Western Sussex Hospitals NHS
NHS Foundation Trust

Council of Governors Meeting

9.30 to 12.00   15 April 2014

Mickerson Hall, Chichester Medical Education Centre, St.Richard's Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 6SE

AGENDA

1	09.30	**Welcome and Apologies for Absence**		Mike Viggers
2	09.30	**Declarations of Interests** To note	Verbal	Mike Viggers
3	09.30	**Minutes of the Meeting of the Council of Governors held on 14 January 2014** To approve	Enclosure	Mike Viggers
4	09.35	**Matters Arising from the Minutes** To note	Enclosure	Mike Viggers
		ASSURANCE		
5	09.40	**Chief Executive's Performance Report** To discuss and agree action	Enclosure/ Presentation	Marianne Griffiths
6	09.50	**Care Quality Commission (CQC) Insight and the new Inspection Regime**	Enclosure	Cathy Stone
7.	10.00	**National Staff Survey Results 2013/13**	Presentation	Denise Farmer
		STRATEGY		
8	10.15	**Operational Plan 2014/16**	Enclosure	Denise Farmer
9	10.25	**Feedback from Virginia Mason and Salford Royal NHS Foundation Trust**	Verbal	Marianne Griffiths
		GOVERNANCE		
10	10.40	**Lead Governor's report** To discuss and agree action	Enclosure	Margaret Bamford
11	10.50	**Accountability for the Performance of the Board of Directors** To discuss and agree	Enclosure	Richard Farmer

12	11.00	**Membership Committee Update**	Enclosure	Vicki King
		• Updated Terms of Reference		

| 13 | 11.10 | **Other Business** | Verbal | |

| | 11.20 | **Questions from the Members of the Public** | | |

| 14 | 11.30. | **Resolution into Committee** | Verbal | Chair |

To pass the following resolution:

"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 15 July 2014.

Andy Gray
Company Secretary
t: 01903 285288, e: andrew.gray@wsht.nhs.uk

Minutes

Minutes of the Council of Governors meeting held at 10:30am on 14 January 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
Gill Kester	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
Jennifer Edgell	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
David Walsh	Elected Staff Governor, Nursing & Midwifery
Robert Hayes	Appointed Governor, Chichester District Council
Peter Pimblett-Dennis	Appointed Governor, Brighton & Sussex Medical School
Jane Ramage	Appointed Governor, Friends of WSHT and the WRVS
Tom Wye	Appointed Governor, Worthing Borough Council

In Attendance:

Marianne Griffiths	Chief Executive
Mike Jennings	Interim Finance Director (present for item 5)
Jane Farrell	Chief Operating Officer
Denise Farmer	Director of Organisational Development and Leadership
Tony Clark	Non-Executive Director
Martin Phillips	Non-Executive Director
Jon Furmston	Non-Executive Director
Bill Brown	Non-Executive Director
Ann Merricks	Interim Company Secretary
Keely Mills	Interim Governor & Membership Services Officer

COG/01/14/1	**WELCOME AND APOLOGIES FOR ABSENCE**	**Action**

1.1 The Chairman welcomed all those present to the meeting.

1.2 Apologies for absence were received and noted from Margaret Boulton, Paul Benson, Shirley Bach and Nigel Peters.

1.3 The Chairman welcomed Richard Kendall from HealthWatch, who attended the meeting as a member of the public.

1.4 The Chairman gave apologies for the delay in setting dates and circulation of papers and confirmed that future dates would be circulated as soon as possible to ensure they could be scheduled into Governors' diaries. **AM / KM**

1.5 The Chairman confirmed that Andy Gray would be taking up his post as the Trust's Company Secretary on 17 February 2014.

COG/01/14/2   DECLARATIONS OF INTERESTS

2.1 There were no interests to declare other than those already recorded in the register.

COG/01/14/3   TO APPROVE THE MINUTES OF THE LAST MEETING

3.1 The minutes of the last meeting of the Council of Governors held on 8 October 2013 were approved by those present subject to the following amendments:

3.1.1 COG/7/13/20/20.2
Amend to read: 'It was agreed that Governors would become involved in workstreams arising from the Francis inquiry. Chief Executive to circulate the eight workstreams and to liaise with the Lead Governor.' **MG**

3.1.2 COG/10/13/6/6.3
Amend radiographers to read radiologists.

3.1.3 COG/10/13/7/7.4
Amend the second sentence to read: 'In quarter 1 – 25 cases were reported….'

3.1.4 COG/10/13/7/7.11
Amend the last sentence to read: 'The National Reporting and Learning System (NRLS) states that a healthy organisation……'

COG/01/14/4   MATTERS ARISING FROM THE MINUTES

4.1 The Council requested the following amendments to be noted:

4.1.1 COG/10/13/4/21.5
To replace the wording 'drugs to promote resistance to infection' with 'drugs more likely to promote microbial resistance removed from the list'

4.1.2 COG/7/13/19/19.4
The Council noted that the date for a seminar on procurement would be arranged for early 2014. **KG**

4.1.4	COG/10/13/16/16.1	**Action**

It was agreed that work was required to ensure that meeting papers were sent out in accordance with Standing Orders. The Lead Governor would liaise with the Company Secretary to ensure this was resolved.

MB/ AG

COG/01/14/5   PERFORMANCE OF THE TRUST Q.3 2013

5.1   The Chief Executive welcomed those present to the meeting and wished them a Happy New Year.

The Chief Executive gave a verbal report and presentation (attached to the minutes) to the Council of the Governors. The main points of discussion were as follows:

ASSURANCE

5.1.1   Winter Pressures
The Chief Executive informed the Council of Governors that the Government and Department of Health were very concerned with winter pressures, particularly within A&E.

The Chief Executive confirmed that Monitor would be holding weekly performance meetings with Trusts specifically on delivery of the A&E target.

5.1.2   Financial Situation
The Trust submitted its first quarterly report to Monitor at the end of October 2013; this had been assessed as having a Financial Risk Rating of 2. The Trust had been given an 'under review' governance rating. Nationally, 12% of Trusts were under review for governance issues, of which 14% had been rated as 'red'. 126 Trusts had received a financial risk rating (FRR) of 3 or above; 12 were rated as 2 and 9 had been rated as 1.

5.2   Service Issues

5.2.1   Vascular Surgery
The Chief Executive reminded the Council of Governors that responsibility for elective vascular surgery had been transferred to Brighton & Sussex University Hospitals NHS Trust (BSUH) in June 2013. It was confirmed that the Trusts continued to work closely together to ensure the safety of patients.

5.2.2   Radiotherapy
The Chief Executive explained that the Trust continued to work closely with BSUH in planning the services provided to patients in West Sussex. In updating the business case, the Chief Executive had asked BSUH to take into account services being provided at St Richard's Hospital, as more clinical space was available on the St Richard's Hospital than at Worthing.

5.2.3 Care Quality Commission (CQC)

The Chief Executive informed the Council of Governors that the CQC had carried out an unannounced visit to Worthing Hospital on 10 December 2013. This had been the first inspection since gaining Foundation Trust status.

The overall feedback received from the CQC, who had visited Accident and Emergency as well as five other areas in the Trust, had been very positive and reassuring. All outcomes had been fully met within the five areas and the Chief Executive praised the staff for this achievement.

The Council of Governors were informed that the final report was available on the CQC's website.

5.3 Quality Report

5.3.1 Mortality Rate (crude and standardised)

The crude rate for October and November 2013 showed lower than the equivalent months the year previous, but was slightly up on the year to date figure. The standardised figure, published by Dr Foster, showed that figures continued to fall for the 12 months to September to 95.8%.

5.3.2 Dementia screening

Dementia Screening was a key CQUIN target for the Trust in 2013/14 and required all emergency patients over 75 years of age, to be screened during the first 72 hours following admission. It was necessary for the Trust to achieve a target of 90% for three consecutive months to achieve the CQUIN goal.

5.3.3 Hospital Acquired Infections

The Chief Executive reported that the Trust had maintained an improvement in reported hospital attributed C.diff infections with 25 cases reported during Quarter 1; 12 cases reported during Quarter 2 and 7 cases reported during Quarter 3. The Council was advised that improvements were continuing to be made and a huge amount of work was being carried out to maintain good practice.

It was noted that that Trust had not reported any infection control outbreaks during the current quarter. In addition the CQC, in their unannounced visit, had commended the Trust on its infection control processes and the cleanliness they had observed when visiting the hospital.

5.4 Friends and Family Test

5.4.1 There had been an increase in the number of patients who had completed the Friends and Family tests. It was reported that A&E was currently scoring 76%, putting the Trust in the top 10; the national average, based on October's performance, stood at 55%. The Trust's inpatient figures were currently 77% against a national average of 72%. The Friends and Family test had been expanded to include maternity services, where women were given the opportunity of using text messaging to respond to the questions.

5.5 Francis Inquiry

5.5.1 'Hard Truths' a Government response to the Mid-Staffordshire inquiry had been published recently. The Chief Executive confirmed that the workstreams were already in place to support the recommendations and she would meet with the Lead Governor to ensure Governor involvement.

MG/ MB

5.6 NHS Safety Thermometer

5.6.1 The use of the Safety Thermometers had been live on all wards in the Trust for the last 12 months. December 2013 saw data being published which showed that the organisation consistently scored better than the national average on patients suffering no harm and patients being harm free. In addition it was also noted that fewer patients had suffered falls or pressure damage during that period.

5.7 Performance

5.7.1 The Trust was assessed by Monitor on its performance and measured on a quarterly basis against access targets and outcomes against objectives in the Risk Assessment Framework. A score of 1 penalty point against targets for Q3 to December had been recorded; this was in respect of C.diff variance.

5.7.2 A&E
The Council was advised that the Trust had achieved 96.06% in November for patients who had waited less than four hours from arrival to admission, transfer or discharge. A&E attendances within the Trust were noted as the third best within the sector. Despite December having been a very difficult month, the overall target for the quarter had been achieved.

5.7.3 Cancer
In November 2013 the Trust had achieved compliance against six of the seven targets it was measured against. Even though referrals had increased over the last 2 years by around 30%, the Trust was still achieving targets for the quarter overall.

5.8 Organisational Development and Leadership

5.8.1 Staffing Levels
The Council was advised that currently the Trust had seen an increase in substantive staff, however it was noted that the use of agency staff was higher than budget. The most significant use was for medical staff within the Medicine Division for locum Doctors and nursing staff on wards due to escalation pressures.

5.8.2 Sickness Absence
The Trust has set a variable ceiling limit for sickness absence across Divisions. Currently ceilings were being exceeded in the majority of Divisions and work on managing absence and supporting staff was on-going. The Council was advised that the main reasons for absence were related to stress and musculoskeletal issues.

5.8.3 Learning and Development
Training attendance currently stood at 91.4%, representing an increase of 6.2% over the last 12 months. Appraisal rates were lower than when compared to the same time last year and this was being discussed with Divisions.

5.8.4 Staff Engagement
The National staff survey had been completed in December 2013.

Although the national results had not yet been published (showing the comparisons with other trusts) the Trust had received its own results which showed some positive improvements including:

- The percentage of staff who would recommend the Trust as a place to work increased from 63% to 67%.

- The percentage of staff who would be happy with the standard of care provided rose from 69% to 73%.

5.8.5 Performance
The Interim Director of Finance introduced himself to the Council of Governors and shared his background with the Council, informing them that he had worked within the Trust for the past four years and would remain in his interim role until the new Director of Finance commenced on 3 February 2014.

The Council was informed that under Monitor's new financial risk rating scale the Trust had been rated as 3. The forecast for the year was to remain at 3, working towards a four. However, following some concerns raised by Monitor around the organisation's financial performance, the Trust had submitted a revised year end forecast.

Income was reported as slightly ahead of plan, although pay costs had increased mainly due to escalation costs and non-achievement of some cost improvement plans. The cash balance at end of November was noted as £2.7m with £9.5m forecast for the year end.

COG/01/14/6 TO AGREE THE PROCESS FOR RECRUITMENT OF A NON-EXECUTIVE DIRECTOR

6.1 The Chairman reported that Tony Clark, a Non-Executive Director, had tendered his resignation after 7½ years with the Trust. On behalf of the Trust the Chairman thanked Tony for the invaluable contribution he had made throughout his time in the Trust.

6.2 The Chairman informed the Council of Governors that the Trust now had two vacancies for Non-Executive Directors. He recommended that one of the posts should have a clinical background, whilst the other should have current financial or audit experience.

6.3 The Council of Governors was informed that the Nomination and Remuneration Committee had met on 8 January 2014 where the process for recruitment of the Non-Executive Directors had been agreed. The Nomination and Remuneration Committee had agreed that the paper should be recommended to the Council of Governors to approve.

6.3 The Chairman confirmed that all Non-Executive Directors would receive the same remuneration.

6.4 The Council of Governors agreed the process for appointment of two new Non-Executive Directors.

MV/DF /AG

COG/01/14/7   LEAD GOVERNOR'S REPORT

7.1 The Lead Governor thanked her colleagues for their support, knowledge and enthusiasm since her election in November 2013 and shared the content of her report with the Council.

7.2 It was proposed, and agreed, that a Governors' only meeting should take place prior to future Council of Governors' meeting.

COG/01/14/8   REPORT FROM THE NOMINATION AND REMUNERATION COMMITTEE

8.1 A report was tabled and the main points of discussion were as follows:

8.1.1 <u>Terms of Reference</u>
Following the Nomination and Remuneration Committee meeting adjustments were made to the paper and brought to the Council of Governors for approval. It was agreed that the Terms of Reference would be circulated following the meeting. The Chairman requested that the revised Terms of Reference be shared with the Trust Board.

AM / KM

AM

8.1.2 <u>Non-Executive Director's Terms of Office</u>
The Chairman proposed that, in order to provide continuity, and in light of changes to Executives and Non-Executives on the Trust Board, Martin Phillips' term of office be extended for a year following its expiry in April 2014.

The Council of Governors agreed to this extension.

MV

8.1.3 <u>Non-Executive Directors Appraisals process</u>
The Chairman confirmed that the Council of Governors were required to approve the Non-Executive Director appraisals. A process had been agreed with the Nomination and Remuneration Committee, and was presented to the Council of Governors for agreement.

The Council of Governors agreed the process, with a recommendation that it would be reviewed in a year, once all the stages had been through.

8.1.4 Appraisals **Action**
Due to the personal nature of the documents, these would be discussed in the private part of the Council of Governors meeting.

8.1.5 Process of appointment of Non-Executive Directors
Following discussion, approval was sought to the tabled paper for the process of appointment of Non-Executive Directors. The process was approved.

COG/01/14/9   ANY OTHER BUSINESS

9.1 Monitor Code of Governance
A request was made for hard copies of the new Code of Governance that had recently been published by Monitor and which the Governors had received. It was agreed that the document would be put on the website and a few hard copies produced for those who required them. **AM / KM**

9.2 Governors Review Day
Following a discussion, it was agreed that the Lead Governor and Chairman would meet to plan the Governors' performance/review day. **MV / MB/AM**

9.3 Patient Experience Committee
The Interim Company Secretary informed the Council of Governors that she had recently begun the process of setting up a Patient Experience Committee. Further details would be sent out shortly to those who had expressed an interest in being part of this.

