Western Sussex Hospitals NHS
NHS Foundation Trust

STRATEGIC PLAN

2014–2019

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SECTION ONE

INTRODUCTION

The intention of this Strategic Plan is to set out the ambitions for Western Sussex Hospitals NHS Foundation Trust (WSHFT) over the next five years, demonstrating how we intend to ensure we provide the best possible care for our patients, and ensure a sustainable future for the Trust, both on a clinical and a financial basis.

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

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

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

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

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

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

In order to deliver the programmes set out in this plan, the Trust is embarking on a new approach to service transformation. This will involve the introduction of a new 'EXCEL' (EXcellent, Compassionate, Effective, Leadership) programme, which will feature the following:

- Genuinely putting care for the patient, and patient safety in particular, at the heart of what we do
- Building a culture of kindness, compassion, professionalism, improvement and respect amongst our staff
- Through continuous, incremental improvements, ruthlessly eliminating waste, inefficiency and variation
- Transforming our approach to leadership to support those closest to patients to make continuous improvements to patient care.

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

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

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

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

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

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

In Section 5, we look at the priority programmes for service change. This outlines the key implications for the Trust in the light of the market analysis and service line review. The

plans outline the proposed future shape of WSHFT, outlining the essential building blocks necessary at both of our main sites, and the implications for our estate. We then outline our five prioritised workstreams for the period of the strategic plan. These are:

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

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

Finally in Section 6, we provide some detail on the Trust's financial plans which support the Trust's Strategic Plan, including the capital requirements.

SECTION TWO

DECLARATION OF SUSTAINABILITY

WSHFT can declare that the Strategic Plan will ensure sustainability of the organisation over the next five years, on a clinical, operational and financial basis.

We can make this declaration on the basis of:

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

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

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

- A move towards a radically different and truly integrated unscheduled care system across the LHE, with the Trust playing a central role. Not only will this improve the quality and seamlessness of care, it is an essential step if we are to drive through the efficiency and productivity gains required by the LHE
- Reconfiguration of a range of services across the Trust, including not only urology, breast, stroke and ophthalmology services, but also potential further reconfiguration of surgical services for both elective and emergency care
- A successful expansion of our commercial programme, securing key elements of business for the Trust enlarging our catchment area for a range of services, seeking to increase the range of services we offer and expanding our private patient service.

SECTION THREE

MARKET ANALYSIS AND CONTEXT

In this section we provide an overview of the market assessment for the Trust over the next five years, looking initially at the drivers for change, including a healthcare needs analysis.

OUR VISION - 'WE CARE'

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

1. Firstly, and most importantly, ***we care about YOU, the patient***. We will do all we can to make sure we treat you with kindness, respect and compassion. We are here to serve you and your needs and we will never forget this
2. ***We care about quality***. We want to improve our services, achieve the best experience and outcomes for our patients and respond positively to their feedback
3. ***We care about safety***. We are committed to providing the safest care possible, eradicating avoidable hospital acquired infections, reducing mortality and providing the best environment for our patients
4. ***We care about serving local people***. Wherever possible we want to provide a comprehensive, locally based service to the 450,000 population we serve, so that when they need care they will choose to come to us
5. ***We care about being stronger together***. We know how important it is for patients to receive integrated care across primary, secondary, community and social care. We will work relentlessly with partners to make sure this happens
6. ***We care about improvement***. We want to continually strive to be better, to make sure that we are providing modern evidence based care to our population
7. ***We care about the future***. We want to be an organisation that people can rely on, both now and in the future. That's why it is important we make sure that we operate within our means and invest for the future.

