



University Hospitals Sussex

NHS Foundation Trust

# Annual Operational Plan

2023-2024



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# Introduction

This document describes University Hospital Sussex NHS Foundation Trust's plans for 2023-24. The plan sets out our aims and ambitions for the year and how this fits with our Patient First approach.

Patient First is our integrated framework for improvement and sets out the Trust's vision, strategy, and goals. It is through this approach that we define our longer term ambitions - 'True North', and objectives. It also provides the context for our annual plans, which we deliver through our strategy deployment process.

Across all of our services we have set out what we can deliver in 2023-24 for the population we serve. We have included the requirements nationally set by NHS England and the local Sussex Integrated Care System (ICS). This includes the need to improve access for patients for our planned care, cancer, and emergency care services



# Background

## Our community

UHSussex provides services to over a million people living in West Sussex and Brighton and Hove. We provide specialist and tertiary services to additional patients across a larger footprint including areas in East Sussex and Surrey. 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 and 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 five years and our plan will help to make sure we are best placed to meet the changing needs of the population we serve.

## Context for UHSussex

The key aim of our planning for 2023-24 is to develop a plan which is realistic and focuses on the key national delivery priorities, our True North, and that is fully supported across the Trust. This includes dealing with a challenging financial position, significant operational challenges for elective and emergency care, disruption of operational services due to industrial action and ongoing recruitment and retention of staff.







# Our hospitals and community



5. Princess Royal Hospital

1. St Richard's Hospital



2. Worthing Hospital



3. Southlands Hospital



4. Royal Sussex County Hospital and Royal Alexandra Children's Hospital



Key - Integrated Care System place based partnerships (coterminous with our local authorities)

- West Sussex place
- East Sussex place
- Brighton and Hove place

# National planning guidance

The National Planning Guidance was published by NHS England in December 2022, setting out the key objectives for the NHS for 2023-24. A summary of the areas which impact on UHSussex is given below:

| Area                             | Objectives   |
|----------------------------------|--|
| <b>Urgent and emergency care</b> | <ul style="list-style-type: none"><li>• Improve A&amp;E waiting times so that no less than 76% of patients are seen within four hours by March 2024 with further improvement in 2024-25.</li><li>• Improve Category 2 ambulance response times to an average of 30 minutes across 2023-24, with further improvement towards pre-pandemic levels in 2024-25.</li><li>• Reduce adult general and acute (G&amp;A) bed occupancy to 92% or below.</li></ul>            |
| <b>Elective care</b>             | <ul style="list-style-type: none"><li>• Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).</li><li>• Deliver the system specific activity target (agreed through the operational planning process).</li></ul>  |
| <b>Cancer</b>                    | <ul style="list-style-type: none"><li>• Continue to reduce the number of patients waiting over 62 days.</li><li>• Meet the cancer faster diagnosis standard by March 2024 so 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.</li><li>• Increase the percentage of cancers diagnosed at stages one and two in line with the 75% early diagnosis ambition by 2028.</li></ul> |

| Area                                      | Objectives  |
|---|---|
| <b>Diagnostics</b>                        | <ul style="list-style-type: none"> <li>• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.</li> <li>• Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.</li> </ul>   |
| <b>Maternity</b>                          | <ul style="list-style-type: none"> <li>• Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.</li> <li>• Increase fill rates against funded establishment for maternity staff.</li> </ul>  |
| <b>Use of resources</b>                   | <ul style="list-style-type: none"> <li>• Deliver a balanced net system financial position for 2023-24.</li> </ul>   |
| <b>Prevention and health inequalities</b> | <ul style="list-style-type: none"> <li>• Increase the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.</li> <li>• Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20% on lipid lowering therapies to 60%.</li> <li>• Continue to address health inequalities and deliver on the Core20PLUS5 approach.</li> </ul> |

# Local planning guidance

University Hospitals Sussex NHS Foundation Trust is one partner in a much larger group of organisations that provide health and care to the residents of Sussex. The organisations work together in what is known as an Integrated Care System (ICS) which is overseen by Sussex Health and Care.



## Help local people **start** their lives well

for example by improving mother and baby health and wellbeing, especially for those most in need.



## Help local people to **live** their lives well

for example by supporting people who have physical disabilities, learning disabilities and mental health conditions, to have good health and joined-up care and support.

## Help our staff to do the **best** job they can in the best possible working environment

providing more support to them and creating a more diverse, inclusive and healthier working environment.

## Help local people to **age** well

for example by helping older people to stay healthy and live independently for longer, reducing the number of older people who suffer falls, helping people receive good quality care at the end of their lives and to die at a place of their choosing.