9.4 Following discussions, the Chief Executive recommended that the workstreams set up following the Francis Inquiry should link into the group. It was agreed that the Lead Governor and the Chief Executive would meet to take this forward. **MB / CEO**

COG/01/14/   DATE OF NEXT MEETING

The next meeting of the Council of Governors would take place at 10:30am on Tuesday 15 April 2014 in the Mickerson Hall, Chichester Medical Education Centre, St Richard's Hospital, Spitalfield Lane, Chichester, West Sussex, PO19 6ES

Keely Mills
Interim Governor and Membership Services Office

January 2014

Signed as an accurate record of the meeting

……………………………………………
Chair

……………………………………………
Date

MATTERS ARISING FROM SHADOW COUNCIL OF GOVERNORS MEETINGS

MATTERS ARISING FROM THE MEETING HELD ON 14 January 2014					
Minute Ref	Description of Action	Responsible Person	Deadline	Report	RAG Status
COG/01/14/1/1.4	Circulation of paper and confirmed future dates to be circulated as soon as possible.	AG/KM	February 2014	Completed	
COG/01/14/3/3.1.1	Chief Executive to circulate eight work streams relating to the Francis inquiry and to liaise with Lead Governor	MG	February 2014	Completed	
COG7/13/19/19.4	To provide a seminar on procurement. The date to be arranged for April 2014	KG	April 2014	To be put taken forward to the next meeting agenda in April	
COG/10/13/16/16.1	To ensure that meeting papers are sent out in accordance with Standing Orders. Lead Governor and Company Secretary to ensure this is resolved.	MB/AG	February 2014	Completed	
COG/01/14/5/5.5	Chief Executive and Lead Governor to liaise to ensure Governor involvement with the 'Hard Truths' government response to the Mid-Staffordshire inquiry.	MG/MB		Completed	
COG/01/1/14/9/9.1	Monitor Code of Governance publication put onto the Trusts website for the Governors to access it. Hard copies to be produced and left in Company Secretary office for those wishing to access them.	AG/KM	February 2014	Completed	
COG/01/1/14/9/9.2	Lead Governor and Chairman to meet to plan the Governors Performance/Review day.	MV/MB/AM	January 2014	Completed.	

MATTERS ARISING FROM THE MEETING HELD ON 14 January 2014					
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**	**RAG Status**

Key

Red	No action has been take to address this action
Amber	The action is partially complete or has been added to the agenda for a future meeting
Green	The action has been completed

To: Council of Governors

Date of Meeting: 15 April 2014

Agenda Item: 5

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. Governors are asked to provide feedback on this method of presentation of the information	
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.

Western Sussex Hospitals **NHS**

NHS Foundation Trust

To: Council of Governors   Date: 15 April 2014

From: Marianne Griffiths, Chief Executive   Agenda Item: 5

FOR INFORMATION

PERFORMANCE OF THE TRUST Q4 2013

1. **INTRODUCTION**

This paper sets out how the trust has performed over the past 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**

Being aware of what is happening not only Locally, but Nationally and indeed Internationally, is important to ensure that we are "ahead of the curve" and able to react to upcoming challenges in the most appropriate way while seeking opportunities to learn from others.

Elsewhere on today's agenda I will provide some insight into the learning from two recent visits; to Virginia Mason Hospital, Seattle, USA and Salford Royal NHS Foundation Trust in Manchester.

2.2 Tackling dementia is a priority for NHS England.

It is NHS England's ambition that two thirds of people with dementia should receive a formal diagnosis and accompanying post-diagnostic support. A timely diagnosis and support are key aspects of improving the quality of care for people with dementia, their families and carers.

Three major British businesses have all pledged to train their staff to provide support to customers with dementia. Marks & Spencer, Home Retail Group – which owns Argos and Homebase – and Lloyds Bank have 120,000 staff in total.

With a view to supporting people with their families and carers, NHS England has commissioned NHS Choices to set up a free email and web-chat service.

2.3 Emergency Floor at Worthing Hospital

I am delighted to report that the next steps are underway to turn the plans for the new 'Emergency Floor' at Worthing into reality. The project is designed to radically improve our ability to manage the admission of adult patients.

Ultimately, the Emergency Floor will be a 67-bedded facility, bringing together the existing Acute Medicine Unit (AMU), with Medicine for the Elderly, and Surgical Assessment.

This will focus all adult admissions into a single, integrated unit which is linked closely to A&E and diagnostics. It will help to improve patient care, reduce length of stay, and allow more patients to be treated outside hospital when appropriate.

The new Emergency Floor should be complete by the end of the year after a series of complex moves. I recently joined Dr Roger Duckitt, AMU Consultant, to see the new AMU which is now located in the area previously occupied by outpatients. Our Operations Centre, now used as a base for our Site Managers, has moved into the old breast screening offices.

3. **QUALITY REPORT**

3.1. <u>Mortality rate</u> (crude and standardised): The crude mortality rate for December to February was lower than the equivalent months for last year, however the year to date figure remains slightly higher. The Hospital Standardised Mortality Ratio (HSMR) published by Dr Foster continues to fall and for the 12 months to December 2013 was 92.3. The latest Summary Hospital-level Mortality Indicator (SHMI) available for the 12 months July 2012 to June 2013 (published in January 2014) is 1.02, with the Trust banded as 'as expected'.

3.2. <u>Dementia screening</u>: Dementia screening is a key CQUIN target for Western Sussex Hospitals Foundation Trust in 2013/14. The Trust is required to screen all emergency patients aged 75 or over with the national screening question ('have you been more forgetful in the last twelve months?') during the first 72 hours. By achieving the 90% national standard for three consecutive months (December 2013 to February 2014) the Trust achieved its CQUIN goal for this year. The Trust also achieved the required level for undertaking further investigations and referring patients with suspected dementia on to tertiary services.

3.3. <u>Hospital acquired infections</u>: For 2013/14 the Trust reported 57 cases of Clostridium Difficile infection.
   - Quarter 1 = 25 cases
   - Quarter 2 = 12 cases
   - Quarter 3 = 7 cases
   - Quarter 4 = 13 cases

3.4. Although above the annual target set by the Department of Health for the Trust, this still represents a 21% reduction against the previous year (2012/13 = 72).

3.5. NHS England have now released C diff objectives for NHS organisations in 2014/15 and guidance on sanction, implementation with explanation regarding the process for monitoring and reporting of C diff. next year. The Trust C diff. limit for next year will be 56 cases.

3.6. <u>Never Events/Clinical Incidents</u>: During December 2013 to February 2014 the Trust did not report any Never Events and the incident report presented to the Quality & Risk Committee (QRC) demonstrated that the Trust maintains its healthy incident reporting profile of high numbers of no-harm incidents with low numbers of serious and moderate harm incidents reported.

3.7. <u>Care Quality Commission (CQC) visits</u>: As previously reported to the Board of Governors, the Trust (Worthing Site) received an unannounced CQC visit on the 10th December 2013. The formal report for this visit has now been published and is available on the CQC website:

http://www.cqc.org.uk/sites/default/files/media/reports/RYR18_Worthing_Hospital_INS1-768945479_Scheduled_14-01-2014.pdf

3.8. The report is highly complementary showing the Trust as compliant in all 5 standards reviewed. The report quotes one patient as saying: "The nurses are fantastic; they are gentle as you would expect them to be. They are very caring." and another who said "They are marvelous here, I couldn't ask for better."

3.9. The Trust received an unannounced themed visit from the CQC on the St Richards site 23rd January. The visit focused on the care and welfare of patients with dementia. The report has since been received by the Trust, but is not yet available on the CQC website. The CQC identified no failings in care, however there were some inconsistencies in the use of documentation, resulting in the report identifying some minor actions required. These actions have already been undertaken.

3.10. <u>CQC Intelligent Monitoring Reports</u>: 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

3.11. <u>Friends and family scores</u>: The Trust's inpatient Friends and Family score for fell in February 2014 to 69 compared to a national average of 73 (including independent sector providers). This is the first time since the launch of the data collection that the Trust has been below the national figure. The A&E score also fell, to 75, but remained considerably above the national average of 55.

3.12. The Friends and Family question (whether patients would recommend the Trust to friends or family if they needed similar treatment), is also used to monitor experience in Maternity services where women are asked for their views at four points in their care. The Trust performance for February is as follows: Antenatal care: 76 (average = 67), delivery: 85 (average = 75), post-natal ward: 73 (average = 64), post-natal community care: 69 (average = 75) (this last indicator based on a relatively small number of responses at WSHFT). Maternity Friends and Family scores will be added to the Trust Quality Scorecard from April 2014.

3.13. Friends and family scores are calculated based on the proportion of patients who respond to say they 'Highly likely' to recommend the Trust, minus the proportion who say they are 'Highly unlikely', 'Unlikely', 'Neither likely nor unlikely' (those patients who indicate they are only 'Likely' to recommend the Trust are counted as neither positive nor negative).

4. **PERFORMANCE REPORT**
Based on performance to February, The Trust is forecasting three metrics within the Monitor Risk Assessment Framework will not be compliant for Quarter 4, namely; C.difficile, non-admitted Referral to Treatment (RTT) completetions, and RTT incomplete pathways.

C.difficile
The Trust had 3 cases of C.difficile in February generating a cumulative volume of 54 cases against the cumulative target for the end of Quarter 4 of 46 cases.

Referral to Treatment (RTT)
Non admitted RTT compliance was 91.10% against a target of 95%. RTT incomplete pathway compliance was 90.42% against a target of 92%. Under the Monitor Risk Assessment Framework a single month of non-compliance triggers a compliance failure for the entire Quarter, however formal 'exception reporting' to Monitor is not triggered in a specific metric unless three consecutive quarters of non-compliance is reported in the same metric.

The Trust has developed an extensive RTT recovery programme targeting nine specialties that make the biggest contribution to aggregate compliance. This programme outlines the actions to restore aggregate compliance by the end of Quarter 1 2014/15, and delivers an additional 2870 outpatients and 1082 inpatients/day cases above the 2013/14 run rate by the end of the quarter. This volume reduces the waiting list size and distribution to a point that can deliver aggregate compliance from Q2 2014/15, but a further 6568 outpatients and 2275 inpatients/day cases are identified in the plan above current run rate in Quarters 2-4 in order to maintain compliance from that point.

This plan has been presented to the WSHFT Trust Board in March meeting, and the Chief Operating Officer and Director of Performance will be meeting with Monitor on 22nd April 2014 to formally present these recovery actions to the regulator. Each scheme making up the plan is led by a divisional working group accountable to a weekly delivery board chaired by the Director of Performance and attended by all four Directors of Clinical Service. In turn, DCSs and the Director of Performance are subject to a weekly oversight and scrutiny meeting with the Chief Operating Officer. Corporate assurance will be provided via Management Board and the WSHFT Trust Board Performance Report.

A & E Performance
A&E 4 hour performance was 94.02% against a target of 95% for February, however A&E performance is assessed quarterly and the Trust has completed the quarter with an aggregate compliance value of 95.71%.

5. **ORGANISATIONAL DEVELOPMENT AND LEADERSHIP REPORT**
Workforce Capacity
Substantive staffing levels have continued to increase   - in February we employed 5663.2 wte, 215 more than in February 2013. However our capacity requirement continues to outstrip supply generating a reliance on temporary staffing solutions of circa 10% of our total capacity. This includes an average of 2.4% of agency staff.

Our focus on nurse recruitment has continued and over 50 trained nurses joined us during March/April from Spain. A robust induction process is in place to aid their assimilation into the hospitals and indeed to the local area.

Workforce Efficiency

Sickness absence at the end of January was 3.9%, an increase of 0.1% from the previous month. Core and Surgery divisions saw a decrease in their percentage sickness; all other divisions experienced an increase. The most significant increase was seen in Facilities and Estates where sickness absence has increased to 6.9% in month, despite a fall of 0.5% in long term absence.

Working to reduce this level of absence is crucial, not only in supporting staff health and wellbeing but in improving efficiency: covering sickness absence was cited as the reason for 25% of Registered Nurse temporary staffing in February. The Board has requested a review of the actions being taken to reduce sickness absence.

Appraisal levels in month marginally increased to 82.5%. Appraisal rates in Core, Corporate and Facilities and Estates decreased while they increased in Women and Child Health, Medicine and Surgery.

Staff Feedback

A report on the Trust's national staff survey results is available separately.

We also undertake a 'real time' survey each month. In February, 89% of staff surveyed said they would recommend the Trust as a place to work and would be happy for their friends and family to receive treatment. However the numbers included were small.

NHS England has introduced a requirement for a quarterly 'friends and family' survey to be carried out with staff. The real time staff feedback surveys carried out at the Health and Safety days will not meet the requirement for the Trust to demonstrate that all staff are being offered the opportunity to feedback on a quarterly basis. Consideration is being given to an on line method of survey with potential alternative access for those groups of staff who may not access the internet.

Workforce Skills and Development
Attendance on all of the core statutory and mandatory training has now achieved or exceeded the Trust target of 90%.

Adult Protection is a recent addition to the statistics. Attendance is at 74.8% (a decrease of 1.0% since last month.) Additional stand-alone courses have been organised to improve attendance. However, the lack of clinical resource to deliver this training remains an issue.

We continue to focus on ensuring all staff have an up to date training record.

We are currently reviewing our Corporate Induction session to ensure greater focus on the importance of putting 'customers' first and aligning staff behaviours with the Trust vision and values.

Communications and Engagement

The Trust was featured in a number of articles in the local media including news of the recruitment of qualified nurses from overseas as well as coverage of our latest staff survey results.

Around 50 visitors attended our latest Medicine for Members event on March 18: Stroke - treatment, care and support. Thanks go to Consultant Physician, Dr Rajen Patel for his time and fascinating presentation. The event was videoed and is available on our website. Specialist nurse Carla Hookway organised and hosted 'Crohn's Disease and Ulcerative Colitis', an extremely successful event at St Richard's in March too.

We intend to build on these sorts of events to encourage membership and use them as opportunities for Governors to engage with members. A draft timetable for the year is being prepared.

The second annual audit of staff communications is underway focusing on the effectiveness of Trust Brief, the Trust's method for cascading news and information. The board will receive a report in May.

A survey of catering and retail facilities at St Richard's, Worthing and Southlands hospitals began in March with almost 800 staff taking part and sharing their views on the services provided. Patients and visitors will be given their opportunity to take part in the coming weeks and we would like to offer our thanks to each of the three Friends charities for their support in developing the survey.

6. **FINANCE REPORT**

The financial position year to date surplus is a £426k surplus, after adjustment for technical items. This is consistent with the plan for achieving the forecast out-turn position of £1.023m surplus, in line with the revised plan agreed with Monitor.