HEALTHCARE NEEDS ASSESSMENT

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

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

The Population we Serve

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

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

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

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

How the Population is Changing

Local Demographics

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

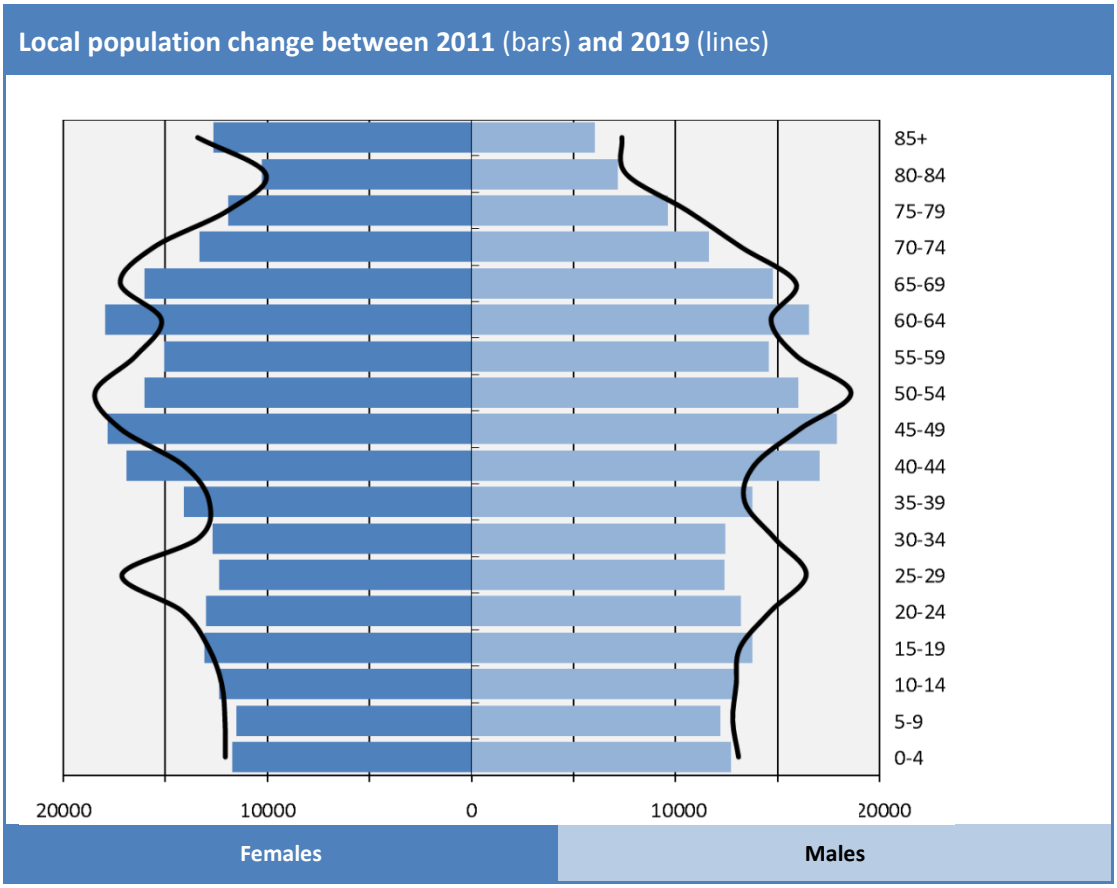


Figure 3.0: CWS local population change 2011–19
Source: CWS CCG five-year strategic and two-year operational plan

Long-term Conditions

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

Unscheduled Care

- There are continued demands on local urgent and emergency care with changes in patterns of disease. In 2013/14 there were over 130,000 attendances to WSHFT emergency departments and almost 47,000 emergency admissions. The table below details WSHFT emergency admissions for the last five years demonstrating the positive impact of local actions across the LHE to reduce episodes of unscheduled care, particularly in short-stay patients. However, with continued forecast population growth projections the pressures on urgent care departments will remain. There is also strong evidence that the acuity of the patients being admitted to hospital has increased over the past two years.

Year	2009/10	2010/11	2011/12	2012/13	2013/14
St. Richard's Hospital	21,961	22,574	22,859	22,814	22,119
Worthing Hospital	25,843	27,328	26,352	26,019	24,872
Total	**47,804**	**49,902**	**49,211**	**48,833**	**46,991**
% Increase/ Decrease	-	4.4%	-1.4%	-0.8%	-3.8%

Table 3.1: WSHFT emergency admissions
Source: Sema Helix

- There is a high concentration of nursing homes along the CWS strip (283 in June 2011, with approximately 7,300 beds), which contributes to the increasing numbers of frail elderly patients and associated increased pressures on healthcare within the LHE.

Cancer Care

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

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

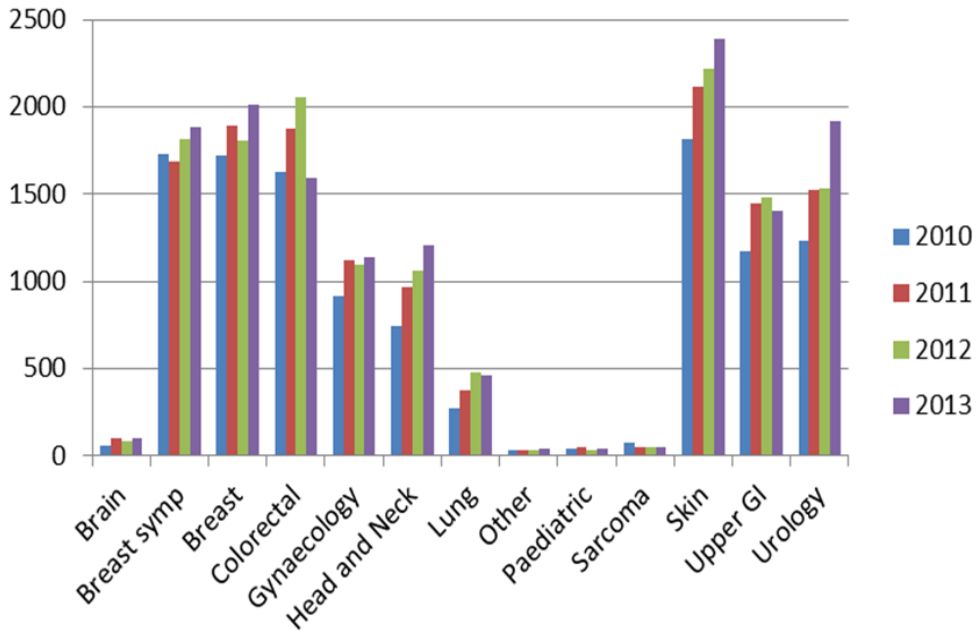


Figure 3.2: WSHFT two-week rule referrals by tumour site (2010–2014)
Source: WSHFT data

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

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

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

Circulatory Disease

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

Children, Young People and Maternity

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

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

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

Increasing Patient Expectations

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

to ensure the NHS offers improved convenience as well as safe care and excellent outcomes.

