



University Hospitals Sussex
NHS Foundation Trust



Annual Operational Plan 2022/23

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Introduction

Purpose

The purpose of this document is to set out the Trust's operational plan for 2022/23. The plan describes our aims and ambitions for the year, through our Patient First approach. Patient First is our integrated framework and model for improvement and defines the organisation's vision, strategy, and goals. It is through this approach that we define our True North, our long term organisational unifying objectives, which in turn set the context for our plans through our strategy deployment process.

Working with our Integrated Care System (ICS) as it transitions to the Integrated Care Board (ICB), our operational plan will ensure delivery of the requirements set out by NHS England and NHS Improvement in the 2022/23 Priorities and Operational Planning Guidance.

Context

As we emerge from the COVID-19 pandemic, our operational plan will enable the Trust to ensure focussed recovery of our elective services. The plan will also enable us to realise the benefits of merger, enhancing the care we provide to our patients and enabling our new organisation to best meet local need, address health inequalities, as well as optimising the quality and sustainability of our clinical services.

System

Effective partnership working across systems is at the heart of national planning guidance, and the operational planning arrangements for 2022/23 continue to support a system-based approach to funding and planning. The Trust has worked closely with our ICS partners to develop our system plans. Our plans are fully aligned with these.

Background

Our community

Our Trust provides acute services to approximately a million people living within the district and borough areas of Chichester, Mid Sussex, Arun, Adur and Worthing, as well as residents of Brighton and Hove and the Lewes area. We provide specialised and tertiary services to an approximate additional 700,000 patients across a larger geographical footprint including Horsham, Crawley, and East Sussex.

Our population spans both urban and rural communities and is diverse in terms of age, ethnicity, religion, deprivation and health. This plan is based upon an understanding of the changing demographics, diverse needs of our local population, including the inequalities in health outcomes they experience. Our older population is set to grow significantly over the next 5 years and our plan will help to ensure that we are best placed to meet the changing needs of the population we serve.

Our Trust

Our Trust was formed in April 2021, bringing together Western Sussex Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals (BSUH). Prior to the merger, the Trusts had worked together within a Management Contract. Both Trusts were delivering high quality services. In 2019, WSHFT was awarded the highest possible rating of outstanding across each of the Care Quality Commission's domains, while BSUH became the fastest improving acute hospitals Trust in England, rated Good overall and Outstanding for caring. The merger will support our ambition to further improve services and ensure outcomes are better for everyone. Since we have merged, the Outstanding rating applies to the whole new Trust. The Trust is expecting a new CQC review in year.

Our Trust operates across five acute hospitals and delivers multiple services in other satellite and community settings, employing over 16,000 people. The Trust operates within the Sussex Health and Care Partnership Integrated Care System and works closely with partner health and social care organisations across Sussex and in each of the three localities or 'places' which are based on Local Authority boundaries: Brighton and Hove, East Sussex and West Sussex.

The Trust is responsible for all district general acute services for Brighton and Hove, west and mid Sussex and parts of East Sussex. It is also responsible for specialised and tertiary services across Sussex and the South east including neurosciences, arterial vascular surgery, neonatology, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine.

National Planning Guidance

Guidance and contracting

The 2022/23 NHS Planning Guidance was published on 24 December 2021. To take account of the Omicron wave, the timetable for final submission was extended to the end of April 2022. Submissions are principally made by the system (ICS) rather than individual Providers. As part of the technical planning the Trust makes its own triangulated submissions to the ICS for collation, covering: activity, performance, workforce, and finance 2022/23 has also seen a reintroduction of standard NHS contracts and revised financial regime, which was put in abeyance in 2021/22 in the context of the COVID-19 pandemic.

Priorities

The focus of the submission for Acute Providers is to achieve the following:

- Deliver significantly more elective care to tackle the elective backlog
- Improve the responsiveness of urgent and emergency care and community care
- Continue to develop our approach to population health management, prevent ill-health, and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Invest in our workforce
- Make the most effective use of our resources to transform the delivery of care and patient outcomes

Our plan takes account of these key priorities.