Since December the expenditure run-rate has increased significantly as additional capacity is opened to manage the seasonal pressure as the hospital has coped with increasing demand. This has placed further pressures on the financial position which have been closely managed to ensure the year-end forecast is delivered.

Income agreements have been secured in in full from our lead commissioner, CWS CCG and NHS England to recover all income due for activity in 2013/14.

The cash position has improved as specialist income invoices have been paid and so the Trust will meet its loan and PDC dividend payment obligations falling due in March.

The Trust's performance against Monitor's Continuity of Services risk rating is a 3 consistent with the reforecast Plan submitted to Monitor.

7. **CONCLUSION AND RECOMMENDATIONS**

The Council is asked to NOTE the report.

To: Council of Governors

Date of Meeting: 15 April 2014

Agenda Item: 6

Title
Care Quality Commission – Intelligent Monitoring Report, and CQC Mental Health Inspection
Responsible Executive Director
Cathy Stone (Director of Nursing and Patient Safety)
Prepared by
Lynne Saunders (CQC Standards Coordinator)
Status
Disclosable
Summary of Proposal
A. The purpose of this paper is to inform the Council of Governors on the Care Quality Commission Intelligent Monitoring Report published to providers and the public, which has replaced the Quality Risk Profiles.   **B.** The CQC have also published Draft Guidance on the approach to inspections and ratings for the Wave 2 Acute Trust Inspections, which builds on their current consultation *A new start* which proposed radical changes to the way they inspect and regulate NHS Acute Hospitals.
Implications for Quality of Care
The CQC will use the Intelligent Monitoring Report to raise questions about the quality of care provided within Acute NHS Trusts, based on the new model for monitoring a range of key indicators (The Five Key Questions).   An overall summary band will be provided for each Trust, Band 1 representing the highest risk and Band 6 the lowest risk providers.   The Intelligent Monitoring Report will inform the CQC on how and when they will inspect an organisation by giving a clear picture of the areas of care that need to be scrutinised within an Acute Trust. The CQC will identify and respond more quickly to hospitals that are failing or are at risk of failing.
Link to Strategic Objectives/Board Assurance Framework
It is important that the Trust continues to improve its compliance with the Care Quality Commission's requirements.
Financial Implications
N/A
Human Resource Implications
N/A

Recommendation
The Council of Governors is asked to Note the report
Communication and Consultation
Director of Nursing and Patient Safety
Appendices
None

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To: Council of Governors   Date: 15th April 2014

From: Cathy Stone – Director of Nursing & Patient Safety   Agenda Item: 6

FOR INFORMATION

Care Quality Commission

Intelligent Monitoring Report March 2013, Dementia Review and Mental Health Act Inspections and new CQC Draft Guidance on Inspections and Ratings

1.00   INTRODUCTION

1.01   The purpose of this paper is to inform the Council of Governors about the Care Quality Commission's (CQC) Intelligent Monitoring Report (Hospital Insight) which is not only provided to Trusts but is also released to the Public.

1.02   The Intelligent Monitoring Report replaces the CQC Quality Risk Profiles which ceased October 2013.

1.03   The paper also informs the Council of Governors of the unannounced themed inspection review of Dementia at St Richard's Hospital and the announced Mental Health Act 1983 monitoring visit which took place at Worthing Hospital.

1.04   Finally the paper informs the Council of Governors of the CQC Draft Guidance on the "Approach to inspections and ratings: NHS Acute Hospital Providers" which has been produced for the Wave 2 Hospital Inspections.

2.00   CQC Intelligent Monitoring Report

2.01   **What is the Intelligent Monitoring Report?**

2.02   The CQC has developed a new model for monitoring a range of key indicators about NHS Acute Hospitals. These indicators relate to the five key questions they will ask of all services :

  ▪ Are they safe?

  ▪ Are they effective?

  ▪ Are they caring?

  ▪ Are they responsive?

  ▪ Are they well-led?

2.03   The five key questions are part of the new principles the CQC will use in inspecting and regulating all services. Full information on the proposals were published in the CQC's *"A new Start – Consultation on changes to the way CQC regulates, inspects and monitors care*"[1]

2.04   The indicators within the Intelligent Monitoring report will be given a risk score and these will in turn be used to raise questions about the quality of care. They will not be used on their own to make judgements; the CQC will always base their judgements on the result of an inspection, which will take into account the Intelligent Monitoring analysis alongside local information from the public, the Trust and other organisations.

2.05   **What is contained within the Intelligent Monitoring Report?**

2.06   The report contains analysis of key indicators called "Tier One" indicators. Tier one indicators are those that the CQC consider to be the most important for monitoring risks to the quality of care in acute hospital services. They have been selected because they measure things that have a high impact on people and because they can alert the CQC to changes in those areas. Tier one indicators are generated using data and evidence such as mortality rates, 'never events', and information from whistleblowers and comments from members of the public. A detailed description of the indicators and methodology used has been published in the CQC document "*NHS Acute Hospitals – Indicators and Methodology*"

2.07   A number of statistical tests are used for each key indicator listed within the report to determine one of the following risk levels:
- "No evidence of risk"
- "Risk"
- "Elevated risk"

The Statistical methods used to determine the risk levels are described in detail in the published CQC document "*NHS Acute Hospitals – Statistical Methodology*".

2.08   Having a 'risk' or an 'elevated risk' against a particular indicator does not necessarily mean that a hospital is unsafe. It is possible that the available data may not be telling the whole story. Furthermore if the elevated risk is a reflection of poor quality care, it is possible that the trust running the hospital may already be addressing this.

2.09   The CQC provide an overall summary band for the Trust, by reviewing the proportion of indicators that have been identified as being a" Risk" or "Elevated risk" out of all the applicable indicators detailed within the Intelligent Monitoring Report.

2.10   The CQC have categorised six summary bands, with band 1 representing the highest risk and band 6 the lowest risk. For Trusts assigned a category based on the proportion of indicators, the following thresholds are used:

- Band 1   ≥7.0%

- Band 2   ≥5.5%

- Band 3   ≥4.5%

- Band 4   ≥3.5%

- Band 5   ≤2.5%

- Band 6   <2.5%

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[1] http://www.cqc.org.uk/sites/default/files/media/documents/cqc_consultation_2013_tagged_0.pdf

2.11   How often will the Intelligent Monitoring Report be published?

2.12   The CQC will publish the Intelligent Monitoring Report on a quarterly basis.

3.00   Western Sussex Hospitals NHS Foundation Trust Intelligent Monitoring Report

3.01   The Trust received an updated Intelligent Monitoring Report on 11th March 2014 prior to its release to the public on 13th March 2014.

3.02   The Trust has been rated as having the following area of "Risk":

- Risk

    Maternity Survey 2013 "At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?" A Maternity Survey Trust Action Plan has been produced regarding the results of the survey.

3.03   The Trust has therefore been catagorised overall as Band 6 which means that the Trust currently remains as being within the lowest risk band .

4.00   CQC Themed Dementia Review Visit – 23rd January 2014

4.01   The Trust received an unannounced CQC themed review inspection to St Richard's Hospital on 23rd January 2014 to monitor the care and welfare of patients with Dementia.

4.02   The CQC witnessed kind and compassionate care and saw overall that patients were treated with privacy and dignity. Boxgrove ward was identified as an area of excellent care and the management of the patients with dementia was commended.

4.03   Unfortunately, this level of care focussed on the dementia pathway was not consistently observed during the visit. Documentation was noted to be incomplete and there was a consistent failure to complete the' knowing me' documentation . With the support of the Boxgrove Team the Trust aims to build a consistent approach Trust-Wide.

4.04   At the time of writing this report, the Trust is currently awaiting the CQC's inspection report on their findings.

5.00   CQC Mental Health Act 1983 Monitoring Visit – 28th January 2014

5.01   The Trust received an announced CQC inspection to Worthing Hospital on 28th January 2014 to monitor Section 120 of the Mental Health Act 1983 in Acute Hospitals.

5.02   The purpose of the visit was to check compliance with the Mental Health Act and its associated Code of Practice. This included considering how well the Trust is integrated with the various parts of the care pathway and how it contributes to outcomes of care for people who use the service.

5.03   The CQC reviewed the following parts of the Mental Health Act 1983 monitoring framework:
- Purpose, respect, participation and least restriction
- Admission to the ward
- Leave of absence
- Transfers
- Control and security
- Consent to treatment
- General healthcare

5.04   The CQC Monitoring Visit Feedback Report received 13th February 2014 stated that overall all detentions were lawful and noted areas of good practice. The CQC found good recording of general healthcare checks, repeated on a regular basis, together with robust monitoring of administration of medication.

5.05   To ensure improvement with compliance with the Act and its Code of Practice the CQC have requested that the Trust should address the following:

- Purpose, respect, participation and least restriction
  The Trust should ensure that patients are assessed and transferred in a timely manner in accordance with the principle of least restriction. Sussex Partnership NHS Foundation Trust to action.

  The Trust should ensure that all detained patients are provided with information on their rights under section 132 of the MHA and their understanding monitored. Western Sussex Hospitals NHS Foundation Trust to action.

  The Trust should ensure that patient's views about their treatment are included within their care plan. Western Sussex Hospitals NHS Foundation Trust to action.

  The Trust should ensure that staff are clear on their responsibilities with regard to section 5.2 of the MHA. Western Sussex Hospitals NHS Foundation Trust to action.

- Control and security
  The Trust should ensure that staff are trained in a suitable level of hands on physical restraint to ensure this can be performed safely and meet the requirements of the Code of Practice as detailed in Chapter 15. Western Sussex Hospitals NHS Foundation Trust to action. Western Sussex Hospitals NHS Foundation Trust to action.

- Consent to treatment
  How the Trust will achieve compliance with the Code of Practice Chapter 23 and 17. Western Sussex Hospitals NHS Foundation Trust to action.

5.06   The Trust is required to produce a Provider Action Statement to tell the CQC about the improvements the Trust will make in response to the Feedback Report; including how and when the improvements will be made. The Provider Action Statement was sent to the CQC by 5th March 2014.

5.07   The Trust will monitor the Mental Health Action Statement requirements through the Management Board.

5.08   The Feedback Report and the Trust's Provider Action Statement feeds directly into the public monitoring reporting on the use of the Act and the monitoring of compliance with the Health and Social Care Act 2008. However, even though the CQC don't publish the report, it is not exempt under the Freedom of Information Act 2000 and may be made available upon request.

6.00   CQC "Approach to Inspections and Ratings – NHS Acute Hospital Providers" Draft Guidance for Wave 2 Inspections

6.01   The CQC have published "Our Approach to Inspections and Ratings – NHS Acute Hospital Providers – Draft Guidance for Wave 2 Inspections".

6.02   The guidance describes the CQC's approach to assessing and rating NHS Acute Hospitals in the inspections taking place from January to March 2014 (Wave 2)

6.03   It builds on the consultation *"A new start"*, which proposed radical changes to the way the CQC inspect and regulate NHA Acute Hospitals

6.04   The CQC received strong support for the proposals for inspecting NHS Acute Hospitals, together with a desire for the CQC to introduce them over a reasonable timescale to allow providers time to understand the new approach and adapt their services to take account of the changes.

6.05   The approach for the Wave 2 inspections incorporates the experience from the Wave 1 set of inspections. It is a reflection of the CQC's current thinking and will be refined as it is tested further.

6.06   The draft guidance is the first in a series, and aims to provide more detail on the approach they are currently testing.

6.07   The CQC are introducing ratings as an element within the new approach to inspection and regulation. The changes are being introduced on a phased basis, so most of the first NHS Acute Trusts that were inspected in Wave 1 have not yet been rated.

6.08   The CQC intend to publish ratings of all NHS Acute Trusts inspected from January 2014 (Wave 2), during which time they will evaluate the approach.

6.09   Providers will have an opportunity to raise points of factual accuracy in relation to their draft reports, after which they will also be able to appeal their ratings. While these will be both formal processes, for which guidance will be available, during these early inspections the CQC will commit to engaging with Trusts informally over any concerns they may have in relation to ratings. The CQC will ensure a fair process for setting ratings and will be transparent in investigating any concerns.

6.10   The CQC ratings will always be based on a combination of what they find in inspection, what people tell them, Intelligent Monitoring data and local information from the Trust and other organisations. The CQC will award the ratings on a four point scale; outstanding, good, requires improvement or inadequate.

6.11   The learning from inspections carried out during January to March 2014 will feed into the way CQC awards ratings after this time. The CQC will use this learning to develop the work further and will then carry out a consultation to inform the final approach to ratings.

6.12   In April 2014, the CQC will formally consult on a "Handbook" for providers, which will set out the proposed approach in detail.

7.00   Conclusion

7.01   The Trust's Intelligent Monitoring Report remains a positive report for the Trust.

7.02   The Themed Dementia review highlighted the need for consistency with documentation Trustwide.

7.03   The Mental Health Act 1983 monitoring visit feedback report didn't highlight any areas of concern that the Trust were not already aware of and areas of work required are already underway.

8.00   RECOMMENDATION[S]

8.01   The Council of Governors are asked to note the report and ask any questions of the Director of Nursing & Patient Safety

Western Sussex Hospitals **NHS**

NHS Foundation Trust

To: Council of Governors

Date of Meeting: 15th April 2014

Agenda Item: 8

Title
Operational Plan 2014-16
Presented by
Denise Farmer, Director of Organisational Development and Leadership
Prepared by
Oliver Phillips, Head of Service Improvement
Status
Disclosable
Summary of Proposal
Implications for Quality of Care
The Operational Plan sets out how key elements of the Trusts strategy will be taken forward.
Link to Strategic Objectives/Board Assurance Framework
The Operational Plan sets out key operational objectives for the Trust in relation to quality and finance and is a key requirement of Monitor the Independent Regulator.
Financial Implications
The Operational Plan reflects the requirements of the Trusts on-going cost improvement plans.
Human Resource Implications
Workforce implications are covered within the Operational Plan.
Recommendation
The Council of Governors is asked to: NOTE the contents of the operational Plan and next stage development of the 5-year Strategic Plan which will must be submitted to Monitor by the end of June.
Consultation
Consultation undertaken with the Council of Governors and other stakeholders
Appendices
Operational Plan 2014-16

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Western Sussex Hospitals NHS Foundation Trust

Operational Plan 2014-16

TABLE OF CONTENTS

1. Executive Summary

The intention of this plan is to clearly set out the operational priorities for Western Sussex Hospitals NHS Foundation Trust over the coming two years. In July 2013 the Trust achieved Foundation Trust status, and in this plan we demonstrate how we intend to use this as a springboard to take us from an already high performing organisation to one which has an enhanced and growing reputation for delivering great care for patients.

To continue to improve from our current levels of quality and performance will not be easy, particularly given the demographic and financial challenge we are facing. However we firmly believe that it is through putting quality first and focusing on doing the right things for patients that we will also improve our efficiency and productivity.

In this plan we firstly describe the short term challenge, giving a précis of the changes the local health economy will be facing; an increasingly elderly and frail population, increases in patients with Long Term Conditions and continued public sector restraint in resources.