Strategic Approach of our Commissioners

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

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

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

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

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

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

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

improvement include: dermatology, cardiology, neurology, cancer care and ophthalmology services.

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

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

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

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

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

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

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

5. **Mental Health and Learning Disabilities:** The CCG together with Crawley, Horsham and Mid-Sussex CCG and WSCC has developed a strategy to improve

mental health services by 2019. The strategy sets a new direction focused on localised commissioning for prevention and community services

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

National Guidance

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

CAPACITY ANALYSIS

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

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

- NHSBCSP: The Trust is forecasting an increase in the demand for bowel screening due to age extension
- Ophthalmology: The siting of ophthalmology services on the Southlands site is likely to impact on the Trust's catchment area for this service. The likely impact on activity and capacity is included in the Trust forecast.

In terms of change over the five-year period, the Trust is forecasting the following changes in demand:

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	Bed Growth	% Change	% Change per Annum
A&E Attend.	136,645	140,112	143,667	147,312	151,050	154,882	18,237	13.3%	2.5%
Non-Elective Spells	57,798	58,341	58,890	59,446	60,007	60,575	2,777	4.8%	0.9%
Elective Spells	10,108	10,333	10,354	10,414	10,474	10,534	427	4.2%	0.8%
Day Case Spells	49,079	55,845	56,152	58,033	59,563	61,108	12,030	24.5%	4.5%
Out-patients	469,750	536,076	536,784	541,594	545,512	549,466	79,715	17.0%	3.2%

Table 3.3: Forecast of change in demand for unscheduled care, elective and day case admissions and outpatient appointments
Source: WSHFT data

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

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

Table 3.4: Forecast capacity changes
Source: WSHFT data

FUNDING ANALYSIS

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

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

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

CWS CCG QIPP Assumptions	2014/15	2015/16	2016/17	2017/18	2018/19
CCG estimate of Impact on WSHFT	£4.1m	£8.4m	£6.3m	£6.1m	£6.0m
QIPP impact recognised by WSHFT	£1.7m	£8.4m	£1.6m	£1.5m	£1.5m

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

COMPETITOR ANALYSIS

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

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

NHS Competition: Secondary Care Providers

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

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

BSUH has recently been granted approval and access to update its currently out-dated and constrained site at the Royal Sussex County Hospital in Brighton. As a result of this there is likely to be an ambition for BSUH to increase their share of trauma and specialist work once this work is completed. However, collaborating with BSUH in a planned way may bring benefits to WSHFT's own trauma and cancer patients and services.

BSUH have a second hospital site at the Princess Royal Hospital, in Haywards Heath, which competes for work in the North East of the CWS patch. The focus for this site is for planned care. SSHT, which has a hospital based in Redhill also compete for this section of our catchment population.

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

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

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

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

Market Share

The figure below shows WSHFT's market share for each GP Practice in West Sussex, Hampshire, Surrey and Brighton and Hove for elective admitted spells from May 2013 to April 2014. Due to the Trusts geographic location, WSHFT services are the most convenient

for many people in CWS. The majority of GP practices in our traditional catchment area send over 80% of their elective patients to WSHFT. There is an opportunity to attract additional activity from the population in the Mid Sussex area. Excluding one GP practice on the Hampshire border, there are limited referrals into WSHFT from other counties. This provides further opportunity to attract patients to the Trust, utilising the Southlands site especially for the Hove border and attracting other patients from the Hampshire border.