## Help local people get the **treatment, care** and support they need

when they do become ill by tailoring care to support people in their own homes, or as close to home as possible; supporting the health and wellbeing of carers; giving them access to the most appropriate and best experts and professionals as early as possible that best suits their needs; managing risk factors for long-term conditions.





## The Patient First triangle

Patient First is the overarching strategy for UHSussex. It's our guiding principle at the heart of everything that we do. It's also the long term approach we take to transforming hospital services. It sets out that our True North is the 'patient first and foremost'. This is supported by the values of compassion, teamwork, communication, respect, professionalism, and inclusion.

These are supported by our six Patient First strategic themes

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





# Vision, values & strategic initiatives

Each of our strategic themes has a vision and goal, and a shorter term 'breakthrough objective' which are summarised below. These are supported by some longer term 'strategic initiatives' and some specific time limited corporate projects. These are the key objectives that we focus our resource on delivering.

|  |   |   |
|--|---|---|
| <p><b>Patient</b><br/> <b>Vision</b><br/>           Excellent Care Every Time<br/> <b>Goal</b><br/>           Positive experiences for all patients and their families</p>   | <p><b>Sustainability</b><br/> <b>Vision</b><br/>           Making the most of our resources<br/> <b>Goal</b><br/>           High quality accessible services delivered in budget<br/> <b>Breakthrough</b><br/>           Improving productivity</p> | <p><b>Our People</b><br/> <b>Vision</b><br/>           A great place to work<br/> <b>Goal</b><br/>           Supported staff committed to delivering excellent care<br/> <b>Breakthrough</b><br/>           Staff voice that counts</p>   |
| <p><b>Quality</b><br/> <b>Vision</b><br/>           Best outcomes<br/> <b>Goals</b><br/>           Zero preventable harm and lowest mortality among similar Trusts<br/> <b>Breakthrough</b><br/>           Fewer falls/ Earlier Intervention</p> | <p><b>Systems and Partnerships</b><br/> <b>Vision</b><br/>           Accessible care<br/> <b>Goal</b><br/>           Achieving national standards for planned, cancer and emergency care<br/> <b>Breakthrough</b><br/>           Home for lunch</p> | <p><b>Research and Innovation</b><br/> <b>Vision</b><br/>           Evidence-based improvement<br/> <b>Goal</b><br/>           Research and innovation for all patients and staff<br/> <b>Breakthrough</b><br/>           Taking part</p>   |
| <p><b>Strategic Initiatives</b><br/>           Environmental Strategy<br/>           Leadership Culture and Development<br/>           Patient First Improvement Programme<br/>           Clinical Strategy<br/>           3Ts</p>               |   | <p><b>Corporate Projects</b><br/>           Estates Masterplanning<br/>           Reduced Length of Stay<br/>           Patient Access Transformation<br/>           Improving General Surgery<br/>           Community Diagnostic Centres<br/>           Medical Workforce Systems<br/>           Quality Governance</p> |



# Patient Experience

|                        |   |
|------------------------|---|
| <b>True North goal</b> | To be in the top quartile nationally for patients rating their experience as good or very good as measured through our Friends and Family Test across A&E, maternity, outpatient, and inpatient services. |
|------------------------|---|

| Project  | Objective   |
|--|---|
| <b>Corporate project:</b><br>Patient access transformation | A Trust-wide programme of work is in place to review patient access and pathways to support performance and improve the experience of patients. |