We then provide a summary of the Trust's vision and values, which are focused on improving the quality of care we offer, and show how these are translated into longer term strategic themes for the organisation.

An outline of the drivers for change is then provided, which provides a brief summary of our Clinical Services Strategy, which is provided as an Appendix to the plan. It also highlights National Drivers, Commissioner requirements, and priorities for quality improvement.

The next section details our corporate objectives for the next two years, linked to our strategic themes. These are our priorities for delivery and shape our programmes of work. In section B, these priorities are broken down further to the specific programmes of work, with a summary of the purpose, milestones and outcomes expected from each one. These will be supported by detailed quarterly milestones for the two year period, progress against which will be reported to the Board. We also give a description of how we both manage and mitigate the risks to delivery of the programmes of work.

Section C describes the operational requirements and capacity to deliver the Operational Plan, summarising the activity, beds and workforce which will be required. Crucially it highlights the risks to fluctuations in demand and how this will be mitigated.

Finally, section D provides an overview of how we will meet the financial challenge we face through a comprehensive productivity, efficiency and CIP programme. This describes both the size of the challenge, the key transformational and traditional workstreams which have been put in place to deliver the savings required, and a summary of the programme management and governance arrangements we have put in place to ensure delivery.

2. Operational Plan

SECTION A - The short term challenge

Western Sussex Hospitals NHS Foundation Trust is a high performing, high quality organisation with an excellent track record of delivery against a range of quality, performance and financial measures. It is however, facing a period of unprecedented change and challenge which will require a step change in the level of transformation required in order to build and improve on these sound foundations. We have worked closely with our key Commissioner, Coastal West Sussex Clinical Commissioning Group, to identify the challenges facing the Local Health Economy over the coming years. In summary, we know that we need to address:

- An increasingly elderly and frail population, with the over-85 population forecast to grow by 13% over the next 5 years which will lead to a rise in demand for health care services
- Increases in the number of people with long term conditions, such as Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Dementia
- Continued public sector restraint in resources for the foreseeable future resulting in a potential gap between income and demand for services of £201m by 2019 across the Local Health Economy
- Through its proactive and unscheduled care programme, a commissioner intent to provide more care for its population outside of the Acute setting, through preventative and community-based services.
- How the Better Care Fund is likely to impact on the Local Health Economy in 2015/16

Based on these challenges, the Trust has identified that it will need to deliver an Efficiency Programme of at least £30m over the next 2 years. The key purpose of this operational plan is to demonstrate how the Trust intends to further its quality-based vision and values against a backdrop of a significant efficiency programme.

SECTION B - Quality Plans

Section B1 – the Trust's vision and strategic objectives

Western Sussex Hospitals quality plans are built upon its vision – 'We care' - and the strategic objectives which link to this vision. These are summarised in the table below. Our quality plans for 2014/15 and 2015/16 are focused on ensuring we deliver on these, our core strategic objectives

Western Sussex Hospitals **NHS**
NHS Foundation Trust

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

Section B2 – Drivers for Change

This section outlines the drivers for change for the Trust for the coming planning period – including both external drivers and internal drivers.

2.1 The Trust's Clinical Services Strategy

Following the attainment of Foundation Trust status in July 2013, the Trust has refreshed its Clinical Services strategy, which was approved by the Board in January 2014. The strategy, which is provided as Appendix 1, sets out the broad strategic direction for the Trust, and sets out the principles upon which our strategic development will be based. Importantly for our Operational Plan, it highlights five strategic implementation programmes for the Trust

1. Developing Services at Southlands Hospital (including Ophthalmology)
2. Improving the use of Acute Medicine resources across the Health Economy
3. Rationalising surgery across the Trust
4. Exploiting our Commercial Opportunities
5. Reshaping our Cancer Services

2.2 National Policy and Regulation

The Trust's Operational plan responds to the key priorities outlined in *Everyone Counts – Planning for patients 2014/15.* The plan demonstrates how the Trust is responding to the recommendations in the Francis Report, the report on *NHS Services, Seven Days a Week*, by Professor Sir Bruce Keogh, and the report on patient safety, *A promise to learn*, by Don Berwick. It also reflects the requirements on NHS Foundation Trusts set out in the Compliance Framework.

2.3 Commissioner Requirements

The Trust's Operational Plan has been developed in consultation with the Trust's main commissioners of services, Coastal West Sussex Clinical Commissioning Group. The CCG has produced its Operational Plan, which highlights the areas it is prioritising for transformation. Those relevant to the Trust are:

- Urgent and proactive care – providing more responsive and integrated urgent and emergency services, and for a growing number of people living with one or more long term conditions.
- Planned care – commissioning better access, more streamlined pathways and improved outcomes for patients needing elective care and treatment. This includes the procurement under a prime provider model for musculo-skeletal services.
- Children, young people and maternity – giving children the best possible start through excellent maternity and children's services, especially for children with complex and chronic conditions

The CCG Operational Plan also highlights the impact and opportunity of the Better Care Fund in 2015/16. The Trust is discussing this with partners locally, but it has not been explicitly factored in to the income assumptions for 2015/16.

The Trust is also reviewing its plans with its other main Commissioners, NHS England (Surrey & Sussex) covering specialist services and our Sexual Health service.

2.4 Priorities for improvement in the quality of care

The Trust is proud of the improvements it has made in the quality of care it provides, which can be shown in the reductions in mortality made, consistently good reports from the CQC and significant improvements in our patient experience as evidenced by the National Inpatient survey. However, the Trust is keen to consolidate and improve in a number of quality areas. 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 for the period of the Operational Plan. These also feature in the Trust's Quality Account.

Priority 1: Improving the hospital care of patients suffering a stroke

The Sentinal Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by auditing stroke services against evidence based standards. We wish to improve the outcome of our patients who have a stroke by ensuring that we meet the elements of care set out by SSNAP and to ensure that both acute hospitals within the Trust provide the same level of service. We will contribute to regional stroke configuration work as the best configuration for stroke thrombolysis (hyperacute stroke units) is unclear.

Priority 2: Improving the hospital care of patients with dementia

The Trust can be proud of the progress made in the area of dementia care in 2013/14. We have achieved high (above target) levels of compliance with all three parts of Dementia Assessment. However we recognise that recognition of dementia and the impact this disease has on care, length of stay and functional outcome needs to be more integrated into everyday working. This will be delivered through the development of a dementia strategy for the Trust that will set out actions and milestones for this key quality improvement area.

Priority 3: Reducing avoidable mortality and improving clinical outcomes – focusing on Acute Kidney Injury and early recognition of clinical deterioration

In 2014/15 and 2015/16, we wish to maintain our Dr Foster HSMR at a level below 100, i.e. better than similar NHS Trusts. We also aim to maintain or reduce further our SHMI score in 2014/15 and 2015/16

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. We will use 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

a.) C diff infection

In 2014/15 and 2015/16, 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 limits we have been set this year for hospital acquired infection are zero avoidable cases for MRSA bacteraemia and 56 cases for C.difficile in 2014/15.

b.) Surgical site infection (orthopaedic and colorectal surgery)

Surgical site infection is a potentially avoidable cause of morbidity. We have established robust data collection systems over 2013/14 and are working with surgical teams to improve our current surgical site infection rates.

There are also some specific issues where we will be taking urgent action to address where we have concerns regarding the quality of services provided. These are.

- The quality of care provided for Endoscopy patients at Worthing Hospital. The Trust had developed and approved an Outline Business Case to improve the capacity and environment of its Endoscopy services, which the Trust plans to implement during 2014/15.
- Improvements in the vascular pathway between ourselves and our tertiary providers. Vascular surgical services are now provided as a networked service, centred around Brighton & Sussex University Hospitals. We are working with our network partners to ensure that quality and safety of services provided to our patients are of consistently high standards.

Section B3 – Corporate Quality objectives

The Trust has agreed its Corporate Objectives for 2014 to 2016, which are set out in the table below. These objectives are focused on improving the quality of care we provide, in keeping with our vision and values.

Strategic Theme	Corporate Objectives
We Care about you, the patient	Improve the overall experience patients receive from our Trust, through • Our improving customer care programme • Improving staff satisfaction and engagement • Access to services; compliance with national targets • Implementing new technology such as the call management and appointment booking system
We Care about Quality	Deliver quality improvements internally and as agreed in partnership with our local CCG • Improve and reshape our Cancer services across the Trust • Provide an improved and consistent breast cancer service across the Trust • Deliver the CQUIN programme • Improvements in clinical outcomes including mortality rates in Acute Kidney Injury and early detection of clinical deterioration • Make a significant improvement in the quality of care offered to stroke patients • Improve the quality of care offered to patients with dementia
We Care about Safety	Deliver improvements to maintain and enhance patient safety through • Ensure zero MRSA avoidable hospital acquired infections • Ensure hospital acquired Clostridium Difficile cases remain within the limit for 2014/15 of 56. • Ensure improvements in our surgical site infection rate • Implementation of the 7-day working programme • Ensuring a comprehensive response to the Francis

	report
	• Implementation of Electronic Prescribing and Medicines Administration across the Trust
We Care about Serving Local People	Progress our strategic clinical service change programmes to improve access and quality for local people, including • Complete the Emergency Floor development at Worthing Hospital • Improve the services and fabric of Southlands Hospital including the relocation of Ophthalmology services from Worthing Hospital • Complete our strategic endoscopy development across the Trust • Finalise and begin to implement our Cancer strategy including provision for local radiotherapy
We Care about Being Stronger Together	In partnership with our local CCG, develop our lead role in the local health economy for unscheduled and planned care pathways • Implement our long term acute medicine clinical services strategy, with a focus on: ⦁ Admission avoidance schemes ⦁ Reducing length of stay ⦁ Reducing avoidable readmissions • Develop and redesign our MSK portfolio in collaboration with local provider partners in preparation for the contract award from the MSK procurement
We Care about Improvement	Continue to develop and deliver leadership development programmes Deliver coordinated service improvement programmes across the Trust in priority areas including Ophthalmology, Orthopaedics, Imaging and Breast Services incorporating where appropriate Enhanced Recovery programmes
We Care about the Future	Implement our Clinical Services Strategy • Review the Trust's internal configuration for Emergency Surgery out of hours and implement any recommendations from the review • Further inpatient surgical rationalisation across the

	Trust	
	• Exploit the Trust's commercial opportunities, including Any Qualified Provider tenders and Private Patient activity, to support our core NHS business	
	Maintain an acceptable Monitor continuity of service risk rating throughout the period	
	Maintain an acceptable Monitor governance rating throughout the period	

Section B4 – Our programmes of work

The following section outlines the key programmes of work to deliver our objectives over the coming two years. It describes the purpose of each of the programmes and a summary the key milestones and outcomes for each programme. These programmes will each have detailed quarterly milestones which will be reported to the Board as a progress report against implementation of the operational plan.

1. We care about you, the patient – improving the overall experience patients receive from our Trust		
Programme	**Purpose**	**Milestones and Outcomes**
Develop and deliver the Trust's Customer Care training programme	The Trust is introducing a major change to the way it improves customer care by introducing 'The Western Way' an innovative approach to training, recruitment, induction and appraisal, which seeks to transform the way Trust staff interact with patients and their carers	• Introduction of new induction programme • Pilot revised training approach with groups of current staff members • Revised recruitment process introduced • Roll out of training programme across the Trust
Staff Engagement programme	Ensure constant improvement and value is added through enabling staff to identify and lead improvements for patients	• Review of Trust's Communication and Engagement strategy • Delivery of phase 1 of the Trust's Health and Wellbeing strategy
Improving Access to Elective Care, in particular through redesign of Ophthalmology and Orthopaedic pathways	Improve access to elective care to ensure the Trust meets its 18 weeks and Cancer waiting targets. Introduce specific service improvement programmes in Orthopaedics and Ophthalmology to drive improvements in access and productivity	• Recovery and sustain achievement of aggregate RTT delivery • Maintain Cancer waiting times targets throughout the period • Further develop the Trust's service improvement programmes in Orthopaedics and Ophthalmology in order to improve productivity, patient experience and shorter waiting times.

Call management booking system	To introduce new technology that will enhance the patient experience whilst delivering internal efficiency and productivity improvements.	• Deploy SMS text reminder functionality • Commence interface development between Call Handling System and the Patient Administration System • Standardise the Call Centre model across the Trust
Promote the use of telecare across the Trust	Telecare can be used to increase convenience and improve productivity across the Trust. It enables scarce clinical resources to be better used to manage patients closer to home where appropriate, and enables further cross-site working within the Trust.	• In conjunction with LHE partners, establish a review group to identify the opportunities for telecare across secondary, community and primary care • Implement pilot schemes – including COPD readmissions programme

2. We care about quality – delivering improvements in the quality of care we provide		
Programme	**Purpose**	**Milestones and Outcomes**
Improve and reshape our Cancer services	The Trust intends to reshape its cancer services, to provide an improved accessible, and equitable service across the Trust. The provision of all cancer services, including individual tumour groups chemotherapy, radiotherapy acute oncology and End of Life Care are being considered.	• Board approval of updated Trust Cancer Strategy • Review of MDT clinical leadership, structure and function • Tumour Group level reviews initiated • Clear specification agreed for Oncology services • Future radiotherapy provision determined • Revised Oncology service in place
Review and improve the breast cancer service	To lead a programme of service improvement across breast screening and cancer pathways with the aim of standardising clinical pathways and improving sustainability of the service	• Implement integrated governance and training sessions • Agree new clinical pathways where appropriate • Review opportunities to centralised specialist surgery to improve patient outcomes • Deliver an Enhanced Recovery Programme to reduce the length of time patients need to stay in hospital post surgery
Deliver the programme of quality improvements specified through CQUINs	To deliver the improvements in quality and innovation sought by the Trust's Commissioners through the CQUIN programme, both for the CCG and NHS England	• Achieve improvements as specified in the CQUIN agreement
Service improvement	Deliver improvements in the	• Continue to implement

to reduce mortality for Acute Kidney Injury	mortality rate for patients with Acute Kidney Injury focusing on acting on early recognition of clinical deterioration	Enhancing Quality programme for AKI • Use improved Patientrack functionality to improve early recognition
Ensure early recognition of clinical deterioration	To allow early intervention and decision making in patients who are deteriorating. This will improve likelihood of recovery or allow more appropriate end of life care discussions	• Consistent application of track and trigger systems across the Trust • Early recognition of sepsis and application of sepsis care bundles
Improve our Stroke Services	To deliver improvements in quality of care as outlined by SSNAP audit	• Agree model of hyperacute stroke care for the Trust • Deliver timely admission to specialist stroke ward for all patients with a stroke • Agree model for managing TIA service
Improve the care we provide to Dementia patients	To embed the progress made in 2013/14 within the usual business processes of clinical teams	• Develop and deliver a Dementia Strategy for the Trust
3. We care about safety – delivering improvements to maintain and enhance patient safety		
Programme	**Purpose**	**Milestones and Outcomes**
Implement the seven day working programme	In response to the Francis and Keogh report, initiate the introduction of seven day working across the Trust to improve the safety of care provided and access to high quality care	• Complete Gap Analysis • Develop full implementation plan • Seek business case approval for the development of seven day working services • Pilot and implement the new services
Responding to the Key themes in the Frances report 'Patients first and foremost'	In response to the Francis report, the Trust has introduced a programme of work containing nine distinct workstreams designed to address the issues raised in the report.	• Each of the workstreams has clear milestones and where appropriate integrated into the other programmes within the Trust's plans • Progress on implementation of the programme of work to be reported quarterly to the Board
Implementation of Electronic Prescribing and Medicines Administration	To deliver significant patient safety benefits, enabled through the purchase and deployment of an IT system, by reinforcing best practice in medicines prescribing and administration, and providing clinical decision support for users, thereby significantly reducing prescribing and medications administration errors.	• Establish agreed Project Groups • Recruit support team • Deliver infrastructure upgrades • Configure EPMA system • Deliver staff training for new system • Agree pilot locations • Roll-out new system

