed below.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Findings</th>
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<tr>
<td>Total Complaints.</td>
<td>Our walkthrough of the system used to collate this indicator found that it is suitably designed and operating effectively.</td>
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<td>Sample testing of cases within the indicator found that:</td>
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<tr>
<td></td>
<td>▶ The indicator is correctly calculated; and</td>
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<tr>
<td></td>
<td>▶ The indicator complies with the relevant definition of the Trust.</td>
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</table>

During the course of our work we identified some wider issues that
Detailed findings

do not impact on the accuracy of the indicator reported in the quality report, as defined by the Trust. We include those observations for your information.

Our testing was based on a small sample of complaints raised during the year. In the course of the testing we identified:

- One case where the original receipt of the complaint was not recorded in the Datix system, but was recorded as the day after when it was received in the customer relations department;
- One case where the closure date recorded did not take account of a response from the complainant to the original resolution letter, which should then have re-opened the complaint with a further but later resolution date recorded.
- One case where the case is currently recorded as closed, but the complainant is not happy with the resolution. The claimant has appropriately been notified that their further issues are being considered, but the case has not yet been noted on Datix as re-opened.

Management have assured us that appropriate corrections have now been made in Datix, but we have not tested this assertion.

During our work we were made aware that the Trust, since January 2014, is publishing monthly complaints information on its website. This includes comparative information relating to the previous three months. We reviewed this information for consistency, finding that:

- Three of the four monthly reports on the website could not be opened on the date of our review; and
- The information in the December 2013 report did not consistently record the information for the month of December. Information provided as part of the total complaints for the year indicates 38 new complaints opened in December, while the website reports 37.

A reasonable explanation was provided for the variance in December figures that, for example, this could have been an escalation from a previous PALS issue. However, we would have expected the subsequent monthly reports to have updated the December figure.

The issues with website access have been rectified.

None of these findings or observations impact the accuracy of the indicator reported in the quality report of Total Complaints.
Appendix A     Limited assurance report

2013/14 limited assurance report on the content of the quality reports and mandated performance indicators

Independent auditor’s report to the board of governors of Western Sussex Hospitals NHS Foundation Trust on the quality report

We have been engaged by the board of governors of Western Sussex Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Western Sussex Hospitals NHS Foundation Trust’s quality report for the year ended 31 March 2014 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

► C. Difficile; and

► Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the ‘indicators’.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

► the quality report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;

► the quality report is not consistent in all material respects with the sources specified in 2013/14 Detailed Guidance for External Assurance on Quality Reports issued by Monitor; and

► the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the quality report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

► board minutes for the period April 2013 to 29 May 2014;
papers relating to quality reported to the board over the period April 2013 to 29 May 2014;
feedback from the Commissioners, dated 20/05/2014;
feedback from local Healthwatch organisations, dated 15/05/2014;
the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2013;
the 2013 national patient survey, dated 08/04/2014;
the 2013 national staff survey, dated 25/02/2014;
Care Quality Commission Intelligent Monitoring Report (which replaces quality and risk profiles), dated 13/03/2014;
the Head of Internal Audit’s annual opinion over the trust’s control environment, dated 22/04/2014; and
any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the ‘documents’). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Western Sussex Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Western Sussex Hospitals NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Western Sussex Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the quality report.
A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

**Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Western Sussex Hospitals NHS Foundation Trust.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in the *2013/14 Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

*Ernst & Young LLP*

Reading

29 May 2014
Western Sussex Hospitals NHS Foundation Trust

Quality Report

2013/14
Western Sussex Hospitals NHS Foundation Trust

Quality Report for 2013/14

Contents:

Part 1: Statement from our Chief Executive

Part 2: Priorities for improvement and statements of assurance from the board

Priorities for improvement in 2014/15

Priority 1: Improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA)
Priority 2: Improving the hospital care of patients with dementia
Priority 3: Reducing avoidable mortality and improving clinical outcomes
  a. Acute Kidney Injury
  b. Early recognition of clinical deterioration
Priority 4: Infection control
  a. C diff infection
  b. Surgical site infection (orthopaedic and colorectal surgery)

Statements of assurance regarding Clinical Quality

Relevant Health Services and Income
Participation in National Clinical Audits and National Confidential Enquiries
Research as a driver for improving the quality of care and patient experience
Incentives for Improved Quality
External Regulation
Data Quality
Core Quality Indicators

Part 3: Other information

Improvement priorities from previous quality report

Developing a culture that promotes patient safety
Care, compassion and communication
Improving clinical records and clinical coding

Overview of quality of care based on performance indicators

Local Quality Indicators – clinical effectiveness; patient safety; and patient experience
Access and Outcome Indicators relevant to our trust (as described by Monitor’s Risk Assessment Framework)
Other quality areas where we strive for improvement

The Enhancing Quality and Recovery Programme
Our clinical quality strategy
Mortality review

Who was involved in the content of this report and the priority setting?

Appendix 1: National Clinical Audits including Patient Outcomes Programme (listed by the National Clinical Audit Advisory Group)
Appendix 2: Actions resulting from reviews of national clinical audits
Appendix 3: Actions resulting from reviews of local clinical audits

Annex 1: Statements from our commissioners, local Healthwatch organisation and Overview and Scrutiny Committee
Annex 2: Statement of directors’ responsibility for the quality report

Report from our external auditors
Western Sussex Hospitals NHS Foundation Trust

Quality Report for 2013/14

Part 1

Statement from our Chief Executive

“Quality”. The word plays an increasingly central role in the language of the NHS, as the focus of the health service has moved in recent years from access, and the need to cut waiting times, to the quest to drive up standards.

Ensuring that our Trust delivers services which can be accessed quickly and conveniently, without ever compromising on quality, is perhaps the greatest challenge we face. It is – relatively – easy to deliver quick access, or superbly high standards, but doing both at the same time is a tremendous challenge. This challenge will only become greater still as we continue to face not only increasing demands for healthcare, but also rising expectations of what the NHS should deliver.

Since our Trust was formed in 2009 we have been clear that we must maintain an absolute commitment to our patients, and our vision – We Care – reflects that.

In the last 12 months, at a time when the pressures on our staff have been more intense than ever, there have been numerous notable examples of the ways in which our staff have translated that vision into reality.

Perhaps the most notable recognition obvious came in July when we became a Foundation Trust – the days when such an award was largely based on financial sustainability have long gone, and now a Trust also has to have an extraordinarily strong track record in terms of clinical quality to even be considered. We were only the second Trust to become an FT in the preceding 14 months and – at the time of writing – no others had followed suit since, which clearly demonstrates the magnitude of our achievement.

Being approved as an FT by Monitor was only possible because staff maintained the highest possible standards of care over a prolonged period. For example, our teams have performed outstandingly in terms of protecting patients from pressure injuries, a powerful proxy
indicator for the standards of care more generally, and also in terms of keeping patients safe from the risk of falling.

The care of patients suffering a fractured hip has been radically improved, to the extent that it was described as an ‘exemplar’ by Prof Moran, who we invited to assess the new patient pathway which had been developed by our clinical teams.

The improvements to the pathway for patients with a fractured hip is just one of the reasons why we have also seen encouraging progress in terms of our mortality rates during 2013/14, continuing the trend of recent years.

Behind the performance statistics, there is also encouraging evidence that both our staff and our patients feel that the care we are able to provide is of good quality.

Perhaps the most encouraging finding of our 2013 Staff Survey results was the very positive attitude of Trust staff towards the standards of care being delivered by the organisation. An impressive 73% agreed, or strongly agreed, that they would be happy for a loved one to be cared for at our hospitals – a notable improvement on the year before, and significantly above the national levels. The same proportion also felt that they would recommend the Trust as a place to work – again, a powerful indicator that people take a pride in their work, and have faith in the quality of what they do.

Similarly, feedback from patients continues to be very positive, on the whole. Our ‘Friends and Family’ results, particularly for A&E, have been absolutely terrific, the numbers of complaints relating to nursing care have moved downwards over an extended period, and our own in-house feedback results consistently show that patients tend to be very satisfied with the care they receive, the staff caring for them, and the facilities around them.

Driving up quality is not a job which can ever be considered complete, and this Quality Report details the progress that has been made on our priorities for improvement during 2013/14, and sets out our main areas of focus in the year ahead.

Our response to the Francis Report, and to the related listening exercise we conducted locally, has already brought tangible gains in the last 12 months, including the extension of consultant cover in some specialities, and investment in more nursing staff at night. Many more initiatives remain to be completed, however, and our Trust will maintain the momentum on that agenda in 2014/15, alongside renewed efforts to reduce hospital-acquired infections, and prevent ‘Never Events’, to name just a few.
Above all, we will continue to listen to our patients, their carers, and our members to enable us to provide the services which meet the needs of those who rely on them. We hope that this Quality Report provides you with a clear picture of how important improving the experience of our patients, and the quality of our services are to us at Western Sussex Hospitals.

The information contained within this quality report is, to the best of my knowledge, accurate.

[DN: Signature to be inserted]

Marianne Griffiths
Chief Executive
Part 2

Priorities for improvement in 2014/15

We continue to set ourselves an ambitious programme of improvements and to place patient safety and quality as our prime focus. As we said in our previous quality reports, we do not want these to be hollow words, and that means placing a relentless focus on quality. We are determined to deliver services to our patients that are safe and effective and put our patients, and their experience of our care, at the heart of what we do.

This year, we have made further substantial progress in addressing the challenges we set ourselves in our Clinical Quality Strategy. This underpins our clinical strategy and provides a framework to drive up further the quality of our services in a number of ways. Our Quality Strategy objectives are shown in the table below. We have started reviewing our Quality Strategy and will be updating it to take account of recent changes to services, detailed information about quality and performance, and advice from the Trust Board, external stakeholders, and our Council of Governors.

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<thead>
<tr>
<th>Domain 1: Improving Clinical Outcomes by reducing overall mortality</th>
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<th>Domain 2: Patient Safety</th>
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Domain 3: Patient Experience
Our Quality Board has continued to pull together all of the different pieces of work relating to improving quality under one umbrella. The Quality Board ensures that the lessons we learn about improving quality in one area are spread across the whole Trust – between hospitals and between clinical areas. The Quality Board and the Trust Board continue to receive a regular, monthly quality report which describes the Trust’s performance against key national, regional and local quality indicators, including those set out by our Quality Strategy. Quality performance is also monitored by our Quality & Risk Committee as part of our Trust quality governance arrangements, and now we are a Foundation Trust, we are also formally accountable for quality to our members through a Council of Governors.

Following a consultation workshop in February with senior staff, non-executive directors of the trust, and representatives of our stakeholder organisations (our Clinical Commissioning Group, Healthwatch West Sussex and West Sussex Health and Adult Social Care Committee), we have identified four specific areas for improvement in 2014/15 that we set out below as a part of this year’s Quality Report. These are: improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA); improving the hospital care of patients with dementia; reducing avoidable mortality and improving clinical outcomes; and infection control.

It is important to note that these will not be the only areas of clinical care in which we will be undertaking work to continuously improve the quality of our services. A much broader range of activities will be described in an updated clinical quality strategy which we will publish over the next few months.

In Part 3 of this report, we describe progress with several other quality improvement priorities that we set ourselves in earlier quality reports.
Priority 1

Improving the hospital care of patients suffering a stroke or high risk transient ischaemic attack (TIA)

Why is this important?

Stroke represents a substantial burden both upon NHS services and society as a whole. There is clear evidence that taking appropriate measures to minimise the risk of stroke in patients at high risk, for example patients suffering Transient Ischaemic Attack (TIA), and ensuring best practice for patients admitted suffering to hospital with a completed stroke significantly improves outcomes. This requires the careful co-ordination of medical, and sometimes surgical, treatment pathways.

How do we monitor and measure progress?

The Trust engages in the Sentinel Stroke National Audit Programme (SSNAP) run by the Royal College of Physicians. This programme monitors and benchmarks clinical performance and outcomes against a range of key targets including:

- Timely access to CT scanning in patients admitted to hospital with suspected stroke
- Direct admission (within 4hrs) to a stroke unit, following arrival at hospital
- Incidence of thrombolysis for appropriate stroke cases
- Key pathway metrics including timely assessment by Consultants, Physio and Occupational Therapists and access to Speech and Language Therapy Services.

How do we report progress in achieving this priority?

SSNAP reports more than 40 outcome and performance measures – which are grouped into ‘Domains’; Trusts are assigned scores for each domain. SSNAP reports are issued quarterly, illustrating benchmarked performance for the service, and identifying areas for improvement.

What progress did we make in 2013/14?

More than 80% of Trusts, including Western Sussex Hospitals, are currently underperforming against the new SSNAP metrics. SSNAP gives Trusts a tool that can be used to pin-point the key areas in which improvements should be made for the best benefit of patients. The early
SSNAP performance data suggests that both our hospital sites have made significant improvements during the last 12 months; in particular, we have worked with our Radiology department to improve the timeliness of access to brain scans and have increased the percentage of patients receiving stroke thrombolysis from 4-5% in 2012 to 10-12% last year (national average 11.3%).

Direct access to the stroke unit has also continued to improve year on year with changes in stroke awareness and stroke pathway redesign.

**What are our goals for 2014/15?**

We have set ourselves a number of specific goals for 2014/15. These are that:

- All CT scans for patients admitted to hospital with a likely diagnosis of acute stroke will be undertaken within 12 hours of admission and all patients that may benefit from stroke thrombolytic treatment will be scanned immediately and treated within 60 minutes of hospital arrival.
- All stroke patients will have a swallow screen within 4 hours of admission.
- At least 90% of stroke patients will be admitted to the stroke unit within 4 hours of arrival at hospital.

In collaboration with our Clinical Commissioning Group, we aim to implement an Early Supported Discharge (ESD) scheme for stroke patients back into their own homes. This type of scheme has been proven to improve patient outcomes.

We see over 60% of our high risk TIA patients within 24 hours. Currently, the proportion of high risk TIA’s seen within 24 hours is just below the national target (53.2% versus a target of 60%). By redesigning how these patients are assessed and treated we expect to meet the national standard.
Priority 2

Improving the hospital care of patients with dementia

Why is this important?

The prevalence of dementia is steadily increasing throughout the UK and the impact of this is greatest in areas with a very high elderly population - such as West Sussex. Although dementia is generally an inexorably progressive disorder, early identification and carefully targeted therapeutic intervention can slow the rate of progression and enhance the quality of life of patients.

As an acute trust provider, we play an important role in managing the increasing burden of dementia care in West Sussex. We screen for the early symptoms or signs of dementia in all of the elderly patients admitted with other another illness to our acute sites. We also ensure that all of our patients in whom dementia has been previously diagnosed, and who require hospital treatment because of other illnesses, are carefully and holistically managed, providing safe and dignified care at all times. This includes specific measures to best manage any cognitive and behavioural needs, in addition to treatment of the physical condition causing their admission. Dementia patients in hospital are likely to be disorientated and frightened and may only display their anxiety through their behaviour. For patients with dementia, dealing effectively and kindly with behavioural disturbance is of paramount importance to us – reducing the risk of both complications and prolonged hospital stay.

How do we monitor and measure progress?

As part of the government’s national dementia CQUIN\(^1\) scheme, we screen all emergency admissions aged 75 years and over for recent onset memory impairment and, where the screen results are either positive or inconclusive, automatically alert their general practitioner that the patient needs further follow-up.

How do we report progress in achieving this priority?

Our performance against the national CQUIN is reported throughout the organisation from ward to board level. In the coming year, the newly formed Dementia Steering Group, led by

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\(^1\) Commissioning for Quality and Innovation
the Chief of Medicine and Director of Nursing and Patient Safety, will be key in reviewing all outputs relating to dementia care.

**What progress did we make in 2013/14?**

We have established the value of, and introduced, ‘Knowing Me’ documentation for patients with dementia. This standardised documentation highlights pertinent health needs, personal history, ‘likes and dislikes’, and other important patient information, and provides a tool for supporting dementia patients with appropriate and compassionate care at all times, as well as communicating effectively with their relatives and carers.

Optimal care for our patients with dementia also includes minimising and, if at all possible, avoiding unnecessary ward moves; and safely prescribing, as well as sometimes avoiding, particular drug treatments.

From a very low baseline, dementia screening has improved considerably, and we achieved the national target of ensuring 90% of emergency admission aged over 75 are screened for dementia throughout the final quarter of 2013/14 (quarter 4 = 91.1%; target 90% for three consecutive months). We also achieved our targets for the percentage of further investigations undertaken in patients with memory loss and for the percentage of patients referred for specialist care. In addition to launching the ‘Knowing Me’ project, we have also appointed our first Dementia Champion to support staff with new ways of caring for dementia patients, and established pilot designated dementia cohort areas in two of our elderly care wards.

**What are our goals for 2014/15?**

We have set ourselves a number of specific goals for 2014/15. These are:

- To meet the key target of screening at least 90% of patients aged 75 and over admitted as emergencies for symptoms and signs of dementia, and communicating the need for additional follow up to their GP’s throughout the entire year 2014/15.
- To embed the use of the ‘Knowing Me’ documentation throughout the whole trust as assessed by repeated clinical audit measures, and to receive regular audit feedback from the carers and relatives of patients with dementia, to ensure that they feel supported and satisfied with the care provided.
- To evaluate the impact on care of dementia cohort areas within elderly care wards, reviewing their effectiveness in relation to length of stay, complications, and ward
moves. Depending on the results of this review, we will consider whether this model, which has proved to be very successful in other trusts, needs to be continued and/or extended.

- To develop a dementia pathway that promotes a smooth transition from the acute setting to the community, and reduces discharge delays.
- To introduce a Sema Helix flag\(^2\) for dementia patients to reduce ward moves.

Our Dementia Nurse Champion will work closely with dementia volunteers to enhance the quality of our patients’ experiences. This pilot will focus on activity and nutrition on the two dementia cohort area wards.

\(^2\) Sema Helix is our computerised patient information system.
Priority 3

Reducing avoidable mortality and improving clinical outcomes

Why is this important?

About half of all deaths in the UK take place in hospital. The overwhelming majority of these deaths are unavoidable. The person dying has received the best possible treatment to try to save his or her life, or it has been agreed that further attempts at cure would be futile and the person receives palliative treatment.

We know, however, that in all healthcare systems things can and do go wrong. Healthcare is very complex and sometimes things that could be done for a patient are omitted or else errors are made which cause patients harm. Sometimes that means that patients die who might not have done had we done things differently. This is what we mean by ‘avoidable mortality’. More often, if things go wrong with care, patients fail to achieve the optimal level of recovery or improvement. Obviously by concentrating on this we will end up with safer hospitals, save lives, and ensure the best possible clinical outcomes for patients.

How do we monitor it?

The usual way of comparing hospitals’ mortality is to calculate standardised mortality rates. These are measures that try to make adjustments for how sick the patients going to a particular hospital are, the kind of treatments offered, the age of the patients and what their living conditions are like at home. This should allow comparison between hospitals seeing greater or lesser proportions of very sick or very elderly, or patients from more or less deprived areas within the national picture as a whole. After the adjustments to take account of all of the above, the results are reported as a ratio so that an average hospital would have a rate of 100. A rate greater than 100 suggests a higher than average standardised mortality rate and less than 100 a better than average rate.

There are different ways of calculating these standardised mortality rates, which can be very confusing. One measure, called the Hospital Standardised Mortality Ratio (HSMR), is published by an organisation called Dr Foster and has been widely used for some years. In 2011, the Department of Health introduced another measure called the Summary Hospital-level Mortality Indicator (SHMI). As indicated in our previous Quality Report, for 2013/14 we have been monitoring our performance using both the HSMR and SHMI.
Although standardised ratios are useful for comparing hospitals, for trying to reduce the overall death rate in a hospital we use simple month-by-month mortality rates. It is these that are monitored by the group that is leading our drive to reduce mortality rates.

**How do we report on it?**

The Dr Foster HSMR, SHMI, and crude mortality figures are reported to the Trust Board every month as part of a regular quality report. Senior clinical leaders also review the crude mortality numbers monthly.

**What progress did we make in 2013/14?**

We set ourselves a goal in 2013/14 to maintain our Dr Foster HSMR at a level below 100, ie better than similar NHS Trusts, and reduce it further from our 2012/13 figure. We also aimed to reduce our SHMI score further in 2013/14.

We continued to seek further reductions in crude mortality in the specific conditions that we identified the year before, to ensure that the changes we made were truly embedded and that improvements in mortality were maintained. These conditions were:

- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)
- Acute Kidney Injury
- Chronic Heart Failure

We have introduced ‘care bundle’ systems of care for patients with these conditions. Care bundles are small sets of evidence-based interventions which, when used together consistently by a single healthcare team, have been shown to significantly improve patient outcomes. We have also continued to deploy Patientrack, an advanced observation and assessment system that gives our nurses and doctors early warning if a sick patient’s condition is deteriorating, and thereby helps early and effective intervention to get things back on course. Patientrack increases patient safety and we expect it to help in reducing avoidable mortality.

There is a two month delay with Dr Foster data (to allow for coding and processing of data) but our HSMR for the twelve months to January 2014, the latest figure available, was 90.8 compared to 101.5 for the same period last year and 106.1 for two years ago. (All figures are based on applying the most recent benchmark to ensure like for like comparison). We have
therefore met our goal in 2013/14 to maintain our Dr Foster HSMR at a level below 100, ie better than similar NHS Trusts, and to reduce it further from our 2012/13 figure.

The Summary Hospital-level Mortality Indicator (SHMI) was introduced in 2011. We also achieved our goal of reducing our SHMI score further over the last twelve months. The most recent data relating to the SHMI was published by the Health & Social Care Information Centre on 30th April 2014 (relating to October 2012 to September 2013) and gave the Trust a SHMI value of 1.02 (where 1.00 is the average for similar Trusts), a score classified as ‘as expected’ by the Health & Social Care Information Centre (the score for the preceding 12 month period was 1.06).
Crude mortality is measured in relation to non-elective activity only. In 2013/14 we planned to maintain our focus for a further year on reducing crude mortality in the specific conditions that we identified the year before (as listed above), to ensure that the changes we made previously were truly embedded and that the improvements in mortality that were emerging were maintained.

Despite an increasing complex and elderly patient casemix, overall the trust showed a continued improvement in crude non-elective mortality in 2013/14 (3.22% compared to 3.24% in 2012/13) and higher levels of 3.30% in 2011/12 and 3.60% in 2010/11).

We have seen further reductions in mortality for three of the four specific clinical conditions on which we maintained a focus. Mortality in patients with acute kidney injury has not reduced and this will be the focus of further work in 2014/15.
What is our goal for 2014/15?

In 2014/15, we wish to maintain our Dr Foster HSMR at a level below 100, ie better than similar NHS Trusts. We also aim to maintain or reduce further our SHMI score in 2014/15.

We will continue to seek further reductions in crude mortality and we will focus especially carefully on mortality in patients admitted with acute kidney injury.

A key element of our approach to reducing avoidable mortality and improving clinical outcomes is to get even better at recognising as early as possible when the condition of very unwell patients is deteriorating. As described above, Patientrack is an essential tool that is helping us to do this, but we will review how the system is being used and ensure that this and other interventions are applied systematically to maximise their benefits to patients. We
will explore in the coming months the targets that can be set to provide meaningful information about our performance in early detection of clinical deterioration.
Priority 4

Infection control

Why is this important?

Serious infections acquired by patients while they are in hospital became an increasingly recognised problem in the last 20 years or more. Increased use of antibiotics around the world has led to the development of bacteria that are resistant to antibiotics; the most well known of these is MRSA (Meticillin-resistant Staphylococcus aureus). This organism is found not only in hospitals, but also in the community as a whole. In most people it causes no harm, but if their normal defences are weakened by other illness or injuries then the bacterium can get into their bodies and cause bloodstream and other infections that are very serious and difficult to treat. In recent years, serious infections with MRSA have become less frequent through multiple different interventions. We screen all patients entering hospital for MRSA in their nose (the commonest place to find it) and for those who have it we prescribe decolonisation treatment. Good cleaning and good hand hygiene and other infection control practice on the part of staff, patients and visitors also help to reduce rates of infection.

Simply relying on new antibiotics to cure infections like MRSA and other drug resistant organisms is not enough, partly because soon the bacteria become resistant to the new antibiotics too but also because new antibiotics are not being developed. The emergence of multi-resistance in many different organisms is an increasing concern.

Another problem that has emerged and is associated with the widespread use of antibiotics is *C. difficile* associated diarrhoea. *C. difficile* is a bacterium that lives in the gut of a few healthy people alongside many other bacteria, and causes no problems at all. When antibiotics are prescribed, this may upset the relative proportions of bacteria in favour of *C. difficile*, enabling it to multiply. *C. difficile* produces a toxin that can cause diarrhoea which is occasionally severe. The organism or its spores (a dormant form of the bug which is extremely resistant to disinfection) may spread from person to person. That in itself may not immediately cause the next patient harm, but if that person then receives a course of antibiotics in the future, it may then precipitate *C. difficile* diarrhoea.

There are two main actions we use to prevent *C. difficile* diarrhoea. First, we have strict antibiotic prescribing policies to reduce the chances of it developing. Secondly, in order to
prevent spread from one patient to another, we isolate patients who develop diarrhoea, and adopt particularly scrupulous hygiene measures when caring for these patients. All areas that have had patients with *C. difficile* diarrhoea are deep cleaned after the patient recovers.

From 2011/12, the Chief Executive has chaired the Root Cause Analysis meetings of hospital acquired *C. difficile* and MRSA bacteraemia cases.

Another area of increasingly recognised concern is post operative infection at the site of a surgical wound. This is known as Surgical Site Infection (SSI) and is an important cause of slow recovery or poor outcome. Whilst this is a concern in all types of surgery, over the last year we have been monitoring infections in Large Bowel surgery, Hip and Knee Replacement surgery and Breast surgery.

**How do we monitor it?**

We participate in several mandatory and non-mandatory national surveillance programmes. We count and report all cases of MRSA bacteraemia (where MRSA is found on blood sampling). Only those cases that develop the infection after 48 hours of admission are considered to be hospital acquired.

We also count and report all cases where *C. difficile* toxin is detected in stool samples. Those patients who are positive 72 hours after admission are considered to be hospital acquired cases.

Surgical patients who are operated on in the categories for which we are undertaking SSI surveillance are all monitored for signs of infection both during their initial admission and up to 30 days for bowel and breast surgery and one year for hip and knee surgery. These data are collated quarterly through the national programme.

**How do we report on it?**

The numbers are reported each month to our public Board meeting. In addition, a full investigation is made into all MRSA bacteraemia and *C. difficile* cases and the results of the investigation reviewed at a meeting with the Chief Executive, Director of Nursing and Medical Director. This ensures that swift corrective action can take place, and the learning from each event is shared Trust-wide.

**What progress did we make in 2013/14?**
MRSA bacteraemias: We had four trust acquired cases of MRSA bacteraemia, one of which was considered avoidable resulting from contamination due to poor blood culture collection technique.

*C. difficile*: We had 57 trust acquired cases, 24 of which were considered avoidable, i.e. where lapses of clinical care were found at Root Cause Analysis meetings.

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSHFT, 125</td>
<td>50</td>
<td>75</td>
<td>45</td>
<td>23</td>
</tr>
<tr>
<td>WSHFT, 76</td>
<td>31</td>
<td>55</td>
<td>55</td>
<td>34</td>
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<tr>
<td>WSHFT, 72</td>
<td>17</td>
<td>31</td>
<td>26</td>
<td>17</td>
</tr>
<tr>
<td>WSHFT, 57</td>
<td>17</td>
<td>31</td>
<td>26</td>
<td>17</td>
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</table>

Cases of Hospital Attributable C.Difficile per Year by Site

Surgical site infections (SSIs): to date, data have only been collated to the end of December 2013 (April – December 2013 reported below):

- Hip replacement SSIs: 1.2% (National rate (all infections): 1.2%)
- Knee replacement SSIs: 2.4% (National rate (all infections): 1.7%)
- Large Bowel Surgery SSIs: 16.6% (National rate (all infections): 12.3%)
- Breast Surgery SSIs: 4.8% (National rate (all infections): 4.5%)

**What is our goal for 2014/15?**

In 2014/15, we will maintain our continuous programme of measures to control and reduce hospital acquired infection, and investigate any cases using Root Cause Analysis. We have a ‘zero tolerance’ approach when applying and monitoring our infection control policy. The focus is moving away from MRSA toward the more recently recognised multi-resistant Gram
negative bacteria. These are a global concern and whilst numbers in the UK are relatively low, they are increasing. For some of these bacteria, there are NO available antibiotics to treat what can be severe and rapidly life-threatening infections.

The limits we have been set this year for hospital acquired infection are zero avoidable cases of MRSA bacteraemia and 56 hospital acquired cases of *C. difficile*. NHS England guidance for 2014/15 (available at:  http://www.england.nhs.uk/ourwork/patientsafety/associated-infections/clostridium-difficile/) requires all cases of *C. difficile* to be subject to a full local health economy root cause analysis and if the outcome of this review does not highlight any lapse of care, the case will not form part of the trajectory. Further to this we propose an internal ‘stretch’ target with a limit of 21 potentially avoidable cases (i.e. cases where we identify lapses in care).

Surgical site infections are receiving increasing media focus and the trust is aiming to improve on the current infection rates. Our programme is based on recently published NICE (National Institute for Health and Care Excellence) quality standards and requires a whole trust multi-disciplinary team approach.
**Statutory statements regarding Clinical Quality**

**Relevant Health Services and Income**

During 2013/14 Western Sussex Hospitals NHS Foundation Trust provided and/or subcontracted 102 relevant health services. The Western Sussex Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 102 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 100% of the total income generated from the provision of relevant health services by The Western Sussex Hospitals NHS Foundation Trust for 2013/14.

**Participation in National Clinical Audits and National Confidential Enquiries**

Clinical audit is the process by which clinical staff measures how well we perform certain tests and treatments against agreed standards and then develop plans for improvement. It is a key part of continuous quality improvement. Western Sussex Hospitals NHS Foundation Trust, like other NHS organisations, participates in national audits - where care across the country is assessed (and sometimes organisations are compared with each other) - as well as locally organised audits. The National Confidential Enquiries are similar but use in depth reviews of what occurred in order to develop new recommendations for better care of patients.