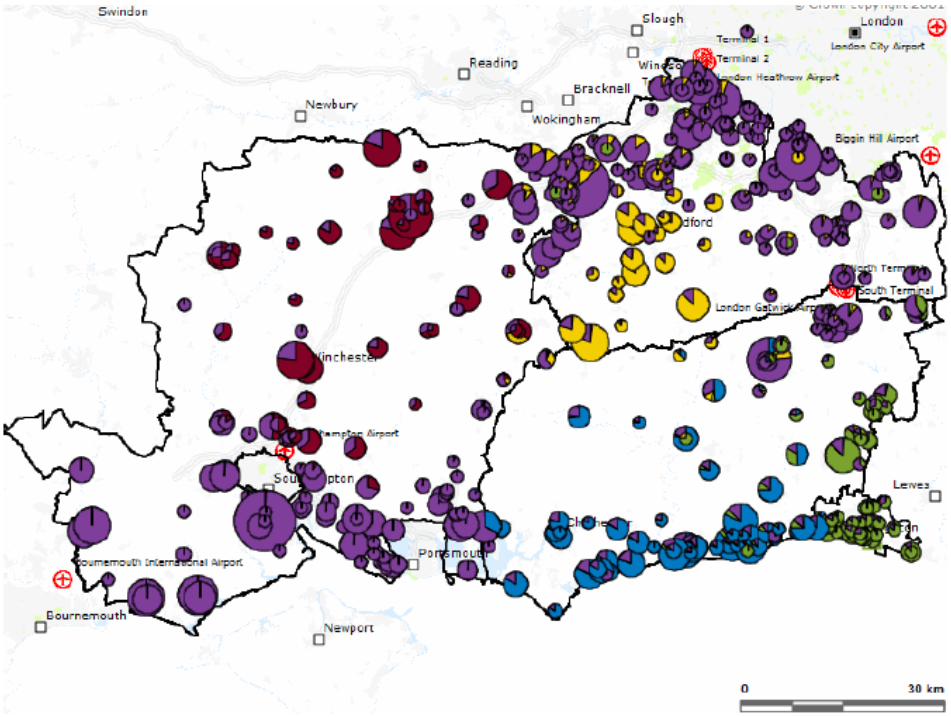


Figure 3.7: GP practice market share: elective admitted spells (May 2013–April 2014)
Source: Dr Foster 2014

The map below shows elective admissions by GP practice for the 12 months from May 2013 to April 2014, only concentrating on West Sussex. This demonstrates that in our traditional catchment area, the main rivals are BSUH, who provide a range of services from Haywards Heath and Brighton, and also BMI Goring Hall, who are undertaking a small but significant amount of NHS choice work, particularly for orthopaedic procedures. Among the other

providers (shown as purple), in the South West of our catchment this work is predominantly PHT, and in the North of our catchment area, this work is undertaken by RSCHFT.

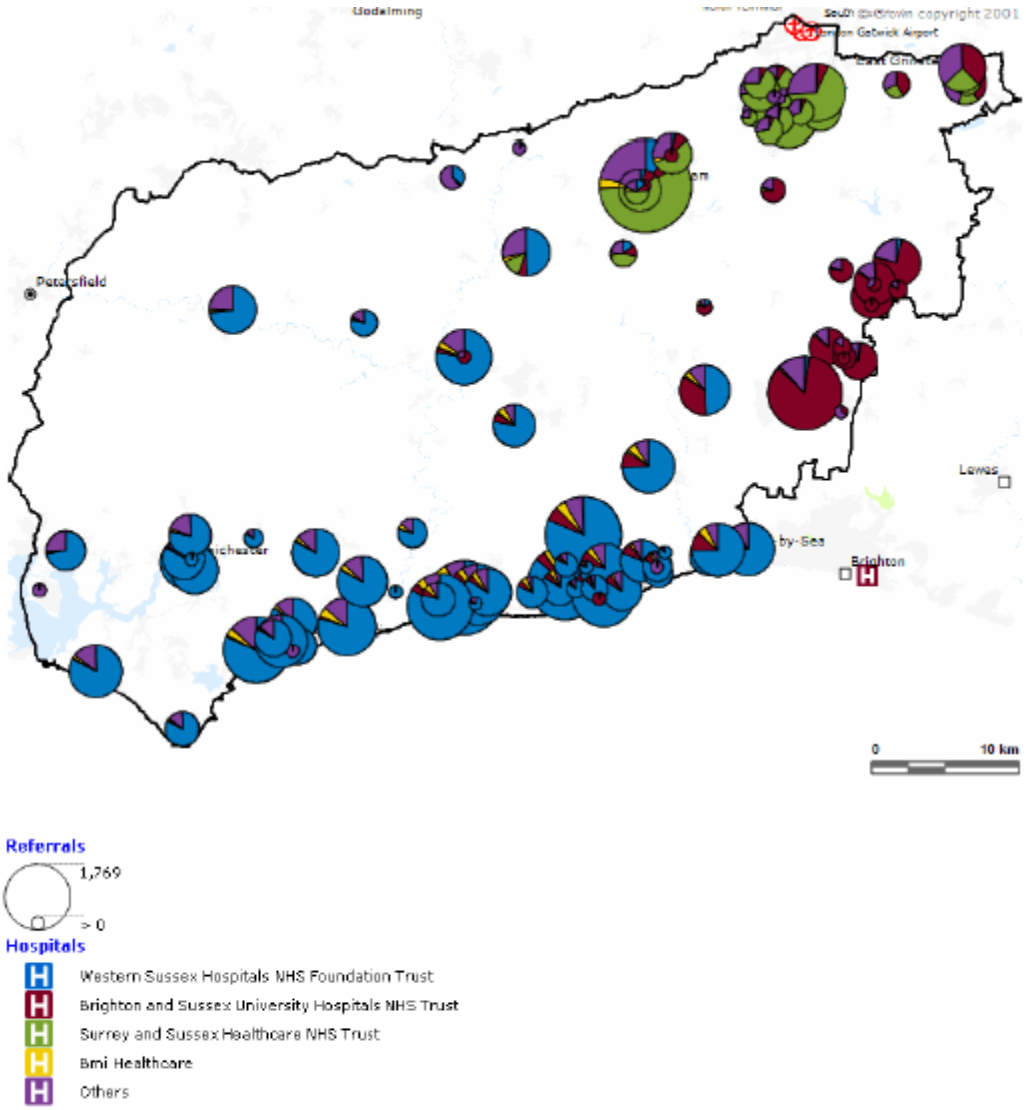


Figure 3.8: GP practices: elective admission (West Sussex only, May 2013–April 2014)
Source: Dr Foster 2014