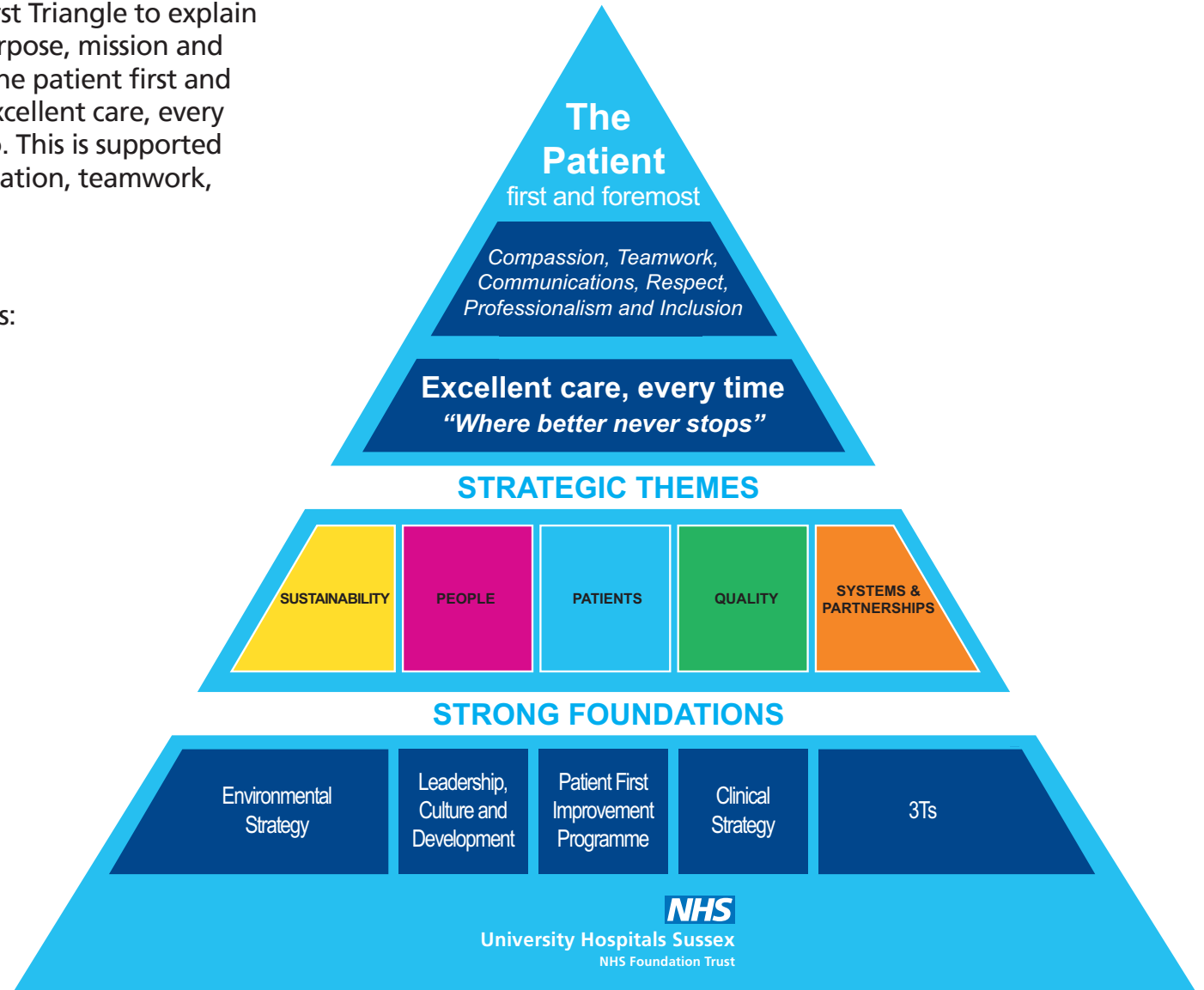
Continuous Improvement

Our Patient First Triangle

Our Annual Plan is firmly embedded in our continuous improvement approach of 'Patient First'. We use the Patient First Triangle to explain how our approach works. This starts with our purpose, mission and values of our new Trust where our core focus is the patient first and foremost, as well as what we strive to achieve 'excellent care, every time' and the ideals that guide everything we do. This is supported by the Trust's key values - compassion, communication, teamwork, respect, professionalism, and inclusion.

Integral to our approach are our strategic themes:

- Patient Experience
- Quality
- Our People
- Sustainability
- Systems and Partnerships



Strategy Deployment

True North

Our 'True North' – to continually enhance the patient experience, is our Trust's key long term aim and does not vary from year to year. The Trust's Strategic themes align to this and we use our strategic development methodology to ensure we have a robust set of longer term metrics and shorter term breakthrough objectives, as well as to define our Corporate Projects and longer term Strategic Initiatives.

Our strategic themes are integral to our annual plan, and we have therefore structured our plan around each of our True North themes of patient, quality, our people, sustainability, and systems and partnerships.

Our True North, with associated Breakthrough Objectives, Strategic Initiatives, and Corporate Projects are set out over the following pages. These are currently being reviewed and refreshed during Quarter 2 of 2022/23.



The key goals of the organisation to achieve by which we know we would be delivering high quality care, in a sustainable way

True North		Strategic Goal	Current Target
Patient	Providing outstanding, compassionate care for our patients and their families, every time	To ensure that all our patients have a positive experience of the care they receive	Patient Experience: reduction in negative comments in FFT surveys relating to waiting experience
Quality	Excellent outcomes ensuring no patient comes to harm and no patient dies who should not have	To have zero harm occurring to our patients when in our care and to achieve the lowest crude mortality within our peer group	Harm: To achieve a 10% reduction in the levels of DATIX reported harm to patients Mortality: To achieve a 10% reduction in the crude mortality rate
People	To be the employer of choice and have the most highly engaged staff within the NHS	To be the top acute Trust for staff engagement	Staff Engagement: To be within the top quartile of acute Trusts for the National staff engagement score
Sustainability	Living within our means providing high quality services through optimising the use of our resources	To ensure that the Trust sustainably achieves 'Break Even' financially	Financial Sustainability: To deliver the Trust's financial plan
Systems & Partnerships	Delivering timely, appropriate access to acute care as part of a wider integrated care system	To sustainably achieve the national constitutional targets for planned and emergency care	Planned Care: To have no patients waiting in excess of 40 weeks on an RTT pathway to be seen and treated Emergency Care: To achieve 95% of patients are treated within 4 hours in Emergency Care services

Breakthrough Objectives



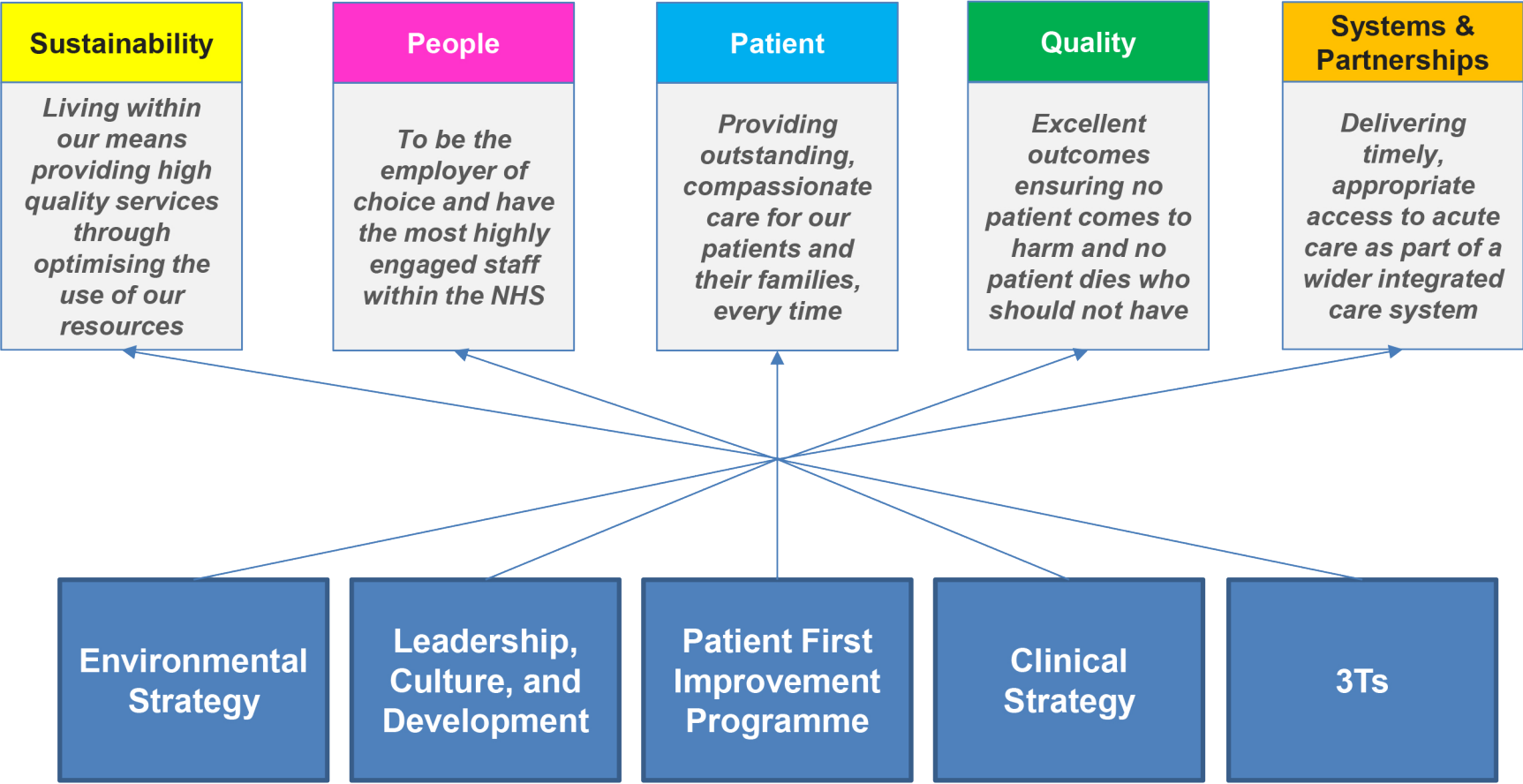
Focus the Organisational Improvement Energy to turn the dial on delivery of True North