During 2013/14, 36 national clinical audits and four national confidential enquiries covered relevant health services that Western Sussex Hospitals NHS Foundation Trust provides.

The above national clinical audits and confidential enquiries are those listed by the National Clinical Audit Advisory Group and made available at the Department of Health website. They are shown in appendix 1.

During that period Western Sussex Hospitals NHS Foundation Trust participated in 94% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust was eligible to participate in during 2013/14 are shown in Appendix 1. The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in during 2013/14 are shown in Appendix 1.

The national clinical audits and national confidential enquiries that Western Sussex Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2013/14, are listed below in Appendix 1 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 24 national clinical audits were reviewed by the provider in 2013/14 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Reports of National Clinical Audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for national clinical audits listed by the National Clinical Audit Advisory Group are shown in appendix 2.

The reports of 114 local clinical audits were reviewed by the provider in 2013/14 and Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Reports of local clinical audits are disseminated to the Trust's Clinical Divisions for their actions. Main points of action for a sample of local clinical audits are shown in appendix 3.

Research as a driver for improving the quality of care and patient experience

The number of patients receiving NHS services provided or sub contracted by Western Sussex Hospitals NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 613.

Participation in clinical research demonstrates the commitment of Western Sussex Hospitals NHS Foundation Trust (WSHFT) to improving the quality of care it offers and to making its
contribution to wider health improvement. A balanced portfolio of research studies supports excellent clinical care in a research rich environment. Our strategic aim is to facilitate patients being offered new choices to participate in the development of novel treatments, with the support of their clinicians. Through their participation, patients gain earlier access to new treatments and the potential benefits that these bring.

The Trust continues to be a very active contributor to the national research effort as a member of National Institute for Health Research (NIHR) research networks, including the Surrey & Sussex Comprehensive Local Research Network (SSCLRN), two cancer research networks and several other topic-specific research networks. During the last year, our links with the topic-specific networks have strengthened. 99% of our clinical trials are part of the NIHR portfolio. We continued to work closely with the SSCLRN Industry & Portfolio Managers and with our existing industry contacts to identify research studies that would benefit our patients. This year, 10% of our research portfolio has been supported by industry.

The trust has very well developed arrangements for supporting multi-centre research, with a team of experienced clinical trials nurses and strong management. Our strength in research management and governance is reflected by the trust continuing to lead the Sussex NHS Research Consortium. During 2013/2014, the Consortium has continued to support a number of NHS organisations in Surrey and Sussex by providing a high quality research governance service; managing on their behalf the assessment of studies to determine their compliance with regulatory frameworks; issuing approvals for studies to start and overseeing amendments to protocols; and then monitoring studies once open.

In 2013/2014 WSHFT was involved in conducting 187 clinical research studies in a broad range of specialties. Of these, 93 studies were open to recruitment of patients and 94 were closed to recruitment but were continuing to follow up patients previously recruited. During 2013/14, 1642 patients were seen as part of study follow-up. The trust supported a large number of studies in cancer, cardiology, critical care and obstetrics & reproductive health. We also achieved our aim of increasing the numbers of research studies in stroke care, paediatrics, dermatology and rheumatology, as well as opening studies in elderly care, diabetes and urology.

We have established good links with local universities through specific project collaborations. Our Senior Research Fellow is a Visiting Fellow to the University of Brighton
and contributes to university-based teaching. In the next year, we expect to increase our engagement with region-wide research specialty groups, offering opportunities to collaborate with clinicians and researchers across Surrey and Sussex to form stronger research groupings.

During 2013/14, 79 clinical staff were Principal Investigators for clinical research studies. Our clinical trials nurses have remained at the centre of the support we provide to our investigators, undertaking much of the research-related patient care and trial administration.

Our traditional strengths in research lie in clinical specialties such as cancer and cardiology. However, the number of specialties supporting important clinical trials has increased. In particular, we are making significant progress in studies in stroke, paediatrics (medicines for children), reproductive health, and dermatology.

Incentives for Improved Quality

A proportion of Western Sussex Hospitals NHS Foundation Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between Western Sussex Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at: http://www.westernsussexhospitals.nhs.uk/about-us/standards/

The income dependent on achieving Commissioning for Quality and Innovation and associated payments are shown below:

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income dependent on CQUIN</td>
<td>£7,539,884</td>
<td>£7,692,183</td>
</tr>
<tr>
<td>Associated payment</td>
<td>£7,539,884</td>
<td>£7,692,183</td>
</tr>
</tbody>
</table>
External Regulation

Western Sussex Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is “registered without conditions”. The Care Quality Commission has not taken enforcement action against Western Sussex Hospitals NHS Foundation Trust during 2013/14.

Western Sussex Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2013/14.

In May 2013, the Sexual Health Service had an unannounced visit from CQC and was found to be fully compliant on all of the outcomes assessed.

In December 2013, A&E at Worthing Hospital received an unannounced visit from the CQC, focussing on our orthopaedic pathway. Although there were minor issues identified related to activities for long stay patients and the challenges of providing care for CAMHS\(^3\) patients on the paediatric ward, the hospital was found to be fully compliant and the care provided to frail, elderly people on the pathway was commended. The site was found to be clean, with positive feedback from patients, relatives and staff.

In January 2014 there was an unannounced visit from the CQC to St Richard’s Hospital. The inspection focussed on the care and welfare of patients with dementia. The CQC witnessed kind and compassionate care and found that overall patients were treated with privacy and dignity, with one ward highlighted as an area of excellent care. Some inconsistent practice meant that non-compliance was identified in the completion of the 'Knowing Me' documentation. Action has been taken by the Trust in relation to this finding and there is now weekly audit of the 'Knowing Me' documentation to ensure that compliance improves.

During a planned inspection by the Mental Health Act Commissioner in January to assess compliance with the Mental Health Act (1983) requirements, there was particular focus on detention of patients. The Trust had formally engaged with Sussex Partnership Trust to provide support in delivering compliance with the act. The CQC was very positive about the work that the Trust had undertaken, and on the systems and processes which had been implemented to deliver compliance. All detentions were found to have been lawful and there were some recommendations for improvement related to training and communication. An action plan has been formulated to address these.

\(^3\) Child and Adolescent Mental Health Service
Data quality

The data (numbers) with which we work need to be accurate in order for us to plan and deliver the best possible care to our patients. These data are subject to a number of forms of independent review.

Western Sussex Hospitals NHS Foundation Trust submitted records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records\(^4\) in the published data:

- which included the patient’s valid NHS number was:
  - 99.7% for admitted patient care;
  - 99.9% for out patient care; and
  - 98.1% for accident and emergency care
- which included the patient’s valid General Medical Practice Code was:
  - 100.0% for admitted patient care;
  - 100.0% for out patient care; and
  - 100.0% for accident and emergency care.

Western Sussex Hospitals NHS Foundation Trust’s Information Governance Assessment Report overall score for 2013/14 was 74% and was graded red\(^5\).

Western Sussex Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission. However, the trust has undertaken a regular cycle of audits throughout the year, performed by an approved auditor, which fulfils the coding audit requirement of the Information Governance (IG) Toolkit. Overall, the trust achieved a Level 2 IG Toolkit score on its clinical coding audits. Error rates for the trust’s clinical coding audits for 2013/14 for diagnoses and treatment coding (clinical coding) were:

\(^4\) Information for April 2013 to February 2014 as accessed on 17 April 2014.

\(^5\) Of the 45 toolkit requirements, WSHFT scored 2 or higher on 44 but have been graded as level 1 on requirement 604 in relation to the audit of corporate records. Failure to score a minimum of level 2 on any requirement automatically results in a grading of red. There is a comprehensive work plan in place and the trust is confident that this requirement will be met ahead of the mid-term review in October.
Primary diagnoses incorrectly coded: 10.5%
Secondary diagnoses incorrectly coded: 5.6%
Primary procedures incorrectly coded: 17.2%
Secondary procedures incorrectly coded: 8.5%

These results should not be extrapolated further than the actual sample audited\(^6\).

The topics and services reviewed within the sample were:

- Site specific deceased episodes (incorporating all specialties)
- Site specific fractured neck of femur episodes
- Site specific chronic obstructive pulmonary disease (COPD) episodes
- Site specific myocardial infarction episodes

Western Sussex Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

1. Continue to undertake checks to ensure that improvements to patient case notes are maintained.
2. Continue to drive up the use of electronic discharge summaries (which has already risen to over 90% of all summaries). The process for the production and monitoring of discharge summaries will continue to be developed. This will include the introduction of a link to the trust’s Electronic Prescribing and Medicines Administration solution to provide a direct link for ‘to take home drugs’. Including discharge summaries and outpatient letters, the trust is now sending out over forty two thousand items of electronic correspondence each month.
3. Continue to build on work already completed with our training provider and further extend the internal audit programme.
4. Continue to provide data quality workshops, targeting services where problems are identified through audits and spot checks.

These actions will build on the progress made during 2013/14 to enhance data quality. Progress made during 2013/14 is described later in this report.

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\(^{6}\) Audits were conducted monthly, each with an average of 20 sets of patient case notes.
Core Quality Indicators

The following core quality indicators are relevant to Western Sussex Hospitals NHS Foundation Trust. They relate to the NHS Outcomes Framework. For each indicator, data for 2013/14 and previous years, and data to allow comparison with national averages, are provided in the tables.

**Summary Hospital-level Mortality Indicator (SHMI)**

The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: Mortality rates over the past 12 months have been around the national average, and within the expected range. The mortality rate has steadily reduced for the last two years.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by: (a) maintaining monthly reporting of mortality statistics to Divisions and the Board; (b) continuing to focus on the implementation of care pathways in key mortality areas; and (c) strengthening arrangements for identifying and treating patients who deteriorate suddenly.

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<tbody>
<tr>
<td>SHMI</td>
<td>1.10 (as expected)</td>
<td>1.06 (as expected)</td>
<td>1.02 (as expected)</td>
<td>1.00 (0.63 to 1.19)</td>
</tr>
<tr>
<td>Percentage of patient deaths palliative care coded at either diagnosis of specialty level</td>
<td>25.6%</td>
<td>13.5%</td>
<td>19.0%</td>
<td>21.3% (0.0 % to 44.9%)</td>
</tr>
</tbody>
</table>

*National average is based on October 2012 to September 2013.

**Patient Reported Outcome Measures**

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7 Definitions for each of the core quality indicators are available on the Health and Social Care Information Centre website, see: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)
The Western Sussex Hospitals NHS Foundation Trust considers that the outcome scores are as described for the following reasons: These data, which are based on quality of life measures\(^8\), show that our treatments are effective in improving the health of our patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve these outcome scores, and so the quality of its services, by: (a) ensuring regular feedback of PROMs data to clinical teams; and (b) working with commissioners to ensure that treatments are offered to those groups of patients most likely to benefit from the particular treatment.

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<tbody>
<tr>
<td>Groin hernia surgery: EQ 5D Index (casemix adjusted health gain)</td>
<td>0.099</td>
<td>0.075</td>
<td>0.058</td>
<td>0.086 (0.013 to 0.158)</td>
</tr>
<tr>
<td>Hip replacement (primary): EQ 5D Index (casemix adjusted health gain)</td>
<td>0.387</td>
<td>0.434</td>
<td>0.460</td>
<td>0.439 (0.301 to 0.527)</td>
</tr>
<tr>
<td>Knee replacement (primary): EQ 5D Index (casemix adjusted health gain)</td>
<td>0.292</td>
<td>0.320</td>
<td>0.305</td>
<td>0.330 (0.193 to 0.416)</td>
</tr>
</tbody>
</table>

* Provisional data relates to the May 2014 publications by the HSCIC.

** National average based on April 2013 to December 2013 (provisional data).

WSHFT does not carry out sufficient numbers of varicose vein procedures to be included in PROMS data.

**28 day readmissions**

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\(^8\) All NHS patients having certain types of surgery are invited to fill in questionnaires about their health and quality of life before and after their operation.
The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: While the Trust works hard to plan discharges appropriately, in some instances readmissions still occur. The rate of readmissions is in line with peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take/has taken the following actions to improve this rate, and so the quality of its services: by continuing to work closely with commissioners and other health organisations to identify patients at risk of readmission and putting in place services to prevent them requiring further immediate hospital care. In particular we will identify those cases where readmissions could have been prevented by organising care differently and make the appropriate changes to reduce the level of readmissions.

<table>
<thead>
<tr>
<th>28 day readmissions</th>
<th>2010/11</th>
<th>2011/12*</th>
<th>National average for large acute hospital (range)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients 0 to 15 readmitted to a hospital which forms part of the trust within 28 days of being discharged</td>
<td>10.76% (as expected)</td>
<td>11.72% (higher than expected)</td>
<td>10.02% (6.40% to 14.94%)</td>
</tr>
<tr>
<td>Patients 16 and over readmitted to a hospital which forms part of the trust within 28 days of being discharged</td>
<td>10.45% (lower than expected)</td>
<td>11.36% (as expected)</td>
<td>11.44% (9.34% to 13.80%)</td>
</tr>
</tbody>
</table>

These figures are based on the indirectly age, sex, method of admission, diagnosis and procedure standardised percentages produced by the Health and Social Care Information Centre.

*National average based on 2011/12 data.

**Responsiveness to patient needs**

*2011/12 data is the most recent available nationally from the Health and Social Care Information Centre (HSCIC).*
The Western Sussex Hospitals NHS Foundation Trust considers that this data is as described for the following reasons: the Trust’s involvement in Care and Compassion Reviews has ensured responsiveness to the personal needs of patients in line with its peers.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this data, and so the quality of its services, by: (a) using results from real time patient experience tracking to constantly identify areas for improvement; and (b) identifying areas for further improvement from the care and compassion peer review programme.

<table>
<thead>
<tr>
<th>Responsiveness to patient needs</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013 (based on local data)</th>
<th>National average (range)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsiveness to the personal needs of patients</td>
<td>67.3</td>
<td>64.4</td>
<td>65.7</td>
<td>68.4</td>
<td>68.1 (57.4 to 84.4)</td>
</tr>
</tbody>
</table>

* National average based on 2012.

**Proportion of staff who would recommend the Trust to Friends and Family**

The Western Sussex Hospitals NHS Foundation Trust considers that this percentage is as described for the following reasons: an increasing proportion of staff is positive about the overall quality of the services and care offered by the trust.

The Western Sussex Hospitals NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services, by: using regular feedback opportunities to capture staff views about how we can improve. We have also reviewed staffing ratios, particularly in ward areas and have improved our staff engagement (including communications) such that staff feel more able to contribute to, and be aware of, service improvements.

<table>
<thead>
<tr>
<th>Percentage of staff who would recommend the Trust as a provider of care to their friends or family</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>National average: Acute Trusts (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65%</td>
<td>64%</td>
<td>73%</td>
<td>66% (40% to 94%)*</td>
</tr>
</tbody>
</table>

*National average relates to 2013.
**Venous Thromboembolism (VTE) Risk Assessments**

The Western Sussex Hospitals NHS Foundation Trust considers that this percentage is as described for the following reasons: The trust has focused on this area and made good progress on embedding it into normal practice with a sustained increase in the proportion of patients screened.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by: (a) a continued focus in this area; and (b) an increased emphasis on improving outcomes such as reducing rates of harm from VTE.

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14 (to Jan)</th>
<th>National average*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients admitted to hospital who were risk assessed for venous thromboembolism</td>
<td>91.3%</td>
<td>93.4%</td>
<td>96.1%</td>
<td>95.8%*</td>
</tr>
</tbody>
</table>

* National average based on October 2013 to December 2013. The link provided by the HSCIC is no longer valid. The data above are taken from the NHS England website (accessed 11 April 2014).

**C. difficile**

The Western Sussex Hospitals NHS Foundation Trust considers that this rate is as described for the following reasons: A relentless and constant focus is required to minimise the level of *C. difficile* infection. Particular challenges include the need for antibiotic usage in a frail and ill patient population and balancing this with the risk of causing *C. difficile* disease.

The Western Sussex Hospitals NHS Foundation Trust has taken the following actions to improve this rate, and so the quality of its services, by: (a) enhancements to our antibiotic prescribing policies; (b) heightened environmental cleaning; and (c) targeted review of the patient pathway for these patients.

<table>
<thead>
<tr>
<th></th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>National average (range)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of C difficile cases (patients)</td>
<td>125</td>
<td>76</td>
<td>72</td>
<td>57</td>
<td>NA</td>
</tr>
</tbody>
</table>
aged 2 or over)

| Rate of C difficile per 100,000 bed days (patients aged 2 or over) | 37.8 | 24.4 | 23.7 | 19.1** | 17.3 (0 to 29.3) |

*National average based on 2012/13

** 2013/14 based on local data

**Patient Safety Incidents**

The Western Sussex Hospitals NHS Foundation Trust considers that this number and/or rate is as described for the following reasons: The Trust is a high reporter of patient safety incidents in the South East Coast Region for large acute Trusts, signifying a positive reporting culture for learning and improving from when things have gone wrong, with effective systems in place to minimise the risks of significant harm to patients.

The Western Sussex Hospitals NHS Foundation Trust intends to take the following actions to improve this number and/or rate, and so the quality of its services, by: The Trust will continue to promote the reporting of patient safety incidents across the organisation in order to learn and improve. Themes, trends and learning from incidents will continue to be discussed and analysed through a variety of forums including the divisional clinical governance sessions, Triangulation Group, the Trust Brief newsletter and Divisional Governance Reviews.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patient safety incidents</td>
<td>3935</td>
<td>3478</td>
<td>3996</td>
<td>4097</td>
<td>NA</td>
</tr>
<tr>
<td>Rate of patient safety incidents per 100 admissions</td>
<td>6.5</td>
<td>5.8</td>
<td>6.5</td>
<td>6.7</td>
<td>5.8 (0 to 13.6)</td>
</tr>
<tr>
<td>Number of patient safety incidents resulting in severe harm or death</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>NA</td>
</tr>
<tr>
<td>Percentage of severe harm or death incidents as a percentage of the total incidents</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
<td>No data</td>
</tr>
</tbody>
</table>
*Based on all ‘Large Acute’ organisations for October 2012 to March 2013. There is a discrepancy between the data required by statute for this indicator (which requires the rate of severe harm or death to be reported as a percentage of the total incidents) and the form this data is reported by the HSCIC. The above table reports the former.
Part 3

How have we done?

We have succeeded in the past year in driving up quality in a number of key areas. The progress we have made in last year’s priority areas of infection control and reducing avoidable mortality are described in part 2 of this Quality Report. These remain important priorities for us this year.

Our work relating to the three other quality improvement priorities that we set out in last year’s quality report is described below.

**Improvement priorities from previous quality report**

Developing a culture that promotes patient safety

There are many millions of interactions between multidisciplinary clinicians and patients every year, with generally good results. But in discussion with their patients, clinicians often have to balance the expected benefits of a treatment with its potential to do some harm, such as unwanted drug side effects. Some risks can be substantially reduced by activities aimed specifically at improving patient safety.

We already have a strong culture of patient safety. For example, during 2012/13, we were awarded Level 2 compliance with general standards for safety set by the NHS Litigation Authority (NHSLA) and were awarded level 3 with a special set of standards called CNST (Clinical Negligence Scheme for Trusts) for maternity care. This was a great achievement, not only to be one of the few maternity services in England to have achieved such high standards of patient safety, but to achieve it with a massive score of 49 out of 50. The external assessors were particularly impressed with the level of staff engagement in reaching the standards; with our maternity notes; and our on line training for all clinicians working within maternity services. These levels of award demonstrate that our patient safety policies and principles have been effectively embedded into practice and that we have appropriate processes for managing and minimising risk.

We know, however, that the very highest standards can only be attained if safety is embedded in the culture of our organisation – in the values, attitudes and behaviours of all
our staff. We have always promoted a culture that values the importance of patient safety, partly through a continuous, open and constructive dialogue with all our staff, and by responding positively to their feedback.

Last year, we had planned to try measuring safety culture in several clinical services using a survey tool such as the Safety Attitudes Questionnaire. This approach aims to measure staff attitudes to: teamwork climate; safety climate; perceptions of management; job satisfaction; working conditions; and stress recognition. Although the use of these survey tools is in its infancy, we thought it might provide helpful information about interventions that could further strengthen our safety culture. Our annual staff survey assesses staff perceptions in a number of ways, many of which are similar to the areas addressed by safety culture questionnaires. On further consideration and discussion, it became clear that our staff had already identified a number of important developments in the pharmacy and operating theatre departments, which would lead to an enhanced safety culture. These improvements, described below, were therefore given priority and we decided not to proceed with additional surveys in case these proved a distraction.

In pharmacy, we have developed a medication error assessment tool and an associated policy for managing staff involved in medication errors. Fully tailored root-cause analysis tools are used to investigate errors that can occur in specified complex medication regimens, such as those associated with oral chemotherapy. Prescribing competency assessments have been introduced for the most junior (F1) doctors when they join our hospital teams, and additional pharmacy continuing professional development (CPD) sessions have been made available for other staff. In 2013/14, we will extend even further the training and testing of junior and senior staff who prescribe drugs, and this will be supplemented by the use of a region-wide comprehensive e-learning programme for medicines. The pharmacy department is also exploring the possibility of undertaking a review of safety culture amongst junior (F1) doctors.

Our surgical division has implemented a programme of patient safety initiatives and targeted events aimed specifically at the operating theatre departments. This has included establishing a Theatre Patient Safety Group; improving management structures; and introducing the ‘productive operating methodology’. This proven methodology is an approach created and supported by the NHS Institute for Innovation and Improvement to deliver significant improvements in safety, efficiency and patient care through cultural change and by enabling front line theatre teams to transform the way they work. The
operating theatre departments have been inspected through a series of unannounced external reviews. The initial visits of the review team observed safety processes in conjunction with conversations and meetings with staff. The final visit was in December 2013 and the review team reported that between their four visits significant work had been undertaken; that a positive commitment exists to patient safety; and that there had been a further strengthening of a culture of patient safety.

We believe the arrangements now in place will ensure that improvements made in operating theatre safety over the last two years will be maintained, ensuring that the risk of error is always minimised. For example, we will continuously monitor adherence to the WHO safe surgical checklist with direct feedback to teams of any areas of concern.

We pride ourselves in providing the highest quality of care for all our patients, and the frail and elderly are the vast majority of our emergency admissions.

One of the NHS staff pledges is to engage staff in decisions that affect them and the services they provide, and empower them to put forward ways to deliver better and safer services. We are particularly pleased that our staff survey in 2013 indicates increased scores from the previous year to staff reporting good communication between senior management and staff, and the percentage of staff reporting being able to contribute to making improvements at work. The staff survey also shows an increase from the previous year in the proportion of staff who would recommend the trust as a place to work or to receive treatment, placing us above the national average for this question. These are all important indicators of the organisation’s culture, including its approach to patient safety.

Care, compassion and communication

In our Trust Vision, we have told patients “we care about you”. This core value is reflected in a strategic objective to ensure that all patients are treated with care and compassion, by all staff, and at all times. We have promised patients that:

We will 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.
The National Inpatient Survey conducted on behalf of the Care Quality Commission (CQC) provides a detailed picture of how patients view us on a number of dimensions, and includes measures that relate strongly to the care and compassion shown by individual staff and by the organisation as a whole.

The National Inpatient Survey is a snap-shot at one point in time, the results of which are reviewed by the Trust’s Quality Board and reported to the Trust Board. To supplement this information, we also scrutinise all patient complaints and enquiries made through our Patient Advice and Liaison Service (PALS), and use our Real Time Patient Experience programme of surveys to obtain continuous and up-to-date knowledge of how our patients view the way we are treating them. Results are reported to the Trust Board in a monthly quality report and our clinical divisions use the data to identify areas of concern, take forward improvement measures, and monitor improvements. Progress is also reported through our divisional quarterly governance reviews and discussed with our Stakeholder Forum Group.

This year has seen the launch of the Government’s Friends and Family Test. The A&E Department and adult inpatient wards collected feedback throughout the year and the maternity department commenced in October. We now receive feedback from around 30% (over 2500 responses) of all adult inpatients and A&E attenders, allowing us to learn about their experiences. National guidance details how this question will be scored nationally as follows: The proportion of respondents who would be extremely likely to recommend MINUS the proportion of respondents who would not recommend. This results in scores with a possible range of -100 to 100. There is also the opportunity for patients to give qualitative feedback explaining their response. Our scores are well above the national average for A&E and in line with national average for inpatient wards. Whilst it is early days for maternity, response rates are growing and have been very positive.

The findings from the 2013 National Inpatient Survey for Western Sussex Hospitals NHS Trust have been published by the Care Quality Commission (CQC). The survey asked the views of adults who had stayed overnight as an inpatient in August 2013. Our inpatients were asked what they thought about different aspects of the care and treatment they received during their stay in our hospitals.
One of the questions in the survey asks patients to report on their overall experience and the response of our patients places us in the top 20% of all Trusts nationally\(^\text{10}\). We are pleased that the survey continues to show that most of our patients feel that they have been treated with dignity and respect. Our score for this part of the survey has increased in each of the last two years and now places us in the top 20% for all Trusts nationally, a goal we set ourselves for this year. For the second consecutive year, there has also been an increase in the number of people in the survey who reported that they had been asked about the quality of service they had received as a patient, again placing us in the top 20% of all Trusts nationally.

The survey results also demonstrated that our nurses are taking care to ensure that patients get answers to their questions; that patients have confidence and trust in their nurses; and that patients could talk to staff about their worries and fears, receiving enough emotional support. In all these areas, the responses to survey questions placed us with the highest performing Trusts nationally.

In a number of other important practical ways, such as reducing the number of occasions when patients share sleeping areas with patients of the opposite sex, sharing of shower or bath facilities with patients of the opposite sex, and being given enough privacy when discussing their condition, the survey also shows that we have maintained our strong position. Although these results are very encouraging, we will strive continually for improvements so that every individual patient who comes through our doors feels that they have been treated with kindness and respect, by all staff and at all times.

In 2012, the National Inpatient Survey indicated that too many of our patients hadn’t received enough help to eat their meals. Working with our hospitals voluntary service, we introduced a ‘Dining Companions’ scheme with the expectation that we would see a significant improvement in this aspect of our patients’ experiences when reported in future surveys. We met our goal for 2013/14 by achieving a substantial increase from last year, to a score of 75%, with only 3% of all patients reporting that they hadn’t received enough help.

We also set ourselves some very specific goals about giving patients clear information on what to expect and do after leaving hospital, and about letters between hospital doctors and

\(^{10}\) Our ratings from the National Inpatient Survey were based on the responses of 474 patients who had at least one overnight stay at St Richard’s or Worthing Hospitals and were discharged in August 2013
family doctors being written in a way that is more easily understood by patients. Our goals were to increase our scores by at least 10% in the next National Inpatient Survey for three questions: 

i) before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital? (Scores: 2012 = 6.0, 2013 = 6.2)

ii) did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? (Scores: 2012 = 7.1, 2013 = 7.5)

iii) If you received copies of letters sent between hospital doctors and your family doctor (GP), were these written in a way that you could understand? (Scores: 2012 = 8.2, 2013 = 8.4)

In all cases, we achieved modest increases to our scores for these questions. We know we have more to do to improve the information we give to patients when they are discharged from hospital, and we have plans to do this during the coming year.

Our Real Time Patient Experience (RTPE) system enables us to undertake much more frequent surveys of how patients feel about their experiences and in more detail than is provided by the friends and family test. From April 2013 to March 2014, 5572 surveys have been completed by patients in many different areas, including inpatient wards, Accident & Emergency Departments, Outpatient Departments, children’s services and maternity. For 2013/14, on average around 430 patients were surveyed every month on our wards. The results from surveys are being used at all levels of the organisation to monitor performance and identify areas for improvement.

There are five broad measures for which we set goals for improvement through the year: hospital environment, assistance, compassion, communication and overall experience. These were monitored by the Trust board through the quality scorecard each month and it is noteworthy that we achieved our targets for improvement in all five measures.

Our plan for improvement in 2013/14 was developed in partnership with our stakeholder forum. The principal themes for 2013/14 were: nutritional support; information on discharge; and communication throughout the patient pathway. The introduction of dining companions alongside continuing efforts to embed protected mealtimes and the red tray and red mug schemes has led to an improvement in our national survey results as described above, with real-time survey satisfaction remaining above 90%. Whilst the real-time surveys...
do not include a question relating specifically to discharge information the overall scores for information and communication for the past year have improved to 78% (from 76% in 2012).

We aimed for an improvement in 2013/14 to the number of patients who report through our RTPE programme that we have protected their privacy, setting ourselves a target of at least 90% of patients rating us as good or excellent. Whilst responses in the national inpatient survey showed 91% satisfaction (compared to 88% in 2012), our real-time survey data suggested only 79% of patients rating us good or excellent compared to 78% for the same period in 2012/13. Whilst this shows that there is still work to do in this area, overall satisfaction for compassionate care, as assessed by real-time surveys, remains very high (90% in 2013/14 and 89% in 2012/13).

The Trust participates very actively in a peer review Care & Compassion programme (also called ‘Sit and See’). This involves staff and volunteers who have received training in use of the tool visiting ward areas and observing patient-visitor and staff interactions, scoring every interaction as either positive, passive or poor. Internal reviews have been conducted each quarter across a number of adult inpatient areas with an external peer review in October. Scores for compassion in general care and patient visitor engagement have been reported through the quality scorecard with an overall score in both areas being 83% for the year. The external review was conducted across 18 inpatient wards with scores for general care being 88.1% and patient visitor engagement being 83.9%. In addition, members from the Patient Association conducted a series of observations using the tool in both our A&E departments. This was conducted out of hours in November and December and provided very positive feedback. There are plans for the coming year to embed training in the use of this tool in staff development programmes and to continue with regular observations, extending to outpatients and theatre departments.

We also took forward the vision and strategy for nursing, midwifery and care staff called ‘Compassion in Practice’ to promote even stronger values of care, compassion, competence, communication, courage and commitment amongst all our staff.

**Improving clinical records and clinical coding**

Maintaining good clinical records is important for the safety of our patients. Patients are often transferred between teams and wards whilst in hospital and it is essential that notes
about their condition and treatments are recorded carefully so that clinical staff know what has already occurred. It is also important that clinicians have a good record of any previous episodes of hospital care.