# Reducing health inequalities

## Overarching aim

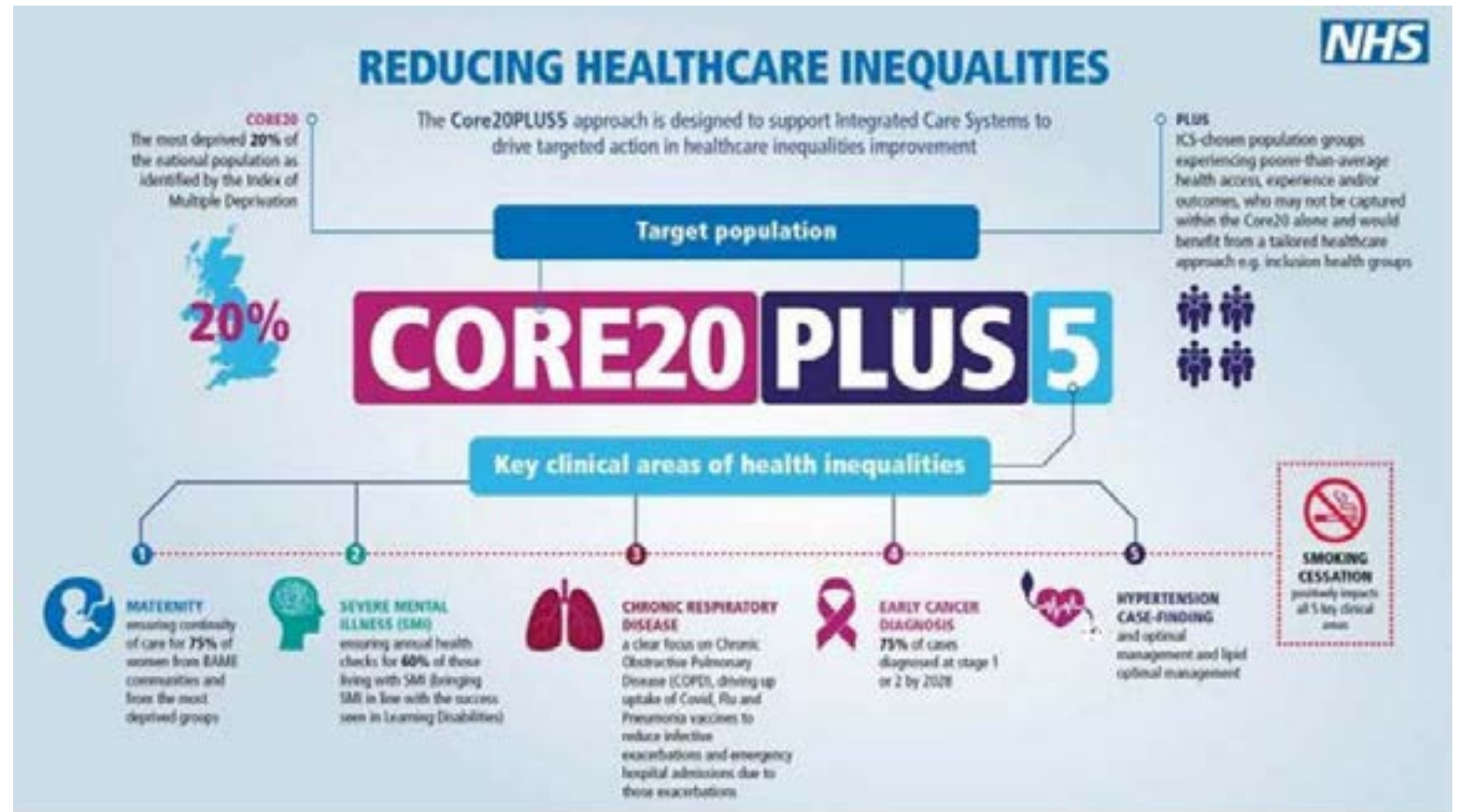
We need to ensure that our Trust plans for the prevention of ill-health are updated and incorporated into the Integrated Care System (ICS) joint forward plans.

The national guidance asks that we should continue to deliver against the five strategic priorities for tackling health inequalities and take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans.

## How we are achieving it:

We're working with our partners in the ICS promoting patient wellbeing, use of data from the Joint Strategic Needs Assessment and using our revised Clinical Strategy to help reduce health inequalities.

We always take into account the need to address health inequalities when we introduce new services.





|                                      |  |   |
|--------------------------------------|--|---|
| <p><b>True North goal</b></p>        | <p><b>Harm:</b><br/>Reduction of 5% in preventable harms.</p>  | <p><b>Mortality:</b><br/>Summary Hospital Mortality Indicator (SHMI) equal to or less than 100 for the Trust and the individual hospital sites.</p> |
| <p><b>Breakthrough objective</b></p> | <p><b>Harm:</b><br/>To reduce falls harms whilst in the care of University Hospitals Sussex by 30%</p> | <p><b>Mortality:</b><br/>Improvement in the management of deteriorating patients as measured by the CQUIN measure.</p>                              |

| Project  | Objective   |
|--|---|
| <p><b>Corporate project:</b><br/>Patient access transformation</p> | <p>A Trust-wide programme of work is in place to review patient access and pathways to support performance and improve the experience of patients</p> |





## Overarching aim

- We will continue to deliver the actions from the final Ockenden report for maternity services.
- We will ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices.
- We will implement the local equity action plans that every local maternity and neonatal system.
- Local maternity and neonatal system (LMNS) and ICS has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

## How we are achieving it:

- The Trust will undertake benchmarking and planning to meet the requirements of the three-year delivery plan for maternity and neonatal services, including implementation of the saving babies lives care bundle.
- We will ensure compliance with the first Ockenden report and complete benchmarking against the final report. Work continues on the maternity improvement plan under the maternity safety support programme and recruitment is underway to strengthen our midwifery and obstetric leadership staff.
- The perinatal quality surveillance model is fully embedded with the early warning response working well. Personalised care and support plans have been provided to all service users.
- The Trust has completed the birth rate plus assessment and is fully engaged with national direct support offer to support recruitment and retention. We have improved our midwifery fill rate and are reducing the services sickness absence rate.