True North	Breakthrough Objective
Patient	Patient Experience: An increase in the numbers of patients reporting a high quality discharge experience
Sustainability	Financial Sustainability: A reduction in the premium spend levels on our pay bill
People	Staff Engagement: An increase in the number of staff who would recommend the organisation as a place to work
Quality	<p>Harm: A reduction in low to moderate harms reported in key areas</p> <p>Mortality: A reduction in the 5 top contributors to mortality rates</p>
Systems & Partnerships	<p>Planned Care: An elimination of patients waiting over 52 weeks for treatment for RTT</p> <p>Emergency Care: A reduction in inpatient bed occupancy to 92% on a sustainable basis</p>

Strategic Initiatives



“Must Do Can’t Fail” strategic programmes of work to drive forward and support delivery of True North.

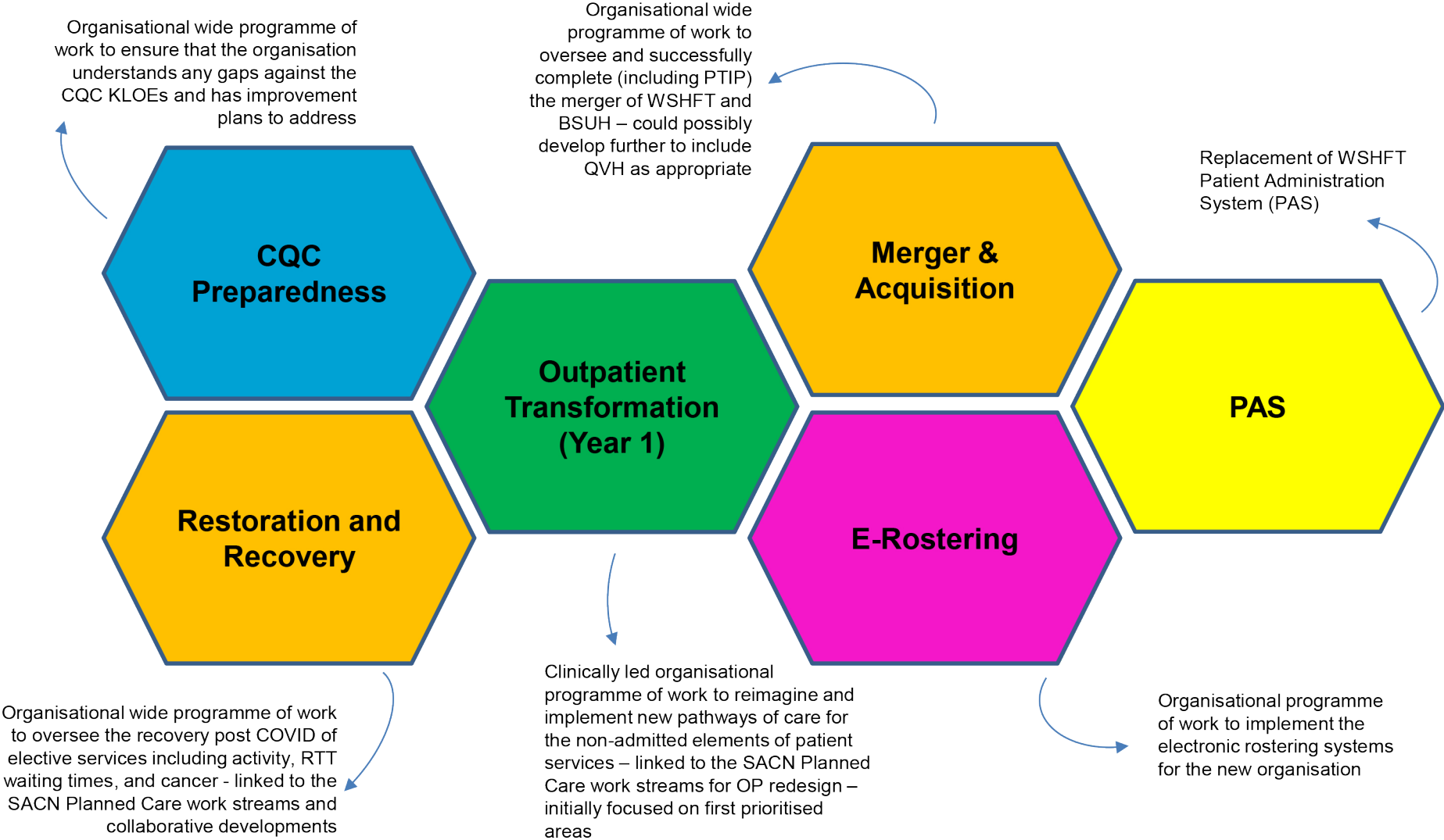


The strong **STRATEGIC FOUNDATIONS** through which we will support the delivery of our True North strategy and objectives