The final map below demonstrates the market share of non-elective activity in West Sussex. There is a very good market share for non-elective activity in the CWS area, and even moving into the Mid-Sussex where a greater choice exists. This fact can be a strength in associating WSHFT in a populations' mind as their Trust of choice, but can also be a threat in terms of receiving unplanned non-elective activity during seasonal pressures, which can put a strain on hospital services.

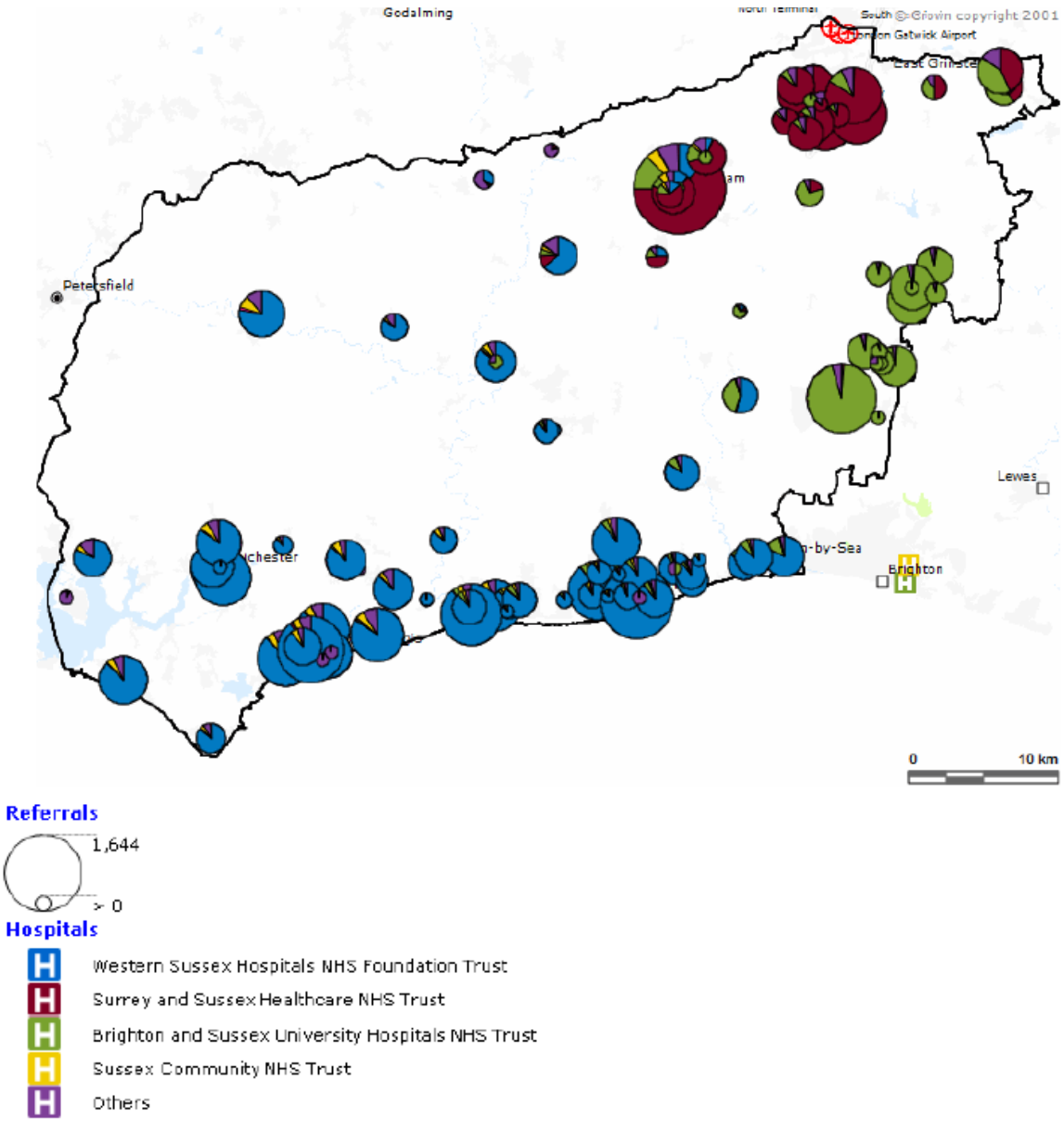


Figure 3.9: GP practice: non-elective activity (West Sussex only, May 2013–April 2014)
Source: Dr Foster 2014

NHS Competition: Primary and Community Providers

In addition to traditional NHS providers of secondary care, there are two further NHS organisations that need to be considered in relation to the competition they offer in terms of alternatives to secondary care. These are:

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

Our approach towards SCT is more as a partner in rather than a competitor for healthcare services. However, there are elements where our two organisations will be in direct competition. These include:

- Competition for some general hospital services through the 'Any Qualified Provider' process
- Competition to provide integrated care across a range of services
- Provision of step up/step down facilities for a range of medical conditions.