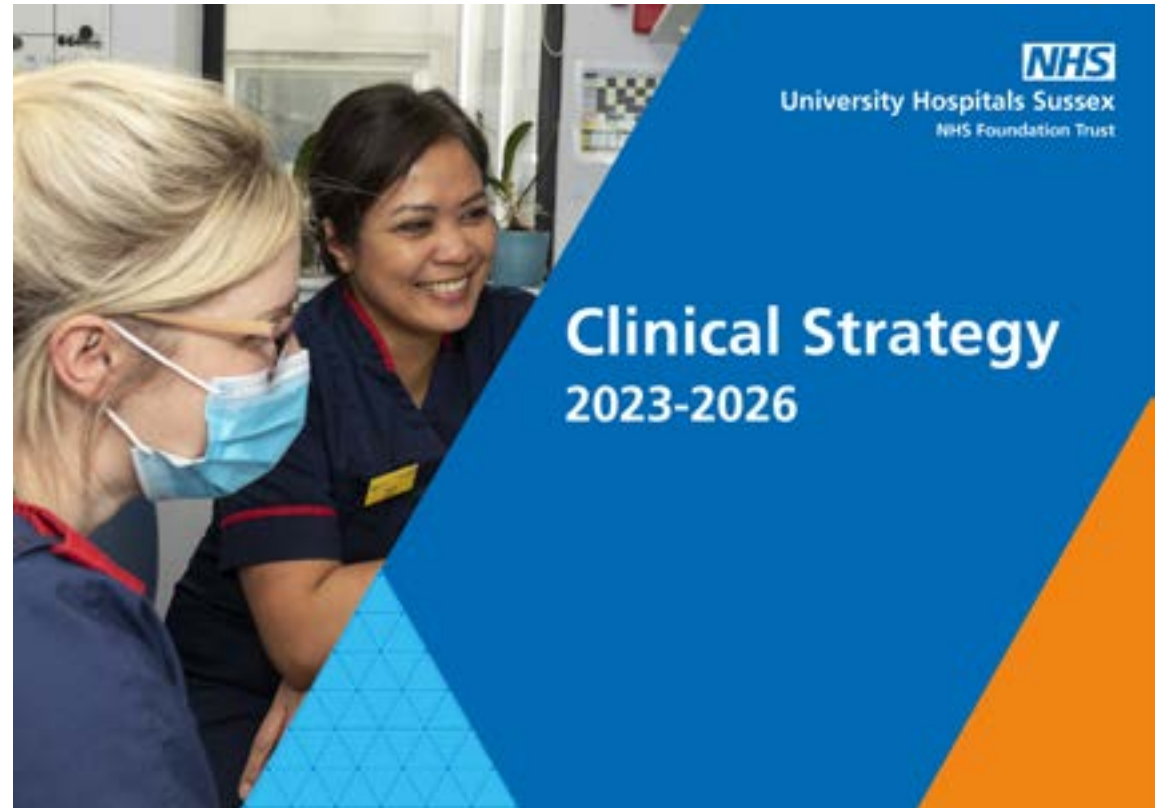
# Clinical Strategy 2023-26

The Clinical Strategy has been developed through detailed discussions with each of our clinical teams and has a clear roadmap that will support its implementation.

The Clinical Strategy is designed to support delivery of all our True North goals and is firmly rooted in the continuous improvement approach of Patient First, where we aspire to give excellent care, every time and “Where better never stops”.

The strategy takes account of the wider strategy of Sussex Integrated Care System, and aligns with the Trust’s other key strategies relating to digital innovation, mental health and environmental sustainability.

The Clinical Strategy will also inform our plans for how we will best use and develop our buildings and estate.



# Our People

|                               |  |
|-------------------------------|--|
| <b>True North goal</b>        | To be in the top quartile of trusts for staff engagement, reaching top half of Trusts within 12 months.                                      |
| <b>Breakthrough objective</b> | 'Staff voice that counts' - Increase the percentage of staff who are confident that the organisation would address their concerns if raised. |

| <b>Project</b>  | <b>Objective</b>   |
|---|--|
| Corporate project:<br>Electronic Workforce Deployment | Implementation of Trust wide electronic rostering system including medical workforce |



# Workforce planning overview

We are committed to making the UHSussex a great place to work. Our approach to planning reflects the key themes of the NHS long term workforce plan including **Train, Retain and Reform**.