Corporate Projects

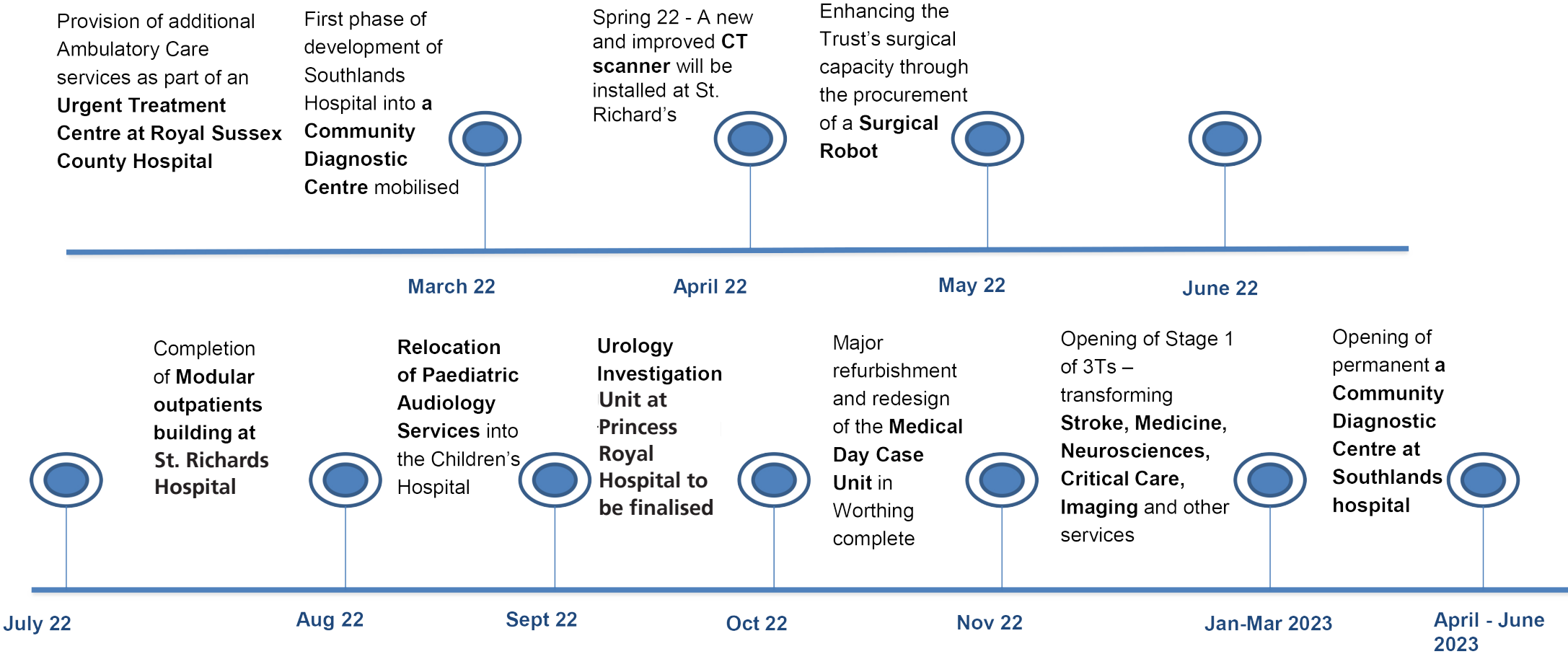


Start and Finish organisational wide or complex projects that need to deliver this year to help deliver True North



Planned Developments for 2022/23

In 2022/23 the Trust is undertaking a large number of key clinical service developments across the Trust sites to support our True North goals. These include:



3Ts Programme

2022/23 will see the opening of Stage 1 of the 3Ts (Teaching Trauma and Tertiary) hospital redevelopment programme, which will significantly support our clinical services. This is a multi-million pound redevelopment replacing all the buildings on the front half of the Royal Sussex County Hospital including the oldest acute ward building in the NHS, the Barry Building, which received its first patients in 1828.

In their place will be two brand new clinical buildings, which will provide spacious, well-resourced and modern facilities for patients and staff in more than 40 wards and departments, and a service and logistics yard. The project is also providing a helideck for air ambulances to land on top of the Thomas Kemp Tower. From there, our most severely injured and unwell patients can be taken directly to A&E via a dedicated lift.

The project is being carried out in three stages which ensures that all our clinical services can continue to run on site during construction. The Stage One building will be handed over in November 2022 and services are expected to move in during Q4 of 2022/23. Stage 1 will provide a range of services including beds for medical and elderly patients, Neurosurgery, Neurology, Critical Care services, imaging, and a range of outpatient services.

For 2022/23 we will be focusing on ensuring a smooth transition of services from their current location to the new build.

Patient Experience

Overarching aim:

The Trust's True North is to continually enhance patient experience – putting the patient first and foremost in decision-making so all improvements ultimately benefit the people we serve.

The Trust's Friends and Family Test score is being used to evaluate whether we are succeeding in our mission to increase satisfaction rates. We have set a target of 95% of patients stating the service they have received from the Trust is good or very good.

How to achieve this:

To realise this ambition, we have identified a 'Breakthrough objective' focusing on reduction in negative comments in FFT surveys that relate to waiting experience. We will also achieve our overarching aim through our Strategic Initiative which relates to our Patient First Improvement Programme.



Our target is for **95%** of our patients to state that the service they have received is good or very good.

National Guidance – Health inequalities

Overarching aim:

National guidance states that when focussing on the priorities set out by the guidance, systems need to redouble their efforts on the five priority areas for tackling health inequalities as set out in the diagram. Systems should also ensure inclusive recovery and reduce health inequalities where they are identified.

How to achieve it:

The Trust is working with the system to address health inequalities for those 20% most deprived of our national population, as well as an additional five groups who experience poorer health outcomes than the ICS are targeting. The Trust is particularly supporting the three areas where we can contribute

the most - maternity care, chronic respiratory disease, and early cancer diagnosis – CORE20PLUS5.

The Trust is also working with the system to prioritise the restoration of services inclusively taking account of the impact of the shortfall in planned care referrals and of current and pre COVID waiting lists by deprivation, age, and ethnicity, identifying those patient cohorts that have been disproportionately impacted and to identify appropriate interventions and support. The system has been participating in an NHSE pilot to address Did Not Attends (DNA) and the Trust is undertaking analysis of DNA rates by protected characteristics to inform this work.



Quality

Overarching aim:

Our overarching aim in relation to our service is to have zero harm occurring to our patients when in our care and to achieve the lowest crude mortality within our peer group. Our target for this is to achieve 10% reduction in levels of harm to patients, and to achieve a 10% reduction in our crude mortality rate.

How to achieve this:

We plan to achieve this by focussing our efforts on reducing low to moderate harms reported in agreed key areas. This will be our breakthrough objectives. We will also drive the quality of our services through our Strategic Initiative relating to our Clinical Strategy development and our Corporate Project relating to the Transformation of Outpatients programme. The delivery of our True North goal will also be supported by Divisional Projects.

Improvement in the quality of services will also be achieved through the projects that we are undertaking jointly with our ICS. This includes the work underway to transform Stroke services and improve maternity care in line with the Ockenden report. A summary of each of these elements is shown below.



Our targets are to have **zero harm** occurring to our patients and have the **lowest crude mortality** within our peer group

National Guidance – Maternity

Overarching aim:

National guidance states that Systems through Local Maternity and Neonatal System (LMNS) should continue to work towards delivering a range of transformation objectives to make maternity and neonatal care safer, more personalised and more equitable. ICSs should undertake formal, structured and systematic oversight of how their LMNS delivers its functions and there should be a direct line of sight to the LMNS board. Providers are asked to continue to embed and deliver the seven immediate and essential actions identified in the interim Ockenden report, along with any future learning shared in the second Ockenden report and East Kent review. LMNSs are asked to support providers to prioritise reopening any services suspended due to the pandemic. LMNSs are also asked to continue to work with providers to implement local plans to deliver Better Births, including Continuity of Carer, personalised care and Saving Babies Lives.

How to achieve this:

The Trust is currently working towards compliance with the NHS Planning guidance. As a part of this, the Trust is developing the building blocks required with a view to support implementation of Continuity of Carer as a default offer. The Trust has developed an implementation plan for this, which includes a robust recruitment plan to address our workforce gaps. This has been presented and approved by the Trust Board, with the caveat that the Trust is awaiting a formal response from NHSE regarding the recommendations pertaining to Continuity of Carer within the final Ockenden report. The LMNS have also reviewed the implementation plan and are supportive. The organisation is developing a Trust wide maternity improvement plan to include both Ockenden reports, Morecambe Bay (Kirkrup), the Maternity Safety Support Programme and the Maternity Self Assessment Tool. The services have returned to pre-pandemic levels. A full workforce review is underway supported by the Regional midwife and BirthRate plus assessment. Investment in Digital Maternity Systems is being funded via the Digital maternity fund.