Continue to reduce the numbers of Healthcare Acquired infections	To maintain zero tolerance on all Healthcare Acquired infections in order to increase the safety of patient care	• Maintain Executive review of all Root Cause Analyses of hospital acquired cases of MRSA and CDiff • Deliver the quarterly Trust wide deep clean programme • Maintain full compliance with antimicrobial prescribing • Maintain zero tolerance to non-compliance with HCAI principles • Play an active role in the local health economy HCAI task force

4. We care about serving local people – make progress in delivering our strategic clinical change programmes

Programme	Purpose	Milestones and Outcomes
Open the Emergency Floor at Worthing Hospital	Create an 'Emergency Floor' at Worthing Hospital, bringing together the Acute Medical Unit, the Surgical Assessment unit and the Elderly Care Assessment areas into a single assessment area for emergency admissions in order to provide better integrated care and reduce the length of time patients stay in hospital.	• Building and equipping work underway • Emergency Floor due to open November 2014
Develop Southlands Hospital including the relocation of Ophthalmology services	Invest in Southlands Hospital to develop it as a thriving ambulatory care centre, with Ophthalmology at the heart of the development. To dispose of surplus land/buildings on the site to support the investment requirements for the retained Hospital.	• Agree future clinical model for Ophthalmology • Develop architect plans for Southlands Hospital • Deliver a business case to Trust Board and receive approval to proceed • Obtain residential planning consent for the surplus land at Southlands • Market and sell surplus area
Implement improvements in our Endoscopy services	Invest in Endoscopy to enhance patient experience, improve patient flow and efficiency. Reduce operational risk through an equipment replacement programme. To maintain accreditation from the Joint Advisory Group at St. Richard's and re-achieve accreditation at Worthing – a 'kite mark' of a well-run Endoscopy department.	• Deliver a business case to Trust Board and receive approval to proceed to remodel the Worthing department • Complete remodelling works at St. Richard's • Replace decontamination washers at St. Richard's • Achieve JAG accreditation

Western Sussex Hospitals NHS

NHS Foundation Trust

5. We care about being stronger together – develop our role in delivering emergency and planned care		
Programme	**Purpose**	**Milestones and Outcomes**
Improve our acute medicine care pathways and reduce length of stay through service improvement	Through a review of specific care pathways where the Trust has longer than average length of stay, improve the internal processes to streamline patient care, thereby improving the quality of care and reducing length of stay	• Detailed pathway reviews undertaken in Heart Failure, Pneumonia, COPD and Cardiac conditions • Improvement programme instituted, identifying and dealing with restraints in the current system • Roll out improvement programme across all areas affected
Further develop our Lead Provider role within the One Call One Team programme	The One Call One Team service, which is proving successful in reducing the number of short stay admissions, will be further enhanced in conjunction with the Trust's partners, to provide a comprehensive service where healthcare professionals will have one number to call to access a range of services including Community Geriatricians, Rapid Assessment and Intervention team, GP in A&E, Paramedic Practitioner and Dementia Crisis team	• Specification and internal milestones to be agreed with the CCG
Improve our musculo-skeletal service with partners in response to the prime provider procurement	Coastal West Sussex CCG are proposing a procurement of musculo-skeletal services for a 5-year period, seeking to appoint a 'prime provider' who will be responsible for the entire patient pathway. The Trust, in conjunction with partners, has been successful at PQQ stage, and needs to work with these partners to improve patient pathways to ensure a successful outcome to the procurement process	• Successfully complete the Invitation to Tender process • Aim to be appointed as joint prime provider of MSK services from January 2015 onwards • Deliver an reformed and integrated MSK service for patients from 2015 onwards
Reduce the level of readmissions through a series of targeted projects	In the audit of readmissions carried out during 2013 a number of themes emerged which has resulted in the development of a range of improvement projects including • COPD Virtual Ward • Early notification of Admission • Post-surgery specialist nurse • End of Life Care • Emergency outpatient	• Following confirmation of funding all projects will be piloted during 2014 and evaluated for their effectiveness in reducing readmissions

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	• surgical clinics • Improving catheter care	

6. We care about improvement – delivering service improvement and leadership development programmes across the Trust		
Programme	**Purpose**	**Milestones and Outcomes**
Further develop the Trust's Leadership Development programmes for Clinicians, Nurses and Managers	The Trust has started its second year of Leadership Development plans, and is extending the programme to cover Nurses and Managers as well as Clinicians. The aim is to equip a cadre of staff to have the skills to manage the Trust through the challenging future it faces	• Work with the University of Chichester to continue to shape and deliver the Leadership Development Programme • Conduct an evaluation of the effectiveness of the Leadership programme
Develop and deliver service improvement learning programmes (including Lean training)	To encourage all staff to adopt and use evidence-based service change and improvement tools, to improve the quality of service they deliver.	• Deliver a LEAN awareness training course • Establish a resources and knowledge library to support individuals • Develop and implement a comprehensive, longer-term, training programme

7. We care about the future – implementing our Clinical Services Strategy and maintain an acceptable financial risk rating and governance rating		
Programme	**Purpose**	**Milestones and Outcomes**
Review the Trust's internal configuration for Emergency Surgery out of hours	The Trust currently runs two separate out of hours rotas for surgery and trauma at each site. The Trust is reviewing this arrangement to see whether a more efficient and sustainable model can be developed	• With the help of external support, review the potential configuration options for out of hours surgical cover across two general hospital sites • Consult and if appropriate implement any changes to the out of hours arrangements
Rationalisation of Urology Services	To transform urological care to ensure sustainable, quality-led patient pathways for both outpatient and inpatient services. This will involve a level of centralisation / specialisation and establishing one-stop-shop clinics in outpatient settings.	• Deliver a business case to Trust Board and receive approval to proceed • To implement the business case options • To pilot one-stop-shop outpatient with investigation clinics
Complete the reconfiguration of our Pathology services	Achieve service integration and configuration aims in partnership with an external provider. This will focus in areas such as: redesigning the services to maximise efficiencies, cut out waste, implement new technologies and enhance service responsiveness and quality; reduce the overall footprint of	• Continue to implement the agreed implementation programme • Complete building works at St. Richard's • Implement new technologies e.g. Pathology testing equipment, Order Communications etc. • Implement new pathology procedures to optimise

	the laboratory service.	efficiencies
Develop and Expand Private Patient Services	The Trust has recognised the opportunity to increase the contribution from private healthcare carried out in its hospital settings. Through greater engagement with consultants with private practices, enhancements to the facilities offered, and increased marketing, the volume of work undertaken in the trust private patient units can be increased, generating a financial contribution that can support the delivery of NHS services, whilst giving patients a choice of health care delivery.	• Deliver business case that generates options to expand and improve private patient facilities in Worthing and generate income • Set up new joint private practice committee to engage with practicing consultants • Set up web site and marketing strategy to improve profile and access to information • Improvements to facilities at Worthing completed
Exploit commercial opportunities	The Trust has identified a number of opportunities to more fully exploit the commercial opportunities it has as a major healthcare provider including: • Responding to tender opportunities both within West Sussex and further afield • Develop services in areas where specialist expertise exist, both as a specialist centre in our own right where appropriate, and with tertiary partners • Through improvements in the service offered, and disseminating information on those services, minimise the number of patients who choose another Provider to have their NHS Care • Partnering with other organisations where appropriate to deliver more effective and efficient services	• Being part of a successful tender for Coastal West Sussex MSK • Increasing activity and income levels for specialist services by attracting patients • Improving market share in elective surgical specialties • Review of back office and support areas to identify partnering opportunities
Introduce a comprehensive Programme Management Office for the Efficiency Programme	As has been indicated in the context above and further detailed in section D below, the Trust faces an unprecedented challenge in delivering an efficiency programme totalling at least £31m over two years Given the scale of the	• Establish a programme management office to help develop and enable the delivery of the efficiency programme • Establish a robust governance framework to ensure Board oversight and

	challenge, the Trust is reinforcing its infrastructure to support an efficiency programme of this scale whilst also providing additional capacity and expertise to enable delivery of the programme.	further support the he Quality Impact Assessment of workstreams

Section B5 – Risks, Risk Management and Governance

The risks to the organisation achieving its corporate objectives are captured in the Trust's Board Assurance Framework. The Board Assurance Framework is being developed but is as yet incomplete as the risks to delivery will not be fully known until the contract negotiations with our key commissioners are complete. The completed Board Assurance Framework is due to be presented to the Board in April.

All of the Trust's cost improvement programmes – captured as our efficiency programme in section D of this plan – are subject to Quality Impact Assessments. The Trust has a robust and comprehensive quality governance process which ensures that no efficiency programmes which will harm patient care are allowed to proceed, and closely monitors the programmes once they are in place to ensure that the quality of care is not adversely affected.

All cost improvement programmes are required to complete a Quality Impact Assessment and these are reviewed by the Medical Director and Nursing Director and given a risk rating.

The Board ensures scrutiny of the impact of efficiency programmes through the Quality and Risk Committee and the Audit Committee. The Quality and Risk Committee scrutinise three key documents at each meeting; the Monitoring of Quality Impact Assessments; the trust Risk Register and the quarterly updated Board Assurance Framework.

In addition the Committee also receives the output from Clinical Governance Reviews together with feedback from those Committees looking at Patient Experience and Feedback.

The Quality and Risk Committee is able to draw this information together to highlight areas where quality may be of a concern and to ensure that the root cause is identified and risks mitigated.

A specific dashboard is provided to the Finance and Investment Committee on a monthly basis to review whether the more significant efficiency programmes are having an adverse effect on quality.

The Audit Committee seeks additional assurance through the use of Internal Audit to the Assurance Framework process.

SECTION C – Operational requirements and capacity

Section C1 – Inputs required to meet expected activity levels

Detailed activity, financial and workforce information for the period of the Operational Plan is provided in Appendix 2. This section provides a summary of the assumptions used to determine the expected demand for services, the capacity available to meet this demand and the workforce required to deliver these activity levels.

Activity Planning Assumptions

As part of the annual planning process, the Trust has constructed detailed activity and capacity plans to anticipate the expected levels of demand and hence provision requirements by service in 2014/15.

The activity baseline is predicated on April-November 2013 activity levels. This is forecast forward to a full year effect using historic trends for non-elective care and working days for elective and outpatient care. The Trust adds a growth assumption based upon ONS population projections by age and sex which are standardised according to the historic specialty level demographic breakdown of activity. There is an additional growth assumption for endoscopies relating to expected national and local growth in endoscopy demand. The Trust has added a material increase in elective activity (predominantly day cases) to meet increasing demand within the context of 18 week performance requirements. This additional activity is predicated on growth in the admitted waiting list size in 2013/14, plus additional activity to reduce the RTT backlog. The same calculation is used for non-admitted patients, factoring in downstream conversions to follow up and outpatient procedure, and conversions to elective day case/inpatient admission.

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

This activity is also converted into capacity requirements, such as numbers of beds, theatre sessions and outpatient clinics based on historic seasonal trends. An adjustment associated with the planned development of the emergency floor at Worthing has been built into the bed capacity plan.

These assumptions are the principle foundation of the Trust financial plan and budget setting process. The table below shows the planned change in elective, non-elective, outpatient and A&E activity over the period of the Operational Plan.

Change in activity from 2013/14 to 2015/16							
	2013/14	Growth	18 Weeks	14/15 Plan	Growth	18 Weeks	2015/16
Daycase	49,079	291	5,327	54,696	383	-1,198	53,881
Elective	10,108	58	168	10,333	72		10,406
Non-Elective	52,755	470		53,225	474		53,699
Outpatients	469,750	3,397	11,910	485,057			485,057
A&E Attendances	136,645	3,484		140,130			140,130

Physical Capacity Summary

This activity is converted into capacity requirements, such as numbers of beds, theatre sessions and outpatient clinics based on historic seasonal trends.

The table below shows the forecast change in physical capacity for 2014/15 in terms of the Trust's bed base. Increases in beds due to growth and achievement of the 18 weeks RTT target are offset by Service Developments which are described in our efficiency programme. An adjustment associated with the planned development of the emergency floor at Worthing has been built into the bed capacity plan

Change in beds from 2013/14 to 2015/16									
Bed Type	2013/14	Growth	18 Weeks	Efficiency Programme	14/15 Plan	Growth	18 Weeks	Efficiency Programme	2015/16
Daycase	69	0	6		76		-1.4	-1.5	73
Elective	76	0	1	-3.75	74				74
Non-Elective	838	8		-14.5	832	8		-16.5	823
Total	984	9	7	-18	981	8	-1	-18	970

Workforce Summary

The table below provides a bridge between the Whole Time Equivalents employed by the Trust in 2013/14 and those planned for 2014/15 and 2015/16, with the associated financial changes.

	2014/15		2015/16	
	£m	WTE	£m	WTE
Opening Balance	**(247.98)**	**6,155.47**	**(246.10)**	**6,114.03**
Activity Changes	(0.42)	71.25	(0.42)	(2.68)
Service Developments	(1.44)	19.13	0.25	(3.21)
Efficiency Programme	8.94	(154.32)	5.16	(56.64)
Pay Inflation	(3.83)		(5.34)	
Contingency	(0.60)		(0.60)	
Other	(0.76)	22.50	(0.02)	(14.30)
Closing Balance	**(246.10)**	**6,114.03**	**(247.07)**	**6,037.20**

In developing the efficiency programme (see section D below) the Trust has captured the impact this will have on workforce. There are some significant changes envisaged over the two-year period, which include:

- A significant reduction in the use of agency staff across a wide range of efficiency measures
- A reduction in the use of Waiting List Initiatives, which more work being undertaken in plain time.