The plan focuses on **internal talent development, understanding key drivers to maximise retention** and **diversifying our workforce to support new models of care**.

Our Patient First focus of making the Trust a great place work, working to ensure staff voices count and other initiatives around working on leadership, culture and development combined with implementing Trust wide medical workforce systems all support the local delivery of the national workforce plan.

- The Workforce plan is being developed collaboratively across UHSussex and linked in with the Clinical Strategy and Financial Plans.
- We will focus on getting the right permanent staff and reducing dependency on agency staff.
- Keeping staff we already have is also key to ensure stability – new National Retire and Return flexibilities for example.
- We will increase our focus on staff wellbeing and working to ensure our staff feel their voices are heard and acted upon.
- Workforce deployment and planning with greater visibility by using new computer systems.
- Looking at the skills of those we employ and making sure we have the best skill mix.
- The development of an education strategy in 2023.





|                               |  |
|-------------------------------|--|
| <b>True North goal</b>        | For the Trust to achieve break even.   |
| <b>Breakthrough objective</b> | To deliver the activity plan of 7% increase on elective activity above 2019/20 levels through productivity (and supported by key contributors such as theatres, medical workforce and coding). |

| Project   | Objective  |
|---|--|
| <p><b>Corporate project:</b> Estates Masterplan</p> <p><b>Capital and Divisional Project:</b> Delivery of the redevelopment of the emergency departments at Worthing and St Richard's hospitals</p> | <p>The programme to consider any possible estates changes in a holistic way across UHSussex, taking into account any impact on dependent services.</p> <p>Expansion of majors capacity and provides ability to segregate patients. Expansion work to include walk in attendances, IPC isolation, cohort areas and overcrowding in waiting rooms.</p> |





## Overarching national view:

Planning guidance and associated consultations, priorities and operational planning guidance were circulated in December 2022 by NHSE. The guidance reflected progress had been made towards many of the 2022-23 planning goals, largely eradicating two year waits for elective care and delivering record numbers of urgent cancer checks.

This was achieved alongside continuing to respond to the build-up of health needs during the pandemic, an ongoing high level of COVID-19 infection and capacity constraints in social care, increased costs due to inflation and reduced productivity due to the inevitable disruption caused by COVID-19. 2023-24 will also be challenging and an acknowledgement was made of the continuing complexity and pressure the NHS faces. The guidance set out to support local decision making, empowering local leaders to make the best decisions for their local populations and fewer, more focused national objectives:

- Recover our core services and productivity.
- Make progress in delivering the key ambitions in the long term plan, and continue transforming the NHS for the future.

There remains a constitutional duty to deliver a breakeven financial performance for each Integrated Care System (ICS). Each constituent organisation within the Sussex ICB submitted breakeven financial plans for 2023-24.

# Our financial plan

## Financial framework:

Key expectations of the 2023-24 financial framework and associated financial allocations are: elimination of 65-week waiters, elective activity recovery to 107% of pre-COVID-19 performance and increased efficiency delivery. The basis of the 2023-24 financial allocations are as follows:

- A national efficiency requirement of 1.1%.
- Pay inflation has been modelled at 2.1%.
- Non-pay inflation has been calculated based on CPI 5.5%.
- COVID-19 income is substantially reduced and largely is pass-through funding for testing.
- Funding allocations have been included for elective recovery (ERF). Delivery of the activity plan is integral to financial sustainability.

Risk of income recovery (clawback) if activity plans are not delivered in full is 100% of tariff.



## Trust financial plan 2023-24

|   | £m      | £m             |
|---|---------|----------------|
| 2022-23 surplus / deficit                             |         | (10.40)        |
|   | (46.76) |                |
| <b>2023-24 Opening underlying surplus / (deficit)</b> |         | <b>(57.16)</b> |
| National & ICS Efficiency Requirements                | 12.85   |                |
| Pay and Non-pay Inflation                             | (39.92) |                |
| Clinical Negligence Scheme for Trusts (CNST)          | (1.02)  |                |
| COVID-19 Funding                                      | 3.14    |                |
| Elective Restoration and Recovery                     | 6.40    |                |
| Productivity Improvements                             | 3.00    |                |
| Mental Health Pathway Improvement – agency reductions | 7.70    |                |
| <b>2023-24 surplus / (deficit) pre efficiency</b>     |         | <b>(62.00)</b> |
| <b>Efficiency requirement to breakeven</b>            |         | <b>62.00</b>   |
| <b>2023-24 financial plan surplus / (deficit)</b>     |         | <b>0.00</b>    |

The financial plan has been constructed through modelling assumptions in the guidance and agreeing financial allocations from the ICS funding envelope.