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

- Therapies
- Diagnostic testing
- Shifts towards primary care as a result of pathway redesign.

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

Non-NHS Competition

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

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

- Sussex Community Dermatology Service
- BMI Goring Hall Worthing
- Nuffield Hospital Chichester
- Spire Hospital Portsmouth
- Brighton Integrated Care Service
- Innovations in Primary Care
- Sussex Medical Chambers.

A summary of these organisations and the assessed risk posed by them through competition to the Trust is shown below.

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

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

SWOT ANALYSIS

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

STRENGTHS	WEAKNESSES
• Acknowledged clinical strengths and areas of specialist expertise • A high quality clinical workforce with good and improving staff survey results in relationship to staff recommendation of the Trust as a place to work or receive treatment • Attractive locality to live and work in creating greater opportunities for recruitment of high-calibre workforce • The merger of the two Trusts has led to increased integration and resilience • Good community support with a strongly engaged and supportive public • Positive Trust reputation re-enforced by positive patient experience • Strong performance across a range of access and quality indicators • Good relationship with system partners • Highly capable board with a coherent vision for the Trust's future aligned to financial pragmatism • Good track record in managing financial performance • Engaged and forward thinking Trust governing body.	• Continued requirement to integrate clinical services across the Trust following merger, using wider networks • Financially challenged LHE with dependence on one commissioner (CWS CCG) • Capacity constraints in the face of increasing demand for elective and emergency care • Whole system patient flow processes require improvement • Limited pool of appropriately skilled workforce to recruit in some areas • Associated healthcare challenges of an increasing elderly population • IT infrastructure not fully integrated • Dispersed estate with wide variation in quality of environment • Semi-circular catchment area limiting opportunity for growth of catchment and associated activity

OPPORTUNITIES	THREATS
• Develop our core strength of providing high-quality streamlined hospital care in appropriate settings to patients, particularly the elderly • Further opportunities to integrate and transform across hospital sites • Ensure that our interface with primary, community and social care delivers patient focused care in the most appropriate environment • Continue to develop improved relationships with commissioners to strengthen strategic direction of LHE • Continue to improve the patient experience through investing in our staff and services • Work more closely with tertiary providers and Cancer Networks to develop better services for patients, in particular in cancer and cardiac care • Work with our commissioners to ensure that the Trust is the natural choice to act as lead provider for whole pathways to include: MSK and unscheduled care • Better utilisation of Trust estate, in particular the Southlands site • Continue to increase service user, carer and public involvement in the Trust through Foundation Trust governance arrangements • Capture additional clinical activity to include exploiting commercial opportunities and private patient care	• Financial context of the national economy, the NHS and the impact on LHE (including the BCF) • Not fully integrating across the Trust for clinical services, estates and IT infrastructure • Not establishing integrated care across the LHE leading to inconsistent poor patient care • Inability to capitalise on commercial opportunities leading to loss of activity to alternative providers of care, both NHS and non-NHS • Inability of the Trust to secure the lead provider role in MSK procurement • Risk to maintain and improve service performance • Risk to delivering required cost improvement targets • Increased specialisation of care may lead to services being centralised in specialist centres in particular the 3T's development at BSUH.

SECTION FOUR

SERVICE LINE STRATEGIC OPTIONS

In this section, building on the work undertaken in the 'Market Analysis and Context' section, we review the risks to sustainability and the strategic options available at service line level. This section is a summary of detailed discussions held with managers and clinical directors within the Trust. In making our assessment of the strategic options available, we have taken into account

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

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

Specialty	Elective and Day Case		Non-Elective		Outpatient		Contractual Income (£Million)
	% of Trust Total Activity	% Market Share	% of Trust Total Activity	% Market Share	% of Trust Total Activity	% Market Share	
Gen./Elderly Medicine	1.2	89.6	40.8	89.5	3.7	94.3	57.9
Trauma and orthopaedic	10.3	79.8	5.2	88.2	10.1	77.3	33.8
Gen. Surgery	14.7	88.3	11.6	89.9	7.9	87.7	30.6
Cardiology	4.6	79.4	0.4	64.8	2.9	81.8	12.1
Urology	9.5	92.2	0.4	83.2	6.1	92.8	9.7
Paediatrics	–	–	9.2	89.7	3.5	93.5	8.3
Ophthalmology	8.2	85.7	0.1	51.6	10.6	88.7	8.1
Obstetrics	–	–	8.4	93.5	3.6	96.8	7.1
Gastroenterology	15.0	91.5	0.2	64.9	2.0	86.6	6.6
Oral Surgery	6.3	91.6	0.5	89.3	4.6	85.5	4.6
Clinical Haematology	9.7	93.1	0.5	84.2	2.6	91.7	4.5
Gynaecology	3.9	88.9	2.2	93.1	3.5	87.8	3.4
ENT	2.0	50.2	0.3	27.9	3.3	63.9	3.3
Dermatology	2.3	83.5	–	–	4.1	77.8	2.7