- A review of consultant job plans to ensure that the Trust's medical workforce is delivering the right work to meet the demands of the service
- A reduction in WTE in some specific areas of work
- A change in skill mix resulting in a change in the make up of staff

Section C2 - Risks to fluctuations in demand

Unscheduled Care - There has been as successful reduction in the numbers of admissions over the past 12 months in Western Sussex attributable to the joint work between Local Health Economy partners. However there has been no discernible impact on the numbers of patients with a longer length of stay; there is in fact evidence that the acuity of patients who have been admitted to hospital has increased over the past year. As part of its draft operational plans the CCG is planning a 15% reduction in non-elective admissions between now and 2017, at a time when the population over 85 is increasing by 13% over the same period. Whilst the Trust is supportive of the CCGs ambition to reduce admissions, there is a significant risk associated with this reduction target. For 2014/15, Coastal West Sussex CCG is proposing QIPP programmes which aim to reduce non elective admissions by of 1,300 through an expansion of the One Call One Team programme, plus a further 1,440 admissions through its 'Proactive Care' programme.

The Trust is reviewing the proposed QIPP programmes and although supportive of the direction of travel, has ongoing concerns regarding the deliverability of this scale of admission reduction. In terms of mitigation, should the proposed levels of reduced admissions occur, the Trust has sufficiently flexibility in both its staffing and bed base to ensure that costs are removed; should the reductions in activity proposed not materialise, the Trust will be paid for the activity it undertakes through the contract.

Planned Care – Activity plans have been agreed with our main commissioners for planned care for the year 2014/15. Reductions in the levels of planned care signalled by commissioners were built into the Trust's contracts and capacity plans for 2013/14. Overall, these reductions did not materialise, with sharp increases in particular specialties such as Cancer services, Ophthalmology and Respiratory Medicine. These changes, coupled with an unexpected drop in the numbers of patients in the 0-4 week cohort, have resulted in non-compliance against the Referral to Treatment target from January 2014.

In the light of the experience of 2013/14, Trust plans for 2014/15 are predicated on absorbing observed demand levels, anticipated population driven growth, and unmet demand in 2013/14, hence seek to deliver waiting list reduction and sustainable compliance via increased activity levels throughout the year. Our plans commit the Trust to a period of non-compliance in Quarter 1 of 2014/15 to recover the waiting list size and backlog element to sustainable levels, however non-compliance has become unavoidable due to the unplanned increase in demand described above, which will deteriorate through 2014/15 unless a recovery programme is delivered.

The Trust has developed an extensive recovery programme targeting nine specialties that make the biggest contribution to aggregate compliance. This programme

outlines the actions to restore aggregate compliance by the end of Quarter 1 2014/15, and delivers an additional 2,870 outpatients and 1,082 inpatients/day cases above the 2013/14 run rate by the end of the quarter. This volume reduces the waiting list size and distribution to a point that can deliver aggregate compliance from Q2 2014/15, but a further 6,568 outpatients and 2,275 inpatients/day cases are identified in the plan above current run rate in Quarters 2-4 in order to maintain compliance from that point onwards

Detailed action programmes are in place for each of the specialties concerned. Each action plan describes baseline throughput, uplift requirement by activity type, the identified uplift schemes to meet that requirement, and forecast compliance. These action plans correlate with the volumes proposed by the Trust to form the Indicative Activity Plan for the 2014/15 contract.

Each scheme has clinical manpower allocated on a named clinician basis, space allocation confirmed, and support service allocations including diagnostics, OPD/theatre nursing, medical records resources, and receptionist staff. Each scheme is led by a divisional working group accountable to a weekly delivery board chaired by the Director of Performance and attended by all four Directors of Clinical Service (DCS). In turn, DCSs and the Director of Performance are subject to a weekly oversight and scrutiny meeting with the Chief Operating Officer. Corporate assurance will be provided via the Management Board and the WSHFT Trust Board Performance Report.

SECTION D – Productivity, Efficiency and CIPs

This section summarises the Trust's Efficiency programme for 2014/15 and 2015/16. It provides details on how the size of the efficiency programme has been determined and the assumptions on which this is based. The programme contains basic efficiency improvements, alongside transformational change, redesign and step change initiatives.

The Trust has endeavoured to ensure that all areas of operations and activity have been included in the design of the programme and that interrelationships have been identified, documented and will be individually and collectively managed and tracked.

The efficiency programme is structured by work stream each with a nominated Executive Director responsible for its development and delivery. Oversight of the programme is through a weekly Efficiency Programme Steering Group, chaired by the CEO and comprising work stream leads, Divisional directors as well as all of the Executive Team. More details on the structure of the programme are provided in Appendix 3.

The programme will be supported through a Programme Management Office, led by a Programme Director. This post is in the process of being recruited to so an interim programme manager is co-ordinating this, supported by a dedicated team until the permanent arrangements are in place.

In developing plans and assessing delivery risks alongside everything else the organisation is looking to achieve over the next 2 years, this places demands on staff and managers.

As an organisation which has delivered cost reductions year on year, the task becomes different and if not in all cases more difficult. The organisation needs to adapt its approach in some circumstances to deliver in areas which have proved a challenge in previous years. The Trust has reinforced its governance arrangements and has a well-developed programme as a result of the approach adopted in constructing these plans.

Efficiency Programme by Revenue Source

Almost 90% of the efficiency programme in 2014/15 is generated through reductions in expenditure and productivity gains and the remaining 11% from income generation and commercial opportunities. Half of the efficiencies are delivered through planned reductions in the pay bill. Most of this will be achieved by reducing flexible labour costs and skill mix review although there is headcount reduction planned across some of the schemes.

In 2015/16 almost 80% of the risk adjusted plans are generated from expenditure reductions and productivity improvement.

A breakdown of the revenue sources of the required efficiencies across the next 2 years is provided below;

	Pay	Non Pay	Income	Total
	£000s	£000s	£000s	£000s
2014/15	8,942	7,846	2,202	18,990
	47.1%	41.3%	11.6%	
2015/16	5,158	3,989	2,056	11,203
	46.0%	35.6%	18.4%	

Efficiency Programme headroom

The Table below provides a breakdown of the required efficiencies to be delivered in 2014-15 and 2015-16 and the value of identified schemes and therefore the consequential headroom which has been factored into the plans;

HEADROOM ANALYSIS

	Planned Savings	Annual Plan	Headroom
	£000s	£000s	£000s
2014/15	22,787	18,990	3,797
2015/16	18,207	11,203	7,004

As the Trust continues to develop plans there is an expectation to build up further headroom for the next 2 years. As an organisation with £370m turnover, all transactions, expenditure and other opportunities will be rigorously reviewed, to build up headroom and contingency for the current financial year. The development of the

efficiency programme has required the commitment and engagement of the organisation. The schemes have been risk assessed and where the values attributed to schemes have been reduced work will be undertaken to mitigate those risks, increase the values and ideally create further headroom.

The workstreams

In summary the principal workstreams for 2014-15 and 2015-16 cover the following areas:

a. Corporate support and back office – procurement, corporate services
b. Operational productivity – Acute medicine, Enhanced Recovery, Productive Theatre, Outpatients
c. Diagnostics – Imaging, CSSD, Pathology
d. Service reconfiguration – Ophthalmology, Orthopaedics, Best Practice tariff
e. Facilities and Estates – Hard and Soft FM, Estate Rationalisation, Carbon Management
f. Clinical Productivity – Medical Workforce, Medicines Management
g. Workforce – Nursing and Therapies, Management Costs, Admin & Clerical, Bank & Agency, Terms & Conditions
h. Commercial Opportunities – Private Patients, Provider to Provider, Coding

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

All workstreams have been subject to a risk assessment which reflects the development of the schemes, complexity of implementation and an assessment against the risks to delivery. A table providing a summary of each workstream, incorporating a risk assessment is provided below:

Work streams	2014/15		2015/16	
	Planned Savings pre risk adjustment	Annual Plan (Required Savings)	Planned Savings pre risk adjustment	Annual Plan (Required Savings)
	£'s	£'s	£'s	£'s
Back Office & Corporate Support				
Procurement	3,000,000	2,449,091	2,000,000	1,230,700
Back Office	1,113,340	996,874	500,000	307,675
	4,113,340	3,445,965	2,500,000	1,538,375
Operational Productivity				
Patient Flow	650,000	373,591	950,000	584,583
Enhanced Recovery	238,048	197,629	132,903	81,782
Productive Theatre	1,000,000	774,835	698,666	429,924
Outpatients	561,000	420,750	1,058,629	651,428
	2,449,048	1,766,805	2,840,199	1,747,717
Diagnostics				
Pathology	798,750	734,850	1,416,250	871,489
Imaging	900,000	747,180	97,065	59,729
CSSD	953,000	953,000	875,000	538,431
	2,651,750	2,435,030	2,388,315	1,469,649
Service Reconfiguration				
Opthalmology	1,808,576	1,356,433	2,901,302	1,785,316
Orthopaedics	889,095	738,130	2,340,000	1,439,919
Best Practice Tarriffs	711,000	513,894	0	0
	3,408,671	2,608,457	5,241,302	3,225,235
IM&T				
Paper Light	43,000	43,000	0	0
Clinical Information Systems	0	0	200,000	123,070
	43,000	43,000	200,000	123,070
Estates & Facilities				
Carbon Management	56,145	56,145	300,000	184,605
Estate Rationalisation	500,000	330,000	0	0
Hard & Soft FM	1,720,900	1,720,900	500,000	307,675
	2,277,045	2,107,045	800,000	492,280
Clinical Productivity				
Medical Workforce	650,000	487,500	650,000	399,978
Medicines Management	906,800	752,825	1,292,700	795,463
	1,556,800	1,240,325	1,942,700	1,195,441
Clinical Workforce				
Nursing	1,165,848	1,109,385	227,312	139,876
Therapies	454,340	417,996	108,000	66,458
CNST & NHSLA	354,954	354,956	0	0
	1,975,142	1,882,337	335,312	206,334
Workforce				
Management Costs	500,000	330,000	100,000	61,535
Terms & Conditions	1,123,490	932,726	190,000	116,917
Admin & Clerical	250,000	187,500	250,000	153,838
Bank & Agency	763,625	572,720	199,375	122,685
	2,637,115	2,022,946	739,375	454,975
Commercial Opportunities				
Private Patients	534,500	491,740	500,000	307,675
Provider to Provider	140,239	116,426	100,000	61,535
Commercial Partnerships	0	0	319,400	196,543
Coding	1,000,000	830,200	300,000	184,605
	1,674,739	1,438,366	1,219,400	750,358
Total	22,786,650	18,990,276	18,206,603	11,203,434

a. Corporate Support and Back office

Within this programme the Trust will deliver improved value for money for its back office support functions whilst ensuring they meet the needs of front line clinical services they support. Through the 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 over next 12 to deliver the biggest wins
- Comprehensive review of maintenance contracts
- Ensure engagement of procurement function at the beginning of all tendering activity
- Prioritise contracts for fixed price agreement to avoid inflation

b. Operational Productivity

This programme focuses on improvements in both length of stay and reductions in readmissions leading to reductions in bed requirements and temporary staffing. The initial focus for 2014/15 comprises:

- Emergency Floor at Worthing Hospital
- Internal Efficiencies programme – focusing on predictive discharge, ward rounds, TTOs, imaging and other areas which hamper patient flow
- A range of programmes focused on reducing the numbers of inappropriate readmissions

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 work stream is also closely aligned to the integration of the unscheduled care pathway across the Local Health Economy and the local initiative of One Call One Team.

Enhanced Recovery focuses on elective inpatient pathways by procedure to identify opportunities to improve patient outcomes and speed up a patient's recovery after surgery through clinical review of current practice, variation analysis and benchmarking to achieve the required length of stay reductions and bed capacity. Focus for this works stream is on colorectal, breast, urology, gynaecology and shoulder pathways.

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 2 Theatres across 2 years whilst maintaining current activity levels. There are some quick wins identified

including a reduction in premium (WLI) payments, a reduction in the cost of surgical loan sets and the closure of one of the Trust's theatres has already been identified.

The outpatients work stream 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 DNA rates

c. Diagnostics

The Imaging programme will embed the MRI service improvement benefits delivered in 2013-14 and deliver similar programmes for CT and Ultrasound. This will require 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 approved by the Board in 2012 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.

d. Service Reconfiguration

Two of the key transformational work streams 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 & 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. Freeing up capacity through productivity improvements to deliver an increased activity plan (RTT compliance and future steady state) is a key component of the 2014-15 plan. Increasing 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.

An Orthopaedic Improvement Group has been established, chaired by the Chief Executive 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. In addition this provides further opportunities to secure additional income through Best Practice tariff and the repatriation of NHS work being seen at non-NHS Hospitals

e. Facilities and Estates

The most significant component of this work stream is rationalisation of the estate and 5 properties have been identified as potential opportunities for sale or to serve notice on rent of facilities. In addition, plans are underway to reconfigure switchboard services and there some minor 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 beginning to look at 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.

f. 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 work is underway to further standardise shift handovers in the short-term alongside effective deployment of resources for specialling dementia patients and strengthening controls to reduce use of non-framework agencies. Longer term priorities are a focus on use and grading of Clinical Nurse Specialists, review of nursing in non-acute areas to optimise skill mix and the use of advanced nurse practice 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.

g. 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 2 years.

The Trust will optimise 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.

h. 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 2 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 in 2015-16. 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.

Detail of the phasing of the specific workstreams across 14/15 and 15/16 is given in Appendix 4.

Quality Impact Assessment

A robust quality impact assessment process has been implemented to ensure the Trust has the appropriate steps in place to safeguard quality when embarking on and delivering any efficiency plan or transformation programme and is consistent with Monitor guidance.

Once documentation is complete, an initial assessment is made by the Director of Nursing and the Medical Director. Schemes which have satisfied the basic assessment are then reviewed through the Trust's Quality and Risk Committee.

3. Supporting Financial Information

The financial projections which support the operational plan are provided in Appendix 2. These have been calculated 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 and 2015/16 financial plan.

Income and Expenditure Plan for 2013 to 2016

	2013/14 FOT £m	2014/15 Plan £m	2015/16 Plan £m
Income	380.86	377.80	373.94
Pay	(247.98)	(246.10)	(247.07)
Non-Pay	(111.23)	(104.08)	(102.08)
Total Operating Expenditure	(359.21)	(350.18)	(349.14)
EBITDA	**21.65**	**27.62**	**24.80**
Depreciation and Amortisation	(12.83)	(14.40)	(14.40)
Profit/(Loss) on Disposal	0.09	0.00	0.97
Impairment of fixed assets	(1.07)	(1.12)	(1.42)
Finance Costs	(0.93)	(1.11)	(0.96)
Interest Receivable	0.05	0.05	0.05
Public Dividend Capital Dividend	(6.90)	(6.93)	(7.02)
Total Non-Operating Items	(21.59)	(23.51)	(22.78)
Net Surplus/(Deficit)	**0.06**	**4.11**	**2.02**
Adjustments to Retained Surplus Deficit			
Impairments	1.07	1.12	1.42
Donated Assets	(0.11)	(1.80)	(0.00)
Underlying Operational Performance	**1.02**	**3.43**	**3.44**

Income

The Trust has assumed that the terms of the contract agreed with commissioners will be that full PbR applies.