In 2012/13, we established and implemented a new style of clinical records, using a format recommended as best practice by the Royal College of Physicians. The use of this new format of records is now standard practice throughout the trust.

One of the key indicators we use to determine the quality of clinical records is whether or not it is clear who has made important entries. We have re-audited samples of clinical records in 2013/14 to assess how well they are being maintained. The audit showed that 90% of entries were signed, though only 66% recorded a legible printed name. We are pleased that this is an improvement from the previous year when 60% of entries showed a legible printed name, though we did not achieve the very challenging target that we had set for records showing a printed name. Although it would usually be possible to identify the author of an entry from a signature alone, we still need to do more to encourage the better practice of recording a printed name alongside the signature. We will re-audit entries to clinical records again in 2014/15.

Every time a patient is admitted to hospital, the diagnoses that are made of their condition and any procedures they receive are described in the clinical record and then coded. This coding enables important analyses to be undertaken that help us understand trends in our activity and performance. Coded and anonymised data is also used by external organisations, such as Dr Foster and the Care Quality Commission, to monitor how well we are doing in treating different groups of patients, and by our commissioners.

The accuracy of our clinical coding is assessed internally through audit studies and, in some years, externally by the Audit Commission as part of a Payment by Results audit. The results of our most recent audits are described earlier in this report (see ‘Data Quality’ in Part 2 of the report).

In our last quality report, we described a number of actions aimed at improving the accuracy of our clinical coding and we have made good progress with these:

- Training and awareness initiatives were undertaken to increase the use of electronic discharge summaries.
• Annual assessments were introduced for clinical coders with most coders scoring highly and extra support being given where required in the form of additional training, monitoring and audit of individuals’ practice.

• Seven data quality audits/spot checks were completed and a further 11 data quality workshops held with staff in areas where problems had been identified.

• A Data Quality Leaflet was produced and distributed to reception areas to help staff understand the importance of data quality and to describe best practice.

• Senior clinical coders have been involved in audits of case notes arranged by the clinical audit team, thereby ensuring shared learning.

• Exception reports that provide early identification of coding problems are now embedded as part of the normal work flow.

Overview of quality of care based on performance indicators

As well as working to address our goals for the quality improvement priorities set out in last year’s Quality Report, we continue to strive to improve our performance in other ways. Below, we provide an overview of the quality of care that we provide in terms of our performance against a range of important local quality indicators and relevant indicators set out by Monitor’s Risk Assessment Framework.

Local Quality Indicators – Clinical Effectiveness, Patient Safety, and Patient Experience

The following indicators are drawn from the Trust Quality Scorecard which is reviewed by the Trust Board each month. They relate to the three domains of quality: patient safety, clinical effectiveness, and patient experience. Quality indicators reported to the board are selected to provide a comprehensive picture of clinical quality in areas identified through our clinical quality strategy and the priorities for quality improvement set out in our quality reports. We consult with external stakeholders and patient representatives, as well as our own staff, about quality, ensuring that a broad range of interests are reflected in the planning of quality developments and reporting of quality indicators.
Where available, in the following tables, we provide historical and national performance data to demonstrate our progress over time and our performance compared to other healthcare providers.

Every year, the trust reviews the set of key metrics that it provides to the Trust Board to ensure that they remain appropriate to providing assurance about the high quality and safety of patient care. New metrics, such as the Patient Safety Thermometer (rolled out in 2012/13) and the Friends and Family Test (also implemented in 2012/13 for inpatients and A&E and expanded to include Maternity during 2013/14), offer additional scope for benchmarking and comparison with other trusts. As such this year’s list of local quality indicators is slightly different from that contained in our previous Quality Accounts. Metrics that are no longer reported formally to the Trust Board may continue to be measured, reported and reviewed by other groups within the trust.

To avoid duplication, indicators which have been reported earlier in this report have not been repeated in this local indicators section.

**Patient Safety**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012/13</th>
<th>2013/14</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety thermometer: Percentage patients harm-free (This is a once a month point prevalence review, a ‘temperature check’, across the whole Trust of whether patients have suffered four key harms: pressure ulcers, falls, VTE events and urinary tract infections associated with catheters. It includes patients who suffered these harms in community care).</td>
<td>94.0%</td>
<td>93.9%</td>
<td>National average (12 months to Jan 2013) = 92.2%</td>
</tr>
<tr>
<td>Safety thermometer: Percentage patients suffering no new harms (As above, however this only includes patients who suffer these four harms after admission).</td>
<td>97.5%</td>
<td>97.9%</td>
<td>National average (12 months to Jan 2013) = 97.1%</td>
</tr>
<tr>
<td>Falls resulting in harm</td>
<td>481</td>
<td>461</td>
<td>481 or less</td>
</tr>
<tr>
<td>Falls resulting in severe harm or death</td>
<td>2</td>
<td>5</td>
<td>2 or less</td>
</tr>
<tr>
<td>Percentage of patients who have had a</td>
<td>90.9%</td>
<td>92.7%</td>
<td>80% or more</td>
</tr>
<tr>
<td>Indicator</td>
<td>12 months ending Jan 2013</td>
<td>12 months ending Jan 2014</td>
<td>Target</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Trust-wide Standardised Mortality Ratio (SMR)* for Hip Fracture</td>
<td>123.9</td>
<td>110.4</td>
<td>100 or less</td>
</tr>
<tr>
<td>SMR for Hip Fracture Worthing Hospital</td>
<td>111.75</td>
<td>115.3</td>
<td>100 or less</td>
</tr>
<tr>
<td>SMR for Hip Fracture St Richards Hospital</td>
<td>143.4</td>
<td>103.0</td>
<td>100 or less</td>
</tr>
</tbody>
</table>

*The Standardised Mortality Ratio (SMR) is the Dr Foster measure described under Priority 3 above but measured at lower than Hospital level, in this case for only patients with a hip fracture diagnosis (i.e. SMR = HSMR without the H).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012/13</th>
<th>2013/14</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Section rate</td>
<td>24.7%</td>
<td>26.1%</td>
<td>24.7% or less</td>
</tr>
<tr>
<td>% Mothers requiring forceps</td>
<td>11.3%</td>
<td>11.9%</td>
<td>15% or less</td>
</tr>
<tr>
<td>% deliveries complicated by post-partum haemorrhage (i.e. blood-loss)</td>
<td>0.7%</td>
<td>0.8%</td>
<td>1% or less</td>
</tr>
<tr>
<td>% unexpected admission of term babies to neonatal care</td>
<td>2.7%</td>
<td>3.2%</td>
<td>10% or less</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013/14 Q1</th>
<th>2013/14 Q2</th>
<th>2013/14 Q3</th>
<th>2013/14 Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% emergency admissions staying more than 72 hours screened for dementia</td>
<td>20.3%</td>
<td>53.9%</td>
<td>85.0%</td>
<td>91.1%</td>
<td>90% or more</td>
</tr>
<tr>
<td>% patients for whom further investigations are carried out</td>
<td>76.6%</td>
<td>78.7%</td>
<td>84.9%</td>
<td>96.2%</td>
<td>90% or more</td>
</tr>
<tr>
<td>% referred for specialist care or further investigation on</td>
<td>100%</td>
<td>94.5%</td>
<td>97.0%</td>
<td>99.2%</td>
<td>90% or more</td>
</tr>
</tbody>
</table>
Patient experience

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012/13</th>
<th>2013/14</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and family score: Inpatients*</td>
<td>New indicator</td>
<td>76</td>
<td>No target. National average* = 72</td>
</tr>
<tr>
<td>Friends and family score: A&amp;E</td>
<td>New indicator</td>
<td>75</td>
<td>No target. National average* = 54</td>
</tr>
<tr>
<td>Friends and family score: Antenatal care</td>
<td>New indicator</td>
<td>77</td>
<td>No target. National average = 67</td>
</tr>
<tr>
<td>(since October 2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and family score: Delivery (since</td>
<td>New indicator</td>
<td>79</td>
<td>No target. National average = 76</td>
</tr>
<tr>
<td>October 2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and family score: Post-natal</td>
<td>New indicator</td>
<td>67</td>
<td>No target. National average = 65</td>
</tr>
<tr>
<td>ward (since October 2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends and family score: Post-natal</td>
<td>New indicator</td>
<td>67</td>
<td>No target. National average = 75</td>
</tr>
<tr>
<td>community care (since October 2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaches of mixed sex accommodation</td>
<td>0.02%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nutritional assessments undertaken in 24 hours</td>
<td>85.6%</td>
<td>85.5% (to Jan)</td>
<td>80% or more</td>
</tr>
<tr>
<td>Nutritional assessments undertaken in 7 days</td>
<td>95.4%</td>
<td>97.0%</td>
<td>95% or more</td>
</tr>
<tr>
<td>Total complaints</td>
<td>565</td>
<td>522</td>
<td>562 or less</td>
</tr>
<tr>
<td>Internal Patient Led Assessments of Care</td>
<td>95%</td>
<td>95%</td>
<td>85%</td>
</tr>
<tr>
<td>Environment (PLACE): Worthing Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Patient Led Assessments of Care</td>
<td>95%</td>
<td>97%</td>
<td>85%</td>
</tr>
<tr>
<td>Environment (PLACE): St Richards Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* As described above, the Friends and Family Test was introduced in 2012/13 for inpatients and A&E attendance. Patients are asked ‘How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?’ The test was introduced to maternity services in 2013, where, in line with national guidance, women are asked for their views at four key stages in their care. National guidance details how this question will be scored nationally: The proportion of respondents who would be extremely likely to recommend (response category: ‘extremely likely’) MINUS the proportion of respondents who would not recommend (response categories: ‘neither likely nor unlikely’, ‘unlikely’ and ‘extremely unlikely’) (the response ‘likely’ is included in the percentage but does not have a positive or negative impact).
This results in scores with a possible range of -100 to 100. National averages are based on the average monthly national score for the period for which data is currently available (i.e. April 2013 to February 2014 for inpatients and A&E, and December 2013 to February 2014 for Maternity).
Access and Outcome Indicators relevant to our trust (as described by Monitor’s Risk Assessment Framework)

Monitor is the sector regulator for health services in England and works closely with the Care Quality Commission, the quality and safety regulator. As a foundation hospital, we report to Monitor our performance against a limited set of national measures of access and outcome. Monitor uses performance against these indicators as a trigger to detect potential governance issues in foundation hospitals.

The following table shows performance against the relevant indicators in Monitor’s Risk Assessment Framework. These are key national targets. The Trust is given an overall weighted score based on the number of indicators that it has not met. An overall score of 0 is coded green; 1 amber/green; 2 amber; 3 amber/red; and 4 or more red. Full details of the indicator scoring can be found at:

### Performance Against the Monitor Risk Assessment Framework

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4 (tbc)</th>
<th>Indicated met</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted</td>
<td>90%</td>
<td>90.15%</td>
<td>90.35%</td>
<td>90.30%</td>
<td>90.32%</td>
<td>✓</td>
</tr>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted</td>
<td>95%</td>
<td>96.63%</td>
<td>95.99%</td>
<td>95.40%</td>
<td>90.30%</td>
<td>✗</td>
</tr>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway</td>
<td>92%</td>
<td>94.16%</td>
<td>93.55%</td>
<td>92.30%</td>
<td>90.82%</td>
<td>✗</td>
</tr>
<tr>
<td>A&amp;E: maximum waiting time of four hours from arrival to admission/transfer/discharge</td>
<td>95%</td>
<td>97.01%</td>
<td>96.36%</td>
<td>96.43%</td>
<td>95.40%</td>
<td>✓</td>
</tr>
<tr>
<td>All cancers: 62-day wait for first treatment following urgent GP Referral</td>
<td>85%</td>
<td>88.96%</td>
<td>85.19%</td>
<td>87.08%</td>
<td>86.17%</td>
<td>✓</td>
</tr>
<tr>
<td>All cancers: 62-day wait for first treatment following consultant screening service referral</td>
<td>90%</td>
<td>93.57%</td>
<td>92.17%</td>
<td>93.23%</td>
<td>91.14%</td>
<td>✓</td>
</tr>
<tr>
<td>All cancers: 31-day wait for second or subsequent treatment - surgery treatments</td>
<td>94%</td>
<td>98.92%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>✓</td>
</tr>
<tr>
<td>All cancers: 31-day wait for second or subsequent treatment - drug treatments</td>
<td>98%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>✓</td>
</tr>
<tr>
<td>Indicator</td>
<td>Target</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4 (tbc)</td>
<td>Indicator met</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>All cancers: 31-day wait from diagnosis to first treatment</td>
<td>96%</td>
<td>99.84%</td>
<td>98.21%</td>
<td>99.86%</td>
<td>98.88%</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer: two week wait from referral to date first seen - All patients</td>
<td>93%</td>
<td>97.37%</td>
<td>98.46%</td>
<td>98.68%</td>
<td>98.04%</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer: two week wait from referral to date first seen - Symptomatic breast patients</td>
<td>93%</td>
<td>97.25%</td>
<td>98.53%</td>
<td>98.14%</td>
<td>97.95%</td>
<td>✓</td>
</tr>
<tr>
<td>OUTCOMES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clostridium Difficile – meeting the Clostridium Difficile objective</td>
<td>46</td>
<td>25</td>
<td>12</td>
<td>7</td>
<td>13</td>
<td>✗</td>
</tr>
<tr>
<td>Certification against compliance with requirements re access to healthcare for people with a learning disability</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>✓</td>
</tr>
<tr>
<td>Overall monitor compliance framework score</td>
<td>1.0</td>
<td>1.0</td>
<td>1.0</td>
<td>3.0</td>
<td>3.0</td>
<td></td>
</tr>
</tbody>
</table>
Other quality areas where we strive for improvement

The Enhancing Quality and Recovery Programme

Now in its fourth year, the Enhancing Quality and Recovery (EQ&R) Programme is delivering sustainable transformational change. The programme continues to support quality improvement for existing pathways and the development of new work streams. The programme’s overarching aim is to support clinical teams to *get it right for every patient every time*.

Clinicians who have been involved in the EQ&R programme feel strongly that it has been a significant benefit to patients and to the clinical teams providing their care. They report that the process has facilitated other improvements that are not captured as part of the programme.

The programme is now part of the service improvement work being overseen by the local Academic Health Science Network (AHSN), enabling linkage to key strategic priorities for development and improvement in Surrey, Sussex and Kent.

The Trust has continued to participate enthusiastically in the programme, making significant improvements in the existing pathways in addition to making significant contributions to the development of new improvement work in collaboration with other providers across Surrey, Sussex and Kent.

**EQ Community Acquired Pneumonia**

The Trust has made a marked improvement in the last 12 months in delivering the full bundle of care to patients presenting with pneumonia. The addition of CURB 65 scoring into the care bundle created some additional challenges which have gradually been overcome across the period through ongoing education, feedback of performance and the commitment of the clinical teams. This has occurred in the context of a rising number of pneumonia admissions per 1000 population. It is fully recognised that there is room for further improvement which, together with a move to fully align the care with BTS guidance, will be the focus of 2014/15.

Although no local statistical significance can currently be applied to the programme’s effect on outcomes, it is clear that since the Trust has been involved in the pneumonia pathway
work there has been a significant reduction in the risk adjusted mortality for this group of patients.

**EQ Heart Failure**

The Trust has made a marked improvement in the last 12 months in delivering the full bundle of care to patients presenting with heart failure. This is a particularly challenging pathway for all trusts and a number of strategies for improvement have been implemented since the programme began. A significant investment in the service has been made in 2013/14 and this has resulted in a marked improvement in performance. The full benefits of this particular pathway have positively impacted on more patients than are represented in the EQ population. Patients who do not meet the eligibility criteria for EQ are also receiving input from the specialist team.

The trust has also seen a marked reduction in the readmission rate of patients with heart failure since the programme began.

**EQ Dementia**

In accordance with a CQUIN for 2013/14, the trust has built the review of antipsychotic drugs into the national CQUIN workflow. For all patients discharged on antipsychotic drugs, a letter is sent to their GP suggesting review.

**Acute Kidney Injury (AKI)**

The Trust is currently collecting data to form a baseline for improvement targets to be set in 2014/15. This is a key area of work for the Trust in 2014/15 with a high potential for improvement in care, reduction in mortality, morbidity and length of stay. This improvement work is being aligned closely with other programmes including research, and is one of the quality improvement priorities described earlier in this report.

**Enhanced Recovery Programme**

The Trust has fully implemented enhanced recovery programmes in three clinical pathways and has exceeded the CQUIN targets set for the delivery of the enhanced recovery care bundles. There has been a reduction in median length of stay in all pathways but most notably in hips and knees, with very positive feedback from patients.

**Proposed Work programme for 2014/15**
Work in 2014/15 will include:

- Continuation of the existing pathways with further improvement targets set using 2013/14 performance as the baseline
- Enhanced work programme on AKI with performance targets set on baseline.
- Work has already commenced on COPD and bone health, (including fractured neck of femur).
- High impact innovations. Benchmarking and collaborative improvement work. Possible programme related to NICE implementation.

Our clinical quality strategy

We are currently reviewing and refreshing our clinical quality strategy in light of progress in previous years and challenges ahead. Central to this is a joined up approach with our commissioners and other providers in the Coastal Cabinet area. A major focus will be advanced care planning for our elderly and at risk population and more integrated working will facilitate this. Seven day working will be a major quality improvement element for the Trust and this year will see significant progress. Again integration across the Coastal Cabinet area will ensure that seven day working within the Trust is matched by similar improvements within the community and social care areas. Better use of technology will underpin our strategy – key elements for this year are the roll out of electronic prescribing which will be part of the solution to minimising drug errors and the move to a more electronic patient care record.

Mortality review

In the coming year, we will be taking a more systematic approach to the audit and scrutiny of all deaths that occur in our hospitals to ensure that any remedial factors are identified and that these help drive our quality agenda.
Who was involved in the content of this report and the priority setting?

The content of this report was agreed with the Trust’s Executive Team, Senior Clinical Staff (Clinical Leaders Group) and the Trust Board. Our priorities for quality improvement in 2014/15 are based on our Quality Strategy and follow a consultation workshop held in February 2014 with senior staff, non-executive directors of the trust, and representatives of our stakeholder organisations (Coastal West Sussex Clinical Commissioning Group, Healthwatch West Sussex and West Sussex County Council Health and Adult Social Care Committee). Governors of the trust were involved in the development of the report through receiving papers of the consultation workshop and drafts of the report. They agreed the priorities for quality improvement in 2014/15 and selected one of the performance indicators to be tested by external auditors.

The report has been reviewed by our principal commissioner, Coastal West Sussex Clinical Commissioning Group, by Healthwatch West Sussex, and by West Sussex County Council Health & Adult Social Care Select Committee. They have been invited to review the report and their comments are included below (in annex 1).
Appendix 1: National Clinical Audit and Patient Outcomes Programme (listed by the National Clinical Audit Advisory Group)

<table>
<thead>
<tr>
<th>National Clinical Audits</th>
<th>National Clinical Audit and Patient Outcomes Programme (NCAPOP)*</th>
<th>Was the trust eligible to take part</th>
<th>Did the Trust take part</th>
<th>Percentage of data collection completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute coronary syndrome or Acute myocardial infarction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Adult cardiac surgery audit</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adult community acquired pneumonia</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>Adult critical care (Case Mix Programme)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Bronchiectasis (Paediatric)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Chronic kidney disease in primary care</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Congenital heart disease (Paediatric cardiac surgery)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Coronary angioplasty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>National Clinical Audits</td>
<td>National Clinical Audit and Patient Outcomes Programme (NCAPOP)*</td>
<td>Was the trust eligible to take part</td>
<td>Did the Trust take part</td>
<td>Percentage of data collection completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>Diabetes (Paediatric)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Emergency use of oxygen</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>100% Worthing only</td>
</tr>
<tr>
<td>Epilepsy 12 audit (Childhood Epilepsy)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme, includes National Hip Fracture Database</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Head and neck oncology</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Moderate or severe asthma in children (care provided in emergency departments)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>National audit of dementia audit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>National Clinical Audits</td>
<td>National Clinical Audit and Patient Outcomes Programme (NCAPOP)*</td>
<td>Was the trust eligible to take part</td>
<td>Did the Trust take part</td>
<td>Percentage of data collection completed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>National audit of schizophrenia</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>National Audit of Seizure Management (NASH)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>National Cardiac Arrest Audit</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Resuscitation committee considering participation next year</td>
</tr>
<tr>
<td>National comparative audit of blood transfusion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>National emergency laparotomy audit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>National Joint Registry</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>National Vascular Registry, including CIA and elements of NVD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [Worthing only].</td>
</tr>
<tr>
<td>Neonatal intensive and special care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-invasive ventilation – adults</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A for this period</td>
</tr>
<tr>
<td>Oesophago-gastric cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Yes</td>
<td>TBC</td>
<td>TBC</td>
<td>Not commenced</td>
</tr>
<tr>
<td>Paediatric asthma</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>100% [All sites]</td>
</tr>
<tr>
<td>National Clinical Audits</td>
<td>National Clinical Audit and Patient Outcomes Programme (NCAPOP)*</td>
<td>Was the trust eligible to take part</td>
<td>Did the Trust take part</td>
<td>Percentage of data collection completed</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Paediatric intensive care [PiCa]</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Paracetamol Overdose (care provided in emergency departments)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health (POMH-UK) (Prescribing in mental health services)</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pulmonary hypertension</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Renal replacement therapy (Renal Registry)</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rheumatoid and early inflammatory arthritis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP), includes SINAP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Severe sepsis &amp; septic shock</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Severe trauma [Trauma Audit &amp; Research Network]</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Ongoing [All sites]</td>
</tr>
<tr>
<td>Specialist rehabilitation for patients with complex needs</td>
<td>Yes</td>
<td>TBC</td>
<td>TBC</td>
<td>Not commenced</td>
</tr>
<tr>
<td>National Confidential Enquiries</td>
<td>National Clinical Audit and Patient Outcomes Programme (NCAPOP)*</td>
<td>Was the trust eligible to take part</td>
<td>Did the Trust take part</td>
<td>Percentage case notes submitted</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Lower limb amputation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Tracheostomy care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Subarachnoid haemorrhage</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>100%</td>
</tr>
<tr>
<td>Alcohol related liver disease</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>66%</td>
</tr>
</tbody>
</table>
## Appendix 2: Actions resulting from reviews of National Clinical Audits

<table>
<thead>
<tr>
<th>Audit title</th>
<th>Main points of action</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Joint Registry</td>
<td>Continuing surveillance of joint infections is undertaken through the infection control committee.</td>
</tr>
<tr>
<td>MINAP</td>
<td>Monthly meetings take place to review all MINAP cases.</td>
</tr>
<tr>
<td>Dementia</td>
<td>Create a dementia and delirium pathway - set up a monthly meeting to timetable this project work. Aim to have Geriatrician involvement in all MDT’s. Aim to implement CQUIN assessment tool trust wide – a timetable has been put in place for training. Promote the use of PAINAD pain assessment tool - a timetable of teaching sessions for ward teams to be delivered by Dementia team. Regarding the liaison psychiatry service for working age and older age adults across the Trust - increase cover to include out of hours service provision. Introduce a carer’s ‘hub’ for carers of in-patients. Introduce a carer’s ‘passport’ to ensure that carers are involved in decisions about care and discharge plans. Introduce an F1 teaching programme covering documentation of anti-psychotic medicines, aspects of communication and guidance on dementia and delirium trust wide.</td>
</tr>
<tr>
<td>Carotid endarterectomy</td>
<td>A full service has now been commissioned to other trusts.</td>
</tr>
<tr>
<td>The Hip Fracture Database</td>
<td>The National Audit findings were generally encouraging showing that in most areas of process and outcome, the trust performed above national norms and/or have improved between 2012 and 2013. This is despite the frailty of our population as demonstrated by the higher proportion of patients admitted from residential care and with cognitive impairment (low aMTS). There have been improvements in time to surgery and use of total hip replacements and spinal anaesthetic. No major deficits have been identified through this audit. Efforts over the next year will be aimed at maintaining the previous year’s improvement whilst making marginal gains in some areas. Regular audit meetings take place to review the data on the NHFD along with monthly mortality and</td>
</tr>
<tr>
<td>Audit title</td>
<td>Main points of action</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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</tr>
<tr>
<td>Adult Asthma – British Thoracic Society</td>
<td>Promote the recording of patient advice to see their GP within one week of discharge in the patient’s health record. Liaise closely with respiratory team in both hospitals within the trust.</td>
</tr>
<tr>
<td>Emergency use of oxygen - British Thoracic Society</td>
<td>The audit of oxygen is audited by pharmacists and respiratory nurse regularly.</td>
</tr>
<tr>
<td>Renal colic – College of Emergency Medicine</td>
<td>Nurse triage training has been set up.</td>
</tr>
<tr>
<td>Feverish Children - College of Emergency Medicine</td>
<td>The lead nurse for paediatrics to re iterate and highlight the need for vital signs to be measured and recorded as part of the routine assessment. There is currently an emphasis on triage education. Review antibiotic prescribing in more detail. The urgent care pathway is currently in development and the care of children with fever pathway is a component of this. Add the CEM fractured neck of femur parameters to the data collected by the fractured neck of femur coordinator to include care in the ED. Data to be reported monthly to the multidisciplinary team thereby making it more timely and relevant.</td>
</tr>
<tr>
<td>Fractured neck of femur - College of Emergency Medicine</td>
<td>Modify and re- instigate the fractured neck of femur pathway to include ED care.</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease – biological Royal College of Physicians.</td>
<td>Improve the quality and quantity of IBD data. Trust requires a business case for £20 000 IBD database that records patient details and their therapies.</td>
</tr>
<tr>
<td>TARN</td>
<td>Monthly meetings take place to review all TARN cases.</td>
</tr>
</tbody>
</table>
Appendix 3: Actions resulting from reviews of local clinical audits 2013-14