National guidance – Stroke

Overarching aim:

National guidance asks systems to review their plans and make progress against the Long Term Plan high impact actions to support the better management of stroke. This sets out the goal of improving the quality of care and treatment available for those people who do have a stroke through ensuring that high quality, specialist care and treatments, such as thrombolysis (clot-busting drugs) and mechanical thrombectomy (clot extraction), are increasingly available to more patients as part of Integrated Stroke Delivery Networks. It also articulates the importance of people receiving high quality rehabilitation to help them recover after their stroke and remain as independent as possible.

How to achieve this:

We are working with Coastal West Sussex (CWS) to undertake a stroke services system-wide review that is looking at Prevention, Acute and Rehabilitation services for stroke. With regard to acute services, an options development process has established a long list of options that was then narrowed down to a short list and a proposed recommended option. This option is currently at the Pre-Consultation Business Case stage. The aim will be to ensure that acute stroke provision meets the requirements for patients in the CWS area to have a clinically sustainable service over 24 hours per day, seven days per week. The acute services development will be done in conjunction with development of Prevention and Rehabilitation services.

We are also working with our ICS Integrated Stroke Delivery Network on an agreed programme, that includes:

- The continued use of the artificial intelligence tool Brainomix to facilitate rapid clinical decision making for strokes
- Reviewing mechanical thrombectomy and thrombolysis access and pathways to expand and improve equity of access, and meet national target expectations.
- Progressing towards implementing a needs led integrated stroke rehabilitation model.
- Delivering the outcomes of the stroke services system wide review.

National Guidance – Digital

Overarching aim:

The national guidance sets out as part of its key priorities, that systems should exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems

How to achieve this:

The current and new Digital strategies for the Trust have delivered an enormous increase in the digitisation of key elements of patient care, from the well respected and well used portals to the implementation of order comms for requesting Radiology and Pathology, electronic prescribing and electronic observations allowing us to intervene quickly with deteriorating patients to prevent harm. The new Digital strategy focuses on our delivery of moving the remaining paper processes away from patient care. It also prioritises inter-provider sharing of data and a new focus on delivering more coded data to clinicians to enhance their ability to care for patients.

We extend our patient portal, already used by more than 200,000 of our patients and with the release of the new digital strategy, we will focus our attention on bringing together disparate systems from across our organisation, introduce a new electronic noting product, move all paper records to a digital solution and deliver our ambition of achieving HIMMS level 5 for our digital maturity.

Our People

Overarching aim:

Our overarching ambition is to be the top acute Trust for staff engagement, with the True North goal to be within the top quartile of acute Trusts for the National staff engagement score.

How to achieve this:

We plan to achieve this by first focusing on increasing the number of staff who would recommend the organisation as a place to work. This will be our breakthrough objective. This ambition will also be driven by our Leadership, Culture, and Development Strategic Initiative. Finally our work to meet the requirements of the national guidance will also make a significant contribution to this ambition. This sets out the need to accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing, and safety of our staff.



Our target is to be
the **top** acute Trust for
staff engagement

National guidance – Our People

Overarching aim:

National guidance sets out the requirement to accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing, and safety of our staff. It sets out the need to invest in our workforce, with more people tackling substantive gaps in acute care. It emphasises new ways of working and strengthening the compassionate and inclusive culture needed to deliver outstanding care. There is also a requirement to grow for the future with a focus on apprenticeship and placement capacity.

How to achieve this:

The Trust has undertaken a 'workforce supply/demand bridge model', which seeks to describe and quantify the impact of demand and supply-side changes. The supply/demand gap will be bridged through a combination of:

- The intention to have an additional 300 whole time equivalent nurses in post by end of December 2022, based on a successful application for international nurse recruitment funding. The action demonstrates the Trusts commitment to actively reduce registered nurse vacancy factor and reflects one of the themes of the NHS People Plan (2021) to recruit internationally to mitigate the gap in domestic supply
- Targeted recruitment campaigns and streamlined processes for those new to health interested in becoming HCAs are being implemented. This work will support the Trust to reach the target of 0% HCA vacancy factor
- An 'always open' approach for registered staff recruitment which has been introduced specifically for maternity, the Emergency Department and surgery that ensures qualified staff are interviewed within 5 days of application and their on boarding process is fast-tracked.
- A proactive approach is used to retain trainee nurses within the Trust and employ graduates as qualified nurses post registration
- Focus on Allied Health Professionals apprenticeship pathways to support development of roles and enable staff retention
- Roll out of a new development appraisal with a focus on staff wellbeing
- The Trust has appointed to two key head of service roles for resourcing & talent and medical workforce and these will provide critical expertise and leadership for resourcing and allow us to grow and develop our nursing, medical, and support workforce.

National guidance – Our People

Leadership:

The Trust merger in April 2021 and the process of appointment to new leadership structures, continuing integration of teams and systems, and establishment of the 'One UHSussex' new way of working provides the context and imperative for leadership development in 2022/23.

Priorities established by the Leadership Steering Group (reporting into Trust People Committee) include:

- a 12 month, two-phase leadership development programme for the new Divisional Triumvirates, Corporate Directors and Executive Directors
- a mentoring offer for New Consultants/SAS (specialty and specialist grade) Doctors, and those in Year 1 with the Trust
- a leadership development programme for (Agenda for Change) Band 7 Registered Nurses & Midwives and AHP (Allied Health Professions) Ward/Unit Leaders
- the 'Leading with Head & Heart' programme for Band 7-8a leaders, delivered by NHS Elect (starting July 2022)
- a two-day 'Our Leadership Way' training programme for (the c. 800) Bands 6-8a managers and c. 40 Clinical Directors.

The Trust is continuing to work as part of the emerging Sussex Health and Care Partnership ICB (Integrated Care Board) to:

- develop and promote leadership programmes best delivered at system level
- explore pooled commissioning of management/leadership development apprenticeships
- develop a Talent Management (TM) strategy, linking with the NHS England/Improvement Regional Talent function and SHCP Workforce Bureau.

Sustainability

Overarching aim:

Our aim is to ensure that the Trust delivers its financial plan.

How to achieve this:

We aim to achieve this by focussing on a reduction in the premium spend levels on our pay bill. This is our breakthrough objective. Our Strategic Initiative relating to our Environmental Strategy will enable us to meet our goal of achieving net zero carbon emissions, and contribute to overarching our True North goal for sustainability.



Our target is to
deliver the Trust's
financial plan

Our Financial Plan

Overarching aim:

Planning guidance and associated consultations (2022/23 NHS Standard Contract and National Tariff) were circulated on 24th December 2021 by NHSE/I.

Systems remain the key unit for financial planning purposes and have a financial performance breakeven requirement for 2022/23.

Trusts will continue to be required to submit organisational plans and these plans must be in line with their system plan submission. For Sussex Health & Care Partnership, the plan is for each constituent part to deliver breakeven performance.