There has been very close working between the Trust and lead commissioner in relation to contract agreements for 2014-15 which has enabled a jointly agreed activity and finance baseline position and shared income assumptions and the financial risk across respective organisations. Although small differences remain the construction of the contract will provide for the management of these risks in year.

The significant financial risk within commissioning plans is demand management plans (QIPP) to reduce activity volumes for unscheduled care and planned care. The value of these schemes from the lead commissioner, Coastal West Sussex CCG is £8.2m. The nature of these plans across the local health economy has been shared and an assessment has been made of consequential impact on the Trust. The CCG has made provision for risks of slippage or non-delivery of some plans up to 50%. There is also recognition that should QIPP deliver in full the Trust will be unable to release stranded costs. In addition the Trust has provided for delivery of QIPP schemes up to 20% to recognise cost reductions should the activity and income reductions be delivered. As a consequence there is an overall gap of £3.5m between both organisations reflecting differing levels of confidence of the impact of QIPP schemes across the health economy.

The Trust and CCGs are still to finalise the components of CQUIN which has £8.1m income attributed to the delivery of key quality indicators. This comprises 2.5% of the value of the SLA with commissioners.

The Trust has agreed a RTT recovery plan with the lead commissioner which equates to £6.1m of additional activity in total 2014/15. Over 85% of this activity is with the lead commissioner. The income and costs associated with delivery are reflected in the plan.

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

Costs

The key drivers of the expenditure assumptions are as follows;

- Effect of the underlying run-rate in 2013-14
- Impact of the Trust's efficiency plans
- Anticipated price inflation pressures
- Impact of approved service developments and investments
- Impact on the Trust of activity plans and capacity

The Trust must deliver £19m of efficiency savings in 2014/2015 to deliver £3.4m surplus. Plans up to £22.6m have been identified to date, recognising the requirement for over-programming to mitigate risks to delivery. Based on the Trust Efficiency Programme the implementation of current plans will reduce the cost base by £14.4m. A further £4.6m of the efficiency programme will be delivered through a range of initiatives which will deliver an increased income contribution to the Trust. For 2015/16 the Trust is required to deliver further efficiencies of £11.2m through

productivity improvements and commercial opportunities. A significant component of these plans is the full year effect of transformational programmes from 2014/15.

Inflationary pressures, including funding for national pay awards, recognition of non-pay price inflation and also increases in clinical negligence contributions have been estimated as £7.0m in 2014/15 and £8.5m in 2015/16.

The financial plan also recognises the impact of the Planned Care programme referenced previously.

The most significant component of expenditure budgets is pay costs. The Financial Plan assumes overall pay expenditure will increase by £6.5m 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 £8.9m. 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.

Capital Plans

The capital programme has been informed by Divisional business planning and the Trust's Clinical Services Strategy. Prioritisation has taken place at two formal meetings in January and February 2014. These meetings consisted of multi-professional representation to fully inform the programme. The agreed programme is shown in the table below:

Capital Programme 2014/15 and 2015/16

	2014/15 £m	2015/16 £m
Endoscopy	4.79	2.06
Estates Enable Schemes	4.00	4.00
Emergency Floor	3.85	0.00
Southlands	3.00	3.00
Information Technology schemes	1.89	1.62
Medical Equipment	1.80	2.45
Interventional Radiology	1.69	0.00
Pathology	1.02	2.56
CT Scanner	0.80	0.00
Day Surgery, Worthing	0.00	2.00
Overprogramming	0.00	(2.95)
Total Investment	22.84	14.74
Charitable Funding	(1.75)	(0.95)
Net Investment by Trust	21.09	13.79

Each year the Trust receives donations from Love Your Hospital and the League of Friends, funding both capital and revenue items traditionally. Donated assets have been assumed at £1.75m in 2014/15 and £0.95m in 2015/16 to fund specific schemes within the Trust's capital programme. Potential schemes have been identified internally, and dialogue with our Charities commenced to secure funding.

A risk-based approach to prioritisation has been adopted, taking into account the Trust's risk register, clinical standards/requirements, patient experience etc. The schemes identified consider business cases already Trust Board approved, and those with approval in principle by the Service Change Executive.

The key programmes within the capital programme are:

- Endoscopy redevelopment – as outlined in our operational plan programmes of work, the redevelopment of our Endoscopy services is a key quality improvement , improving patient flow, patient experience and efficiency, and will allow the Trust to meet the forecast growth in demand for Endoscopy services

- The Emergency Floor at Worthing Hospital – this will integrate care of the elderly, surgical and acute medical assessment into a single area and will result in a major improvement in patient care. The Emergency Floor is a key enabler to drive additional productivity through reductions in length of stay for unscheduled care patients

- Southlands Hospital: To deliver the Trust's commitment to develop Southlands Hospital, external investment of £4.5m has been included within the plan to support the development of Ophthalmology at Southlands, moving the current service from Worthing Hospital. This investment will be subject to a business case in early 2014/15 to demonstrate the economic benefits of the development

- Day Surgery at Worthing – as highlighted in the Trust's Clinical Strategy (Appendix 1) addressing the lack of a dedicated Day Surgery Unit at Worthing Hospital is a strategic priority for the Trust. The Trust envisages enabling work taking place in 2015/16, with further capital investment required in 2016/17 before a new DSU becomes operational

- Interventional Radiology- the Trust is replacing and upgrading its Interventional Radiology services at Worthing Hospital as an essential part of providing a modern and safe acute service

- CT Scanner – one of the two CT Scanners at St. Richard's Hospital is in need of replacement and upgrading

In addition to these schemes, the Trust has allocated significant Capital sums to IM&T, replacement Medical Equipment and a range of Estates Enabled Schemes covering sustainability, refurbishment, minor works and backlog maintenance

Due to the significant number of ongoing schemes, early in 2014/15 there will be a review of priorities for 2015/16, recognising the current over-programming of the capital programme.

Liquidity

As at 1st April the Trust will have £9.5m outstanding on the working capital loan draw down on FT authorisation. The Trust is expected to maintain a cash balance of at least the value of the outstanding working capital loan. £1m will be repaid on this loan each year in two equal instalments in Q1 and Q3. There is an additional

working capital loan balance from the predecessor Trust of £2.4m as at the beginning of April. This outstanding balance will be repaid in full during 2014/15.

Rolling cash flow forecasts will continue to be used to manage cash and to report the liquidity position to the Board

The Trust summary balance sheet is shown in the table below

Trust Balance Sheet 2013 – 2016

	2013/14 FOT £m	2014/15 Plan £m	2015/16 Plan £m
Non Current Assets	260.85	269.36	269.70
Inventories	6.48	6.48	6.48
Trade and Other Receivables	14.66	11.57	11.07
Other Current Assets	3.67	3.67	3.67
Cash	10.50	13.80	16.25
Non Current Assets held for Sale	2.60	1.48	0.00
Total Current Assets	37.91	37.00	37.47
Trade and Other Payables	(11.30)	(11.35)	(11.40)
Non Commercial Loans	(4.57)	(2.28)	(2.40)
Accruals	(16.32)	(17.44)	(17.44)
Other Current Liabilities	(0.99)	(0.93)	(1.00)
Total Current Liabilities	(33.18)	(32.00)	(32.24)
Net Current Assets	**4.73**	**5.00**	**5.23**
Non Commercial Loans	(26.93)	(32.03)	(31.01)
Provisions	(2.45)	(2.38)	(2.31)
Finance Leases	(2.28)	(1.92)	(1.56)
Total Non Current Liabilities	(31.65)	(36.33)	(34.88)
Total Assets Employed	**233.92**	**238.03**	**240.05**
Public Dividend Capital	238.69	238.69	238.69
Retained Earnings/(Accumulated Losses)	(45.42)	(41.31)	(39.29)
Revaluation Reserve	40.65	40.65	40.65
Total Taxpayers' and Others' Equity	**233.92**	**238.03**	**240.05**

The balance sheet reflects the following key movements:

- Non Current Assets: reflect capital investment net of depreciation

- Trade and Other Receivables: reduce in 2014/15 due to the receipt of cash from NHS England that relates to the 2013/14 financial year.

- 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 working capital loans, as described in the liquidity section, repayment of existing capital loans and draw down of further capital investment loans, as described in the capital section

Risk Ratings

A Continuity of Service Risk Rating (CoSRR) of 3 is maintained throughout the period. The phased plan maintains a debt service cover rating of at least 2 during the period. The liquidity metric is maintained at a minimum of 3 during the period.

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 deliver in full or the affordability for commissioners to pay in full for over-performance above contracted activity levels. Mitigation of this risk is the close monitoring of activity levels in year and formalising escalation triggers within the contract for significant variance to plan. There has also been discussion with commissioners who recognise the principle of stranded costs for the Trust.

- Agreement of a contract with Specialist Commissioners has been delayed whilst the 2013/14 income position has been resolved. A contract offer has been received by the Trust and the Trust is in discussion with the Area Team to progress the outstanding differences.

- The scale of required savings to deliver the planned surplus is the largest target the Trust has been required to achieve so delivery of the Efficiency Programme in full is a risk. This will be mitigated by significantly enhancing the infrastructure to support the programme with a robust reporting framework and an approach which enables delivery through enhanced capacity and project management expertise as well as Executive led work streams. A rolling programme of identifying pipeline schemes will give headroom in line with £3m already identified.

- The cost of delivery of the Planned Care workstream and achievement of aggregate RTT compliance within the cost envelope assumed within the plan will require close scrutiny and rigorous tracking of costs, particularly in the first quarter. Agreement of additional resource to enable this will be reviewed and signed off by the Director of Operations and the Director of Finance.

4. Appendices

The following Appendices have been provided as part of the Trust's Operational Plan

Appendix 1 – WSHFT Clinical Services Strategy

Appendix 2 – Financial template (submitted separately)

Appendix 3 – Efficiency Programme Structure

Appendix 4 – Phasing of Efficiency Programmes

Appendix 5 – Downside risks and mitigation

To: The Council of Governors

Date: 15 April 2014

From: Margaret Bamford, Lead Governor   Agenda Item: <u>10</u>

TO RECEIVE

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REPORT FROM LEAD GOVERNOR

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1. **Introduction**

   This has been a busy period in which Governors have been actively involved in the work of the Trust. The recent appointment of the Company Secretary and his assistant has provided the infrastructure for Governors to channel their enthusiasm and willingness to become engaged. The former lack of effective administrative support caused by the loss of these two key administrative posts made this difficult. This report deals mainly with aspirations, work in progress, and the initial stages of a formal planning process.

2. **Reports from Governors' Committees.**

   2.1 <u>Nomination and Review Committee</u>
   At the last Council meeting in January a process for the recruitment of Non-Executive Directors was approved. In the past all such appointments were undertaken externally by the Appointments Commission. This is now the responsibility of the Foundation Trust. The recent advertisement to fill two vacancies was the first time it had been implemented internally. Unfortunately it did not follow the process agreed by the Council in January in that, inter alia: all the eligible applications were not circulated to the Governors on the N&RC until after the short listing had been undertaken, nor were governors in a majority on the interviewing panel. Efforts were made to retrieve the situation by subsequent circulation of all the applications to the N&RC Governors and of the shortlisted candidates to the governors taking part in the focus groups. These went some way to improve matters but the process remained clearly in breach of the Council's procedures. Notwithstanding its deficiencies Governors are satisfied that the remedial measures were sufficient to enable them to endorse the outcome of this current process. The recommendation for the new appointment comes with their unanimous support. Governors are also satisfied that, having brought the matter to the attention of Council, recruitment to the remaining NED vacancy and any subsequent vacancies will follow approved procedures and recommended good practice.

   The N&RC reflected upon the agreed process and its practical implementation. It was felt that, for future appointments, while all of the Committee should be involved in the shortlisting the interview panel (for practical reasons) should consist of two Governors

only; the Lead Governor plus one other, in addition to the Chair, The Director of OD and Leadership plus an external assessor.

Action: to note and agree

2.2 <u>Accountability Working Group</u>

The group has met three times to consider processes by which Governors might discharge their responsibilities for holding non-executives to account. Detailed comments have been received from 2 NEDs (Bill Brown and Joanna Crane) and other governors, and have been taken into account. Balancing different perspectives and interpretation of the statutory guidance from Monitor while maintaining the strong value base from within which this Trust operates was a challenging task and I am grateful to Richard Farmer (patient governor) and his colleagues for working so hard on producing guidance to which we can all subscribe. The third and final draft is now submitted for approval. **Action: For Approval by CoG**

2.3 <u>Membership Committee</u>

I am grateful to Vicki King (elected governor – Chichester) for leading on this. Terms of reference have been revised and are submitted as Appendix 1
Action: For Approval by CoG

The strategy and work plan has been agreed and is also attached as Appendix 2. This represents a formidable amount of work with a wide range of activities planned for all localities across the catchment area. Governors are clear that seeking the views of members and the public and representing those views to the Trust is one of their key responsibilities. It is one for which there is much enthusiasm and willingness to commit time and effort. With the organisational support now available all Governors are looking forward, in their own areas, to being involved and to reporting positive progress to the next meeting of Council.
Action: For Approval by CoG

We commented last time on the urgent need for an updated and accessible web-site to include all relevant information about statutory Board instruments underpinning the Trust's existence, Board and Council meetings, Trust personnel, and, newsletters and events of interest. The issue was also raised by a NED at the last Board meeting. It is reassuring to note that updating and improving is now in hand.
Action: For CoG to Note

2.4 <u>Patient Experience Group</u>

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. They felt this level of provision was adequate. Some governors, in addition, have expressed an interest in

being trained as 'Sit and See' observers and in formalising their involvement in other more direct feedback/ patient consultation groups.

The group has noted concerns, however, that there are gaps in capturing patient experiences particularly in outpatients from where long waits, block booking, or cancelled/changed appointments have been reported. They have proposed that the group continues pro tem, maybe on a task and finish basis. This will be considered further and, if appropriate, terms of reference will be proposed.

Action: For CoG to note

3. Engagement in Strategy and Forward Planning

Monitor has identified engagement in forward planning as a key responsibility for governors. Governors have noted the changed requirements from the development of a 3-year Annual Plan to a two stage process; submission of 2-year Operational Plan and a 5-year Strategic Plan. The new arrangements were shared with Governors on 20th February and again on the 24th March. Proposals for structuring the operational plan, and the key themes emerging from the Clinical Divisions informing the content of the plan were discussed. The new timescales were very tight but the Operational Plan was submitted on time on 4th April. The 5-year Strategic Plan has to be submitted by the end of June. An engagement/consultation event for governors is planned for May details of which are yet to be circulated. In the meantime there will be further dialogue about the nature of governor engagement in the process and how best this might be improved.