<table>
<thead>
<tr>
<th>Title of audit</th>
<th>Recommendations/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric self-harm</td>
<td>The audit results identified that WSHT need to improve compliance with pathway guidance regarding admission to hospital. The results were presented at the Safeguarding Meetings, Medical Educational Meetings for A&amp;E and Paediatrics across the trust and also discussed with CAMHS. The results were also presented to the Regional Safeguarding Team. There was a joint agreement to improve referrals to CAMHS.</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics theatre start times</td>
<td>One possible way of reducing delay and starting the list on time is to be more efficient in the morning. Main action is to have the first patient of the day already decided before the 8.15 Trauma meeting. This should enable the ward, and theatres to be fully prepared for the first case of the day and make a prompt start.</td>
</tr>
<tr>
<td>Femoral Fractures</td>
<td>The aims of this audit were to assess the outcomes and time to surgery for all femoral fractures excluding neck of femur fractures over 1 year. The objective of this was to assess what the morbidity and mortality rate was for this group of patients. The results of this audit suggest that a multidisciplinary approach to these patients with early input from the ortho-geriatricians and where appropriate early surgery will be able to improve outcomes for this patient group. Recommend to introduce suggested care pathway for all femoral shaft fractures and peri-prosthetic fractures in the elderly.</td>
</tr>
<tr>
<td>Paediatric health records - junior doctors review</td>
<td>This audit is designed to help doctors who make entries into patient records to improve their practice. With every new intake of junior doctors, 10 sets of health records to be reviewed and the findings discussed during the educational training session. A rolling programme four monthly has been introduced.</td>
</tr>
<tr>
<td>Bacterial Meningitis &amp; Meningococcal Septicaemia</td>
<td>This audit has highlighted areas of good practice. This includes the initial observation period, selecting the correct antibiotics and ensuring the optimum treatment duration in confirmed bacterial meningitis or meningococcal septicaemia cases. However, the audit identified some areas which were not optimal. The recommendations as a result of the audit are to create locally appropriate version of NICE guidelines. Educate staff around importance of diagnosis of lumbar puncture if no contraindications. Re-audit in 2 years with a particular focus on antibiotic choices, fluid balance recording, PCR investigations and audiology follow-up.</td>
</tr>
<tr>
<td>Title of audit</td>
<td>Recommendations/Actions</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Red cells [Blood] transfusion 1-3 units in obstetric care</td>
<td>There has been significant improvement in adherence to the Trust guideline for Transfusion Practice within the maternity units at the trust. This suggests that changes to practice, implemented following the multi-disciplinary cross site meeting, have made positive changes to transfusion practices in maternity services. Although the numbers of transfusions given out of hours has reduced slightly, further work is required to manage this element of transfusion practice. This was discussed at the presentation of this audit and the maternity unit is working with the transfusion team to consider how this might be further reduced.</td>
</tr>
<tr>
<td>Fractured Neck of Femur Nutrition</td>
<td>The aim of the audit was to identify if the trust were adequately meeting recommendations on the assessment of nutritional status and prescription and administration of nutritional supplements for fracture neck of femur patients. The standards were not fully achieved for nutritional assessment with regards MUST score. There was poor prescribing of nutritional supplements from admitting team. A comprehensive action plan was developed: Education of junior doctors who are prescribing nutritional supplements. Education of nursing staff regarding timing of giving pre-op fortijuice – prompt prescription of nutritional supplements is required. Discussion with nutrition team regarding best practice for nutritional supplementation pre and post-op.</td>
</tr>
<tr>
<td>NICE [CG124] implementation plan on hip fracture - Surgical procedures supervision</td>
<td>Results of this audit were disseminated and discussed within the surgical division. The recommendations are to continue to ensure that patients who have a displaced intracapsular fracture and accomplished standards for the assessment of pre-operative mobility are considered for a Total Hip Replacement. Consider IM nailing for subtrochanteric fracture and to increase numbers of junior doctors with level 4 PBA who undertake surgery for hemiarthroplasty.</td>
</tr>
<tr>
<td>A rapid audit of insulin charts, blood monitoring charts, admission foot examinations and HbA1c monitoring in diabetic patients</td>
<td>The aim of the audit was identify the monitoring of diabetic patients including blood monitoring chart, admission foot examination and availability of HbA1c results; and patients with chronic kidney disease had their eGFR measured at admission. The recommendations were to: ensure that the space on the drug and insulin charts diligently managed. Ensure the legibility of the prescribing doctor’s details - a dedicated space on the insulin charts for the doctor’s stamp is needed. The addition of the typed word ’units’ on both the prescription and drug delivery sections</td>
</tr>
<tr>
<td>Title of audit</td>
<td>Recommendations/Actions</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
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</tr>
<tr>
<td>Time to X-Ray in Suspected Hip Fractures</td>
<td>The College of Emergency Medicine (CEM) state that patients with a suspected fractured neck of femur should have an x-ray within one hour of arrival to A&amp;E or triage which ever is soonest. The aim of the audit is to determine whether the trust’s Emergency Department (ED) was meeting this standard. The results of the audit identified the need for improvement. The recommendations were to encourage staff to be pro – active about requesting imaging and include this in the training within the ED.</td>
</tr>
<tr>
<td>Cognitive Screening in the Elderly</td>
<td>The aim of the audit was to assess how well a cognitive screening algorithm proposed by the consensus group (British Geriatrics Society &amp; Faculty of Old Age Psychiatry) is adhered to. The recommendations were to increase awareness of the importance of conducting a AMTS during the first 72 hours of hospital admission. Increase awareness of other cognitive screening. And to have the screening forms more widely available in the medical geriatric wards</td>
</tr>
<tr>
<td>Audit of Outcome in Conservative Management of Sigmoid Volvulus</td>
<td>The aim if the audit was to look at outcomes for conservative treatment for sigmoid volvulus in the elderly patients with multiple co morbidities. The recommendation as a result of the audit is to have more aggressive management during the patient’s first admission.</td>
</tr>
<tr>
<td>Paediatric Status Epilepticus</td>
<td>The aim of the audit was to audit WSHT’s standard of care, against the trust’s guidelines. The recommendations were to up date the trust’s guideline; improve documentation of seizure activity; improve the documentation of the assessment of weight. These could be improved by regular updates at departmental meetings. A further action to disseminate the updated guideline. Re-audit once new guidelines have been ratified.</td>
</tr>
<tr>
<td>Assessment of hyperemesis Management</td>
<td>The audit was undertaken to assess whether there was consistency in the management of hypermesis. The trust was mindful that there wasn’t a guideline for hyperemesis and that was an endpoint of the audit. A new guideline on care of women with hyperemesis including option for treatment as a day case written was ratified and circulated.</td>
</tr>
<tr>
<td>Use of adult drug charts on the paediatric ward</td>
<td>The aim of this audit was to identify the use of adult prescribing charts on a paediatric ward. By decreasing the number of adult charts appearing on the ward it was hoped to decrease the chance of drug errors. Recommendations: The necessity of prescribing on the paediatric chart for all admissions to paediatric wards were highlighted at the junior doctors trust inductions. This is to be reiterated at every change of rotation during the year</td>
</tr>
<tr>
<td>Title of audit</td>
<td>Recommendations/Actions</td>
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</tr>
<tr>
<td>Profession Specific Audit of Stroke</td>
<td>The Royal College of Physicians has designed profession specific audit tools for use within a hospital setting following an acute stroke. The aims of the local Occupational Therapy (OT) profession specific audit were to: Bench mark the quality of OT stroke services compared to national standards; To provide detail to support practice development and to evaluate the progress of implementation of the National Clinical Guidelines for Stroke for OT’s. Recommendations - Improve inclusion of the following assessments (pre-stroke employment, pre-stroke domestic, pre-stroke leisure, pre-stroke driving, concerns of patient, contact with family/carer within 7 days of stroke, discussion of concerns of family/carer, assessment of lifestyle issues, employment issues, positioning/support, visual disturbance, MDT assessment of mood, need for orthotics, assessment of tone, and assessment of sensation) by 30%. Audit once new therapy paperwork has been implemented. Highlight to OT team the need to contact family/carers within 7 days of stroke and establish/document their needs. Discuss with MDT how to meet this need and possibility of discharge packs.</td>
</tr>
<tr>
<td>Metastatic Spinal Cord Compression (MSCC) Audit</td>
<td>The aim of the audit was to establish how many patients were referred to the Acute Oncology Team (AOT) and their cancer types; the length of time from referral to MRI; the outcome of the MRI and if metastatic spinal cord compression (MSCC) was confirmed the length of time to radiotherapy treatment. Recommendations: To agree pathways and policy; Audit MSCC data quarterly to ensure pre and post imaging data is recorded; Collect data of patients in possession of MSCC alert cards and question patient on usefulness.</td>
</tr>
<tr>
<td>Referral-to-Treatment Times in Patients Treated for Haematological Malignancy</td>
<td>The aim of the audit was to identify the proportion of patients that are treated within the target waiting times and study patient referral pathways, identifying causes of delays in treatment. There was excellent adherence to the 31-day standard, with a very high percentage of patients being treated within the target time. However, the target of patients were treated within the 62-day deadline was not met fully. The audit was presented on to the Haematology team (Consultants and Nurse Specialists). The team discussed how they could ensure decisions to ‘watch and wait’ only were made formally and communicated with the patient before the 62-day deadline. Recommendations: The Haematology team are to document formal ‘watch and wait’ decisions within 62 days. When a Haematological malignancy is suspected early discussion with ENT consultant is required regarding earlier lymph node biopsy.</td>
</tr>
<tr>
<td>Audit of WSHT Nasogastric Feeding</td>
<td>The aim of the audit was to ensure NGT positions were checked prior to use as recommended by the NPSA guidelines.</td>
</tr>
<tr>
<td>Title of audit</td>
<td>Recommendations/Actions</td>
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</tr>
<tr>
<td>[NGT] protocol</td>
<td>by either using pH or x-ray to confirm position. Recommendations following the audit: to complete a trust wide ward based refresher training course for the nursing staff covering the NPSA guidelines, WSHT Enteral Feeding protocol and record keeping of pH aspirates.</td>
</tr>
<tr>
<td>Management of acute pancreatitis</td>
<td>The aim of this re-audit is to verify if the recommendations aroused from the previous discussion in the Clinical Governance have been implemented into daily practice. The audit showed improvement of the diagnosis regarding the etiology of pancreatitis. Patients fit for cholecystectomy have priority on waiting list, but still, this can be improved. Data have shown good results managing severe pancreatitis in ESCU with Outreach Team review. Significant reduction of mortality. The recommendations were: Patients with gallstone pancreatitis should have priority on waiting list for cholecystectomy, patients fit for surgery to have definitive management in 4-6 weeks. Patients with severe pancreatitis to be treated in ESCU ward with daily review of Outreach Team and escalation to HDU/ITU if necessary. Use of antibiotic prophylaxis for patients with acute pancreatitis and deranged LFT’s. The idiopathic group require a follow up in one year to attempt to clarify the aetiology. Management of acute pancreatitis needs to be audited regularly.</td>
</tr>
<tr>
<td>Follow-up of Patients with Cutaneous Squamous Cell Carcinoma of the Head and Neck by MFU and Dermatology</td>
<td>The aim of the audit was to evaluate if the follow up management of a certain number of patients diagnosed and treated for skin SCC is meeting the “the SRH LSMDT Head &amp; Neck Squamous cell carcinoma guidelines” Recommendations: More consistent follow ups are required.</td>
</tr>
<tr>
<td>Medication Prompts in Parkinson’s disease</td>
<td>The aim of this audit was to discover whether the aids purchased by the trust are being used effectively and to disseminate these findings to clinical matrons to encourage nursing staff to use the aids available to support them in caring for this group of patients. The recommendations: Ward managers to ensure they know location of the aids and to encourage staff to use them for all patients with Parkinson’s disease. Ward managers to consider giving a named staff nurse responsibility for monitoring compliance with this recommendation.: If ward managers unable to access aids this should be fed back to responsible clinical matrons. Junior doctors induction days to include instruction to specify timing of all medication doses for people with Parkinson’s disease including the early morning dose. The audit findings were presented at a medical education session.</td>
</tr>
<tr>
<td>Title of audit</td>
<td>Recommendations/Actions</td>
</tr>
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<td>---------------------------------------------------</td>
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</tr>
<tr>
<td>Cardiac arrest Record</td>
<td>The aim of the audit was to ensure the record patient treatment and outcome at cardiac arrest was captured. To ensure current resuscitation council guidelines are being followed &amp; best practice implemented. The audit was presented and discussed at the Resuscitation Committee and the Trust Board. Training and awareness of the cardiac arrest audit form has been improved &amp; continues to be included in every staff induction and yearly resuscitation mandatory staff update. It is recommended that this continues. The appointment of a Junior Resuscitation Officer has increased the 2013 data capture since being in post.</td>
</tr>
<tr>
<td>Physio Direct Patient Contact Targets</td>
<td>The aim was undertaken to measure current performance against the set standards from the new physiotherapy service specification which states: 90% of patients are contacted within 3 working days of their referral being received or them contacting Physio Direct; 95% of patients are contacted within 3 working days of their referral being received or them contacting Physio Direct. A Re-audit has shown an improved contact target and that all sites reached a minimum of 95% contacted within 3 working days.</td>
</tr>
<tr>
<td>Audit of intravitreal lucentis injection for age related macula degeneration</td>
<td>The National Institute for Health and Care Excellence [NICE] has compiled audit criteria [TA155] by which Lucentis provision can be measured. Given the current interest in treatment for age-related macular degeneration and the current constraints on the NHS, it is essential that this treatment is given appropriately and with patient involvement in decisions around their care. The audit was undertaken to identify if Lucentis provision given in line with the NICE guidance. There was 100% adherence to the guidance except for patients being given written Evidence-based information. The action is to create a new pathway.</td>
</tr>
</tbody>
</table>
Annex 1

Statements from our commissioners, local Healthwatch organisation, and Overview and Scrutiny Committee

Statement from Coastal West Sussex Clinical Commissioning Group
20 May 2014

Thank you for sending Coastal West Sussex CCG a draft copy of your 2013/14 Quality Account.

The Quality Account has been reviewed and Coastal West Sussex CCG confirms that the account demonstrates progress against the priorities identified for 2013/14. It provides information across the three areas of quality: patient safety; patient experience, and clinical effectiveness and highlights an on-going commitment to improving quality of care. Overall Coastal West Sussex CCG finds that the account meets the national guidance and framework issued by the Department of Health letter Quality Accounts: reporting arrangements for 2013/14 (dated 9th January 2014).

The Quality Account 2013/14 clearly highlights priorities for improvement in 2014/15 as well as how future progress will be measured. The Quality Account clearly recognises the need to continue to build on the achievements of 2013/14.

Western Sussex Hospitals Foundation NHS Trust has worked hard to improve quality. It is positive to note the demonstrable improvements in many areas and in particular crude mortality in relation to non-elective activity which has seen year on year improvements since 2010/11. Coastal West Sussex CCG looks forward to hearing more about the focus for improving acute kidney injury during 2014/15.

Specific comments related to the content of the document have been shared with the trust Quality Account Project Manager. In addition the trust is encouraged to include more detail on three areas where significant achievement/improvement have been made during 2013/14, these being;

- External Theatre Review
- Electronic Transfer Summaries
- Maternity Services achieving Level 3 CNST

The Quality Account acknowledges the on-going work required in order to continue to improve the quality of services, including the reduction of avoidable mortality, patient safety and patient experience. Coastal West Sussex CCG looks forward to working collaboratively with Western Sussex Hospitals NHS Trust in the attainment of these objectives over the coming year.
The continued focus on patient experience and improving outcomes in 2013/14 should continue to improve the quality of services provided by Western Sussex Hospitals NHS Trust to the population of Coastal West Sussex.

Coastal West Sussex CCG considers the published priorities appropriate for this organisation, and will actively review these throughout the coming year.

Thank you for sending a draft copy of your Quality Account for 2013/14.

Yours Sincerely

Brendan Ward  
Interim Executive Director  
Coastal West Sussex Clinical Commissioning Group

Statement from Healthwatch West Sussex  
15 May 2014

Comment from Healthwatch West Sussex on Western Sussex Hospital Foundation NHS Trust Quality Account (QA) 2013/14

Healthwatch West Sussex is grateful for the Trust’s invitation to share in their quality planning, and appreciates their responsiveness to the local community as reflected in the annual quality accounts, especially in presenting some data separately for St Richard’s and for Worthing Hospitals.

This year’s accounts present again a catalogue of participation in regulatory inspections and performance measurements, in professional collaborative clinical audits and confidential enquiries, and in more locally responsive internal initiatives to improve quality and safety. These are listed in a prescribed order, rather than in relation to the principal dimensions of quality: clinical effectiveness, patient safety, and patient experience. The comments of Healthwatch West Sussex focus on the latter.

Responsiveness to patients’ needs

On “care and compassion reviews”, the Trust was rated average in 2013 (scoring 68.4% compared with a national 2012 average of 68.1). However, the report does not include results from the 2013 Patient-Led Assessments of the Care Environment (PLACE) programme (which replaced the former Patient Environment Action Team (PEAT) programme from April 2013) which show both hospitals to be above average on four dimensions: cleanliness; facilities management; privacy, dignity and wellbeing; and food and hydration.
The percentage of staff who would recommend the Trust as a provider of care for their friends or family increased impressively from 64% in 2012 to 73% in 2013 (national average 66, highest 94, lowest 40). Figures are not provided separately for the two sites; patients’ responses to the “friends and families” test are not required in this year’s quality accounts, but would be appreciated locally.

Almost 500 patients who were admitted to St Richard’s or Worthing Hospital took part in the National Inpatient Survey in August 2013. The Trust concluded that achievements in various dimensions were strong or substantial but few data are provided. The Patient Advice and Liaison Service (PALS) analyses complaints and enquiries and reports each month to the Trust Board; a summary would be appreciated in the annual quality accounts.

A “Real time patient experience (RTPE)” system was set up in April 2013 to capture the patient’s experience of environment, assistance, compassion, communication and overall experience in a variety of settings. A plan was developed with the Trust’s stakeholder forum to improve nutritional support, information on discharge, and communication generally; some results are given. Overall patient satisfaction was rated as 91% in the national survey 2013, but 79% in the RTPE; this may be a technical aberration (of sampling or definitions) but would merit further explanation.

[Report refers to Care and Compassion programme (also called “sit and see”) but does not explain what that is or how it relates to PLACE]

Clinical effectiveness
Several indicators show commendable improvements such as in reducing Clostridium Difficile infection rates, increasing early thrombolysis in stroke patients, and screening for dementia in emergency admissions. The Trust’s information governance was graded “not satisfactory”, based on audit of corporate records rather than on clinical data which would affect clinical indicators. Incorrect clinical coding was reported in 10.5% of primary diagnoses and 17.2% of primary procedures; there is no comment on how this compares with similar acute hospitals, or what effect it may have on the reliability of performance indicators.

Both current methods of calculating hospital mortality (HSMR and SHMI) show progressive improvement across the Trust. The graphic (page 16) of Dr Foster HSMR – a paragon of presentation – illustrates this trend and the reducing differences between St Richard’s and Worthing over three years. The graphic also shows how the data may be affected by the number of cases involved. The high mortality from hip fracture at St Richard’s in 2012 reduced to near the national average in 2013.

Presentation of the quality report
The Trust deserves credit for compiling so much information from so many sources to document the investment of effort and time in complying with requirements, and for quality improvement.

As a vehicle for public information and health literacy, this quality account could be made easier for lay readers to follow, for example by:

- Providing a glossary or footnotes to explain technical terms such as PROMs and “never events”
- Presenting data in tables in a consistent format
- Using graphics to demonstrate trends and comparisons
- Providing internet references and hyperlinks to further information such as to NICE or the Trust’s own quality strategy; a link was provided to CQUIN

While it is understood that the quality accounts serve a variety of regulatory purposes and are designed on a national template, the current structure could be developed as a more effective tool for public accounting, and for quality improvement. The template produces repetition, formulaic statements and inconsistent presentation; it concentrates on regulatory compliance rather than on learning and improvement, and gives little opportunity for Trusts to present their own initiatives and responsiveness to local, rather than national concerns.

[The classification of “quality” in healthcare is complex; it does not adapt easily to its multiple stakeholders, but its aims, measurements and achievements may be more clearly described in terms of the three internationally recognised dimensions: effectiveness, experience and safety.]

Frances Russell,
Chair of the Board, Healthwatch West Sussex

Statement from Health & Adult Social Care Select Committee, West Sussex County Council
21 May 2014

Western Sussex Hospitals NHS Foundation Trust, 2013-14 Quality Account

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on Western Sussex Hospitals NHS Foundation Trust’s Quality Account for 2013-14.

Overall, we do not necessarily find the Quality Account format very “user friendly” – but understand that you are following national requirements. Quality Accounts tend to be too long and too detailed to provide the kind of information that is readily digestible by the public and lay-people. However, your Quality Account for 2013-14 is clear and readable and focuses on the key quality and performance issues of interest to patients and the public. We particularly welcome the fact that you have taken an inclusive approach to developing your Quality Account, and have involved key stakeholders in this process.

We congratulate you on achieving foundation trust status last summer, which reflects the high quality of standards and performance at the Trust. The Trust is to be commended for positive results in both staff and patient surveys and for the strong performance
demonstrated against your key priorities for 2013-14. You have transparent accountability arrangements for ensuring performance is monitored, and we commend you on the robust response you have given to the recommendations outlined in the Francis response, as demonstrated by your strong patient-centred approach. Your priorities for 2014-15 reflect some of the key issues of concern raised by the Committee, particularly plans to improve outcomes for stroke and dementia patients. When the Committee reviewed A&E Services last October, one of the key issues we raised was the need for appropriate mental health support in A&E, and we hope that this is something that you will be able to take into consideration during 2014-15.

Finally, a priority for the future must be ensuring safe, high quality services that are sustainable and deliverable for the future. This is not something you can achieve in isolation – it will require the whole health and social care system to work together to meet the challenges of increasing demand, pressure on services and financial constraints.

We welcome the continued open dialogue and liaison arrangements between WSHT and the HASC, and look forward to working with you in 2014-15.

Yours sincerely

Mrs Margaret Evans
Chairman, Health & Adult Social Care Select Committee

Trust response to statements from our external stakeholders

We are grateful for all the comments made by our external stakeholders.

As a result of feedback, we have added to the report more detail about three areas of particular achievement or improvement during 2013/14: an external review of our operating theatres; our increased use of electronic discharge summaries; and the award of Level 3 CNST to maternity services by the NHS Litigation Authority. We have also expanded the report’s section on external regulation.

In preparing our report, we have sought to present a balanced picture of quality, illustrating our performance with quantitative data, and complying with the NHS Accounts Regulations and the requirements of Monitor. Some information, such as that provided by the national staff survey, is available only on a trust-wide basis. Where we feel it is particularly important,
and data are available, for example in relation to the HSMR mortality data and rates of *C.difficile* infection, we have shown results for each of our hospital sites. Detailed information about complaints is made publicly available by the trust in a separate report in compliance with the NHS Complaints Regulations 2009.

We strive to make our quality report as readable and meaningful as possible to all those who are interested in the quality of our services. We have noted the suggestions made by our local Healthwatch organisation and will take these into account when preparing next year’s report.
Annex 2

2013/14 Statement of Directors’ Responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- the content of the quality report is not inconsistent with internal and external sources of information, including:
  - board minutes and papers for the period April 2013 to 29 May 2014;
  - papers relating to quality reported to the board over the period April 2013 to 29 May 2014;
  - feedback from the commissioners, dated 20/05/2014;
  - feedback from governors, dated 11/04/2014;
  - feedback from local Healthwatch organisations, dated 15/05/2014;
  - the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated July 2013;
  - the 2013 national patient survey, publicly released on 08/04/2014;
  - the 2013 national staff survey, publicly released on 25/02/2014;
  - the Head of Internal Audit’s annual opinion over the trust’s control environment, dated 22/04/2014;
  - Care Quality Commission quality and risk profiles, dated 13/03/2014;
- the quality report presents a balanced picture of the NHS foundation trust’s performance over the period covered;
- the performance information reported in the quality report is reliable and accurate;
there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the quality report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Note: sign and date in any colour ink except black [DN: to be added]

........................................Date.............................................................Chair

........................................Date.............................................................Chief Executive
<table>
<thead>
<tr>
<th>Title</th>
<th>Improving the Outpatient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Executive Director</td>
<td>Jane Farrell, Chief Operating Officer/Deputy Chief Executive</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Adam Creeggan, Director of Performance</td>
</tr>
<tr>
<td>Status</td>
<td>Disclosable</td>
</tr>
<tr>
<td>Summary of Proposal</td>
<td>Update on actions implemented to improve patient experience in Main Outpatient Departments.</td>
</tr>
<tr>
<td>Implications for Quality of Care</td>
<td>Implementation of identified actions has, and will, ensure the Trust is addressing areas of concern in a timely manner for the purposes of improving the patient experience of users receiving Outpatient care.</td>
</tr>
</tbody>
</table>
| Link to Strategic Objectives/Board Assurance Framework | *Trust Strategic Theme B - 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.  
*Trust Strategic Theme G* - Ensure the sustainability of our organisation by exceeding our national targets and financial performance and investing in appropriate infrastructure and capacity  
*Trust Strategic Theme F* - Improve our performance against a range of quality, access and productivity measures through the introduction and spread of best practice throughout the organisation. |
| Financial Implications | None |
| Human Resource Implications | None |
| Recommendation | Trust Council of Governors is asked to note the report and ask any questions |
| Communication and Consultation | Not applicable |
| Appendices |  |
1. INTRODUCTION

1.1 This paper examines a range of Outpatient improvement requirements derived via three main sources: formal outputs from the latest National Outpatients Survey, informal outputs based on respondent’s comments collated via the National Outpatients Survey, and correlating themes relating to complaints and/or enquiries to the WSHFT PALs service.

1.2 In addition, this paper outlines specific operational interventions in the Ophthalmology specialty which has been an outlier in patient experience and feedback.

2 OPERATIONAL CONTEXT

2.1 In 2014/15 the Trust plans to undertake 536,000 Outpatient attendances, with the management of WSHFT Outpatient environments spanning a number of Divisional structures;

- Access Management – Outpatient booking and call centres, main Outpatient departments including the Chichester Treatment Centre, MFU and ENT.
- Medical Division - Worthing Day Hospital, Medical Day Case Unit, Diabetes, Endoscopy, Haematology and Cardiac Testing.
- Surgical Division – Ophthalmology, Surgical pre-assessment, and the Breast Service.
- Women and Children – Children’s Centre.
- Core – Audiology, Dietetics, Physiotherapy, Imaging and Occupational Therapy.

2.2 Nationally, demand for first Outpatient attendance has increased by 44.9% since 2004, during which time the maximum waiting time has reduced from 26 weeks to circa 5 weeks for patients on an admitted referral to treatment pathway.

2.3 At WSHFT, total referrals from all sources exceeded plan by 2.9% in 2013/14, with significant variance in a number of challenged specialties, notably Ophthalmology which was 17.4% higher than plan, linked to the licencing of Lucentis and changes to
DVLA eyesight requirements. These local increases in demand have driven continued patient experience failures in the specialty, with access and waiting times being the single largest area of patient feedback. With 1 in 6 patients waiting for elective access at WSHFT being an Ophthalmology patient, suboptimal access to the specialty was generating around 1 in 3 complaints/PALs contacts.

2.4 2014/15 operational plans have been predicated on the higher levels of demand observed in 2013/14, and restoration of waiting times to sustainable levels.

3 ACTIONS TO DATE – MAIN OUTPATIENT DEPARTMENTS

3.1 Key actions enacted in Performance and Access:

i. To augment nurse leadership the Division established an 8b senior nurse leadership role from January 2014, currently filled via secondment.

ii. Appointed an Outpatient Reception Manager.

iii. Introduction of uniforms for all receptionists and standardisation of Outpatient nursing uniforms on all sites.

iv. The Division has introduced bespoke training in customer care for reception staff, developed in partnership with the Trust Customer Care Co-ordinator. The second phase of this programme will include rollout to nursing staff.

v. Introduced a process to reimburse car parking charges for patients that experience unacceptable delays in the Outpatient departments at each site.

vi. ‘Sit & See’ reviews undertaken on all 3 sites in June 2014. The Sit and See tool was developed in conjunction with the Kings Fund to support peer review. Internal application of the tool is conducted by nurse leaders trained in the review process, and the review team includes member of the WSHFT Council of Governors. This process provided positive reviews, and will be repeated to track intervention areas identified for improvement in customer care.

vii. Following a successful capital bid, an augmented Call Management System has been installed and staff training completed. This system significantly improves efficiency and thereby reduces call response times. During peak periods the system supports automated call back, in order that patient do not need to hold for an operator. From Q2, the system will provide SMS text and automated call reminders for forthcoming Outpatient appointments, and is expected to actively reduce DNA rates.

viii. Partial booking project group in place and implementation beginning in Orthopaedics.
ix. A Divisionally funded pilot of self-check-in kiosks was undertaken in main Outpatient departments, allowing patients to avoid queuing at reception desks, and enabling patients to update personal data. The resulting improved data collection supports the partial booking and SMS reminder facility on call management system.

x. As part of the pilot above, provided a screen display in main Outpatient departments that can be electronically updated to reflect delays in an accurate and timely way.

xi. Introduction of bookmark for inclusion in patient notes, to act as consultation checklist for junior doctors to improve the quality of clinical consultation.

xii. Pilot currently running to provide bleeps for patients, allowing the patient to leave the department and minimising the impact of delay to the patient through increased flexibility to relocate to refreshment areas.

4 ACTIONS TO DATE – OPHTHALMOLOGY

4.1 In transitional support of the Surgical Division, operational management of Ophthalmology was passed to Performance and Access on March 24th 2014. Critical interventions dedicated to Outpatient access include:

xiii. Increased capacity via external manpower (Medinet), and use of locum consultant staff.

xiv. Increasing use of optometrist led sessions to release four consultant sessions per week.

xv. Increasing use of nurse led Outpatient clinics, where appropriate.

xvi. Trial ‘Super Clinics’ in which a single doctor runs two consulting rooms concurrently, doubling the patient throughput per clinical session.

xvii. Revised departmental operating procedures for post-operative support reducing the volume of follow ups requiring an Outpatient attendance.

xviii. Creation of an injections suite at Worthing hospital to increase physical capacity by two treatment rooms, improving both throughput and patient experience for high demand Lucentis work. Building due to be completed 27/6/14.

xix. Introduction of a dedicated phone line staffed by the Access Team to manage queries directed to PALS for resolution relating to Ophthalmology. This has significantly reduced negative patient experience relating to the rescheduling of patient appointments.

5 IMPACT TO DATE
5.1 Total Outpatient attendances have increased from 77806 in Apr-May 2013 to 82778 (+6.3%) in the same period of 2014.

5.2 Ophthalmology Outpatient attendances have increased from 2241 in Apr-May 2013 to 3264 (+74.3%) in the same period of 2014. The impact on specialty waiting list reduction has been mitigated by demand being 8% above plan in 2014/15 YTD, however the total number of patients waiting for first Outpatient attendance has fallen from 2911 to 2463 (-15.4%) during the period.

5.3 To monitor the effect of Outpatient improvement, WSHFT adopted enquiries/formal complaints per 10000 Outpatient attendances to provide a standardised measure of performance. This metric is integrated into the Trust Corporate Objectives, and compliance reported monthly to the WSHFT Trust Board. Baseline data for the year 2011/12 set Trust compliance at 0.12%, and end of year positions show continuous improvement from that point:

- March 2012 0.12%
- March 2013 0.11%
- March 2014 0.09%
- 2014/15 YTD 0.08% (average M2)

National benchmarking for all contact types is not published, however a number of Trust’s publish this rate in public Board papers, and the lowest rate observed outside WSHFT appears to 0.88%.

5.4 The Trust has submitted a bid to the national fund to extend existing RTT recovery actions into Quarter 4, and the associated reduction in Outpatient waiting times is anticipated to reduce the PALs contact rate further during 2014/15

6. **RECOMMENDATIONS**

6.1 The Council of Governors is asked to note the contents of this report, and the improvements made to date.

Adam Creeggan  
Director of Performance  
25 June 2014
To: Council of Governors  
Date of Meeting: 17th July 2014  

<table>
<thead>
<tr>
<th>Title</th>
<th>External Auditor Performance Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Executive Director</td>
<td>Karen Geoghegan, Director of Finance</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Alison Ingoe, Deputy Director of Finance</td>
</tr>
<tr>
<td>Status</td>
<td>Confidential</td>
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</tbody>
</table>

**Summary of Proposal**

The Audit Committee is required to report annually to the Council of Governors on the external auditor after the completion of that year’s audit. This report assesses the work of the auditor with regard to the quality of the work and the fees charged. In addition, the Council of Governors agreed in July 2013 to review the extension of Ernst & Young’s appointment to 2015/16 after completion of the 2013/14 accounts.

The report states that the Audit Committee has been satisfied with the performance of Ernst & Young and the reasonableness of fees in 2013/14. The report finds that there are clear benefits to maintaining auditor continuity in 2015/16 and that the fee benchmarking undertaken suggests that it is unlikely that market testing will bring significant financial benefit to the Trust.

**Implications for Quality of Care**

- External audit provide a limited assurance opinion on the Quality Accounts

**Support for/integration with Corporate Objectives and Strategies**

- Supports corporate governance

**Financial Implications**

- External auditor fees assessment

**Human Resource Implications**

- Not applicable

**Recommendation**

The Audit Committee has APPROVED the report and RECOMMENDS to the Council of Governors that the appointment of Ernst & Young is extended to 2015/16.

**Consultation**

N/A

**Appendices**

Report to Council of Governors
ANNUAL REPORT TO THE COUNCIL OF GOVERNORS ON THE EXTERNAL AUDITOR

1.00 INTRODUCTION

1.01 The Audit Committee is required to report annually to the Council of Governors on the external auditor after the completion of that year’s audit. This report assesses the work of the auditor with regard to the quality of the work and the fees charged.

1.02 In addition, the Council of Governors agreed in July 2013 to review the extension of Ernst & Young’s appointment to 2015/16 after completion of the 2013/14 accounts.

2.00 SUMMARY

2.01 The Audit Committee has been satisfied with the performance of Ernst & Young and the reasonableness of fees.

2.02 There are clear benefits to maintaining auditor continuity in 2015/16. The fee benchmarking undertaken suggests that it is unlikely that market testing will bring significant financial benefit to the Trust.

3.00 RECOMMENDATION

3.01 The Council of Governors is asked to:
   a) NOTE the report from the Audit Committee in respect of the performance of Ernst & Young; and
   b) APPROVE the appointment of Ernst & Young for 2015/16.