Systems will be able to make use of new flexibilities to manage NHS resources, with an allocation tool being published to support systems to understand relative need in different places, targeting NHS resources towards reducing inequalities.

The 2022/23 allocations methodology has been reset from the interim allocations approach necessitated to respond to the pandemic, to move systems back towards a fair share distribution of resource at the levels affordable within the 2021 Spending Review (SR21) settlement.

Financial framework:

The focus for 2022/23 is to continue restoration and recovery of services in a sustainable way, eliminate 78 week waiters, meet new care demands and increase efficiency delivery whilst COVID funding has been significantly reduced.

The basis of financial allocations for 2022/23 has been determined as follows:

- 2021/22 H2 baseline and top-up funding has been annualised.
- Recurrent adjustments have been made for maternity and growth of 4.1%.
- This is net of a general efficiency requirement of 1.66% alongside a provision for inflation.
- £1.5bn additional funds has been made available nationally to support excess inflation costs and a few other specific pressures.
- Access to this funding is conditional upon the following.
- Resubmission of break-even plans for each ICS.
- Compliance with new pay controls, agency cap, consultancy spend, bank rates.
- Compliance to latest IPC guidance to improve productivity constraints.
- Funding allocations have been included for Elective Services Recovery (ESRF). Delivery of the activity plan is integral to financial sustainability.
- Risk of 'clawback' if activity plans are not delivered in full is 75% of tariff.
- A full year efficiency requirement of £47.7m has been calculated, which is 3.7% of the Trust's turnover.

Core Gap

	£m	£m
2021/22 Surplus / (Deficit)		£'000
Less: Non-Recurrent Income & Expenditure	(26.6)	
2022/23 Opening Underlying Surplus/(Deficit)		(26.6)
National & ICS Efficiency Requirements	(19.9)	
CNST premium increase	(0.7)	
Productivity improvement (COVID)	4.9	
Business Cases / Service Developments	(6.6)	
Adjustments to Education allocations	(4.7)	
Other Cost Pressures including Utilities inflation	(9.4)	
Additional Capacity funding allocation		6.0
Excess inflation funding allocation		9.3
Gap to target		(47.7)
Efficiency requirement to deliver Breakeven		47.7
Financial Plan 2022/23		0.0

The financial core gap is derived by comparing the 2021/22 recurrent outturn, adjusted for 2022/23 known or anticipated changes, with the requirement for the Trust to deliver a breakeven financial performance in 2022/23.

Key contributors to the core gap are:

- A 57% decrease in COVID income, (£22m).
- Investment in maternity services (Ockenden) which has been funded in full (£4.2m).
- It is expected that the revised IPC guidance will enable a return to 2019/20 productivity levels.
- An ESRF allocation of £30m is included, and matched with expenditure, to support delivery from the 2019/20 activity baseline (100%) to the 2022/23 activity plan (104.6%).
- The cost to eliminate 78 week waiters is £7m and this funding has been agreed with the ICS.
- £9.3m has been allocated to the Trust from the £1.5bn additional funds which have been made available nationally to support excess inflation costs.

The Trust submitted a breakeven plan on the 20th June 2022.

Our Financial Position

Income and Expenditure 2022/23	£'000
Operating income from patient care activities	1,224,490
Other operating income	97,117
Employee expenses	(842,293)
Other operating costs	(456,027)
Operating surplus /(deficit)	23,287
Finance costs	(5,097)
Dividends payable on public dividend capital (PDC)	(16,460)
Operating surplus / (deficit)	1,730
Adjustment for donated assets	(1,730)
Financial plan 2022/23	0

Key to delivering the financial plan are the following requirements:

- Maximise elective performance to secure both planned and additional funding (ESRF) to support elective recovery. This is 4.6% above 19/20 activity levels.
- Efficiency target is £47.7m (3.7% of turnover) and needs to deliver in full.
- Compliance with new national pay controls:
 - Previously established agency usage and rate limits – an agency cap will be re-introduced.
 - Similar set of conditions for bank staff
 - Approval from NHSE/I for any consultancy spend >£50k
 - Approval from NHSE/I for all non-clinical agency
 - Confirm and challenge where latest IPC guidance is not being followed or limiting productivity
 - By 31st Aug all providers subject to an independent audit of compliance

The Capital Plan

Development of the plan:

The Trust's 2022/23 capital plan represents a significant programme of investments totalling £119,297, of which £34,886 relates to Stage 1 of the 3Ts programme. To formulate the Capital Plan, the Trust has used a process that is transparent and fair in the prioritisation and allocating funds, and that investments are linked to the Trust strategic themes and linked to the Board Assurance Framework and the mitigation of risk. An internal prioritisation exercise was conducted, beginning in February 2022, with all the Trust's legacy divisions (including Facilities and Estates). This prioritisation exercise identified divisional priorities, including planned service changes with a capital requirement. It also identified requests for new medical devices and/or big ticket imaging equipment which fell outside of the remit for the Medical Devices Management Group (MDMG) prioritisation exercise. A strategic filter supported the prioritisation of potential service changes.

Governance:

Governance of the programme will be overseen by the Capital Investment Group (CIG) ensuring robust forecasting and re-prioritisation of the plan as a result of slippage on schemes and/or emerging risks.

Efficiency

The Trust has a total efficiency programme of £47m, which is split across the Trust as follows:

- corporate and operational divisions have been allocated a 3% efficiency target for cost reduction and productivity savings - £31.8m
- procurement cost avoidance efficiencies - £2m
- Reductions in COVID-19 expenditure - £7m
- Return on Non-NHS income to 19/20 levels - £6.7m
- Work is now fully mobilised to develop the 22/23 Efficiency Programme, with guidance and principles shared
- The plan continues to develop in terms of value and maturity. Corporate and operational divisions are required to mature remaining indicative and placeholder schemes by the end of June so that the Trust has a fully articulated plan for the £31.8m (3% of the plan)
- Whilst Divisions will continue to develop tactical opportunities in order to close their remaining gaps, there is focused work being supported centrally to help Divisions exploit opportunities across:
 - Clinical Productivity
 - Medical Workforce
 - Nursing Workforce
 - Covid cost reductions
- Quality Impact Assessments (QIAs) are undertaken for all efficiency schemes and are reviewed by the Chief Medical Officer/Chief Nurse Officer (or nominated deputy). All QIAs to date have been approved and further QIAs will be reviewed as the schemes develop in year.

Systems and Partnerships

Overarching aim:

Our True North goal for our Systems and Partnerships is to achieve the national constitutional targets for both planned and emergency care. For planned care our True North standard is that no patients will wait in excess of 40 weeks on a Referral to Treatment (RTT) Pathway to be seen and treated, and for emergency care that 95% of patients are treated within 4 hours in Emergency Care Services.

How to achieve this:

In the challenging context of recovering services following the COVID-19 pandemic, we are working to achieve these targets by first ensuring that no patients wait in excess of 52 weeks on an open RTT pathway, with a focus in 22/23 on no patient waiting more than 78 weeks. This is our breakthrough objective.