Table 4.0: Key service line activity in respect to market share and contractual income
Source: WSHFT data

DIVISION - SURGERY

CLINICAL DIRECTORATE – ORTHOPAEDICS AND UROLOGY

ORTHOPAEDICS (including Trauma)

Risks, Issues and Challenges:

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

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

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

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

UROLOGY

Risks, Issues and Challenges:

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

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

CLINICAL DIRECTORATE - HEAD & NECK, GENERAL AND SPECIALIST SURGERY

HEAD AND NECK (Maxillo-Facial and ENT Services)

Risks, Issues and Challenges:

- ENT services are provided very differently across the Trust, with ENT patients in the West of the Trust's catchment area receiving elective care in Portsmouth. Services in the East provided in conjunction with Brighton
- Possible CWS CCG review as part of planned care programme

- Service does not currently demonstrate profitability at service line level
- Maxillo-facial inpatient care already provided on one site only (St. Richard's Hospital)
- Increase in demand, particularly for cancer related referrals.

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

OPHTHALMOLOGY

Risks, Issues and Challenges:

- Significant rise in demand due to changes in national and local policy
- Challenges in meeting demand and referral to treatment times
- Facilities at Worthing Hospital sub-optimal
- Issues relating to recruitment and retention of staff.
- CWS CCG review to be undertaken as part of the planned care programme.

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

GENERAL SURGERY (including Colorectal and Upper GI Surgery)

Risks, Issues and Challenges:

- Service not yet fully integrated across Worthing and St. Richard's sites, with no significant sub-specialisation at each site
- Lack of capacity leading to activity being undertaken in the private sector and challenges in achieving referral to treatment times
- Emergency surgery arrangements not integrated across the Trust.

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

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

BARIATRIC SURGERY

Risks, Issues and Challenges:

- Regional specialist service
- Changes in commissioning arrangements require any referrals to the service to be made via a Tier 3 weight management service
- Reduction in demand for service experienced over the past 12 months.

Strategic Options: There is recognised potential to build on Trust reputation as a centre of excellence and market the service to a wider catchment population. The Trust will continue

to bid for tier 3 weight management opportunities as they arise. There is also scope to increase level of non-NHS work undertaken.

BREAST SERVICES (including Breast Screening)

Risks, Issues and Challenges:

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

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

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

Risks, Issues and Challenges:

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

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

DIVISION – MEDICINE

CLINICAL DIRECTORATE – SPECIALIST MEDICINE

DERMATOLOGY

Risks, Issues and Challenges:

- The secondary care service has recently been subject to procurement for 'community' dermatology services, which may see up to 75% of referrals now falling into the community dermatology service specification
- Strong competition from non-NHS providers (Sussex Community Dermatology Service)
- New community tariff squeezes profitability
- Facilities and workforce constraints have led to capacity issues

- Increases in demand for cancer referrals
- Service not yet fully integrated across sites.

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

ENDOSCOPY

Risks, Issues and Challenges:

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

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

DIABETES AND ENDOCRINOLOGY

Risks, Issues and Challenges:

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

Strategic Options:

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

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

OTHER SERVICES (Renal Services, Neurology, Rheumatology)

Risks, Issues and Challenges:

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

Strategic Options:

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

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

Rheumatology: The Trust will engage in collaboration with partners as part of MSK procurement.

CLINICAL DIRECTORATE – ACUTE MEDICINE

A&E SERVICES, AMU and RESPIRATORY MEDICINE

Risks, Issues and Challenges:

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

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

CARDIOLOGY

Risks, Issues and Challenges:

- Continued pressure on service due to rise in demand
- Potential for some imaging work to be repatriated from tertiary centres
- Workforce co-dependencies with BSUH.

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

CLINICAL DIRECTORATE – CARE OF THE ELDERLY

ELDERLY MEDICINE

Risks, Issues and Challenges:

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

Strategic Options: Emergency floor will open at Worthing Hospital in late 2014, which will improve and integrate the assessment and treatment of patients. Capacity and flow issues

to be addressed through integrated unscheduled care programme, with continued expansion of 'One-Call, One-Team' arrangements (see reactive care).

DEMENTIA

Risks, Issues and Challenges:

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

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

STROKE

Risks, Issues and Challenges:

- Sussex-wide approach to commissioning with standards being set for each part of the pathway
- Trust needs to improve against a number of national stroke metrics
- Thrombolysis provision not available 'out of hours' at St. Richard's Hospital.

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

DIVISION - WOMEN AND CHILDREN

CLINICAL DIRECTORATE – WOMEN

MATERNITY AND NEONATAL CARE

Risks, Issues and Challenges:

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

Strategic Options: The Trust will continue to deliver a consultant-led service, backed up by neonatal care (special care unit [SCU] or level 1 at Worthing and local neonatal unit [LNU] or level 2 at St. Richard's Hospital). Babies requiring level 3 neonatal intensive care unit (NICU) will continue to be treated at tertiary centres.