4.00 PERFORMANCE

4.01 The 2013/14 audit required a part-year set of accounts due to the Trust’s authorisation as a Foundation Trust. This was the first set of accounts the Trust had produced under the FT Annual Reporting Manual. The Trust was also required to demonstrate that the cut-off between the accounts for April to June and the accounts for the remainder of the year was appropriate and that expenditure was accounted for in the correct period.

4.02 There were also shortened timescales for completing both the audit of the financial accounts and the audit of the quality accounts, requiring both the Trust and Ernst & Young to respond in terms of planning and resourcing.

4.03 Ernst & Young worked closely with the Trust to ensure that the audits were completed on time and were able to give unqualified or unmodified opinions in both cases.

4.04 The Audit Committee has no concerns about the performance of Ernst & Young and commends and thanks the audit team for their pragmatic and constructive, yet robust approach to the audit.

5.00 FEES
5.01 In July 2013, Ernst & Young proposed the following fee structure for the audit of the Trust’s accounts.

<table>
<thead>
<tr>
<th>Year</th>
<th>Fee</th>
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<tbody>
<tr>
<td>2013/14 (part-year, FT accounts only)</td>
<td>£60k</td>
</tr>
<tr>
<td>2014/15</td>
<td>£72k</td>
</tr>
<tr>
<td>2015/16</td>
<td>£72k + RPI</td>
</tr>
<tr>
<td>2016/17</td>
<td>£72k + RPI</td>
</tr>
</tbody>
</table>

5.02 The benchmarking provided to the Council at the time of appointment demonstrated that this fee represented value for money based on benchmarking with other NHS Foundation Trusts. This benchmarking has been updated and shows that the fee proposed by Ernst & Young remains competitive in comparison to fees reported by other NHS Foundation Trusts.

5.03 Audit fees will not be consistent between Trusts because of differences in Trust type and complexity. Whilst the relative size of a Trust is a factor in determining the audit fee, there is an element of the fee that is fixed and will not be affected by size.

5.04 The table overleaf shows the results of the fee benchmarking with other local Foundation Trusts. Some NHS Foundation Trusts are reporting lower fees than this Trust, of between £3k and £20k. However, the Trusts are all substantially smaller than Western Sussex Hospitals and this is likely to have been a factor in relation to the audit fee. In relation to turnover the Ernst & Young fee is the second lowest in the surrounding area. East Kent Hospitals has a lower fee relative to its size but again this is likely to have been impacted on by economies of scale in a significantly larger Trust.

5.05 Overall, the Audit Committee is of the opinion that the audit fee continues to represent value for money.

6.00 APPOINTMENT OF AUDITORS FOR 2015/16

6.01 In July 2013, the Council of Governors considered the following factors in appointing Ernst & Young:

- Auditor Continuity
- Appointment Process
- Value for Money
- Auditor Independence

6.02 Auditor Continuity: The reference guide for Foundation Trust Governors states that best practice is to appoint an auditor for a period that will allow it to develop a strong understanding of the NHS Foundation Trust, normally three to five years. Ernst & Young were appointed as the Trust’s auditors in 2012/13 and a new audit manager was appointed by Ernst & Young for the 2013/14 audit.

---

1 Fee includes audit of financial statements and quality account and includes VAT which is not recoverable on statutory audit fees.
Comparison of Audit Fees
(Comparator organisations information taken from 2012/13 published accounts, which is the latest publicly available information)

<table>
<thead>
<tr>
<th>Turnover £m</th>
<th>Western Sussex Hospitals</th>
<th>East Kent Hospitals University</th>
<th>University Hospital Southampton</th>
<th>Frimley Park Hospital</th>
<th>Royal Surrey County Hospital</th>
<th>South East Coast Ambulance</th>
<th>Sussex Partnership</th>
<th>Ashford and St Peter's Hospitals</th>
<th>Surrey and Borders Partnership</th>
<th>Oxleas</th>
<th>Queen Victoria Hospital</th>
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<td>£000's</td>
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<tr>
<td>£m</td>
<td>385.9</td>
<td>500.1</td>
<td>237.4</td>
<td>581</td>
<td>279.6</td>
<td>257.4</td>
<td>174</td>
<td>238</td>
<td>232.3</td>
<td>174</td>
<td>257.4</td>
</tr>
<tr>
<td>£ per £1m turnover</td>
<td>187</td>
<td>166</td>
<td>320</td>
<td>133</td>
<td>311</td>
<td>311</td>
<td>333</td>
<td>413</td>
<td>284</td>
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Auditor Liability £m

- NK: Not Known
- Unlimited

<table>
<thead>
<tr>
<th>Auditor Liability</th>
<th>Western Sussex Hospitals</th>
<th>East Kent Hospitals University</th>
<th>University Hospital Southampton</th>
<th>Frimley Park Hospital</th>
<th>Royal Surrey County Hospital</th>
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<td>£m</td>
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<tr>
<td>£000's</td>
<td>72</td>
<td>83</td>
<td>76</td>
<td>77</td>
<td>88</td>
<td>80</td>
<td>58</td>
<td>98</td>
<td>66</td>
<td>71</td>
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<td>£</td>
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<td>1</td>
<td>NK</td>
<td>NK</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>Unlimited</td>
<td>NK</td>
<td>1</td>
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</tbody>
</table>

Comparison of Audit Fees
(Comparator organisations information taken from 2012/13 published accounts, which is the latest publicly available information)
6.03 At the end of 2014/15, Ernst & Young will have been the Trust’s auditor for 3 years, which is at the lower end of the recommended appointment period. Key personnel in the audit team have been in post for less time. As noted in section 4, Ernst & Young worked constructively with the Trust during the 2013/14 audit. Ernst & Young had also committed to supporting the Trust in improving its financial reporting standards.

6.04 The Trust has appointed new internal auditors from 1st July 2014, which will require the Trust and Ernst & Young to develop new relationships. Extending the external audit appointment beyond 2014/15 would allow time for this relationship to form and stabilise.

6.05 **Appointment Process:** It is estimated that an external auditor appointment process would take up to 6 months as a full specification would need to be developed and a full EU procurement process would be required. It is therefore feasible to undertake a tending process to appoint new auditors from 2015/16 if the Council considers this the most appropriate route.

6.06 **Value for Money:** As outlined in section 5, the Audit Committee considers that the fee continues to represent value for money. It is therefore unlikely that market testing will bring significant financial benefit to the Trust.

6.07 **Auditor Independence:** Ernst & Young are regularly required to consider and report to the Audit Committee on their independence. They confirmed in May 2014 that

- they complied with the Ethical Standards for Auditors and the requirements of the Audit Commission’s Standing Guidance;
- that in their professional judgment the firm is independent; and
- that the objectivity of the audit engagement partner or the audit staff had not been compromised within the meaning of regulatory and professional requirements.

6.08 Ernst & Young have also formally considered their independence in light of the appointment of a former employee and member of the audit team as a Non-Executive Director. They concluded that there were no threats to their independence as a result of this appointment and that no safeguards needed to be employed.

6.09 The Audit Committee has considered Ernst & Young’s assessment of independence and concurs with the conclusion.
To: Council of Governors  
Date of Meeting: 17th July 2014  

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td><strong>Strategic Plan 2014-2019</strong></td>
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<table>
<thead>
<tr>
<th>Responsible Executive Director</th>
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<tbody>
<tr>
<td>Denise Farmer, Director of Organisational Development and Leadership</td>
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<table>
<thead>
<tr>
<th>Prepared by</th>
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</thead>
<tbody>
<tr>
<td>Oliver Phillips, Head of Strategic Planning</td>
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<table>
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<table>
<thead>
<tr>
<th>Summary of Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>In consultation with a range of stakeholders, the Trust has produced its Strategic Plan, which covers the period 2014/15 to 2018/19. The production of a strategic plan was a requirement of Monitor’s 2014/15 Annual Planning Guidance. The plan was submitted to Monitor by the required deadline of 30th June.</td>
</tr>
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<thead>
<tr>
<th>Implications for Quality of Care</th>
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<tbody>
<tr>
<td>The plan outlines how the quality of care is to be improved over the period of the five year plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to Strategic Objectives/Board Assurance Framework</th>
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</thead>
<tbody>
<tr>
<td>The plan links to all of the Trust’s strategic objectives</td>
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<table>
<thead>
<tr>
<th>Financial Implications</th>
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<tbody>
<tr>
<td>The financial implication of the strategic plan are described within the plan</td>
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<table>
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<tr>
<th>Human Resource Implications</th>
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<tbody>
<tr>
<td>The approach to workforce planning is outlined within the plan</td>
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</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
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</thead>
<tbody>
<tr>
<td>The Council of Governors is asked to receive the Trust Strategy and ask any questions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The strategic plan has been reviewed with a range of staff and stakeholders, including sessions with members of the Council of Governors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendices</th>
</tr>
</thead>
</table>

This report can be made available in other formats and in other languages. To discuss your requirements please contact Andy Gray, Company Secretary, on andrew.gray@wsht.nhs.uk or 01903 285288.
## Contents Page

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1: Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Section 2: Declaration of Sustainability</td>
<td>7</td>
</tr>
<tr>
<td>Section 3: Market Analysis and Context</td>
<td>9</td>
</tr>
<tr>
<td>Section 4: Service Line Strategic Options</td>
<td>28</td>
</tr>
<tr>
<td>Section 5: Strategic Plan</td>
<td>39</td>
</tr>
<tr>
<td>Section 6: Financial Analysis</td>
<td>53</td>
</tr>
</tbody>
</table>
SECTION ONE
INTRODUCTION
The intention of this Strategic Plan is to set out the ambitions for Western Sussex Hospitals NHS Foundation Trust (WSHFT) over the next five years, demonstrating how we intend to ensure we provide the best possible care for our patients, and ensure a sustainable future for the Trust, both on a clinical and a financial basis.

In developing our Strategic Plan, we have engaged with a number of stakeholders. We have spoken to a broad range of clinicians and other staff throughout the Trust, and taken their views into account. We have also taken account of the requirements of our commissioners, in particular our main commissioner, Coastal West Sussex Clinical Commissioning Group (CWS CCG) and held two sessions with the Trust’s Governors which were devoted to the development of the Plan. Our engagement with the staff and wider public will continue to grow as we further develop the programmes within our plan.

The starting point for us as a Trust is our vision, ‘We Care’. This vision, described in more detail in Section 3 of this document, puts the compassionate care of patients first and foremost, and drives the rest of our actions. In all that we do, we must remember that our prime responsibility is to deliver high quality, safe and responsive care to the population we serve.

The Trust has a track record of improvement that it can be proud of. For the past four years it has consistently achieved strong performance in terms of keeping waiting times low, improving the environment for patients and visitors, reducing mortality and delivering high quality care. All of this has been achieved whilst delivering a significant financial surplus year-on-year.

Improving the quality of care is central to our Strategic Plan. The Trust has recently published its quality report and account, which sets out the quality priorities for the Trust. These include improving stroke care for patients, improving the hospital care for patients with dementia, reducing avoidable mortality, in particular through reviewing acute kidney injury (AKI) and early recognition of clinical deterioration, and infection control.

We understand the scale of the challenge that faces us as a Trust. The NHS as a whole can expect minimal growth over the next five-year period, with increased patient expectations and demographic pressures which will put further demands on the Local Health Economy (LHE), and a shift away from acute care provision to more preventative and community based models of care. This results in an expected efficiency challenge for us over the five-year period totalling £78.9m.

This level of efficiency saving is not possible through the delivery of traditional internal cost improvement programmes (CIP) alone, although these remain a very important aspect of our efficiency programme. We understand that in order to be a sustainable, high quality organisation, we need to develop a range of transformational programmes, involving the entirety of the LHE, to ensure that full benefits of streamlining patient pathways are realised. These are explored in detail in the Strategic Plan.

In order to deliver the programmes set out in this plan, the Trust is embarking on a new approach to service transformation. This will involve the introduction of a new ‘EXCEL’ (EXcellent, Compassionate, Effective, Leadership) programme, which will feature the following:
- Genuinely putting care for the patient, and patient safety in particular, at the heart of what we do
- Building a culture of kindness, compassion, professionalism, improvement and respect amongst our staff
- Through continuous, incremental improvements, ruthlessly eliminating waste, inefficiency and variation
- Transforming our approach to leadership to support those closest to patients to make continuous improvements to patient care.

The Strategic Plan should be read in conjunction with the Trust’s Operational Plan 2014–16. The Operational Plan, approved by the Trust Board in April 2014, provides detailed programmes of work which the Trust is pursuing over the next two years to ensure that it delivers on its quality, performance and financial targets, outlining the steps that need to be taken in the short- to medium-term to ensure the Trust is successful. Rather than repeat much of the content here, our Strategic Plan focuses on the medium- to longer-term plans for the Trust, which will deliver the transformational programmes of work required.

Section 2 of this document is the Trust’s Declaration of Sustainability that, in summary form, outlines the basis on which the Board is able to declare the sustainability of the organisation over the next five years. The combination of the Trust’s successful track record, the transformational programmes proposed and the new approach to service transformation underpin this declaration.

Section 3 contains our Market Analysis and Context. In this section we look at the drivers for change over the next five years, including a healthcare needs assessment. This allows us forecast the likely demand for secondary health care services over the planning period. As well as looking at demographics, this includes some known service developments such as the NHS Bowel Cancer Screening Programme (NHSBCSP) and the development of Southlands Hospital. This section also contains an analysis of our capacity requirements to meet future demand.

The section continues with a funding analysis, using the information from our main commissioner’s (CWS CCG) plans to estimate the level of funding likely to be available to the Trust. Together with the forecast capacity and demand analysis, this gives us an estimate of the likely financial challenge facing both the Trust and the LHE, and demonstrates the need for a transformational approach to delivering healthcare in Western Sussex over the five-year period.

We have also undertaken a competitor analysis, looking at the current market share and the risks from other NHS and non-NHS providers. Finally in this section we have undertaken a refreshed SWOT analysis, in order to identify the key strengths, weaknesses, opportunities and threats to the organisation.

In Section 4, building on our market analysis, we look at the challenges and opportunities for our services at a service line level. Through a series of discussions with Clinical Directors and managers we have reviewed each of our services to identify the strategic options for change, which are presented in summary form.

In Section 5, we look at the priority programmes for service change. This outlines the key implications for the Trust in the light of the market analysis and service line review. The
plans outline the proposed future shape of WSHFT, outlining the essential building blocks necessary at both of our main sites, and the implications for our estate. We then outline our five prioritised workstreams for the period of the strategic plan. These are:

- Unscheduled care integration
- Reconfiguration of surgical services
- Developing Southlands as an ambulatory care centre
- Exploiting our commercial opportunities
- Reshaping our cancer services.

We also highlight our approach to workforce planning, how we propose to communicate our plans as they develop, and how these will be programme managed. In this section we also outline our proposed approach to service transformation.

Finally in Section 6, we provide some detail on the Trust's financial plans which support the Trust's Strategic Plan, including the capital requirements.
SECTION TWO
DECLARATION OF SUSTAINABILITY
WSHFT can declare that the Strategic Plan will ensure sustainability of the organisation over the next five years, on a clinical, operational and financial basis.

We can make this declaration on the basis of:

- A clear and deliverable clinical services strategy which addresses issues of sustainability
- A strong track record of delivering performance, quality and financial targets
- A clear and robust efficiency programme designed to deliver both the transactional and transformational change programmes required
- A range of innovative programmes aimed at improving patient care, increasing productivity and performance and exploiting market opportunities
- Developing our new systematic approach service improvement.

Nevertheless, as is explained further within the Strategic Plan, improving the quality of care and managing the money over the next five years will be a significant challenge for the organisation due to the increasing size of the population we serve, the increase in the age of our population and the acuity of care required, and the cost of delivering modern medical healthcare against a background of flat or even reducing levels of NHS income for the Trust.

In order to deliver a sustainable future for the WSHFT we will therefore need to ensure the following transformational changes are implemented:

- A move towards a radically different and truly integrated unscheduled care system across the LHE, with the Trust playing a central role. Not only will this improve the quality and seamlessness of care, it is an essential step if we are to drive through the efficiency and productivity gains required by the LHE
- Reconfiguration of a range of services across the Trust, including not only urology, breast, stroke and ophthalmology services, but also potential further reconfiguration of surgical services for both elective and emergency care
- A successful expansion of our commercial programme, securing key elements of business for the Trust enlarging our catchment area for a range of services, seeking to increase the range of services we offer and expanding our private patient service.
SECTION THREE
MARKET ANALYSIS AND CONTEXT
In this section we provide an overview of the market assessment for the Trust over the next five years, looking initially at the drivers for change, including a healthcare needs analysis.

OUR VISION - 'WE CARE'

Our key driver for change is our vision, 'we care', which sets out our intention to provide excellence in all that we do. Our vision has seven complementary themes:

1. Firstly, and most importantly, **we care about YOU, the patient**. We will do all we can to make sure we treat you with kindness, respect and compassion. We are here to serve you and your needs and we will never forget this.

2. **We care about quality.** We want to improve our services, achieve the best experience and outcomes for our patients and respond positively to their feedback.

3. **We care about safety.** We are committed to providing the safest care possible, eradicating avoidable hospital acquired infections, reducing mortality and providing the best environment for our patients.

4. **We care about serving local people.** Wherever possible we want to provide a comprehensive, locally based service to the 450,000 population we serve, so that when they need care they will choose to come to us.

5. **We care about being stronger together.** We know how important it is for patients to receive integrated care across primary, secondary, community and social care. We will work relentlessly with partners to make sure this happens.

6. **We care about improvement.** We want to continually strive to be better, to make sure that we are providing modern evidence based care to our population.

7. **We care about the future.** We want to be an organisation that people can rely on, both now and in the future. That's why it is important we make sure that we operate within our means and invest for the future.

HEALTHCARE NEEDS ASSESSMENT

We have worked closely with CWS CCG in looking at our healthcare needs assessment and have ensured that planning is supported by robust information and analysis including:

- CWS Joint Strategic Needs Assessment - providing robust quantitative data
- CWS CCG healthcare needs assessment in their strategic plan
- West Sussex Health and Wellbeing Board - supporting strategic alignment to the LHE
- National priorities including improving the standard of care following the Francis Inquiry (2013) and developing more seven-day services as set out by Sir Bruce Keogh (2013)
- Stakeholder engagement - ensuring services are continued to be shaped by the patients and carers that use them.
The Population we Serve

CWS CCG working with Public Health England, and via the undertaking of the CWS Joint Health Needs Assessment (JSNA 2012), have highlighted that within the Trust’s catchment area we have mixed demographics. As a whole and compared to the rest of the country, the population is relatively affluent, with health outcomes above the England average in most areas. Life expectancy for both males and females has continued to improve year-on-year. However, the local area also includes:

- One of the oldest populations in England. Nationally, 16.5% of the population are aged 65 years or over; by comparison 23.5% of registered patients in the CWS CCG area are aged 65 years or over (JSNA 2012)
- Some of the most deprived urban and rural areas in England
- Some large and growing ethnic minority communities
- Social isolation and wide health inequalities are a very real problem – for example, average life expectancy is 10 years longer in Arundel than in Worthing and approximately one in six people has a mental health problem at any given time.

Of 5,736 total deaths in 2011, the highest occurring causes of death in the locality were:

- Circulatory diseases (1713)
- Cancer (1640)
- Respiratory disease (761).

How the Population is Changing

Local Demographics

- The GP registered population in June 2011 was 483,230 (Source: Exeter)
- The CWS CCG is predicting a local demographic growth of 1.6% over the next five years and an overall healthcare activity growth of 2.6% over the next five years (including both demographic and non-demographic growth factors)
- It is forecast by 2019 there will be 13% more people aged over 85 years living in CWS
- There will also be an 8% increase in the young population that, together with an increasingly elderly population, will reduce the proportion of working age people living locally.
Local population change between 2011 (bars) and 2019 (lines)

Figure 3.0: CWS local population change 2011–19
Source: CWS CCG five-year strategic and two-year operational plan

Long-term Conditions

- As our population becomes more elderly we expect to see an increase in the number of people with long-term conditions such as chronic obstructive pulmonary disease (COPD), diabetes and dementia. It is estimated that 25% of the local population are currently living with a long-term condition. By 2026 it is estimated there will be a further 3,200 people living with dementia in CWS all contributing to increased pressures on LHE resources.

Unscheduled Care

- There are continued demands on local urgent and emergency care with changes in patterns of disease. In 2013/14 there were over 130,000 attendances to WSHFT emergency departments and almost 47,000 emergency admissions. The table below details WSHFT emergency admissions for the last five years demonstrating the positive impact of local actions across the LHE to reduce episodes of unscheduled care, particularly in short-stay patients. However, with continued forecast population growth projections the pressures on urgent care departments will remain. There is also strong evidence that the acuity of the patients being admitted to hospital has increased over the past two years.
There is a high concentration of nursing homes along the CWS strip (283 in June 2011, with approximately 7,300 beds), which contributes to the increasing numbers of frail elderly patients and associated increased pressures on healthcare within the LHE.

Cancer Care

- In CWS CCG (JSNA 2011) cancer is the most common cause of death for people under 75 years of age (and second highest causal factor for deaths irrespective of age) with a higher proportion of deaths than in similar areas (NHS England Commissioning for Value tool 2013)

- New referrals to WSHFT for cancer care have been rising significantly over the past three years. A breakdown by tumour group is given in the graph below:

![Figure 3.2: WSHFT two-week rule referrals by tumour site (2010–2014)](image)

*Source: WSHFT data*
The prevalence of cancer care is forecast to double between 2012 and 2030 (Macmillan 2012). Although all areas of cancer care are increasing in demand, it is clear that the largest area of growth will be within the early and on-going monitoring of patients. Cancer is becoming a chronic disease requiring services to change in response to the change in disease trajectory.

The National Radiotherapy Advisory Group predicts a 16% increase in cancer incidence requiring radiotherapy overall by 2016, compared with 2006. This includes a 20% increase in breast cancer and 23% increase in prostate cancers. Carcinomas of unknown primary are also increasing.

National increases in screening programmes will also have resource implications, in particular the NHSBCSP. The Trust has recently become the Bowel Cancer Screening Centre for the Trust’s catchment area. Other screening programmes such as lung and prostate cancer may be introduced nationally with currently unknown impact.

**Circulatory Disease**

Circulatory disease is the highest common cause of deaths (JSNA 2011) linked to a higher than average level of obesity and low success rates in smoking cessation. This is likely to lead to increased pressures on cardiovascular service and on the Trust’s specialist bariatric surgery service.

**Children, Young People and Maternity**

The numbers of births has been increasing locally, and this trend is expected to continue, although not dramatically over the five-year period. In 2010 there were approximately 4,677 births to mothers registered to CWS GP practices. In the most recent year the Trust has helped to deliver approximately 5,900 births, attracting a number of parents from outside its traditional catchment population, particularly Hampshire.

In its strategic plan, CWS CCG is seeking greater choice for maternity care, in particular the option to give birth in a midwifery-led unit.

The local area has higher than the national average emergency admissions for children with asthma and diabetes (NHS England CCG Outcomes Tool 2013), which requires further analysis and review.

**Increasing Patient Expectations**

The community we serve are becoming better informed with increased choice and higher expectation of their local healthcare services. Patients rightly want to receive the most up-to-date treatments, have access to the right information and to be involved in decisions about their care. To deliver this the NHS must change the way it is organised to increase access seven days a week and adopt more innovative ideas.
to ensure the NHS offers improved convenience as well as safe care and excellent outcomes.

**Strategic Approach of our Commissioners**

In their five-year strategic plan and two-year operational plan 'Delivering the Vision', CWS CCG have outlined their commissioning strategy, which responds to the demographic challenges outlined above and aims to transform the way in which healthcare is delivered in order to provide a high-quality sustainable service to patients. This explicitly involves a reduced acute footprint, with more care being provided in the community and in preventative measures in order to reduce demand on acute services. This will be supported by an increased role for telemedicine.

The CWS CCG have outlined, in their five-year strategy and two-year operational plan, six areas of transformation, four of which will directly impact the Trust, are summarised below:

1. **Patient Participation in their NHS:** There will be continued emphasis on putting patients at the heart of both service planning and delivery but also in greater control of their own care. Through appropriate support and education, patients will be able to better manage their conditions and effectively reduce the risk of their need for hospital care. Emphasis will also continue to be focused on meaningful patient and public engagement.

2. **Urgent and Proactive Care:** There is a commitment to continue to develop Proactive Care services in order to support patients who have more complex needs to be in control and live well with their medical condition. In conjunction with early identification (via risk stratification tools) there will be continued development of urgent care services to facilitate rapid access, appropriate advice and care to enable a swift recovery. Services will be supported to be more responsive, with integrated urgent and emergency care services for all patients, recognising that urgent care, Proactive Care and long-term conditions are all intrinsically linked.

   To tackle existing pressures on emergency services there will be promotion of the NHS 111 service and support for primary care to improve accessibility for the local population to get the right care, at the right time and in the right place.

   It is envisaged that there will be a lead provider for both Proactive Care and for reactive (unscheduled) care. Joint commissioning with West Sussex County Council (WSCC), supporting the joint provision of adult social care and community services will also be vital to support plans to see a fundamental shift of care from hospital into the community and into patients’ own homes.

3. **Planned Care:** Large scale service redesign includes the procurement and implementation of the musculoskeletal (MSK) Integrated Care Service. This prime provider model is hoped to allow for better integration across the MSK pathway with single accountability for the patient journey, in conjunction with delivery of shared decision making, achievable goals, improved access to imaging and multi-disciplinary team (MDT) working. Other clinical areas already identified as requiring
improvement include: dermatology, cardiology, neurology, cancer care and ophthalmology services.

There will be a focus on demand management through innovation and integration across primary care, community care and secondary care, to achieve a balance between demand and supply and meet the challenges of caring for the population over the next five years.

There will be a shift in the focus of care away from hospital services, into integrated primary and community care. Once referred, CWS CCG will work with providers to minimise the number of outpatient appointments required by each patient by developing ‘one-stop’ assessment, diagnostic and treatment clinics and providers will be supported to shift elective surgery from inpatient operations to a day case setting wherever clinically appropriate.

There is an additional commitment to support all providers in primary, community and secondary care to achieve compliance with all ten of the seven-day Service Clinical Standards by 2016/17

4. Children, Young People and Maternity: Together with WSCC, CWS CCG will ensure that services around children are more joined-up across the following three areas:

**Maternity Care**: Providing choice in the place of delivery. This will include a choice of homebirth, a midwife-led or a consultant-led unit. All consultant-led units should have a co-located midwife-led unit to enhance the choices and options available. The CCG also aim to ensure that all women have an assessment to establish health and social care needs and risks within the first 12 weeks of pregnancy, and one-to-one care from a midwife when women are in established labour regardless of the care setting.

**Children’s Urgent and Acute Care**: Supporting families when their child becomes suddenly unwell the CCG proposes to develop the capacity and capability of primary care and community services in assessing and managing an unwell child. The CCG is now reviewing a longer term and sustainable solution further developing primary care services in the community. This will be supported by rapid access for GPs to a senior paediatrician for advice when assessing children within the community. Where acute phase care is deemed clinically appropriate CWS CCG will review commissioning to ensure consistent pathways in children’s short-stay and assessment units, as well as ensuring workforce standards are always met.

**Children’s Community Services** (including services for children with complex needs): CWS CCG have committed to ensure Children and Young People’s Emotional Health and Wellbeing Services and Child Development Services work in a more integrated way as clinical teams across CWS. Children’s community nursing teams will also facilitate access from hospital care for those children with complex needs who can be cared for at home and will work closely with schools and other children’s services.

5. Mental Health and Learning Disabilities: The CCG together with Crawley, Horsham and Mid-Sussex CCG and WSCC has developed a strategy to improve
mental health services by 2019. The strategy sets a new direction focused on localised commissioning for prevention and community services

6. **Primary Care:** The CCG sets out the pivotal role of primary care in delivering their vision for transformation and plan to develop a strategy to ensure it is ready to meet the challenges of working at greater scale through improving access, services and collaborative working between practices in partnership with NHS England.

**National Guidance**

The Trust needs to continue to respond to evolving guidance, both from the Department of Health, the Royal Colleges and from other external bodies such as the National Institute for Health and Care Excellence (NICE). Over recent years, the direction of travel has been to locate specialist low volume care within larger centres of excellence, such as vascular surgery, paediatric surgery and major trauma. There is an increasing focus nationally and locally to provide greater integration of services across acute, mental health community, primary and social care.

**CAPACITY ANALYSIS**

As part of its Market Analysis, the Trust has undertaken a five-year capacity analysis, based upon the likely demographic and other changes that have been highlighted above. The Trust has factored in demographic changes in age and sex over the next five years, using Office of National Statistics (ONS) population growth figures, together with the changes in demand the Trust has experienced over the past three years. Taken with the expected reductions in demand from Quality, Innovation, Productivity and Prevention (QIPP) schemes, the average growth is calculated as 0.7%

As well as the changes outlined above, the Trust has made some specific adjustments due to known service changes, which affect the figures. These are:

- **NHSBCSP:** The Trust is forecasting an increase in the demand for bowel screening due to age extension

- **Ophthalmology:** The siting of ophthalmology services on the Southlands site is likely to impact on the Trust's catchment area for this service. The likely impact on activity and capacity is included in the Trust forecast.

In terms of change over the five-year period, the Trust is forecasting the following changes in demand:
### Table 3.3: Forecast of change in demand for unscheduled care, elective and day case admissions and outpatient appointments

*Source:* WSHFT data

With the current utilisation rates, *prior to the impact of our strategic plan programmes*, this would imply the following changes in our capacity. The bed numbers reduce during 2015/16 due to the impact of the efficiency programme (outlined in our Operational Plan).