### Key contributors to the core gap are:

- An 80% decrease in COVID-19 income, (£12.4m).
- Income support for ERF and surge pressures in 2022-23 non recurrent.
- Pay and non-pay inflation in excess of national efficiency requirements.
- An ERF allocation is included and matched with expenditure to support delivery of between the 100% (2019-20) to 107% activity baseline.
- Additional ERF funding allocation of £6.4m to support delivery of the finance and activity plans.
- Funds to support the delivery of 65-week waits is incorporated within ERF funding allocations.
- No funding has been made available to the Trust to support excess inflation costs, expenditure will be monitored and reported to the ICS.
- The 2023-24 Trust efficiency requirement is £62m (4%), which is considered reasonable, in view of operational risks and operating environment.

The Trust submitted a breakeven plan on the 4 May 2023.



# Our financial position

## Income and expenditure 2023-24

|   | £'000           |
|---|-----------------|
| Operating income from patient care activities             | 1,307,040       |
| Other operating income                                    | 94,079          |
| Employee expenses   | (893,739)       |
| Other operating costs                                     | (578,793)       |
| <b>Operating Surplus / (Deficit)</b>                      | <b>(71,413)</b> |
| Finance Costs   | (4,271)         |
| Dividends Payable on Public Dividend Capital (PDC)        | (23,790)        |
| <b>Operating Surplus / (Deficit)</b>                      | <b>(99,474)</b> |
| Adjustments (Corporation Tax and Capital Donations)       | (526)           |
| I&E Impairments / (Reversals)                             | 100,000         |
| <b>Financial Performance Retained Surplus / (Deficit)</b> | <b>0.00</b>     |

### Key to delivering the financial plan are the following:

- Maximise elective performance to retain (ERF) to support elective recovery. (Target 107% of 2019 / 2020 baseline and to support delivery of 65 week waits).
- Efficiency target of £62m needs to be delivered in full.
- Compliance with the agency cap, which is agency expenditure to be < 3.7% of total pay expenditure.
- Adherence to NHSE enhanced governance arrangements and controls.
- Approval from NHSE/I for any consultancy spend >£50k.
- Monitoring of inflationary pressures to assess non-pay inflation estimates are in line with NHSE national guidance.
- Work collaboratively with local health and social care partners to look at pathway improvements for mental health patients presenting at our emergency department.



# Efficiency planning

The Trust has a £62m efficiency requirement in 2023-24 and plans to deliver the full target value have been identified.

This requirement equates to 4% of operating expenditure and is delivered through our corporate and clinical divisions (including contribution from our central procurement and medicines management cross-cutting workstreams).

In 2023-24, the focus of the efficiency programme is on cost reduction, with income in the programme capped at a maximum 10% contribution. Key focus areas for the programme include:

- Reduction in escalation bed usage through length of stay improvements and effective bed planning.
- Maximising benefits from the opening of our new building in Brighton (the Louisa Martindale Building).
- Reducing the cost of registered mental health nursing (RMN) support through workforce modernisation.
- Increasing our elective productivity to help reduce premium independent sector capacity.

Of the total plan, schemes to the value of £22m (36% of plan value) are at high delivery risk. The focus over the early months of 2023-24 will be on identifying mitigation actions to reduce risk and maximise delivery confidence.

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.





# The Capital Plan

## Overview:

The capital plan underpins and is a key part of many areas of development being undertaken by the Trust. The capital plan currently includes activity around:

- Development and opening of the Louisa Martindale Building and 3Ts Programme.
- Community Diagnostic Centres in Falmer, Bognor and Southlands and other activity around provision of endoscopy services.
- Invest in our IT infrastructure and digital solutions.
- The capital requirements around the High Volume Low Complexity provision.

## Governance:

Oversight of the capital plan sits with the senior executive team at the Trust and in particular the chief finance officer.

All and any activity is overseen by various governing bodies and clear processes exist to ensure the integrity of the system and processes.



# The Louisa Martindale Building

**The first stage of the Trust's 3Ts building programme opened in 2023 – the Louisa Martindale Building.**

The £500m development provides state of the art facilities for 28 clinical wards and departments including general and acute medicine, stroke, neurosurgery, critical care and theatres.

Services have now been moved from the Barry Building, which will be demolished to make way for a new cancer centre as part of stage two of the 3Ts programme.