Our Restoration and Recovery Corporate Project is helping us focus our efforts to achieve this. Our breakthrough objective for Emergency Care relates to moving the median hour of discharge from 3-4p.m. to 10-11a.m. This will support patient flow from A&E.

Our Systems and Partnerships True North goals will also be supported by our 3Ts strategic initiative. 3Ts is a multi-stage redevelopment of new acute hospital estate at the Royal Sussex County Hospital in Brighton.



Our targets are that **zero** patients will wait in excess of **40 weeks** on an RTT pathway and that **95%** of patients are treated within **4 hours** in emergency care

National Guidance – Activity

Overarching Aim:

As well as reducing maximum waiting times, there is a national drive to increase elective activity during 22/23, and ensure that we are doing more than we did during 2019/20 (the year before the COVID-19 pandemic). The aim is to achieve 104% of this 19/20 baseline across daycase, inpatient, and outpatient activity.

How to achieve it:

The Trust plans to increase its activity through the provision of High Volume Low Complexity (HVLCs) sites. The system has identified six high volume specialities of which two (Musculo-skeletal and Ophthalmology) are being addressed through existing HVLCs (Sussex Orthopaedic Treatment Centre and Southlands) for service configuration. The four remaining specialities (ENT, Urology, Gynaecology, and general surgery) will be addressed via the proposed HVLC hubs (subject to funding approval) at Princess Royal Hospital (PRH). The PRH proposal includes the proposed provision of a daycase unit and four endoscopy rooms to significantly increase capacity. The Trust is also introducing modular outpatient capacity on the PRH site during 22/23.

The Trust is also enhancing our surgical capacity through the procurement of a Surgical Robot and following the successful development of a Urology Investigation Unit (UIU) at Worthing, a UIU at PRH is being developed.

National Guidance – Referral to Treatment Times

Overarching Aim:

The national planning guidance sets out that patients waiting more than 104 weeks should be seen by July-22 and a maximum waiting time of 78 weeks should be achieved by March 23.

How to achieve it:

For 104 week waits the Trust has significantly reduced the numbers of patients waiting for more than 104 weeks. At the end of March 2022, a total of 90 patients were reported as waiting for more than 104 weeks, of which 49 were unable to proceed due to COVID infection, or the patients had elected to wait for a more suitable date. The Trust will continue to apply downward pressure on 104 week waits and is utilising both internal and external capacity to ensure delivery. The Trust is confident that all 104 week waiting patients will be eliminated by the end of June 22.

The system plans to achieve zero patients waiting more than 78 weeks for treatment or outcome by March 2023. Modelling has been undertaken to assess the impact of the delivery activity levels at 104% of the 19/20 baseline on waiting list size and waiting times. Based on the current modelling delivering 104% activity to does not clear the 78 week risk cohort entirely. In order to clear the entire 78 week risk cohort, activity would need to exceed 104% as follows:

Activity Volume 22/23 Total	Percentage of 19/20 Baseline	Forecast 78 week wait position at March 2023
588,019	104%	4218
592,237	104.7%	0

The Trust is working with the operational divisions to review any further opportunities for efficiency and productivity improvements in order to achieve this.

National Guidance – Cancer

Overarching Aim:

The planning guidance states that volumes of people waiting in excess of 62 days between the date the hospital receives an urgent referral for suspected cancer and the start of treatment, should return to February-20 level by March-23, and that the 75% 28 day Faster Diagnosis is met so patients have cancer diagnosed or ruled out within a maximum of 28 days from referral.

How to achieve it:

We forecast that the Trust will deliver the 28 day Faster Diagnosis standard (to 75%) and to February-20 levels for 62 day prospective cancer waits by October 22. This is built on a 5% increase in outpatient and treatment activity in 2022/23 within the activity planning, and builds on the significant improvements and reduction seen at the Trust since December-21. To support this, we have undertaken key pathway developments including primary care use of FIT (Faecal Immunochemical Test) to accurately identify those patients who may have bowel cancer.

Our Cancer Service provision will also be greatly enhanced by the major refurbishment and redesign of the Medical Day Case Unit (MDCU) in Worthing. This will provide a purpose built Chemotherapy Unit that will be able to accommodate more patients, reducing the waiting times for this vital service. When it opens, the MDCU will be almost twice the size of the previous facility and will support staff in delivering holistic care to our patients. Staff played a key role in the design of the facility, sharing their expertise to make sure the varying needs of patients could be met in the service's new home.

National Guidance - Diagnostics

Overarching Aim:

The national target for diagnostic services is to deliver 120% of the 19/20 baseline during 22/23.

How to achieve it:

During Quarter 3 of 21/22, the Trust delivered 108% of the 19/20 baseline activity in diagnostics, and through further improvements is confident of delivering 110% during 22/23. A bottom up exercise is also being undertaken with the divisions to assess capacity at a modality level to ensure all productivity opportunity is captured.

As part of the national programme, the Trust is developing a Community Diagnostic Centre at Southlands Hospital. A temporary service is already in place, providing CT, MRI, Ultrasound and x-ray. This will be expanded over next year into a permanent centre to provide a range of diagnostic services to patients without needing to come to an acute hospital. Together with CDC provision in Falmer (at the Amex stadium) and in Bognor, the Trust is confident that the overall 120% target will be met.

In collaboration with other Sussex Trusts, the Trust is also investing in a Digital Histopathology service to transform Histopathology.

National Guidance – Outpatients

Overarching aim:

The planning guidance sets out there should be a reduction in outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible. A more personalised approach to outpatient follow-up appointments will ensure people who require a follow-up appointment receive one in a timely manner – protecting clinical time for the most value adding activity. In relation to patient initiated follow-up (PIFU) this will be expanded to all major outpatient specialties, moving or discharging 5% of outpatient attendances to PIFU pathways by March 2023. There are planned improvements in referral pathways, including through use of specialist advice services to enhance patient pathways – delivering 16 specialist advice requests, including advice and guidance (A&G), per 100 outpatient first attendances by March 2023

How to achieve it:

Given the backlog of patients to be cleared during 2022/23, and the need to achieve 104% of 19/20 baseline activity, the Trust is not forecasting it will achieve this 25% reduction in follow up activity by March 2023. This is in line with other Trusts within Sussex.

For patient initiated follow ups (PIFU), the Trust anticipates an increase from 0.8% in Q4 21/22, to 3.3% by March-23, which is lower than the 5% operating framework requirement. At a system level the target for advice and guidance has been achieved and is expected to continue to do so.

National Guidance – Urgent and Emergency Care

Overarching aim:

The national guidance sets out there should be a reduction in 12 hour waits in the Emergency Department with a maximum of 2%. Ambulance handover delays greater than a hour should be eliminated and that 95% handovers should take place within 30 minutes and 65% handovers should take place within 15 minutes, Services are required to develop clear contingencies for the winter to manage seasonal increases in demand. There should be an expansion of capacity (equivalent to 5,000 beds, including the virtual wards expansion).