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A&amp;E Attend.</strong></td>
<td>136,645</td>
<td>140,112</td>
<td>143,667</td>
<td>147,312</td>
<td>151,050</td>
<td>154,882</td>
<td>18,237</td>
<td>13.3%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Non-Elective Spells</strong></td>
<td>57,798</td>
<td>58,341</td>
<td>58,890</td>
<td>59,446</td>
<td>60,007</td>
<td>60,575</td>
<td>2,777</td>
<td>4.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Elective Spells</strong></td>
<td>10,108</td>
<td>10,333</td>
<td>10,354</td>
<td>10,414</td>
<td>10,534</td>
<td>10,534</td>
<td>427</td>
<td>4.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Day Case Spells</strong></td>
<td>49,079</td>
<td>55,845</td>
<td>56,152</td>
<td>58,033</td>
<td>59,563</td>
<td>61,108</td>
<td>12,030</td>
<td>24.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Out-patients</strong></td>
<td>469,750</td>
<td>536,076</td>
<td>536,784</td>
<td>541,594</td>
<td>545,512</td>
<td>549,466</td>
<td>79,715</td>
<td>17.0%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

### Table 3.4: Forecast capacity changes

*Source:* WSHFT data

<table>
<thead>
<tr>
<th></th>
<th>Beds 2013/14</th>
<th>Beds 2014/15</th>
<th>Beds 2015/16</th>
<th>Beds 2016/17</th>
<th>Beds 2017/18</th>
<th>Beds 2018/19</th>
<th>Bed Growth</th>
<th>% Change</th>
<th>% Change per Annum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery</strong></td>
<td>228</td>
<td>232</td>
<td>223</td>
<td>226</td>
<td>228</td>
<td>230</td>
<td>2</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>606</td>
<td>603</td>
<td>585</td>
<td>591</td>
<td>597</td>
<td>604</td>
<td>-3</td>
<td>-0.4%</td>
<td>-0.1%</td>
</tr>
<tr>
<td><strong>Women &amp; Children</strong></td>
<td>99</td>
<td>99</td>
<td>98</td>
<td>99</td>
<td>100</td>
<td>101</td>
<td>2</td>
<td>1.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Core Services</strong></td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>1.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>943</td>
<td>944</td>
<td>915</td>
<td>926</td>
<td>935</td>
<td>945</td>
<td>1</td>
<td>0.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Outpatient Clinics</strong></td>
<td>80,076</td>
<td>82,483</td>
<td>82,650</td>
<td>82,546</td>
<td>82,696</td>
<td>82,844</td>
<td>2,768</td>
<td>3.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Theatre Operations</strong></td>
<td>26,976</td>
<td>31,057</td>
<td>30,363</td>
<td>30,339</td>
<td>30,549</td>
<td>30,760</td>
<td>3,785</td>
<td>14.0%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
FUNDING ANALYSIS

CWS CCG have shared and discussed their financial planning assumptions for the next five years. This includes their assessment of the impact of the Better Care Fund (BCF) on their commissioning plans with WSHFT over the next few years.

In the absence of detailed plans regarding the investments into the BCF and their consequential impact on local acute providers the Trust has made some very high-level assumptions, incorporating the information shared by CWS CCG.

Overall, the expectations of the CCG and the Trust are closely aligned as summarised in the table below.

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>CWS CCG</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure</td>
<td>258.7</td>
<td>256.3</td>
<td>256.0</td>
<td>252.8</td>
<td>251.7</td>
</tr>
<tr>
<td>Income</td>
<td>259.9</td>
<td>257.6</td>
<td>256.8</td>
<td>254.7</td>
<td>251.8</td>
</tr>
<tr>
<td><strong>Planning Gap</strong></td>
<td><strong>1.2</strong></td>
<td><strong>1.3</strong></td>
<td><strong>0.8</strong></td>
<td><strong>1.9</strong></td>
<td><strong>0.2</strong></td>
</tr>
</tbody>
</table>

Table 3.5: CWS and WSHFT forecast assumptions
Source: CWS CCG five-year strategic and two-year operational plan/WSHFT financial modelling

COMPETITOR ANALYSIS

The Trust faces competition from providers in the public and private sector including:

- NHS competition: secondary care providers
- NHS competition: primary and community providers
- Non-NHS competition.

NHS Competition: Secondary Care Providers

There are four current providers of acute secondary care which need to be considered in terms of the competition they offer. These are:

- Brighton and Sussex University Hospitals NHS Trust (BSUH)
- Portsmouth Hospitals NHS Trust (PHT)
- Surrey and Sussex Healthcare NHS Trust (SSHT)
- Royal Surrey County NHS Foundation Trust (RSCHFT).

BSUH has recently been granted approval and access to update its currently out-dated and constrained site at the Royal Sussex County Hospital in Brighton. As a result of this there is likely to be an ambition for BSUH to increase their share of trauma and specialist work once this work is completed. However, collaborating with BSUH in a planned way may bring benefits to WSHFT’s own trauma and cancer patients and services.
BSUH have a second hospital site at the Princess Royal Hospital, in Haywards Heath, which competes for work in the North East of the CWS patch. The focus for this site is for planned care. SSHT, which has a hospital based in Redhill also compete for this section of our catchment population.

In the North West of the patch competition comes from RSCHFT, based in Guildford, Surrey. To the Trusts West, the major competition comes from PHT. WSHFT has been successful in attracting patients from the Hampshire/Sussex Coastal border over recent years, particularly maternity care.

A summary of the performance of the competition from NHS secondary providers is provided below. As can be seen, current elective referral to treatment (RTT) performance does not compare favourably to the major competitors, which is a potential threat to maintaining market share. An RTT recovery programme is now underway, which will result in performance being favourable by quarter two of 2014/15. Urgent and emergency performance compares very favourably:

<table>
<thead>
<tr>
<th>Current Performance (%)</th>
<th>WSHFT</th>
<th>BSUH</th>
<th>PHT</th>
<th>SSHT</th>
<th>RSCH FT</th>
<th>WSHFT rank with Local Competitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>RTT admitted pathways</td>
<td>90.6</td>
<td>92.3</td>
<td>90.8</td>
<td>91.4</td>
<td>92.9</td>
<td>5</td>
</tr>
<tr>
<td>RTT non-admitted pathways</td>
<td>89.3</td>
<td>96.6</td>
<td>96.2</td>
<td>97.6</td>
<td>95.4</td>
<td>5</td>
</tr>
<tr>
<td>RTT incomplete pathways</td>
<td>90.0</td>
<td>92.1</td>
<td>94.7</td>
<td>96.2</td>
<td>93.0</td>
<td>5</td>
</tr>
<tr>
<td>A&amp;E performance all types</td>
<td>95.6</td>
<td>89.8</td>
<td>87.5</td>
<td>96.0</td>
<td>94.0</td>
<td>2</td>
</tr>
<tr>
<td>Cancer 2-week wait</td>
<td>97.5</td>
<td>88.1</td>
<td>96.3</td>
<td>95.5</td>
<td>96.3</td>
<td>1</td>
</tr>
<tr>
<td>Cancer 31 day wait</td>
<td>99.8</td>
<td>95.1</td>
<td>96.2</td>
<td>97.9</td>
<td>98.8</td>
<td>1</td>
</tr>
<tr>
<td>Cancer 62 day wait</td>
<td>89.5</td>
<td>81.1</td>
<td>90.5</td>
<td>93.3</td>
<td>87.0</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 3.6: Current performance against local competitors
Source: Health and Social Care Information Centre published reports, competitor analysis - NHS provider - current performance (March 2014)

Market Share

The figure below shows WSHFT’s market share for each GP Practice in West Sussex, Hampshire, Surrey and Brighton and Hove for elective admitted spells from May 2013 to April 2014. Due to the Trusts geographic location, WSHFT services are the most convenient for many people in CWS. The majority of GP practices in our traditional catchment area send over 80% of their elective patients to WSHFT. There is an opportunity to attract additional activity from the population in the Mid Sussex area. Excluding one GP practice on the Hampshire border, there are limited referrals into WSHFT from other counties. This provides further opportunity to attract patients to the Trust, utilising the Southlands site especially for the Hove border and attracting other patients from the Hampshire border.
The map below shows elective admissions by GP practice for the 12 months from May 2013 to April 2014, only concentrating on West Sussex. This demonstrates that in our traditional catchment area, the main rivals are BSUH, who provide a range of services from Haywards Heath and Brighton, and also BMI Goring Hall, who are undertaking a small but significant amount of NHS choice work, particularly for orthopaedic procedures. Among the other providers (shown as purple), in the South West of our catchment this work is predominantly PHT, and in the North of our catchment area, this work is undertaken by RSCHFT.
The final map below demonstrates the market share of non-elective activity in West Sussex. There is a very good market share for non-elective activity in the CWS area, and even moving into the Mid-Sussex where a greater choice exists. This fact can be a strength in associating WSHFT in a populations’ mind as their Trust of choice, but can also be a threat in terms of receiving unplanned non-elective activity during seasonal pressures, which can put a strain on hospital services.

Figure 3.8: GP practices: elective admission (West Sussex only, May 2013–April 2014)
Source: Dr Foster 2014
In addition to traditional NHS providers of secondary care, there are two further NHS organisations that need to be considered in relation to the competition they offer in terms of alternatives to secondary care. These are:

- Sussex Community NHS Trust (SCT)
- Primary Care Provider Organisations.

Our approach towards SCT is more as a partner in rather than a competitor for healthcare services. However, there are elements where our two organisations will be in direct competition. These include:
• Competition for some general hospital services through the ‘Any Qualified Provider’ process

• Competition to provide integrated care across a range of services

• Provision of step up/step down facilities for a range of medical conditions.

The introduction of CCGs as the main commissioners of healthcare has led to the establishment of primary care provider organisations taking an increasing proportion of the provider market in other parts of the NHS. However, this has not, to date, been a major driver for CWS CCG. Areas where the Trust currently provides care that may be vulnerable include:

• Therapies

• Diagnostic testing

• Shifts towards primary care as a result of pathway redesign.

In the longer-term there is also the potential for primary care provider organisations to establish alternative elective surgery centres, possibly with established non-NHS providers (see below).

**Non-NHS Competition**

There are a number of private healthcare providers in West Sussex. These providers have traditionally targeted the insurance and self-pay market. However, due to the reduction in waiting times and the introduction of ‘NHS Choice’ and ‘Choose and Book’, such providers are now directly competing with the Trust for elective NHS services. With the liberalisation of the provider market outlined in the Health and Social Care Act 2012, competition from this market has increased. Some non-NHS providers are also beginning to align their marketing and strategic plans to the delivery of NHS services for the community.

The key Non-NHS competition in the local area has been identified as:

• Sussex Community Dermatology Service

• BMI Goring Hall Worthing

• Nuffield Hospital Chichester

• Spire Hospital Portsmouth

• Brighton Integrated Care Service

• Innovations in Primary Care

• Sussex Medical Chambers.

A summary of these organisations and the assessed risk posed by them through competition to the Trust is shown below.
<table>
<thead>
<tr>
<th>COMPETITOR</th>
<th>RISK LEVEL</th>
<th>COMMENTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sussex Community Dermatology Services</td>
<td>High</td>
<td>Offer a community dermatology service based within primary care settings across West Sussex. High threat to non-specialist dermatology services within WSHFT.</td>
</tr>
<tr>
<td>BMI Goring Hall</td>
<td>Medium to High</td>
<td>Provides range of general hospital services with three theatres, 12 bed day care unit and a high dependency unit in the Worthing area. Largest national independent provider of acute surgical healthcare. Undertakes procedures of a complex/major nature, currently the second largest elective orthopaedic provider in CWS with approximately 18% of this market.</td>
</tr>
<tr>
<td>Nuffield</td>
<td>Medium</td>
<td>Forty bedded facility hosting a range of general services in Chichester. Nation-wide health organisation with a turnover of £581m, workforce of 10,000 staff and very high satisfaction ratings. Provides elective care for the NHS.</td>
</tr>
<tr>
<td>Spire</td>
<td>Medium</td>
<td>Fifty bedded facility in Havant with critical care level 2, emphasis on weight-loss and cosmetic surgery. Newly opened cancer unit that provides diagnostic tests, scans, chemotherapy and radiotherapy. Nationally has a network of 37 private hospitals and is looking for opportunities to expand into the NHS Choices market.</td>
</tr>
<tr>
<td>Brighton Integrated Care Services (BICS)</td>
<td>Low to Medium</td>
<td>Currently working in partnership with WSHFT. BICS are an organisation primarily with a focus on expanding primary care and are a partnership of GPs and other healthcare professionals. They have recently been successful, as part of a partnership with other NHS and not for profit organisations, in a bid to provide MSK services in Brighton and Hove and Mid-Sussex.</td>
</tr>
<tr>
<td>Innovations in Primary Care</td>
<td>Low</td>
<td>Based in Worthing and formed in 2005 as a limited company. Stronghold in Arun, Adur and Worthing patch of West Sussex as well as three practices in Chanctonbury. They have tested expansion across the patch with limited success. Provide minor surgery, vasectomy, range of private procedures and vaccination.</td>
</tr>
<tr>
<td>Sussex Medical Chambers</td>
<td>Low</td>
<td>Offer a range of medical and surgical services in Brighton and Worthing.</td>
</tr>
</tbody>
</table>

As well as organisations with a local presence, large national organisations such as Care UK, Virgin Healthcare, Circle and BUPA also pose a competitive threat. In the past they have bid to run services when the opportunity has arisen and will be expected to continue to seek a foothold in the local health market. The opportunity to do so will be dictated by the appetite of commissioners to test the market.
SWOT ANALYSIS

In determining where we should best position ourselves as an organisation, and to ensure we target the right service developments, we have undertaken an analysis of our Strengths and Weaknesses, and the Opportunities and Threats that exist for our organisation.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acknowledged clinical strengths and areas of specialist expertise</td>
<td>• Continued requirement to integrate clinical services across the Trust following merger, using wider networks</td>
</tr>
<tr>
<td>• A high quality clinical workforce with good and improving staff survey results in relationship to staff recommendation of the Trust as a place to work or receive treatment</td>
<td>• Financially challenged LHE with dependence on one commissioner (CWS CCG)</td>
</tr>
<tr>
<td>• Attractive locality to live and work in creating greater opportunities for recruitment of high-calibre workforce</td>
<td>• Capacity constraints in the face of increasing demand for elective and emergency care</td>
</tr>
<tr>
<td>• The merger of the two Trusts has led to increased integration and resilience</td>
<td>• Whole system patient flow processes require improvement</td>
</tr>
<tr>
<td>• Good community support with a strongly engaged and supportive public</td>
<td>• Limited pool of appropriately skilled workforce to recruit in some areas</td>
</tr>
<tr>
<td>• Positive Trust reputation re-enforced by positive patient experience</td>
<td>• Associated healthcare challenges of an increasing elderly population</td>
</tr>
<tr>
<td>• Strong performance across a range of access and quality indicators</td>
<td>• IT infrastructure not fully integrated</td>
</tr>
<tr>
<td>• Good relationship with system partners</td>
<td>• Dispersed estate with wide variation in quality of environment</td>
</tr>
<tr>
<td>• Highly capable board with a coherent vision for the Trust's future aligned to financial pragmatism</td>
<td>• Semi-circular catchment area limiting opportunity for growth of catchment and associated activity</td>
</tr>
<tr>
<td>• Good track record in managing financial performance</td>
<td></td>
</tr>
<tr>
<td>• Engaged and forward thinking Trust governing body.</td>
<td></td>
</tr>
<tr>
<td>OPPORTUNITIES</td>
<td>THREATS</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Develop our core strength of providing high-quality streamlined hospital</td>
<td>• Financial context of the national economy, the NHS and the impact on</td>
</tr>
<tr>
<td>care in appropriate settings to patients, particularly the elderly</td>
<td>LHE (including the BCF)</td>
</tr>
<tr>
<td>• Further opportunities to integrate and transform across hospital sites</td>
<td>• Not fully integrating across the Trust for clinical services, estates</td>
</tr>
<tr>
<td>• Ensure that our interface with primary, community and social care delivers</td>
<td>and IT infrastructure</td>
</tr>
<tr>
<td>patient focused care in the most appropriate environment</td>
<td>• Not establishing integrated care across the LHE leading to inconsistent</td>
</tr>
<tr>
<td>• Continue to develop improved relationships with commissioners to</td>
<td>poor patient care</td>
</tr>
<tr>
<td>strengthen strategic direction of LHE</td>
<td>• Inability to capitalise on commercial opportunities leading to loss</td>
</tr>
<tr>
<td>• Continue to improve the patient experience through investing in our</td>
<td>of activity to alternative providers of care, both NHS and non-NHS</td>
</tr>
<tr>
<td>staff and services</td>
<td>• Inability of the Trust to secure the lead provider role in MSK</td>
</tr>
<tr>
<td>• Work more closely with tertiary providers and Cancer Networks to develop</td>
<td>procurement</td>
</tr>
<tr>
<td>better services for patients, in particular in cancer and cardiac care</td>
<td>• Risk to maintain and improve service performance</td>
</tr>
<tr>
<td>• Work with our commissioners to ensure that the Trust is the natural</td>
<td>• Risk to delivering required cost improvement targets</td>
</tr>
<tr>
<td>choice to act as lead provider for whole pathways to include: MSK and</td>
<td>• Increased specialisation of care may lead to services being</td>
</tr>
<tr>
<td>unscheduled care</td>
<td>centralised in specialist centres in particular the 3T’s development</td>
</tr>
<tr>
<td>• Better utilisation of Trust estate, in particular the Southlands site</td>
<td>at BSUH.</td>
</tr>
<tr>
<td>• Continue to increase service user, carer and public involvement in the</td>
<td></td>
</tr>
<tr>
<td>Trust through Foundation Trust governance arrangements</td>
<td></td>
</tr>
<tr>
<td>• Capture additional clinical activity to include exploiting commercial</td>
<td></td>
</tr>
<tr>
<td>opportunities and private patient care</td>
<td></td>
</tr>
</tbody>
</table>
In this section, building on the work undertaken in the ‘Market Analysis and Context’ section, we review the risks to sustainability and the strategic options available at service line level. This section is a summary of detailed discussions held with managers and clinical directors within the Trust. In making our assessment of the strategic options available, we have taken into account:

- The impact of CWS CCG’s Commissioning Intentions on the service line
- Any national guidance or national trends
- The strategic fit of the service line in the context of the Trust’s ‘Essential Building Blocks’ (see Section 5)
- Workforce issues being faced by the service line
- Current quality and performance issues
- The market position and threat from competition to the service line
- Potential commercial opportunities
- The contribution the service line makes to the Trust’s financial position.

A summary of the key service lines, showing activity, market share and contractual income is shown below:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Elective and Day Case</th>
<th>Non-Elective</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Trust Total Activity</td>
<td>% Market Share</td>
<td>% of Trust Total Activity</td>
</tr>
<tr>
<td>Gen./Elderly Medicine</td>
<td>1.2</td>
<td>89.6</td>
<td>40.8</td>
</tr>
<tr>
<td>Trauma and orthopaedic</td>
<td>10.3</td>
<td>79.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Gen. Surgery</td>
<td>14.7</td>
<td>88.3</td>
<td>11.6</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4.6</td>
<td>79.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Urology</td>
<td>9.5</td>
<td>92.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>–</td>
<td>–</td>
<td>9.2</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>8.2</td>
<td>85.7</td>
<td>0.1</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>–</td>
<td>–</td>
<td>8.4</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>15.0</td>
<td>91.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>6.3</td>
<td>91.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Clinical Haematology</td>
<td>9.7</td>
<td>93.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>3.9</td>
<td>88.9</td>
<td>2.2</td>
</tr>
<tr>
<td>ENT</td>
<td>2.0</td>
<td>50.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Dermatology</td>
<td>2.3</td>
<td>83.5</td>
<td>–</td>
</tr>
</tbody>
</table>

Table 4.0: Key service line activity in respect to market share and contractual income
Source: WSHFT data
### ORTHOPAEDICS (including Trauma)

#### Risks, Issues and Challenges:
- The rise in elderly population will require increased musculo-skeletal intervention
- Ensuring sustainability of Trauma Unit status for Worthing and St. Richard’s, particularly in the light of the approval of the 3Ts programme at BSUH
- Ongoing challenge to meet waiting time targets
- Commissioner re-commissioning entire MSK pathway through prime provider procurement due to go live in January 2015
- Significant competition from non-NHS providers, for both NHS and non-NHS work, with relatively low provision of private orthopaedic work by WSHFT.

**Strategic Options:** The Trust is collaborating with partners in the MSK procurement process. The Trust will increase, where possible, the levels of non-NHS work undertaken.

A service improvement programme is underway to streamline and eliminate waste in patient pathways, reducing waiting times and making the service more attractive to patients. Further improvements are possible as part of the enhanced recovery programme.

Trauma will be considered as part of a review of emergency surgery options (see Section 5).

### UROLOGY

#### Risks, Issues and Challenges:
- Demand for services rising, particularly in cancer services, with physical capacity constraints
- Services not fully integrated across sites
- Commissioner review of urology services, which may lead to a procurement exercise
- Uncertainty regarding future of urological cancer services.

**Strategic Options:** Outpatient, diagnostic, day case and short-stay patients are to continue to be treated at Worthing and St. Richard’s Hospitals, with outpatient and some diagnostic services continuing to be provided at Southlands Hospital. The Trust is seeking to become a centre for pelvic cancer services for Sussex, covering a population of 1.6m. As part of this change, the Trust is proposing that laparoscopic procedures will be centralised onto the Worthing site, and that some core urology surgery, including complex stone surgery, be centralised on the St. Richard’s site. Further improvements are possible under the enhanced recovery programme.

### CLINICAL DIRECTORATE - HEAD & NECK, GENERAL AND SPECIALIST SURGERY

#### HEAD AND NECK (Maxillo-Facial and ENT Services)

#### Risks, Issues and Challenges:
- ENT services are provided very differently across the Trust, with ENT patients in the West of the Trust’s catchment area receiving elective care in Portsmouth. Services in the East provided in conjunction with Brighton
- Possible CWS CCG review as part of planned care programme
- Service does not currently demonstrate profitability at service line level
- Maxillo-facial inpatient care already provided on one site only (St. Richard’s Hospital)
- Increase in demand, particularly for cancer related referrals.

**Strategic Options:** Options appraisal required to consider whether the Trust would be in a stronger position to provide its own ENT services. Consider whether to integrate this with maxillo-facial services to provide a Trust owned head and neck service to increase resilience and potentially reduce estates footprint. Review of activity, pathways and coding required to ensure that the service can deliver and demonstrate profitability.

<table>
<thead>
<tr>
<th><strong>OPHTHALMOLOGY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risks, Issues and Challenges:</strong></td>
</tr>
<tr>
<td>- Significant rise in demand due to changes in national and local policy</td>
</tr>
<tr>
<td>- Challenges in meeting demand and referral to treatment times</td>
</tr>
<tr>
<td>- Facilities at Worthing Hospital sub-optimal</td>
</tr>
<tr>
<td>- Issues relating to recruitment and retention of staff.</td>
</tr>
<tr>
<td>- CWS CCG review to be undertaken as part of the planned care programme.</td>
</tr>
</tbody>
</table>

**Strategic Options:** An improvement programme is underway to simplify and eliminate waste from patient pathway. A market analysis has been undertaken demonstrating opportunity to relocate Worthing Hospital service to Southlands Hospital, with options to increase range of services provided and to increase private patient income for the Trust. Outpatient, diagnostic and day case work to be undertaken at Southlands Hospital, with all services (including inpatients) at St. Richard’s Hospital.

**GENERAL SURGERY (including Colorectal and Upper GI Surgery)**

<table>
<thead>
<tr>
<th><strong>Risks, Issues and Challenges:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Service not yet fully integrated across Worthing and St. Richard’s sites, with no significant sub-specialisation at each site</td>
</tr>
<tr>
<td>- Lack of capacity leading to activity being undertaken in the private sector and challenges in achieving referral to treatment times</td>
</tr>
<tr>
<td>- Emergency surgery arrangements not integrated across the Trust.</td>
</tr>
</tbody>
</table>

**Strategic Options:** The Trust will explore options for sub-specialisation across sites, with the potential for dedicated theatres to improve the quality and throughput of care, through standardisation and reduction in duplication. Sub-specialisation could support the move towards seven-day working. Further improvements possible through enhanced recovery programme.

Part of review of Trust-wide emergency surgery working (see Section 5).

**BARIATRIC SURGERY**

<table>
<thead>
<tr>
<th><strong>Risks, Issues and Challenges:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Regional specialist service</td>
</tr>
<tr>
<td>- Changes in commissioning arrangements require any referrals to the service to be made via a Tier 3 weight management service</td>
</tr>
<tr>
<td>- Reduction in demand for service experienced over the past 12 months.</td>
</tr>
</tbody>
</table>

**Strategic Options:** There is recognised potential to build on Trust reputation as a centre of excellence and market the service to a wider catchment population. The Trust will continue
to bid for tier 3 weight management opportunities as they arise. There is also scope to increase level of non-NHS work undertaken.

**BREAST SERVICES (including Breast Screening)**

**Risks, Issues and Challenges:**
- Requirement to align with NICE guidance on breast surgery
- Increases in cancer referrals
- Worthing and St. Richard’s services are not fully integrated across the Trust, with differing practices in existence
- Service not currently demonstrating a return on investment.

**Strategic Options:** An improvement programme is already underway with the aim of streamlining the service across the Trust to ensure consistency across the patient pathway. Centralisation of reconstructive surgery proposed on the Worthing site, with the option of further reconfiguration being actively considered. Improvements in day case rates targeted.

**CLINICAL DIRECTORATE – THEATRES ANAESTHESIA AND CRITICAL CARE (including Day Cases)**

**Risks, Issues and Challenges:**
- In addition to improvements in safety and productivity under the Productive Operating Theatre, further improvements in eliminating waste and improving productivity
- Requirement to align with NICE recommendations for post-operative care
- Matching available capacity and demand with realised capacity continues to be an issue, a review of theatre usage across the Trust will be undertaken to improve efficiency
- Lack of dedicated daycase facilities at Worthing Hospital places a limit on the level of daycase surgery that can be achieved
- A requirement to move towards greater seven-day working in anaesthesia
- Chronic pain part of MSK procurement.

**Strategic Options:** The Trust will review theatre utilisation to ensure that the use of theatres is optimised. The review will include an options appraisal for day case surgery in order to maximise its use (to over 85% of all elective surgery) reviewing the case for a dedicated facility at Worthing Hospital. As part of the seven-day working programme, review options to provide improved care across the week.

**DIVISION – MEDICINE**

**CLINICAL DIRECTORATE – SPECIALIST MEDICINE**

**DERMATOLOGY**

**Risks, Issues and Challenges:**
- The secondary care service has recently been subject to procurement for ‘community’ dermatology services, which may see up to 75% of referrals now falling into the community dermatology service specification
- Strong competition from non-NHS providers (Sussex Community Dermatology Service)
- New community tariff squeezes profitability
- Facilities and workforce constraints have led to capacity issues
- Increases in demand for cancer referrals
- Service not yet fully integrated across sites.

**Strategic Options:** The Trust has chosen to compete directly with other community providers and market its service to patients and GPs to maximise referrals for both community and secondary care dermatology. Should this not be successful other approaches, such as closer collaboration with neighbouring secondary care services, may be reviewed.

**ENDOSCOPY**

**Risks, Issues and Challenges:**
- Ongoing increases in demand for service, due in particular to extension of NHS BCSP
- Poor estate, particularly at Worthing Hospital, which has resulted in the temporary suspension (pending capital development) of JAG accreditation for service.

**Strategic Options:** The Trust plans to increase capacity across both sites to meet the anticipated rise in demand anticipated over the next five years. A major improvement programme is at the advanced planning stage at the Worthing site and improvements to infrastructure have been delivered at St. Richard’s Hospital. Potential for private patient activity to increase.

**DIABETES AND ENDOCRINOLOGY**

**Risks, Issues and Challenges:**
- CWS CCG seeking to redesign pathway to reduce the likelihood of admission for patients
- Different models of care exist across the Trust
- Need to improve links with community services and provide greater integration of service.

**Strategic Options:**

**Diabetes:** The Trust will develop a more integrated service across sites and with the community, adopting a more community based approach with clinical governance provided by a community diabetologist.

**Endocrinology:** Explore options for closer working with the bariatric service.

**OTHER SERVICES (Renal Services, Neurology, Rheumatology)**

**Risks, Issues and Challenges:**
- **Renal:** End stage renal failure - location of current dialysis service at Worthing within acute setting
- **Neurology:** Commissioners seeking to develop integrated model for neurology, service not fully integrated across Trust
- **Rheumatology:** Part of CWS CCG MSK procurement.

**Strategic Options:**

**Renal:** Review options for siting of dialysis service in the East of the Trust’s catchment area.

**Neurology:** The Trust will work with CWS CCG to develop an integrated model of care

**Rheumatology:** The Trust will engage in collaboration with partners as part of MSK procurement.
### CLINICAL DIRECTORATE – ACUTE MEDICINE

#### A&E SERVICES, AMU and RESPIRATORY MEDICINE

**Risks, Issues and Challenges:**
- Continued pressure on the emergency department in achieving access targets
- Workforce shortages, in particular acute physicians (nation-wide issue)
- National and local commissioner requirement to move towards seven-day working
- CWS CCG aspirations to reduce acute admissions through Proactive Care and admission avoidance schemes. Readmissions of COPD patients identified as an issue
- The Trust is seeking to drive improvement in outcomes, including through identification of deteriorating patients.

**Strategic Options:** Planning and implementation of seven-day working programme across the LHE. Implementation of Emergency Floor at Worthing, bringing acute, surgical and elderly care medicine assessment together with the aim of reducing length of stay. Part of development of programme for integrated unscheduled care. Specific quality improvement programme for identification of deteriorating patients. Reviewing telemedicine options for managing COPD patients better in the community.

### CARDIOLOGY

**Risks, Issues and Challenges:**
- Continued pressure on service due to rise in demand
- Potential for some imaging work to be repatriated from tertiary centres
- Workforce co-dependencies with BSUH.

**Strategic Options:** Cardiology services to continue on both main sites. Worthing Hospital to continue to provide elective percutaneous coronary intervention (PCI) for Trust catchment population. Emergency PCIs to continue to be treated at tertiary centres. St. Richard’s Hospital to expand pacing and device therapy services to provide capacity for work referred to Southampton and to relieve pressure in this area on Worthing Hospital. Trust cardiologists will continue to be part of the cardiology on-call rota at BSUH, but this arrangement will be subject to regular review.