# Systems & Partnerships

|                                      |   |
|--------------------------------------|---|
| <p><b>True North goal</b></p>        | <p><b>Planned care:</b><br/>By March 2024, no patient is waiting more than 65 weeks for treatment.</p> <p><b>Cancer:</b><br/>To achieve the 62 day standard.</p> <p><b>Emergency care:</b><br/>No patients to exceed a 12 hour wait in our emergency departments.</p> |
| <p><b>Breakthrough objective</b></p> | <p><b>Emergency Care:</b><br/>Median time of discharge will be 10.00 – 10.59am.</p>   |

| Project   | Objective   |
|---|---|
| <p><b>Corporate project:</b><br/>Community diagnostic centres</p> | <p>Establish a Community Diagnostic Centre at Southlands, plus spokes in Bognor and Falmer to increase diagnostic capacity, transform pathways, and improve patient experience.</p> |
| <p><b>Corporate project:</b><br/>General surgery</p>              | <p>Enhanced support of general surgery.</p>   |
| <p><b>Corporate project:</b><br/>Reducing length of stay</p>      | <p>All hospital directors to work to reduce how long patients stay in our hospitals across all our sites.</p>   |



# Capacity and demand for services

Knowing what our population needs and what we're able to deliver is key to managing the Trust, our budget and workforce to ensure we provide the best care and support to that population. This covers patients requiring cancer treatment, outpatient care, patients needing surgery, diagnostic and therapy services, and accident and emergency care. In order to ensure that we treat people in a timely way we need to fully understand the demand for services and what capacity we will need to meet this demand.

The guidance issued by NHSE tells the Trust we need seek to increase activity levels to above those we delivered in 2019-20 levels, to increase the amount of day case activity, improve our use of theatre capacity, and to free up slots for outpatient treatment by reducing unnecessary follow-up treatment. This table summarises the level of activity we are committed to delivering in 2023-24.

| Activity Type  | 2019-20<br>Baseline | 2023-24<br>Plan | %<br>Increase |
|--|---------------------|-----------------|---------------|
| New outpatient appointments                                | 311,087             | 333,597         | 107.2%        |
| Follow up appointments in outpatients                      | 481,689             | 483,652         | 100.4%        |
| Daycase surgery  | 117,210             | 124,510         | 106.2%        |
| Elective surgery   | 16,297              | 17,608          | 108.0%        |
| <b>Total</b>   | <b>926,283</b>      | <b>959,367</b>  | <b>103.6%</b> |
| <b>Total (excluding follow up outpatient appointments)</b> |                     | <b>475,715</b>  | <b>107.0%</b> |





# National guidance - diagnostics and community diagnostic centres

## Overarching aim:

The national planning guidance requires trusts to maximise the roll out of community diagnostic capacity with new community diagnostic centres (CDCs). The Trust has also been asked to deliver improvements in pathology and imaging and improve our use of digital options such as the sharing of digital imaging.

## How we are achieving it:

- Developing a new CDC at Southlands Hospital, with Phase 1 due to open in October 2023.
- Southlands Phase 2 will open in 2024.
- A CDC spoke service has been established in Falmer, north of Brighton.
- A further CDC spoke is planned in Bognor at the University of Chichester site in collaboration with partner health organisations.





# National guidance – emergency care

## Overarching aim:

The NHSE national planning guidance states that trusts are required to work with partners, including local authorities to reduce the number patients who are medically fit and well enough to be discharged from our hospitals. We also need to work to reduce handover delays from our partners in the ambulance service to support the management of clinical risk across the system. Additionally, the Trust will need to work with our partners to develop and maintain a clinically led system control centres (SCCs) to effectively manage risk.

We also want to reduce the amount of time people have to wait in our emergency departments and have set the target of having at least 76% of people seen and either treated, admitted or discharged within four hours in the department.

## How we are achieving it:

As part of our monthly monitoring, we are looking at how well we are supporting patients who attend our emergency departments and how long they are having to wait before they are seen. The Trust also has a number of projects that will help patients that need to use the services of our urgent and emergency care provision.

The Trust is seeking to increase the use of Same Day Emergency Care (SDEC) services across all four of its main sites so that patients aren't admitted when they do not need to be. Reducing the time patients stay in hospital, and other improvements in our patient pathways, will help us achieve the target having at least 76% people seen within four hours in emergency departments and not unduly delay ambulances who attend our A&E departments.