How we are achieving it:

We plan to work with the System to reduce 12-hour waits in Emergency Departments (EDs) towards zero and no more than 2%: by delivering the NHSE/I Same Day Emergency Care (SDEC) Admissions Avoidance priorities to improve flow and reduce over-crowding; implementing revised Urgent and Emergency Care/System Resilience operating model to increase support for system partners and drive planning and reporting; implement Emergency Care Data Set (ECDS) and processes to support data capture 7 days a week; optimising the impact of the Urgent Treatment Centre (UTC) modular build at Royal Sussex County Hospital (RSCH), Brighton to improve flow and reduce overcrowding.

We will work with the system to minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards; embed ambulance handover best practice principles to deliver clarity of roles and responsibilities; support timely handover with all required patient information; reducing delays and improving patient outcomes; optimise impact of Urgent Treatment Centre (UTC) modular build at Royal Sussex County Hospital (RSCH), Brighton to improve flow and reduce overcrowding; progress St Richards Hospital (SRH) ED/UTC estates development and deliver quick wins that will improve flow and reduce overcrowding; introduce / optimise consistent front door streaming and redirection protocols to direct patients to the right care, right place, improve flow and reduce overcrowding; reduce conveyances by optimising use of non-ED acute and community Same Day Emergency Care pathways including Urgent Community Response (UCR) and Oximetry@Home pathways.

National Guidance – Community Care and Discharge

Overarching aim:

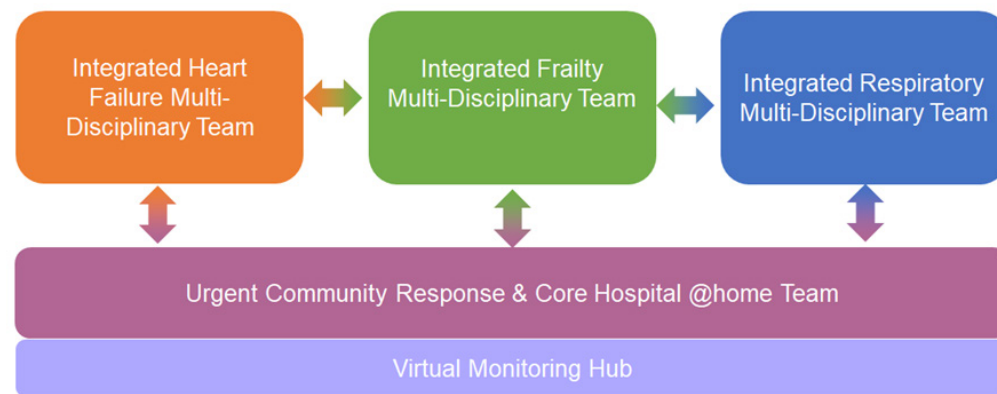
The National Guidance states that systems should develop plans in partnership to maximise roll out of virtual wards by December 2023 with 40-50 virtual wards beds per 100,000 population.

How to achieve it:

The Trust is working closely with the Virtual Ward system-level programme to develop Virtual Wards for three pathways:

- Heart failure
- Frailty
- Respiratory

This will be part of a continuum of care in the community, and will support those patients with higher complexity and acuity who would otherwise be in a hospital bed to receive the acute care, monitoring and treatment they need in their own home. It will also allow some patients to return home quicker.



Planning Governance

Assuring our plans:

The Trust has developed its plans with involvement of our senior Clinicians and leaders. We have also done so in partnership with the ICS. Our Trust governance arrangements for assuring our plans is shown in set out in the diagram.

Implementing our plans:

We will use our Strategic Deployment mechanisms to implement our plans, using our 'catchball' process to agree with each Division the contribution they will make to delivering the plans and support they need to do so. The progress towards our goals will be monitored at both Divisional and Trust level through our Strategy Deployment Reviews (SDRs).



Membership and Governors

Member Engagement

The Trust has recruited additional resource to its Membership team to deliver the Membership Engagement Strategy in 2022/23 with a particular aim to enlist new members and reflect the diverse communities of Sussex; connecting with their areas of interest to harness the insights and opportunity for improvement this can offer.

Constitution Update

On review of the Trust's Constitution at end of the first year of operation as UHSussex, small changes were made in respect of meeting arrangements; to include staff elected governors and to provide clarity around the handling of declared outside interests. The changes were approved by the Board and Council of Governors in May 2022. The number of governor positions are unchanged.

Public Governors

Following elections held after some incumbents reached the end of their elected terms, the Council has the following public governors:

Adur - John Todd, *re-elected June 2022*

Arun - Maria Rees, *newly elected June 2022*

Brighton & Hove - Frances McCabe, Frank Sims

Chichester - Maggie Gormley, Lindy Tomsett

East Sussex / Out of Area - Hazel Heron

Horsham - Paul Wayne

Mid Sussex - Doug Hunt

Worthing - Pauline Constable, *re-elected June 2022*

Staff Governors

In line with the approved constitution we have five staff governors for the Trust. These governors are:

- Amelia Parker for Worthing Hospital
- Miranda Jose for peripatetic staff
- Joanne Norgate for St Richard's Hospital
- Andrew Cook for Royal Sussex County Hospital
- Chris Pobjoy for Princess Royal Hospital

Appointed Governors

In line with the approved constitution we have five appointed governors for the Trust. These governors are:

- Sue Shanks from Brighton and Hove City Council
- Cllr. Alison Cooper from West Sussex County Council
- Helen Rice from Age UK, representing the voluntary sector
- Varadarajan Kalidasan from the Trust's Inclusion Groups
- Professor Katherine Galvin appointed by the University of Brighton School of Nursing and Midwifery.

Lead Governor

Special thanks go to Lyn Camps who has reached the end of her elected term for the Arun constituency and so stands down as Lead Governor. We are delighted that Lyn continues to work with the Trust with her appointment to the Board as Associate Non Executive Director. In July 2022 Governors will be invited to meet with the candidates for the vacant lead governor position prior to voting for this important role.

Summary

This year continues to be an exciting time for the Trust as we realise the benefits of our merged organisation. We also expect to open Stage One of our 3Ts building at the Royal Sussex County Hospital site, during the final quarter of 2022/23. Working across a larger footprint and with our ICS partners, we will continue to take steps to restore services following the COVID-19 pandemic. Alongside this, we will work to realise our longer term ambitions as set out in this Annual Operational Plan. To help us achieve this, we will refresh our Patient First Strategy, specifically the True North, with associated Breakthrough Objectives, Strategic Initiatives, and Corporate Projects.

The implementation of our new Clinical Operating Model will ensure that we have the optimum configuration to achieve our objectives. We will also continue to develop our Clinical Strategy, so that we can channel our clinical improvement and transformational effort where this will have the biggest patient benefit. We will also continue to work with the Queen Victoria Hospital to consider the best future relationship to support the provision of excellent services across Sussex.

Our Annual Operational Plan takes into account the requirements of the NHS long term plan and the 22/23 national planning guidance. In its entirety, our plan will enable us to achieve our ultimate aim to continually enhance patient experience and put patients first and foremost in our decision-making, so all improvements ultimately benefit the people we serve.