### CLINICAL DIRECTORATE – CARE OF THE ELDERLY

#### ELDERLY MEDICINE

**Risks, Issues and Challenges:**
- Elderly and frail population whose numbers and acuity of illness are forecast to rise over the next five years
- CWS CCG aspiration to reduced elderly care admissions through Proactive Care programme
- Different approaches to the assessment and management of the elderly and frail across the Trust
- Continued pressure on beds due to increased demand, with further improvements in integration required.

**Strategic Options:** Emergency floor will open at Worthing Hospital in late 2014, which will improve and integrate the assessment and treatment of patients. Capacity and flow issues
to be addressed through integrated unscheduled care programme, with continued expansion of ‘One-Call, One-Team’ arrangements (see reactive care).

<table>
<thead>
<tr>
<th><strong>DEMENTIA</strong></th>
</tr>
</thead>
</table>

**Risks, Issues and Challenges:**
- Increasing proportion of patients admitted to hospital have dementia, which is forecast to continue to rise
- National directives supporting the care of patients with dementia, including early assessment and more holistic management
- CWS CCG view dementia as a priority area for improvement.

**Strategic Options:** Development and implementation of the Trust’s dementia strategy, aimed at improving dementia care, with a programme of education, engagement and improvement of the environment. Workforce implications will include a network of dementia champions and an increased number of dementia volunteers.

<table>
<thead>
<tr>
<th><strong>STROKE</strong></th>
</tr>
</thead>
</table>

**Risks, Issues and Challenges:**
- Sussex-wide approach to commissioning with standards being set for each part of the pathway
- Trust needs to improve against a number of national stroke metrics
- Thrombolysis provision not available ‘out of hours’ at St. Richard’s Hospital.

**Strategic Options:** Options appraisal for Trust’s stroke services, in conjunction with the Sussex-wide commissioner led programme. Review options for the future provision of hyper-acute, acute and rehabilitation services across the Trust.

<table>
<thead>
<tr>
<th><strong>DIVISION - WOMEN AND CHILDREN</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>CLINICAL DIRECTORATE – WOMEN</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>MATERNITY AND NEONATAL CARE</strong></th>
</tr>
</thead>
</table>

**Risks, Issues and Challenges:**
- No major perceived risks to management of demand or quality of service
- CWS CCG have pledged to implement the Sussex intrapartum standards for maternity service, which will prescribe the required workforce establishment for safety in maternity services to include one to one midwife care when women are in established labour regardless of care setting
- Nationally driven requirement to increase choice about birth options to include home birth, midwife led unit and consultant led units (consultant-led and midwife-led units to be co-located) is reflected in CWS CCG plans
- A midwife-led unit exists at St. Richard’s Hospital but not Worthing.

**Strategic Options:** The Trust will continue to deliver a consultant-led service, backed up by neonatal care (special care unit [SCU] or level 1 at Worthing and local neonatal unit [LNU] or level 2 at St. Richard’s Hospital). Babies requiring level 3 neonatal intensive care unit (NICU) will continue to be treated at tertiary centres.
Should activity continue to rise within the Worthing maternity unit, a full review will be undertaken to consider the opportunity of upgrading the existing Worthing SCU site to a LNU model of delivery. Requirements to meet associated standards are anticipated to be achievable with limited impact; this will be guided by the Strategic Clinical Network for Maternity and Children.

Aligned to CWS CCG commissioning intentions the Trust will review the case for a midwife-led unit at Worthing, complementary to (rather than instead of) the consultant-led service.

**GYNAECOLOGY**

**Risks, Issues and Challenges:**

- Further improvement work is required to increase the day case rate and increase the numbers of one-stop outpatient clinics.

**Strategic Options:** Gynaecological inpatient services will continue to be provided on both sites. Consideration has been given to a single-site option for elective inpatients, but the current indications are that, due to the obstetric commitments of consultants on both sites, no significant productivity gains would be made by moving to a single-site. Further scoping work will be undertaken to review private practice opportunities, sub-specialisation across sites and opportunities for improvements in the patient pathway.

**SEXUAL HEALTH**

**Risks, Issues and Challenges:**

- The service may be subject to tender during the next two years.

**Strategic Options:** The Trust will continue to provide a comprehensive sexual health service for West Sussex. The Trust will also look for opportunities to expand its current catchment area should market opportunities arise.

**CLINICAL DIRECTORATE – CHILDREN**

**PAEDIATRICS**

**Risks, Issues and Challenges:**

- During 2014–2016 the CWS CCG are looking to implement initiatives to seek to reduce the number of children admitted to hospital in an emergency
- CWS CCG have pledged to implement the Sussex intrapartum standards for maternity services and children’s hospital care that will set the required workforce establishment for safety and ensure more paediatric outreach services.
- The Trust will need to continue to review and adapt its workforce to meet the needs of the local community and Commissioner expectation of service delivery
- The Trust runs the Child Development Centre in Worthing, the commissioning of which CWS CCG and WSCC are reviewing
- Local transformation will also be required to align to national guidance including: Royal College of Paediatrics and Child Health: 10 College Standards, these are due for review and will potentially further impact service delivery.

**Strategic Options:** The future for paediatric services at the Trust is inextricably linked with the obstetric and neonatal services. The Trust has committed itself to the continuation of two consultant-led maternity units, with the necessary neonatal support. This necessitates a minimum level of consultant paediatric cover on each site and therefore makes any
productivity gain arising from centralisation of inpatient care much smaller. It is therefore the intention of the Trust to maintain two inpatient paediatric services, one at Worthing Hospitals and one at St. Richard’s, for the foreseeable future.

The St. Richard’s Hospital children’s out-patient unit is 15 years old and requires refurbishment. Plans for potential reconfiguration have been drafted with further scoping required and funding allocation to be confirmed.

There are recognised commercial opportunities within children’s services including expansion of existing market share within specialist areas of service delivery such as chronic pain management. The Trust will look to prioritise and develop these opportunities.

### DIVISION - CORE

#### IMAGING

**Risks, Issues and Challenges:**

- Across the Trust a significant proportion of imaging equipment requires replacement, including CT, MRI, X-Ray, and Interventional Radiology. There will be associated estates works required to facilitate installation of updated equipment
- Due to national shortages there are workforce recruitment issues with areas of noticeable concern; these include radiologists and radiographers. Staffing shortages continue to have direct impact on the ability to maintain existing activity which is forecast to continue to grow.

**Strategic Options:** Consider different options for updating medical equipment across the Trust, including a managed equipment service. Workforce skill-mix review to look at all options for recruitment. Potential marketing opportunities for both NHS and non-NHS work in radiology need to be explored to maintain and improve market share.

#### CANCER SERVICES

**Risks, Issues and Challenges:**

- Locally, cancer is the most common cause of premature death for people under 75 years of age with more premature deaths than in similar areas
- The prevalence of cancer is forecast to continue to rise
- The Trust continues to meet the national standards for cancer access
- National increases in screening programmes will have increased activity implications
- All areas of cancer care are increasing in demand, the largest area of growth will be within early and on-going monitoring of patient leading to an increased demand on diagnostics services
- Lack of local access to radiotherapy and some chemotherapy services
- Acute medical oncology service needs to improve
- The Trust continues to face financial pressures due to increased demand and non-transparent income streams for many cancer services.

**Strategic Options:** A comprehensive cancer strategy will be developed and implemented to help improve quality, access and integration, setting our vision and priorities for cancer services. There will be a comprehensive workforce review to ensure long-term sustainability of cancer services. The dissolution of the traditional cancer networks affords the Trust an opportunity to review its relationship with external providers. Newly defined relationships will need to account for a number of the old network functions including peer review, data and
Trust guideline agreements.
The Trust is actively seeking to secure radiotherapy provision from a tertiary provider, preferably on the St. Richard’s Hospital site.

**PATHOLOGY**

**Risks, Issues and Challenges:**
- Requirement to deliver service integration and configuration aims in partnership with an external provider. Focus on redesigning the services to maximise efficiencies, eliminate waste, implement new technologies, enhance service responsiveness, quality, and reduce the overall footprint of the laboratory service.

**Strategic Options:** The Trust is in the process of integrating and consolidating its pathology services, putting in place a centralised microbiology and histology processing service and the creation of a ‘hub and spoke’ model for the provision of cold and acute diagnostics within blood sciences. The ‘hub’ will be situated at St. Richard’s Hospital and the ‘spoke’ at Worthing Hospital. Commercial opportunities exist to further expand the market share and work in partnership with external acute colleagues.

**PHARMACY**

**Risks, Issues and Challenges:**
- Trust-wide implementation of e-prescribing programme underway
- External service line agreements require review to ensure income aligns to expenditure; there is a recognised requirement for the Trust to have a wholesale dealer licence to continue to deliver service line agreements
- Currently due to multiple cancer networks there are multiple prescribing protocols; this is complicated by prescribing systems that are not linked.

**Strategic Options:** Complete deployment of e-prescribing programme. Complete review of multiple prescribing protocols and develop agreed single protocols via development of cancer strategy. Multiple commercial/growth opportunities currently under review and development including exploration of potential to provide retail pharmacy services and service growth opportunities. Link with review of cancer services.

**THERAPIES**

**Risks, Issues and Challenges:**
- Part of Trust physiotherapy services are within remit of MSK procurement. Outcome of MSK bid will impact on therapies workforce with potential major review of requirements should the bid be unsuccessful
- Roll out of seven-day working likely to impact on staff skill mix requirements
- Within existing therapy services there are recognised recruitment issues across the workforce.

**Strategic Options:** The Trust will continue to provide a comprehensive range of diagnostic and therapeutic support for the services provided. This will need to ensure there is the right capacity and responsiveness to support the Emergency floor and ‘one-stop’ outpatient clinics. Multiple commercial opportunities to be scoped and developed including expansion of existing NHS and non-NHS market share, development of research opportunities and development of specialty services.
SECTION FIVE
STRATEGIC PLAN
Introduction

In Section 3 we explored the drivers for change for WSHFT over the coming five years. In Section 4 we looked at each of the Trust’s service lines to consider the strategic options available. In this section we set out the Trust’s Strategic Plans, identifying the key workstreams that are essential for us to progress and secure the Trust’s sustainability going forward.

For the Trust, there are three broad implications resulting from our market analysis and service line review:

The Need to Integrate Non-Elective Provision

As part of a wider LHE transformation of non-elective care, the Trust will ensure that within the acute sector, the focus for emergency care will be on prompt access to senior medical opinion and the right diagnostics. Through the Emergency Floor model, the Trust will minimise the number of patients admitted to hospital beyond their initial acute admission and treatment phase (72 hours). Systematic integration of the entire care pathway, involving primary, community and social care, will be necessary in order to achieve the level of transformation required.

Ensure that Elective Care is Highly Productive

In order to remain sustainable, the Trust will need to maximise the level of elective care, responding to the needs of the population and our commissioners. This applies to non-NHS care as well as NHS care. This will require the Trust to improve what it offers to patients to ensure that it is the provider of choice in West Sussex and to compete for contracts further afield, to maximise the day case workload undertaken, and to reconfigure surgical services across the Trust to provide care in the most effective, productive and high quality way possible.

Drive Integration Through our Clinical Networks

Although the Trust does have some areas of tertiary specialisation, we have no ambition to become a major tertiary centre. We see our core role of providing excellent secondary care services to our local population. Over the next five years we want to significantly strengthen our links with tertiary centres in order to improve the pathways of care for patients requiring more specialist care in a number of areas. The priority for the Trust is to work as part of a network to improve the quality and scope of local cancer provision and to enhance the patient pathway by improving links to cancer centres.

The Future Shape of Western Sussex Hospitals

These priorities for change will need to be delivered in the context of the Trust’s continued commitment to maintaining a consultant-led maternity unit, and an emergency department with appropriate supporting clinical infrastructure at both Worthing and St. Richard’s Hospital.

The reconfiguration of both elective and non-elective care over the next five years, will (in keeping with our commissioner’s plans), result in a reduced acute footprint, at least for NHS
services. As the programmes for reconfiguring services develop, our supporting estates plan will be updated and modified.

In delivering our strategy for the next five years it is imperative that the Trust aims to ensure that the following fundamental clinical building blocks are in place at both of our main sites for the medium- to long-term and should therefore be a priority for investment at the Trust (NB this does not specify the essential support services such as pharmacy, sterile services and non-clinical facilities).

**Essential Building Blocks for Worthing and St. Richard’s Hospitals**

- **Maternity Unit**: A consultant-led unit, backed up by neonatal care, babies requiring neonatal intensive care will continue to be treated at tertiary centres. The Trust will continue to review the case for a midwife-led unit at Worthing, complementary to, rather than instead of, the consultant-led service.

- **Emergency Department**: To be equipped to receive emergency patients at all times transferring those patients requiring specialist intervention to tertiary centres where appropriate. Both Worthing and St. Richard’s Hospitals have been designated as Trauma Units. Prompt access to senior clinical opinion and diagnostics for the rapid turnaround of patients will be required. Departments will also be equipped to deal with all minor emergency cases efficiently.

- **Emergency Floor**: Required in order to assess, stabilise and treat all emergency cases, both surgical and medical, combining acute medical, acute surgical and care of the elderly patients. The Emergency Floors will need to be sufficiently large to ensure (with some clinical exceptions, such as stroke care) that all patients admitted to the hospital as emergencies are managed through them to maximise the outcomes to patients and minimise admissions to longer stay wards. The floors will require rapid access to diagnostic facilities with senior clinical opinion available at all
times. The floors will have a maximum length of stay of 72 hours, with highly active management and closely integrated working with community, primary and social care

- **Acute Medical Wards**: A reduced number of medical wards will care for those patients who require continued acute care (>72 hours). They will be transferred from the Emergency Floor to the wards until medically fit for discharge.

- **Outpatient Clinics**: A broad range of outpatient clinics to be available. An increased number of ‘one-stop’ shops and range of minor treatments will be available to reduce re-attendance and improve the attractiveness of the service. For the medium-term the Trust will have a mixture of a separate outpatient departments for some specialties and outpatients embedded within the department for others.

- **Dedicated Day Surgery Unit**: Ideally, the day surgery unit (DSU) will be a purpose built unit with dedicated theatres to maximise the elements of surgery which can be undertaken as a day case. The opening hours of the unit will be extended to allow discharge in the evening. This should enable 85% or more of elective activity to be undertaken either in the DSU or an outpatient setting, leading to a continued reduction in the numbers of elective inpatients. The facilities should support non-NHS as well as NHS work. For the Worthing site, where a dedicated DSU does not currently exist, improvements in patient experience may need to be achieved in the short-term with re-designated areas within the Trust, prior to a dedicated DSU being built.

- **Surgical Inpatient Beds**: The majority of surgical inpatient beds will be occupied with emergency surgical care patients requiring an inpatient stay, as most elective work will be undertaken as a day case. A broad range of surgical services will continue to be offered across the Trust’s three sites. In order to provide patients with care of the highest quality a range of specialist procedures will be provided on either the Worthing or St. Richard’s Hospital site.

- **Theatres**: Improvements in theatre productivity and specifically dedicated theatre time for day case activity will be required to ensure capacity for both NHS and non-NHS provision.

- **Critical Care**: An appropriate level of critical care to meet demand will need to be maintained on both site

- **Diagnostics and Therapeutics**: A comprehensive range of diagnostic and therapeutic support for the services will be provided. This will need to ensure there is the right capacity and responsiveness to support the Emergency Floor and ‘one-stop’ outpatient clinics.

**Implications for our Estate**

For Worthing, the construction of the Emergency Floor is well underway, and will be ready in late 2014. Day surgery facilities at Worthing, however, are not dedicated, for which both an interim and a longer-term solution are required and are a priority for the Trust’s strategy.
The changes envisaged within this document will require targeted capital investment over the coming three–five years, which is reflected in the Trust’s capital programme. The refreshed strategy will allow the Trust to better prioritise its capital expenditure over a longer time frame than present. The specific implications for each site are as follows.

**St. Richard’s Hospital**

St. Richard’s Hospital has the required building blocks outlined in the above section, although some of these are in need of ongoing redesign, improvement and investment. In particular, the surgical assessment unit is not yet integrated with the acute medical and care of the elderly assessment units. The proposed changes as part of the strategic plan will see St. Richard’s as:

- The centre for inpatient ophthalmology surgery
- The centre for inpatient orthopaedic elective surgery
- The focus for pacing and device therapy in cardiology
- The hub for pathology services
- The centre for elective inpatient maxillo-facial surgery
- The centre for surgery for complicated urological cases
- The preferred site for the provision of radiotherapy services.

**Worthing Hospital**

The required building blocks for Worthing Hospital are not yet fully in place. Work to build the Emergency Floor is currently underway and should be complete by the end of 2014. However, plans for a dedicated DSU are not yet advanced and are likely to require significant capital (above that available from internal capital generated). An interim solution which would modify current arrangements to improve patient’s experience is being sought. In addition to this at Worthing Hospital there will be

- The centre for breast screening and breast surgery services for the Trust
- Provision of diagnostic interventional cardiology services with a second catheter lab
- The centre for laparoscopic urological cases and the option to develop urological pelvic cancer services.

**Southlands Hospital**

The Harness Block and other peripheral buildings have been declared surplus to requirements and activity on the Southlands site will be reconfigured within the R&R block. Southlands Hospital will be developed as a centre for ambulatory care, providing the following services:
• A new ophthalmology unit, undertaking outpatient, diagnostic and day case work will be built at Southlands, the service at Worthing transferring once this has been completed

• A wide range of outpatients, diagnostic facilities and therapeutic care to provide healthcare to the local population

• Further consideration will be given to the provision of other services in the R&R block, particularly those services which are currently provided by the Trust, but do not need to be co-located with an acute service. Over the next five years, the Trust intends to maximise the use of the R&R block to gain maximum productivity from this asset

Additional Estate Rationalisation

The reducing footprint, due to increases in productivity and a reduced demand for hospital based unscheduled care will mean that all other peripheral estate owned by the Trust will need to be rationalised, and disposed of where possible, with services brought back to the two main Hospital sites, and the R&R block at Southlands Hospital. As the Trust consolidates on its main sites, the Trust will seek to maximise the efficiency of the remaining estate.

Workforce Implications

The Trust is devising a workforce strategy to support the development and implementation of our strategic plan taking into account current national issues and recommendations with regards to workforce. The Trust’s staff are without doubt its greatest asset; without the workforce being supported to shape the future service of the Trust it will not be possible to forge a sustainable future. The National Staff Survey is very positive in terms of recommending the Trust as a place to work and receive treatment; we are determined through continued engagement with staff, to make further improvements in this area.

The workforce strategy will focus on the following areas:

• **Recruitment and Selection**: Changing the way we recruit and select staff both on the basis of their competencies, but also on their personal alignment to our vision and values

• **Workforce Information and Planning**: Improving our workforce planning function and ensuring that workforce planning is embedded through the organisation, so that it can provide more informed support to our transformational programmes. We are actively aligning our plans to partner organisations to ensure the skills and capacity needed for system change is recognised and developed

• **Developing the Future Workforce**: The pressure the Trust faces in recruiting in specific clinical areas is likely to continue. The Trust will be looking to develop its own staff in these areas, and looking to use innovative approaches to future workforce development and recruitment including the use of apprenticeships and pre-employment programs with an emphasis more on competences and behaviours and less on organisational and professional boundaries
• **Performance Management**: Personal performance assessment is a key element in workforce improvement and will be based on a competency model that defines not only key competences for each job family, but clarity about the behaviours and attitudes expected of staff. All staff, whatever their role in the organisation, should expect clarity about what is expected of them and feel supported to be able to provide the best performance possible. For more senior staff this clearly will be linked to pay progression

• **Leadership and Development**: The Trust has invested heavily in leadership development with clinical teams to ensure that they have the necessary skills to lead the programmes of change and develop service lines accordingly. This will continue to be rolled-out throughout the organisation including a focus on service improvement methodologies

• **Talent Management and Succession**: The Trust is aware of the need to create a sustainable, high performing workforce and plan for changes in the skills needed and expected turnover of staff. We will build on our workforce development plans and our mentoring schemes to build that resilience

• **Reward and Retention**: The Trust is proud of the current level of staff engagement but recognises that developing this further is crucial to success. It will continue to work with staff, and staff side representatives, to engage staff in the business of the Trust and how we ensure that pay and reward systems are both fair and effective

• **Workforce Capacity and productivity**: Whilst the Trust has reduced vacancy rates we have continued to reply too heavily on temporary staffing solutions to cope with activity levels. Through improved workforce planning, rostering and proactive recruitment the Trust plans to reduce its vacancy rates and use of agency staff.

**The Key Priority Workstreams**

In developing Section 4, our service line analysis of challenges and opportunities, we have identified a range of strategic options for the Trust, which range from the relatively minor and internal to the more transformational programmes and impacting the wider health economy.

The Trust Board has reviewed these options and determined the five most significant programmes that the Trust needs to prioritise. This is based on prioritising those areas which give the Trust the greatest degree of sustainability both on a clinical and financial basis. The programmes are:

- Unscheduled care integration
- Reconfiguration of surgical services
- Development of Southlands as an ambulatory care centre
- Exploiting our commercial opportunities
- Reshaping our cancer services.

Each of these workstreams is supported by a programme plan below, which outlines the background to the proposal and provides the key elements of the proposal in summary form.

**Our Approach to Service Transformation**
In the above section we have outlined the service changes required in order to ensure that the Trust is sustainable in the medium- to long-term. However, we do not underestimate the size of this task and the level of transformation that will be required to deliver this.

Over the past nine months we have been reviewing our approach to service transformation, looking at best practice both within and outside of the NHS. This work is still in the developmental and consultation phase, but will feature at its core:

- Genuinely putting care for the patient, and patient safety in particular, at the heart of what we do
- Building a culture of kindness, compassion, professionalism, improvement and respect amongst our staff
- Through continuous, incremental improvements, ruthlessly eliminating waste, inefficiency and variation
- Transforming our approach to leadership to support those closest to patients to make continuous improvements to patient care.

Our EXCEL (EXcellent, Compassionate, Effective, Leadership) programme is aimed at defining our core purpose and aligning our energy and focus on delivering it. It has been developed by the Trust Board, and a range of staff including senior clinical leaders, and will be formally launched across the organisation in September 2014.

Communication

Communication will play a key role in helping our organisation achieve the goals set out in the Strategic Plan and ensure our organisation provides high-quality, safe and sustainable services that meet the needs of the population we serve.

Our commitment to communicate and engage well with our staff, the public, patients and users of our services, partners and key stakeholders is central to the success of the organisation. Through effective communication and engagement we can manage, motivate, influence, explain and create conditions for improvement.

There has already been engagement with a broad range of stakeholders including front-line staff, clinical leaders and managers, the Trust’s Council of Governors (there to represent the views of our 7,500 patient and public members) and CWS CCG and their views have helped inform the Strategic Plan.

Looking ahead, and as specific plans are developed, it is important that we broaden this engagement to include wider staff groups, Trust membership, the local community and other stakeholders. It is anticipated this will be achieved by building on existing internal and external communications channels such as Trust Brief (our staff newsletter) as well as events, meetings and the traditional media. However, it is also important that the Trust uses social media to communicate and engage with a range of audiences and this will be incorporated into communications plans.
Programme Management

Building on the strengths of the programme management office that the Trust has established to manage its Operational Plan programme, the Trust will take a robust and comprehensive approach to the programme management of the key priorities outlined in the Strategic Plan. Milestones for each of the priorities have been established, as have clear governance arrangements with Trust Board oversight. This approach will highlight risks and issues with the programmes at an early stage and allow plans to be adapted and amended in the light of unexpected future challenges.
### STRATEGIC PLAN KEY PROGRAMME: UNSCHEDULED CARE INTEGRATION

The Trust’s Operational Plan has already outlined the immediate programme to substantially improve the quality and efficiency of non-elective care within the Trust through pathway redesign. The next stage of this programme relates to a more fundamental review of how unscheduled care is approached across the LHE.

In recent years the Trust has made significant progress in reducing the time patients stay in hospital and reducing admissions through the ‘One Call One Team’ programme whereby all potential unscheduled care admissions are routed through a single point of access and offered a range of alternatives to hospital admission. This has been particularly successful in reducing the numbers of patients who are admitted to the hospital for a short stay. However, this has also been accompanied by an increase in the average age and acuity of patients who are now admitted for emergency care.

Over the period of the strategic plan, the Trust wishes to maximise the patient experience, clinical quality benefits and the efficiencies of a truly integrated system for unscheduled care. The Trust is therefore working alongside CWS CCG, across community primary, secondary and social care to accelerate a move towards an integrated model for this area with opportunities to widen this further. This model will need to consider how a prime provider arrangement might provide the best model of delivery to maximise the quality and productivity gains available.

The programme will also seek to address improvements in the quality of care provided, including seven-day working, stroke care, dementia care and AKI.
The Trust remains committed to maintaining, as a minimum, an accident and emergency service on both sites supported by the appropriate critical care and other facilities, together with a consultant-led maternity unit.

Within this framework, the aim of this programme is to explore sustainable models of care for all surgical services across the Trust which brings the clinical, patient and financial benefits from improved working across the Trust’s sites together.

The programme will look at the following three broad areas:

1. **What further benefits can be secured from continued integration of elective surgical services across sites?** The Trust has already achieved some substantial improvements in the way surgical services operate, in particular the centralisation of hip and knee surgery on the St. Richard’s site. There are a range of potential services which would benefit from improved integration and reconfiguration, including in the first instance breast surgery, urology and ENT services.

2. **How can the Trust best configure its day case facilities to achieve the best quality and productivity outcomes?** The development of a DSU at Worthing Hospital is seen as an essential building block for the Trust’s long term sustainability.

3. **Are emergency surgical services configured optimally to provide the most comprehensive, high quality, resilient and cost effective service?** The Trust will be considering options as to whether there are more effective ways of providing emergency surgery services out of hours than the two predominantly separate arrangements that currently exist between Worthing and St. Richard’s Hospitals.
STRATEGIC PLAN KEY PROGRAMME: DEVELOPING SOUTHLANDS AS AN AMBULATORY CARE CENTRE

This workstream focuses on developing Southlands Hospital as an ambulatory care centre, with a new ophthalmology service at its core. The workstream aims to maximise the use of the R&R block at Southlands, the main clinical building which remains on the Southlands site. The Southlands Hospital site is a strategically important for the Trust as it sits to at the eastern edge of the Trust’s catchment in a densely populated area. Through the better use of the Southlands site there is potential to expand the capacity and protect the catchment population covered by the Trust.

At the heart of this development is a new ophthalmology service. A detailed assessment of the opportunity of moving ophthalmology services to Southlands has been undertaken during 2013. The assessment reviews the relocation of ophthalmology services from Worthing Hospital to Southlands Hospital, modelling how patient travel and activity might be affected and the capacity requirements of the service. The new service would undertake outpatient, diagnostic, cataracts and other surgical procedures. No inpatient ophthalmic surgery would be undertaken at Southlands; the patient volumes are low and this work would be carried out at St. Richard’s Hospital.

The new service would use the funds from the sale of the Harness Block to support the capital investment required. The workstream also has the benefit of freeing up much needed clinical space at Worthing Hospital.
The Trust is seeking to expand on its commercial and procurement activities, both for NHS and non-NHS work for the Trust. The intention is to increase income to the Trust which will allow it to reinvest in NHS services locally. These themes have been explored with service lines to identify a range of opportunities.

Historically, the Trust has been reliant on increases in funding of the NHS nationally to fund increases in demand and price inflation. Since 2011/12, funding for the NHS as a whole has been static, and through the tariff deflator, there has been an intention to reduce the income available through our main commissioners for NHS activity. Further risks and opportunities have arisen from the intention to divert money to the BCF, which intends to invest funding that has traditionally been received by NHS acute services and create alternatives to hospital admissions. The Trust has recently achieved Foundation Trust status and as a result, has greater freedom to exploit commercial opportunities.

The programme will look to expand our catchment population where possible, to review NHS work going to hospitals further afield to see what opportunities there are for repatriation, to ensure that we are the provider of choice for NHS patients locally, to make our non-NHS services more attractive, and to ensure we maximise our savings obtained through procurement.

There will also be actions required which are more defensive in nature, such as responding to procurements and choice where the Trust is currently the sole or majority provider.
Cancer is becoming a chronic disease requiring services to change in response to the change in disease trajectory. According to Macmillan, the prevalence of cancer care is forecast to double between 2012 and 2030. Although all areas of cancer care are increasing in demand, it is clear that the largest area of growth will be within the early diagnosis of cancer and on-going monitoring of patients as treatment modalities increase in number and complexity.

The incidence of cancer rises with age and therefore due to the high numbers and increasing population of frail elderly in the locality, there is a high local prevalence of cancer (approximately 3,700 new diagnoses occur annually).

**Existing service provision**

The Trust is the main provider of general cancer services across CWS from its two main sites: Worthing Hospital and St. Richard’s Hospital. Additional cancer services are delivered via partnership arrangements with two main cancer centres: PHT and BSUH, with some highly specialist cancers referred and treated at more specialist centres further afield.

There is a requirement to redesign cancer services across the Trust to improve quality and ensure parity of care, key challenges include:

- The Trust historically belonged to two sets of tumour groups (relating to the old cancer network configuration). St. Richard’s Hospital has worked with Central South Coast Cancer Network (with Portsmouth and Southampton as Cancer Centres) and Worthing Hospital has worked with Sussex cancer network (with Brighton as Cancer Centre). The formation of the Trust (2009) from the legacy organisations brings with it an absolute requirement to ensure consistency of care, reconfiguration of our historical network arrangements and ensure standardisation of pathways for all patients served by the Trust.

- There is limited local access to oncology services and there is recognition that the existing acute oncology service requires review and improvements at Worthing Hospital. It is owned by WSHFT but provided by Brighton-based oncologists under a service level agreement. Activity is on a sessional basis with site presence most days, additional sessions are purchased on an ad hoc basis. Chemotherapy is delivered within the chemotherapy day unit as a nurse-led service managed by WSHFT. Facilities are cramped with regard to both outpatient and chemotherapy delivery. St Richards Hospital acts a host to the Portsmouth Oncology Service and has limited chemotherapy given locally (this is set to expand and make better use of the purpose built Fernhurst Centre).

The Trust’s cancer strategy is under development and will set out the vision for future cancer service delivery that meets the needs and requirements of the Trust’s patients.