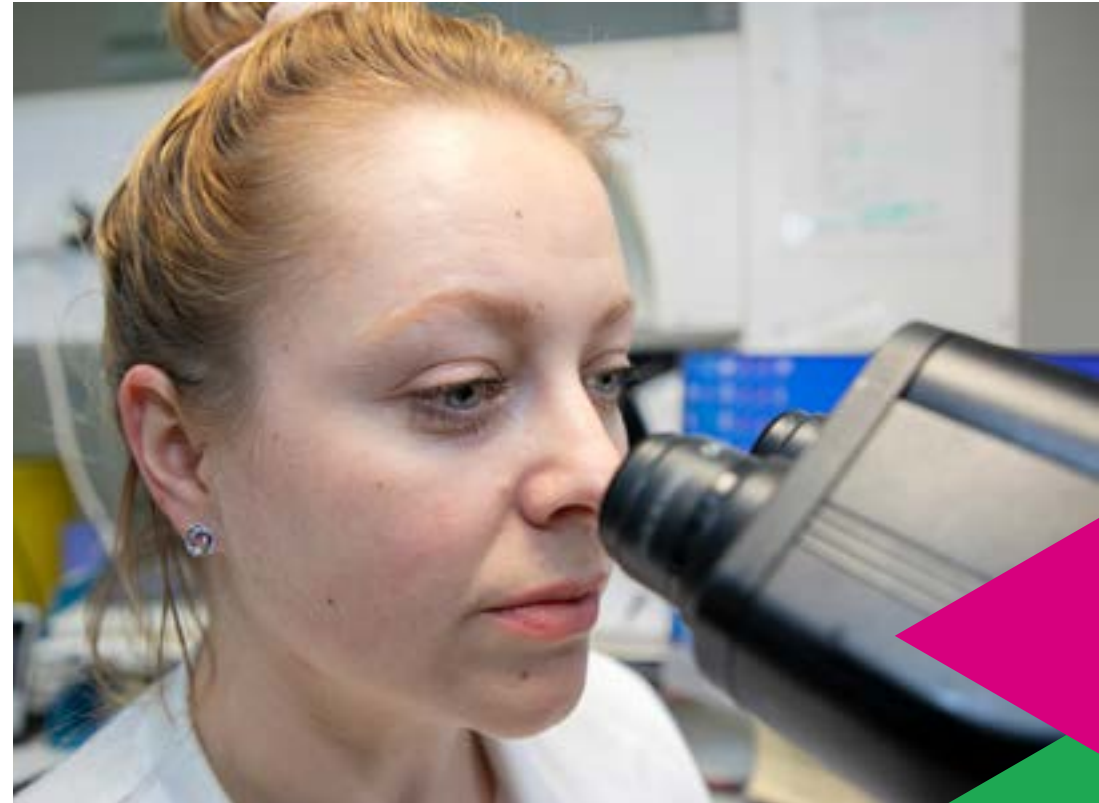
# Research and Innovation

|                               |   |
|-------------------------------|---|
| <b>True North goal</b>        | Within three years to be in the top 20 acute trusts nationally for patients recruited into portfolio studies.                                   |
| <b>Breakthrough objective</b> | To recruit additional patients in the next twelve months, with a targeted plan implemented as a result of the Research and Innovation Strategy. |

## Overarching aim:

The vision for the Trust is that we'll be a place where all patients and staff have the opportunity to participate in high-quality research and innovation which is relevant to them. We'll also work with partners across Sussex to ensure equality of access to the benefits of health and care research and innovation for the whole population. Research and Innovation is now one of our six True North themes.

Through research and innovation we learn how to better prevent, diagnose and treat illness. Research and innovation tell us what doesn't work; helping us improve practice and focus resources on doing what delivers the greatest benefits. Importantly, the positive impact of research and innovation is not confined to those who participate. NHS trusts that are highly research active have better outcomes for patients across all their services.





# Risks and mitigations

We have reviewed the risks in delivering our annual plan. This table provides a summary of the top three risks and mitigations:

| Risks  | Impact  | Mitigations  |
|--|---|--|
| <b>1. Targets for elective and emergency care are not achievable.</b>                            | Patients wait for treatment for longer than they should, resulting in sub-optimal care and experience.                  | Minimise the gap through additional productivity and pathway management measures as part of detailed capacity and demand management with the clinical divisions. |
| <b>2. Delivery of the plan is unaffordable from within the Trust financial envelope.</b>         | The Trust is unable to meet its statutory duty to meet its financial target.  | Close focus on working within the our pre-COVID-19 (2019-20) resource levels for the delivery of baseline activity.  |
| <b>3. We are unable to recruit to a level sufficient to deliver the service levels required.</b> | Patients wait for treatment for longer than they should, and we are reliant on temporary workforce to deliver services. | A range of workforce measures have been put in place to seek to improve recruitment and retention of staff.  |