Other activities in which there has been Governor Involvement include

-   full involvement in the service realignment which will be required if the Trust is to achieve substantial cost-efficiency savings and, at the same time, meet new policy demands for 7 day working. Details have been given by The Chief Executive in reports to the Board and in staff newsletters. Staff and Governors will be involved in each of 8 work streams: 7 day working, providing effective emergency care, Patient Ownership, Hospital Discharge, Nursing staff ratios, Leadership, Customer care, and IT.
-   Beda Oliver (elected governor – Worthing) accompanied a staff group coach trip to Salford Royal NHS Foundation Trust to see one way in which a re-designed 7- day fully comprehensive service at reduced cost and improved safety and with better quality of care might be achieved and what it would look like.

-   selecting the quality indicator (complaints) for the Quality Accounts and Report

-   attendance at Foundation Trust Network training events

-   involvement in a proposed Induction Working Group

4. Progress on issues raised at the last CoG meeting:

Governors are pleased that with the arrival of the new Company Secretary the annual programming of dates for key Board meetings and committees is now available, and that the schedule of ancillary statutory requirements including the Trust's Forward Plan is underway.

The request for prompt circulation of minutes following Board and Council meetings – within 14 days - and feedback from Board events has been noted and assurances given

The membership issues are being addressed by the Membership Committee

5. Additional Matters

Governors would like the following to be considered for a future Council agenda:

- The patient experience – an updated presentation,(patient experience group)
- training strategy for clinicians (MR)
- Cancer strategy (JG).

6. Conclusion

Governors remain fully aware of the continuing pressures on the Trust as a result of the significant savings required next year and the financial challenges in the local health economy.   With the additional demands from an increasingly elderly and frail population 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 to re-affirm their willingness to play their part in supporting the Board as they tackle this formidable agenda.

MB 05.04.14

To: Council of Governors

Date of Meeting: 15 April 2014   Agenda Item: 11

Title
ACCOUNTABILITY FOR THE PERFORMANCE OF THE BOARD OF DIRECTORS
Responsible Executive Director
None
Prepared by
Richard Farmer, Patient Governor
Status
Disclosable
Summary of Proposal
A framework and process to enable the council of governors of Western Sussex Hospitals NHS Foundation Trust (WSHFT) to discharge its statutory responsibility* of holding the non-executive directors (NEDs) to account, individually and collectively, for the performance of the board of directors. * Statutory duty for governors of NHS foundation trusts under the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.
Implications for Quality of Care
Seeks to provide governors with the appropriate level of assurance in respect of the board's performance on the quality of care.
Link to Strategic Objectives/Board Assurance Framework
Direct link to the forward planning process which seeks input from governors and a key element of the board assurance framework.
Financial Implications
None
Human Resource Implications
None
Recommendation
The Council is asked to: approve the framework/process and proposed development of an implementation plan.
Communication and Consultation
Consultation with and support for proposed framework/process from the board of directors and briefing on approved framework/process to directors and relevant executives of WSHFT.
Appendices
Accountability of Non-Executive Directors to Council for the Performance of the Board

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.

To: Council of Governors   Date: 15 April 2014

From: Governor Working Group on the Accountability   Agenda Item: XXX

        of Non-Executive Directors to Council

FOR INFORMATION/DECISION

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1.   **INTRODUCTION**

1.1   The first governors' only meeting on 13 January 2014 agreed to establish a working group to draft a process for holding non-executive directors (NEDs), individually and collectively, to account for the performance of the board of directors. It was considered by the governors present that this was one of council's principal responsibilities and one of the most important priorities.

1.2   Council ratified this decision on 14 January 2014 and the working group comprises the following governors:

        Richard Farmer (Patient Governor)
        Stuart Fleming (Public Governor, Chichester)
        Vicki King (Public Governor, Chichester)
        Beda Oliver (Public Governor, Worthing)

1.3   The working party has met on three occasions:

        13 February 2014
        7 March 2014*
        4 April 2014

        * including NEDs: Bill Brown and Joanna Crane; Lead Governor: Margaret Bamford and Company Secretary: Andy Gray

1.4   Richard Farmer and Beda Oliver attended a Foundation Trust Network (FTN) course on Accountability on 24 January 2014.

1.5   The working party has also studied the guide published by Monitor in August 2013[1], material on the FTN and Foundation Trust Governors' Association websites and considered the approaches of other foundation trusts.

1.6   At its meeting on 4 April, the working party agreed to submit a progress report to the council meeting on 15 April 2014 along with recommendations on process.

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[1] Your statutory duties – a reference guide for NHS foundation trust governors, Monitor, August 2013,

1.7 **Objective of the working group**

In accordance with Monitor's guidance[2]:

'To establish a regular process for holding the non-executive directors to account for the performance of the board effectively throughout the year.

This process will specify:

- *what information governors require from the directors, the format of the information and the timescale within which it should be provided;*
- *the forums at which governors will have the opportunity to question directors;*
- *what steps to take should the governors be dissatisfied with responses they receive from one, or more, of the non-executive directors; and*
- *when governors should use their power to require directors to attend a governors' meeting.'*

2. CONTEXT

2.1 'The overriding role of the council of governors is to hold the non-executive directors, individually and collectively, to account for the performance of the board of directors and to represent the interests of foundation trust members and of the public'[3].

2.2 The governors are representatives of the local community and as such play an important role in ensuring that the trust's assets are safeguarded and utilised efficiently and effectively in pursuit of the trust's vision, mission and goals. The council of governors seeks assurance through the NEDs that there is strong and effective leadership and management, that progress is being made against strategic goals and stated objectives, that risks are being identified and managed, that the trust is and remains financially viable, that regulatory compliance is achieved and that services are delivered in accordance with the trust's values and quality strategy.

2.3 The appendix sets out a suggested framework for achieving this. If approved, the working group proposes to develop an implementation plan including a reporting schedule and information needs.

3. SUMMARY OF FRAMEWORK AND PROCESS (see appendix)

3.1 In broad terms, assurance is gained through the a constructive and open interaction between NEDs and the governors, by means of observation, dialogue and challenge in various settings, formal and informal e.g. at council and other meetings.

3.2 More specifically:

- Through Human Resources' processes to raise awareness and reinforce the accountability of NEDs – role descriptions, appraisal processes, induction and training.

- Through specifying and being clear about the areas of the board's role and performance governors need to explore with NEDs, together with the information needed from the board:

  - Operational and financial performance
  - Quality, clinical effectiveness, patient safety and experience

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[2] Monitor guide p 29
[3] Monitor guide p 14

- Strategy formulation and delivery
- Assurance processes e.g. risk management
- Culture and values

Receiving reports and presentations on these areas in accordance with Council's reporting schedule.

- Through the discharge of council's other duties e.g. appointing and removing NEDs, non-NHS business, significant transactions.

- Through receiving other information e.g. agendas and minutes of board meetings.

- Through joint working and involvement of governors and directors to improve healthcare services.

- Through investigations and direct contact with Monitor in worst case scenarios e.g. requiring NEDs to attend a Council meeting.

4. NEXT STEPS

It is the intention of the working party to develop an implementation plan including a reporting schedule and information needs.

5. CONCLUSION AND RECOMMENDATIONS

The Council is asked to approve the framework and process recommended in the appendix and authorise the working party to develop an implementation plan.

RVF
5Apr14

WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS – DISCHARGE OF RESPONSIBILITIES

ACCOUNTABILITY FOR THE PERFORMANCE OF THE BOARD OF DIRECTORS

Purpose

The purpose of this document is to establish a framework to enable governors to fulfil their duty of holding the non-executive directors (NEDs) individually and collectively to account for the performance of the board of directors. The framework sets out how the NEDs and the council of governors can work together to exchange ideas and concerns to improve the performance of the trust as well as to meet council's statutory duty.

In the context of Western Sussex Hospitals NHS Foundation Trust (WSHFT), the governors recognise that:

- A principal underlying aim of this document is on establishing a partnership to support the objective of improving WSHFT as a high performing trust. There are multiple forums where governors will have the opportunity to understand the workings of the trust, both from the executive and non-executive perspective; as the working practices of the new foundation trust evolve, these will be regularly reviewed to ensure governors can discharge their responsibilities effectively.
- The accountability relationship will require an interaction with NEDs based on openness, transparency, candour and trust.
- That the council should be a source of positive ideas and informed input to assist the board in improving quality and patient experience.
- There are steps that can be taken should governors be dissatisfied with information and responses received from one or more of the NEDs. Governors have specific powers that can be used if so needed to require NEDs to attend meetings and account for actions and outcomes.

Discharge of the role (How)

Pre-requisites

- 'The board of directors is likely to start by giving an account of the work it has done in directing the NHS foundation trust to ensure the trust delivers high quality services. This account will provide governors with a basis for asking informed questions.'[1]
- Council and NEDs should be aware of their respective roles and responsibilities through role descriptions, induction and training.
- NEDs' responsibilities should be reflected in their corporate and personal objectives and in the appraisal process

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[1] Your statutory duties – a reference guide for NHS foundation trust governors, Monitor, August 2013, p 29

- Reports from the board as set out below should provide assurance that the board is setting strategy, controlling the trust, establishing the right culture and delivering accountability, in the following key performance areas:

Performance of the board of directors

Key areas of partnership and enquiry, in which governors can work with the board to review trust performance and exchange ideas on the ways in which quality and patient experience can be improved. Governors can of course ask questions and seek clarification at any time on any of the items outlined below.

List of abbreviations in table:

BAF - Board Assurance Framework
CIP - Cost Improvement Programme
CQC - Care Quality Commission
F&IC - Finance & Investments Committee
FBC - Financial Business Case
OBC - Outline Business Case
OD - Organisational Development
PEFC - Patient Experience and Feedback Committee
QRC - Quality & Risk Committee
SIRI - Serious Incident Review Investigation

Performance Area	Actions by Governors	Relevant Documents
Operational and financial performance	- Reviewing and seeking assurance on the Trust's financial performance report from the chair of the F&IC - Reviewing the annual report and accounts and any report of the auditor on them - Reviewing and seeking assurance on the accounts from the chair of the audit committee - Seeking assurance on the process undertaken from the audit chair in order for Governors to appoint the external auditor - Reviewing and seeking assurance questions on the trust's performance from the chair of the QRC and other NEDs attending specific committees - Reviewing and questioning the performance of WSHFT against established performance benchmarks, agreed key operational and regulatory compliance indicators and stated objectives	Monthly finance report CIP report Annual audit report Audit cttee auditor appointment proposal Monthly performance report Quarterly BAF and corporate objective reviews Monitor risk assessment framework as reported on the Monitor website.

Performance Area	Actions by Governors	Relevant Documents
Quality, safety and the patient experience	- Reviewing the quality assurance report and accounts including CQC assessments - Reviewing of the Quality and Operational Performance scorecards and associated reports and other matters which may arise which threaten the reputation and stability of the trust; - Discussions with NEDs on governor areas of concern including those raised by members and NED concerns raised but not yet addressed (or work in progress) - Discussion with chair of PEFC and SIRI panel on in-depth findings on complaints etc and assurance gained on lessons learnt and remedial actions taken. - Council identifying and prioritising what appear to be issues of board performance and providing appropriate challenge	CQC reports (would also include other regulatory visits) Quality report Quality account PEFC minutes (the ones that go to Board) Patient surveys (inpatient, outpatient, cancer etc) Monitor risk assessment framework as reported on the Monitor website.
Strategy formulation/ delivery and forward planning	- Giving governors the opportunity to feed in their views and those of members and the public. - Responding to questions on proposed significant transactions etc - Involving governors in identifying and prioritising quality priorities - Receiving information on increasing non-NHS income as a percentage of total Trust income by 5% a year or more (for example from 3% of total Trust income to 8.0%) - Challenge and constructive support on strategic direction and clinical strategy - Reporting on response to important sector /strategic issues	Strategic plan Clinical strategy Estates strategy Significant service changes and investments (OBC, FBC)
Assurance processes and outcomes	- Receiving an annual risk assessment and management report (processes and structures to deal with key risks). - Receiving an annual report and updates from the Audit Committee - Receiving report on the Board's assurance framework - Receiving and review quarterly assurance Reports - Reviewing other assurance reports eg Health & Safety, Annual Staff Survey	Assurance reports eg Health & Safety, annual staff survey

Performance Area	Actions by Governors	Relevant Documents
Culture and values (incl. staff wellbeing and satisfaction)	• Receiving a progress report on vision, values and standards of conduct • Challenge and support on staff engagement, response to staff survey results, staff training, staff performance reviews, staff health and wellbeing, customer service training, and the many factors that contribute to a strong and positive culture of care	Annual staff survey Health & Safety strategy and updates Workforce and OD report Customer care updates Francis Enquiry actions

Routinely governors should:

- receive the agenda of the meetings of the board of directors before the meeting takes place.
- contribute to the appraisals of the chair and other NEDs.
- hold six monthly meetings, in camera, with NEDs.
- observe the contributions of the NEDs at public board and other meetings with governors.
- from time to time attend public board meetings.
- take advantage of opportunities to review services and environments such as PLACE inspections/quality reviews/local activities and evaluation of user/carer experience.

In addition governors:

- are responsible for appointing the chair and other NEDs and may remove them in the event of unsatisfactory performance.
- have the power to appoint or remove the auditor.
- where applicable, put questions to the Panel for Advising Governors where the circumstances meet the requirements in the 2006 Act, as amended.
- as a last resort, may engage in a dialogue with Monitor through the lead governor.
- may invite NEDs to appropriate meetings of governors.
- may, if considered necessary, as a last resort, in the fulfilment of their duties, obtain information about the foundation trust's performance or the directors' performance by requiring one or more directors to attend a council meeting.

Discharge of the role (When)

In accordance with an implementation plan, including information needs, to be developed and agreed with council.

RVF
5Apr14

WESTERN SUSSEX NHS HOSPITAL FOUNDATION TRUST

COUNCIL OF GOVERNORS - MEMBERSHIP COMMITTEE

MARCH 2014

<u>**Committee Membership**</u>

Lead Governor - Margaret Bamford

One appointed Governor – TBC

Public Governor – Shirley Hawkridge

Public Governor – Vicki King

One patient Governor – Jennifer Edgell

One staff Governor – Jenny Garvey

Unlimited co-opted additional members as required

<u>Trust membership/in attendance</u>

Company secretary

Director of Organisational Development and Leadership

Head of Communications

Governor and membership officer

Terms of reference

The Membership Committee shall be accountable to the Council of Governors and have delegated authority from them to act on their behalf in the following areas;

- To develop and oversee the planning and implementation of the Membership, Recruitment and Engagement Strategy (Membership Strategy);
- In particular, in close consultation with staff, promote awareness of the role of Members and seek actively to increase numbers by recruiting additional Members to represent all sections of communities within the hospital catchment area
- Ensure that the Trust has robust arrangements for regular effective communications, to Members and the public, regarding its operational performance and any significant changes to services or to the organisation generally;
- Engage regularly with Members such that the Membership Committee has a clear understanding of their views and is the lead forum through which they are represented to the Trust's Board.

Conduct of business

A quorum is needed for any meeting of the Membership Committee of at least 4 committee members excluding co-opted members.