Delivery of the Trust’s cancer strategy will require commitment to a number of workstreams and dedicated resources to achieve necessary changes within a tight time frame. It is envisaged that the Trust will have a single provider partner for the majority of oncology/radiotherapy services.
The Trust has developed financial projections based on an assessment of the quality priorities, operating requirements and the productivity and efficiency initiatives contained within the plan.

The table below summarises the 2014/15 to 2018/19 financial plan, the supporting assumptions are described in the following sections.

| Source: WSHFT financial modelling |

The planned surplus over the next five years allows the Trust to continue to generate a continuity of service rating of three with a moderate improvement in liquidity. This may provide sufficient headroom in future years for potential capital investment.

**INCOME**

In Section 3 we described the LHE financial assumptions, particularly in relation to the BCF and QIPP. Our income modelling reflects these assumptions and also includes the following additional assumptions:

- **Tariff Deflator**: We anticipate continued reductions in the PbR tariff of between 1.7% and 2.0%. This is informed through discussions with health economy partners and is consistent with LHE modelling assumptions.

- **Demographic**: Activity projections reflect the anticipated impact of demographic growth on our services.

- **Service Developments**: Agreed service developments, primarily the impact of national screening programmes and management of the elective pathways to achieve referral to treatment targets, are reflected.

- **Other changes**: An estimate has been made of likely growth due to technological and treatment changes, taking into account past trends.
The table below (6.1) summarises the impact of these assumptions on the Trust’s financial modelling:

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**Table 6.1: Income bridge 2014/15 to 2018/19**

**Source:** WSHFT financial modelling

**Commercial Income**

The income plan also reflects the anticipated increases in income for private patients and commercial income as a result of these plans. In Section 5, we outlined our intention to exploit commercial opportunities.

**EXPENDITURE**

The key drivers of the expenditure assumptions are as follows:

- Impact of the Trust’s efficiency plans
- Anticipated price inflation pressures
- Impact of approved service developments and investments
- Impact on the Trust’s activity plans and capacity.
Efficiency Programme

The Trust must deliver a total of £78.9m of efficiency savings over the five years from 2014/15 to 2018/19 as summarised in the table below (6.2):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Efficiency Requirement</td>
<td>19.0</td>
<td>14.2</td>
<td>15.0</td>
<td>15.9</td>
<td>14.8</td>
</tr>
<tr>
<td>% of cost base</td>
<td>5.4%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>4.6%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Table 6.2: Efficiency requirement 2014/15 to 2018/19
Source: WSHFT financial modelling

Based on the Trust’s efficiency programme the implementation of current plans will reduce the cost base by £61.1m across five years. A further £17.8m of the efficiency programme will be delivered through a range of initiatives which will deliver an increased income contribution to the Trust, with the majority of this from commercial opportunities.

Over the course of the five-year programme there will be an increasing focus on operational productivity, service reconfiguration and commercial opportunities in-line with our key strategic priorities outlined in Section 5. The table below (6.3) summarises the components of the efficiency programme:

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Office &amp; Corporate Support</td>
<td>3.3</td>
<td>2.5</td>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Clinical Productivity</td>
<td>1.2</td>
<td>1.2</td>
<td>1.4</td>
<td>1.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Clinical Workforce</td>
<td>1.7</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Commercial Opportunities</td>
<td>4.6</td>
<td>1.7</td>
<td>2.2</td>
<td>5.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>1.6</td>
<td>1.5</td>
<td>0.9</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Estates &amp; Facilities</td>
<td>2.0</td>
<td>0.5</td>
<td>0.8</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>IM&amp;T</td>
<td>0.0</td>
<td>0.1</td>
<td>0.3</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Operational Productivity</td>
<td>1.8</td>
<td>1.7</td>
<td>2.9</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Service Reconfiguration</td>
<td>0.7</td>
<td>2.3</td>
<td>1.4</td>
<td>1.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Workforce</td>
<td>2.0</td>
<td>2.5</td>
<td>2.0</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Totals</td>
<td>19.0</td>
<td>14.2</td>
<td>15.0</td>
<td>15.9</td>
<td>14.8</td>
</tr>
</tbody>
</table>

Table 6.3: Efficiency programme 2014/15 to 2018/19
Source: WSHFT financial modelling

The approach has been to develop a programme on a thematic basis, rather than in organisational silos, which are owned across the organisational structure. The plans apply an increasingly greater focus on a transformational approach to the delivery of some key services. These are:

- Acute medicine flow and the Emergency Floor
- Productive Theatre
- Ophthalmology service reconfiguration
- Orthopaedics service redesign
- Diagnostic services - pathology and imaging service redesign.

The principal workstreams in the efficiency programme cover the following areas:

- **Corporate Support and Back Office:** Within this programme the Trust will develop an ambitious procurement strategy focused on commercial advantage and deliver improved value for money for its back office support functions whilst ensuring they meet the needs of the front-line clinical services they support. Through in-depth analysis by service and supplier the procurement programme will:
  - Increase contract coverage, compliance, benchmarking, spend aggregation and collaboration
  - Review current goods provision through NHS Supply Chain to secure best value for money
  - Review and prioritise resource for all contracts due for renewal to deliver the biggest wins
  - Ensure engagement of procurement function at the beginning of all tendering activity
  - Develop a programme of collaborative procurement with other providers.

- **Operational Productivity:** This programme focuses on improvements in both LOS and reductions in readmissions leading to reductions in bed requirements and temporary staffing.

Further work in development which will have a significant impact in 2015/16 is integrating surgical assessment unit and medical assessment units at St Richard’s Hospital.

The workstream is also closely aligned to the integration of the unscheduled care pathway across the LHE and the local initiative of ‘One Call, One Team’. The Productive Theatre improvement programme is to systematically deliver significant improvements in theatre safety, efficiency and patient care. Building upon improvements already achieved through the end-to-end pathway analysis to remove ‘waste’ activities, streamline the patient pathway and improve productivity. The aim is to significantly rationalise surgical activity equivalent to two theatres across two years whilst maintaining current activity levels.

The outpatients workstream includes transition to a nurse-led outpatient follow-up model to release consultant resource and release further benefits from the Call Centre IT system to improve patient experience and reduce ‘did not attend’ rates.
• **Diagnostics:** The imaging programme will embed service improvement benefits for MRI, CT and Ultrasound. This will require a skill mix review and a change in working practices to improve access across the week facilitated by strengthened PACS and informatics support.

The reconfiguration and modernisation of pathology services is already underway. Operational efficiency, workforce optimisation will deliver 20% savings within pathology. Implementation of new technologies including end-to-end IT connectivity and the provision of private sector support for service development is critical to this being delivered. Repatriation of send away tests and consolidation through one provider will also deliver significant cost reductions.

• **Service Reconfiguration:** Two of the key transformational workstreams are within the service reconfiguration programme:

Clinical pathways in ophthalmology will be redesigned to achieve a sustainable delivery model of care. This includes skill mix, roles and responsibilities developed to deliver new pathways and optimising consultant resources. Opportunities to improve productivity will be exploited; variation analysis by procedure, clinician and benchmarking undertaken to agree consistent standards.

Increase ophthalmic market share primarily within Sussex by transferring the service from Worthing to Southlands Hospital will enable the transformation of this service to deliver sustainable benefits in the medium-term which is reflected in 2015/16 plans and beyond.

An orthopaedic improvement group has been established to drive through transformational productivity improvements in orthopaedics. These will result in cost reductions across the clinical pathway including flexible medical staff resources as well as theatre efficiencies and produce standardisation.

• **Facilities and Estates:** The most significant component of this workstream is rationalisation of the estate and properties have been identified as potential opportunities for sale or to serve notice on rent of facilities. In addition, plans are underway to reconfigure some support services and there some changes planned for the back office functions within the facilities departments. There are also commercial opportunities identified for income generation across a number of areas.

The Trust is also reviewing options for a commercial strategic energy partner to maximise cost savings in the medium-term and this is reflected in the planning assumptions for 2015/16 and beyond.

• **Clinical Productivity:** This programme seeks to maximise efficiency of consultant workforce through a refreshed job planning process, aligned to consultant appraisal, under the leadership of a new Medical Director. The approach is to agree team productivity data and measures and embed into performance management, review capacity within new team job plans (to deliver demand) and reduce temporary pay as result of these measures.
Within the nursing workforce programme the medium-term priorities are focused on the use and grading of clinical nurse specialists, review of nursing in non-acute areas to optimise skill mix and the use of advanced nurse practitioners to cover medical locums.

Within this programme there is also a comprehensive review to secure best value for money on medicines expenditure through effective procurement and ensuring efficient processes surrounding use of medicines.

- **Workforce**: This programme will ensure the most effective application of local pay arrangements. A significant component is recruitment and retention premia and this agreement is already underway. A review of management structures across both main hospital sites and opportunities to review duplication and spans of control is planned to release benefit across the next two years.

The Trust will optimise the use of flexible labour ensuring greater integration into operational requirements, effective and efficient rostering whilst standardising practices to improve costs. Opportunities to engage a commercial partner in the delivery of some aspects of this will also be explored.

- **Commercial Opportunities**: Through a transformational approach to the Trust’s business model there are a range of opportunities to establish significant commercial partnerships. The Trust has developed a commercial strategy to provide the framework for this programme in the medium-term and has appointed to a new Commercial Director post to take these initiatives forward over the next two years.

The Trusts has ambitious plans to enhance and expand its private patient activities. A marketing strategy, including a dedicated web site and a new consultant joint private practice committee to increase consultant engagement is central to this programme.

A range of opportunities are being scoped to deliver significant benefit from 2015/16 onwards. Current projects supported include the market testing for car parking services at Worthing Hospital, the provision of accommodation and transport services and the opportunity to review delivery of laundry services to the Trust.

Inflationary pressures, including funding for national pay awards and recognition of non-pay price inflation have been estimated as £41m from 2014/15 to 2018/19.

The financial plan also recognises the impact of seven-day working and the investment required to achieve compliance with the seven-day service clinical standards by 2016/17.

The most significant component of expenditure budgets is pay costs. The financial plan assumes overall pay expenditure will increase by £38m above 2013/14 levels, prior to the impact of the efficiency programme. The impact of the efficiency programme on the pay bill is estimated to be £31.5m. A significant component of the pay bill reductions will be delivered through a reduction in flexible labour and skill mix changes so this will not wholly be reflected as a reduction in the funded headcount. The table below (6.4) summarises the movement in pay.
Table 6.4: Pay and whole-time equivalents (WTE) bridge 2014/15 to 2018/19
Source: WSHFT financial modelling

CAPITAL PLANS

The capital programme has been informed by Divisional business planning and the Trust’s Clinical Services Strategy. For years three to five a significant proportion of the capital programme has been earmarked for Strategic Plan priorities. As our plans crystallise we will adjust and more closely define our plans to reflect the capital requirements. The agreed programme is shown in the table below (6.5):
LIQUIDITY

The Trust summary balance sheet is shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2014/15 Plan £m</th>
<th>2015/16 Plan £m</th>
<th>2016/17 Plan £m</th>
<th>2017/18 Plan £m</th>
<th>2018/19 Plan £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Current Assets</td>
<td>269.36</td>
<td>269.70</td>
<td>268.64</td>
<td>267.51</td>
<td>266.32</td>
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<td>Inventories</td>
<td>6.48</td>
<td>6.48</td>
<td>6.48</td>
<td>6.48</td>
<td>6.48</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>11.57</td>
<td>11.07</td>
<td>10.57</td>
<td>10.07</td>
<td>9.57</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Cash</td>
<td>13.80</td>
<td>16.19</td>
<td>18.85</td>
<td>21.16</td>
<td>23.51</td>
</tr>
<tr>
<td>Non Current Assets held for Sale</td>
<td>1.48</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>37.00</td>
<td>37.41</td>
<td>39.57</td>
<td>41.38</td>
<td>43.23</td>
</tr>
<tr>
<td>Trade and Other Payables</td>
<td>(11.35)</td>
<td>(11.40)</td>
<td>(11.40)</td>
<td>(11.40)</td>
<td>(11.40)</td>
</tr>
<tr>
<td>Non Commercial Loans</td>
<td>(2.28)</td>
<td>(2.40)</td>
<td>(2.40)</td>
<td>(2.40)</td>
<td>(2.40)</td>
</tr>
<tr>
<td>Accruals</td>
<td>(17.44)</td>
<td>(17.44)</td>
<td>(17.44)</td>
<td>(17.39)</td>
<td>(17.34)</td>
</tr>
<tr>
<td>Other Current Liabilities</td>
<td>(0.93)</td>
<td>(1.00)</td>
<td>(1.00)</td>
<td>(1.00)</td>
<td>(1.00)</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>(32.00)</td>
<td>(32.24)</td>
<td>(32.24)</td>
<td>(32.19)</td>
<td>(32.14)</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>5.00</td>
<td>5.17</td>
<td>7.33</td>
<td>9.19</td>
<td>11.09</td>
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<tr>
<td>Non Commercial Loans</td>
<td>(32.03)</td>
<td>(31.01)</td>
<td>(28.61)</td>
<td>(26.22)</td>
<td>(23.82)</td>
</tr>
<tr>
<td>Provisions</td>
<td>(2.38)</td>
<td>(2.31)</td>
<td>(2.24)</td>
<td>(2.17)</td>
<td>(2.11)</td>
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<tr>
<td>Finance Leases</td>
<td>(1.92)</td>
<td>(1.56)</td>
<td>(1.20)</td>
<td>(0.84)</td>
<td>(0.48)</td>
</tr>
<tr>
<td>Total Non Current Liabilities</td>
<td>(36.33)</td>
<td>(34.88)</td>
<td>(32.05)</td>
<td>(29.23)</td>
<td>(26.40)</td>
</tr>
<tr>
<td>Total Assets Employed</td>
<td>238.03</td>
<td>239.99</td>
<td>243.92</td>
<td>247.48</td>
<td>251.02</td>
</tr>
<tr>
<td>Public Dividend Capital</td>
<td>238.69</td>
<td>238.69</td>
<td>238.69</td>
<td>238.69</td>
<td>238.69</td>
</tr>
<tr>
<td>Retained Earnings/(Accumulated Losses)</td>
<td>(41.31)</td>
<td>(39.35)</td>
<td>(35.42)</td>
<td>(31.86)</td>
<td>(28.32)</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>40.65</td>
<td>40.65</td>
<td>40.65</td>
<td>40.65</td>
<td>40.65</td>
</tr>
<tr>
<td>Total Taxpayers' and Others' Equity</td>
<td>238.03</td>
<td>239.99</td>
<td>243.92</td>
<td>247.48</td>
<td>251.02</td>
</tr>
</tbody>
</table>

Table 6.6: Balance sheet 2014/15 to 2018/19
Source: WSHFT financial modelling

The balance sheet reflects the following key movements:

- Non-Current Assets reflect capital investment net of depreciation
- Trade and Other Receivables are forecast to reduce in line with 2014/15 and 2015/16
- Non-Current Assets held for Sale are the portion of the Southlands estate declared surplus by the Trust Board in 2013. The Trust is currently reviewing its options for the disposal of land and buildings at Southlands Hospital. A decision is expected to
be made by the Trust Board early in 2014/15 and may lead to a change in associated elements of the financial plan.

- Commercial Loans reflect the repayment of existing loans and draw down of further capital investment loans to support the development of the Emergency Floor and Ophthalmology development at Southlands.

RISK RATINGS

A Continuity of Service Risk Rating (CoSRR) of at least a three is maintained throughout the five-year period. The capital service cover metric remains static reflecting consistent income, expenditure surpluses and capital servicing requirements over the period. The liquidity metric shows improvement over the five-year period, this generates headroom in relation to capital investment and transformation assumptions as these plans develop.

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Available for Capital Service £m</td>
<td>24.86</td>
<td>23.78</td>
<td>25.37</td>
<td>25.25</td>
<td>25.46</td>
</tr>
<tr>
<td>Capital Service £m</td>
<td>(13.10)</td>
<td>(10.68)</td>
<td>(10.86)</td>
<td>(11.03)</td>
<td>(11.21)</td>
</tr>
<tr>
<td>Capital Service Cover metric times</td>
<td>1.90</td>
<td>2.23</td>
<td>2.34</td>
<td>2.29</td>
<td>2.27</td>
</tr>
<tr>
<td>Capital Service Cover rating</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Cash for CoS liquidity purposes £m</td>
<td>(2.96)</td>
<td>(1.31)</td>
<td>0.85</td>
<td>2.71</td>
<td>4.61</td>
</tr>
<tr>
<td>Operating Expenses within EBITDA, Total £m</td>
<td>(350.18)</td>
<td>(349.03)</td>
<td>(349.96)</td>
<td>(350.01)</td>
<td>(350.43)</td>
</tr>
<tr>
<td>Liquidity metric days</td>
<td>(3.04)</td>
<td>(1.35)</td>
<td>0.87</td>
<td>2.79</td>
<td>4.74</td>
</tr>
<tr>
<td>Liquidity rating</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Continuity of Service Risk Rating</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 6.7: Risk ratings 2014/15 to 2018/19

Source: WSHFT financial modelling

KEY RISKS

There are a number of risks in delivering the financial plan. These will be closely monitored along with financial performance through the year. These have been summarised below:

- The impact of QIPP schemes and the ability to either take out stranded costs if schemes are delivered in full or the affordability for CWS CCG to pay in full for over-performance above contracted activity levels. Mitigation of this risk is the close monitoring of activity levels in year and formalising escalation triggers within the contract for significant variance to plan. There has also been discussion with CWS CCG who recognise the principle of stranded costs for the Trust.

- The delivery of the required level of savings to maintain financial and clinical sustainability over the planning period. In order to mitigate this risk the Trust has enhanced capacity and project management expertise and has put in place a rolling programme of identifying pipeline schemes.
• The impact of market testing by commissioners, specifically in relation to MSK services, and a loss of contribution should the Trust not be successful in bidding to retain these services.
To: Council of Governors  
Date of Meeting: 17th July 2014  
Agenda Item: 11

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Appointment of Deputy Chair</strong></td>
</tr>
<tr>
<td>Responsible Executive Director</td>
</tr>
<tr>
<td>Mike Viggers, Chair</td>
</tr>
<tr>
<td>Prepared by</td>
</tr>
<tr>
<td>Andy Gray, Company Secretary</td>
</tr>
<tr>
<td>Status</td>
</tr>
<tr>
<td>Disclosable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary of Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good practice suggests that the Trust should have a Deputy Chair to stand in during any period of absence of the Chair. The Trust Constitution makes provision for the appointment of a Deputy Chair and Monitors guidance states that this should be a Council of Governors appointment although it would be expected that the Board or Chair would make a recommendation to Governors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implications for Quality of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>No direct impact but Deputy Chair would stand in as Chair during any period of absence of the Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to Strategic Objectives/Board Assurance Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>No direct impact but Deputy Chair would stand in as Chair during any period of absence of the Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The financial implication of the strategic plan are described within the plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The approach to workforce planning is outlined within the plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Council of Governors is asked to receive the Trust Strategy and ask any questions.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Council of Governors are asked to APPROVE the appointment of Bill Brown as Deputy Chair</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A : Deputy Chair Appointment</td>
</tr>
</tbody>
</table>
FOR DECISION

APPOINTMENT OF DEPUTY CHAIR

1. INTRODUCTION

1.1. Good practice suggests that the Trust should have a Deputy Chair to stand in during any period of absence of the Chair. The Trust Constitution makes provision for the appointment of a Deputy Chair and Monitors guidance states that this should be a Council of Governors appointment although it would be expected that the Board or Chair would make a recommendation to Governors.

1.2. It should be noted that the Senior Independent Director should not also be Deputy Chair.

1.3. Monitor do not define a process for selecting a Deputy Chair and they remind Governors that the Deputy Chair of the Council of Governors must hold the confidence of the Trust Board. Governors should therefore seriously consider the views of the Board and of the Chair when considering options. If the Council of Governors decides that the candidate proposed by the Chair is not appropriate for the role, it should consider its next steps in the light of the NHS foundation trust’s constitution and the need for a Deputy Chair.

1.4. Through the recent changes to the Non Executive structure and the appraisal process the Chair has sought the opinion of Non Executive colleagues and considered who would best have the expertise to undertake both the role of Deputy Chair and the role of Senior Independent Director.

1.5. Following Board approval on the 3rd July Joanna Crane has been appointed as Senior Independent Director.

2. GOVERNORS NOMINATION AND REMUNERATION COMMITTEE

2.1. The Governors Nomination and Remuneration Committee received a report to its meeting on 4th June on the appointment of Deputy Chair.

2.2. The Committee debated the proposal and agreed to recommend to the full Council of Governors meeting that Bill Brown be appointed as Deputy Chair.

3. RECOMMENDATION

3.1. It is recommended by the Governors Nomination and Remuneration Committee that Bill Brown be appointed Deputy Chair.
TO RECEIVE

REPORT FROM LEAD GOVERNOR

1. Introduction

This report considers progress in establishing a cohesive and credible governor group. Governors have concentrated on their two main tasks; one outward looking – representing the views and preferences of the community in the provision of services, and the other inward looking – assuring the performance of the Board. Since the last report there has been much activity and we feel that considerable progress has been made.

2. Reports from Governors’ Committees.

2.1 Nomination and Review Committee

The appointment of Lizzie Peers as a NED was approved by the CoG on 15 April. It was noted that, even after three attempts, no clinical appointment had been made. It was therefore resolved to recommend in principle an unlimited extension to the catchment area to the next COG with the proviso that any candidate would need to recognise the time and commitment required to fulfil the responsibility to the Trust.

If this is agreed the Constitution will have to be revised and brought back for final ratification by Council in October. Thereafter a clinical NED can be advertised and the appointment process, agreed in January and ratified by the N&RC in April, can proceed. The revision to the Constitution will not delay the commencement of the appointment process.

FOR DECISION: to extend the catchment area for the appointment of a clinical NED

The committee considered the Chair’s annual appraisal which had taken into account Governors’ comments and contributions from the Chief Executive and other NEDs;

NED appraisals were also considered. As discussed by Governors, personal objectives for the Chair and NEDs 2014/15 are SMART and, while in line with the corporate objectives, and proportionate, clearly separate from the Executive and aligned to the NED role. TO NOTE

The roles of Deputy Chair and Senior Independent Director were considered;

It was agreed to recommend that no change be made to NED salaries at this time but that a review should be undertaken later this year. TO NOTE
Governors on the Committee confirmed support for the Chairman’s participation in the Leadership Programme at the Virginia Mason Centre in Seattle noting that, in order to provide the leadership necessary to drive forward the changes envisaged for the Trust, the Chair needed to understand what was involved. **TO NOTE**

2.2 **Accountability Working Group**
A separate report has been prepared for decision by Council. It addresses the three areas of concern for governors and suggests a way forward which, if agreed by Council, the Executive is happy to implement. It provides for an annual schedule of reporting arrangements from NEDs and the Board; the amendment of relevant HR documents to include the responsibilities of NEDs to Council, and; the addition of two ‘drop-in’ sessions per year for Governors to meet Non-Executive Directors informally for discussion about current concerns or issues facing the Trust.

The task of the working group has been achieved. It may be necessary to reconvene in future to review the effectiveness of the process.

I am grateful to Richard Farmer (patient governor) and his colleagues for working so hard on producing guidance for which there is now general acceptance.

**Action: For Approval by CoG**

2.3 **Membership Committee**
I am grateful to Vicki King (elected governor – Chichester) and Barbara Porter (elected governor Adur) for leading on this. They have done a prodigious amount of work and generated much enthusiasm and appreciation from their colleague governors for their community engagement proposals. Vicki’s report is submitted separately for approval.

Governors are pleased that the membership forms have been updated and that work is now underway to update the website. Extensive consultation has been undertaken about the information sought from the site and views about what constitutes ‘user friendliness’. Emphasis has been placed on ease of navigation and accessibility. We look forward to the launch of the completed version in the summer.

**Action: For Approval by CoG**

2.4 **Patient Experience Group (PEG)**
As reported last time this group was set up to establish whether there was a need, not already covered by existing measures, to capture and assess the quality of patient experiences. The group was assured by the range of provision for in-patients and day patients and noted the independently collated, and consistently positive, feedback. Some governors have now acted as ‘Sit and See’ observers and some have been involved in PLACE (Patient Led Assessment of the Care Environment) assessments and have experienced elements of the patient experience at first hand. Governors are satisfied that there is a
need. The value of their perspective is their link with the community and their independence – bringing the community’s view into the hospital. ‘Soft’ information is not always easily visible to those working within the organisation and having the capacity to interrogate information at greater depth also adds to the quality of the process.

In the past the hospital has held regular stakeholder forums to encourage patients and relevant community groups to share their experiences. As this function is so similar to that of the PEG it is suggested that the Forum is absorbed into the Governor led group and that representation is sought from HealthWatch and other relevant community based groups. Further work is needed on the detail and terms of reference. The next meeting of the Stakeholder Forum is planned for 13 August and it is suggested that the new group is launched on this date. The Chief Executive and Director of Nursing Services have indicated their wish to be present to explain the thinking behind the rationale for the proposal

**Action: For CoG to Note and Agree in Principle**

2.5 Induction Working Group
This task and finish group has now met. Their report and recommendations await ratification but the draft proposals include:
- a pre-election drop in;
- an induction session within 3 weeks of the election with the Company Secretary, Board member (Chair), and Lead Governor to give information about Trust structures and statutory responsibilities, key personnel, modus operandi, culture and values, and how the governor role ‘fits’;
- An information folder with welcome messages, Board structure chart, key dates, role of a governor;
- additional Induction and on-going support, and ;
 - web-based information. -

I am grateful to Andy Gray, John Todd and Alison Langley for their work on this.

**Action: For CoG to Note**

3. **Engagement in Strategy and Forward Planning**
Governors have been involved in two engagement/consultation events in May and June. Both events were well received. Information and plans were shared and governors had an opportunity to comment and contribute. In future governors have suggested that stakeholders would appreciate knowing what had been changed or added to the original proposals as a result of consultation with them. In addition, as this is such an important part of the governor function, it would be helpful to establish a small self-servicing strategy group of governors. This would be responsible for informing, consulting, collating and representing the views of all the governors. In addition one or possibly two members of the strategy sub group to be members of the Board committees. Discussions are continuing.

**Action: For CoG to Note.**

4. **Work in Progress**
4.1 **Appointment to Committees:** Governors have agreed a process proposed by Jane Ramage(appointed governor, Friends of the Hospital) to ensure all those who might be interested in contributing to either Board Committees or Governor subgroups groups have
an opportunity to make their interest known and to ensure that the process of selection is open and transparent.

4.2 Francis work groups: a report on progress will be submitted to the July Board meeting. It is anticipated that it will propose that the work of the suggested previous 7 groups will be incorporated into three inclusive groups: 7 day working, Discharge, and Customer Care. Governor involvement will be sought.

4.3 Governor Development: Suitable Foundation Trust Network training events are yet to be identified. In the meantime it has been agreed that opportunities will be provided for governors who do attend events to share their learning with the rest of the group.

Action: For CoG to Note

5. Progress on issues raised at the last CoG meeting:
The request for prompt circulation of minutes following Board and Council meetings – within 14 working days - and feedback from Board events has yet to be achieved.

6. Additional Matters

Governors would like the following to be considered for a future Council agenda:
- Review of 1st Year of FT status and,
- Council Objectives for 2014/15;
- The patient experience – an updated presentation,(patient experience group)
- training strategy for clinicians
- Cancer strategy
- Private Patients Strategy.

7. Conclusion

Governors remain aware of the continuing pressures on the Trust as a result of a significant increase in referrals to A&E, a rise in unplanned admissions, and additional demands from an increasingly elderly and frail population. Together with the significant savings required next year and the financial challenges in the local health economy, it is essential that new more efficient ways of working are explored which reduce cost, improve safety and provide a better quality of care for patients. Governors wish again to re-affirm their willingness to play their part in supporting the Board as they tackle this formidable agenda.

MB 07.07.14
UPDATE FROM THE COG MEMBERSHIP COMMITTEE

The following is an outline of the topics discussed and actions agreed at the meeting on the 9 June 2014

- Jonathan Keeble gave an update on progress with the WSHFT outward-looking (internet) website. Lessons had been learned from the intra-net and comments from the Membership Committee and others were being incorporated. Current work on the site map indicated the following main headings, Our services, Our Hospitals, Your Trust, Contact Us. The Your Trust heading is planned to be lively with news for the public and patients including forthcoming dates for Board of Directors meetings, Council of Governors meetings and a separate sub-site for members and Governors. It was also hoped that in the future the area could host a discussion board. The site is due to be launched in August.

- **Membership Leaflet** – this has now been updated taking into account comments from the Committee and others. It is planned to use the new version for 6 months and then re-consider any changes needed as a result of comments made by those using the leaflet to recruit new members.

- **Use of Jenny Edgell’s slides** – these slides inform the audience about Foundation Trust status, the role of Governors and information about the Trust including headline services. The slides have already proved very useful at a Stakeholder meeting and will continue to be used for Hospital Volunteer Mandatory training and will prove to be a key visual aid to Governors undertaking work with the GP surgeries Public and Participation Groups (PPGs), Medicine for Members meetings and out-reach work to other groups.

- **Liaison with the GP surgeries PPGs** – Barbara Porter has provided valuable background research on the demography of West Sussex and on all 54 GP surgeries found to be operating PPGs or Patient Reference Groups, which underpins this work. Governors are being asked to contact these surgeries with a view to;
  - liaising with the public and WSHFT patients (included in our statutory duties);
  - Increasing membership especially in those groups under-represented e.g. younger age groups and some ethnic minorities; and
  - providing feedback from patients about their experience of the services provided by WSHFT.

To help Governors carry out this function we have provided information about individual GP practices and a draft letter for the practice manager and a steer to those practices that might be more open to a an approach. Once contact has been made we have suggested that Governors offer to attend a PPG meeting to give a slide assisted talk or just a short talk about the Trust and the role of Governors. This work has only just started and we have asked that Governors provide feedback so that the information can be collated for the next meeting of the Membership Group on 13 August. On advice from the Trust the Chair of the committee has written to Jean Barclay, Chair of the Public and Patient Engagement Committee of the Coastal Clinical Commissioning Group to inform her of our proposed approach to PPGs.

**The Council of Governors is asked to endorse the liaison with PPGs.**

Dr Vicki King on behalf of the Membership Committee