Should activity continue to rise within the Worthing maternity unit, a full review will be undertaken to consider the opportunity of upgrading the existing Worthing SCU site to a LNU model of delivery. Requirements to meet associated standards are anticipated to be achievable with limited impact; this will be guided by the Strategic Clinical Network for Maternity and Children.

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

GYNAECOLOGY

Risks, Issues and Challenges:

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

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

SEXUAL HEALTH

Risks, Issues and Challenges:

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

Strategic Options: The Trust will continue to provide a comprehensive sexual health service for West Sussex. The Trust will also look for opportunities to expand its current catchment area should market opportunities arise.

CLINICAL DIRECTORATE – CHILDREN

PAEDIATRICS

Risks, Issues and Challenges:

- During 2014–2016 the CWS CCG are looking to implement initiatives to seek to reduce the number of children admitted to hospital in an emergency
- CWS CCG have pledged to implement the Sussex intrapartum standards for maternity services and children's hospital care that will set the required workforce establishment for safety and ensure more paediatric out-reach services.
- The Trust will need to continue to review and adapt its workforce to meet the needs of the local community and Commissioner expectation of service delivery
- The Trust runs the Child Development Centre in Worthing, the commissioning of which CWS CCG and WSCC are reviewing
- Local transformation will also be required to align to national guidance including: Royal College of Paediatrics and Child Health: 10 College Standards, these are due for review and will potentially further impact service delivery.

Strategic Options: The future for paediatric services at the Trust is inextricably linked with the obstetric and neonatal services. The Trust has committed itself to the continuation of two consultant-led maternity units, with the necessary neonatal support. This necessitates a minimum level of consultant paediatric cover on each site and therefore makes any

productivity gain arising from centralisation of inpatient care much smaller. It is therefore the intention of the Trust to maintain two inpatient paediatric services, one at Worthing Hospitals and on at St. Richard's, for the foreseeable future.

The St. Richard's Hospital children's out-patient unit is 15 years old and requires refurbishment. Plans for potential reconfiguration have been drafted with further scoping required and funding allocation to be confirmed.

There are recognised commercial opportunities within children's services including expansion of existing market share within specialist areas of service delivery such as chronic pain management. The Trust will look to prioritise and develop these opportunities.

DIVISION - CORE

IMAGING

Risks, Issues and Challenges:

- Across the Trust a significant proportion of imaging equipment requires replacement, including CT, MRI, X-Ray, and Interventional Radiology. There will be associated estates works required to facilitate installation of updated equipment
- Due to national shortages there are workforce recruitment issues with areas of noticeable concern; these include radiologists and radiographers. Staffing shortages continue to have direct impact on the ability to maintain existing activity which is forecast to continue to grow.

Strategic Options: Consider different options for updating medical equipment across the Trust, including a managed equipment service. Workforce skill-mix review to look at all options for recruitment. Potential marketing opportunities for both NHS and non-NHS work in radiology need to be explored to maintain and improve market share.

CANCER SERVICES

Risks, Issues and Challenges:

- Locally, cancer is the most common cause of premature death for people under 75 years of age with more premature deaths than in similar areas
- The prevalence of cancer is forecast to continue to rise
- The Trust continues to meet the national standards for cancer access
- National increases in screening programmes will have increased activity implications
- All areas of cancer care are increasing in demand, the largest area of growth will be within early and on-going monitoring of patient leading to an increased demand on diagnostics services
- Lack of local access to radiotherapy and some chemotherapy services
- Acute medical oncology service needs to improve
- The Trust continues to face financial pressures due to increased demand and non-transparent income streams for many cancer services.

Strategic Options: A comprehensive cancer strategy will be developed and implemented to help improve quality, access and integration, setting our vision and priorities for cancer services. There will be a comprehensive workforce review to ensure long-term sustainability of cancer services. The dissolution of the traditional cancer networks affords the Trust an opportunity to review its relationship with external providers. Newly defined relationships will need to account for a number of the old network functions including peer review, data and

Trust guideline agreements.

The Trust is actively seeking to secure radiotherapy provision from a tertiary provider, preferably on the St. Richard's Hospital site.

PATHOLOGY

Risks, Issues and Challenges:

- Requirement to deliver service integration and configuration aims in partnership with an external provider. Focus on redesigning the services to maximise efficiencies, eliminate waste, implement new technologies, enhance service responsiveness, quality, and reduce the overall footprint of the laboratory service.

Strategic Options: The Trust is in the process of integrating and consolidating its pathology services, putting in place a centralised microbiology and histology processing service and the creation of a 'hub and spoke' model for the provision of cold and acute diagnostics within blood sciences. The 'hub' will be situated at St. Richard's Hospital and the 'spoke' at Worthing Hospital. Commercial opportunities exist to further expand the market share and work in partnership with external acute colleagues.

PHARMACY

Risks, Issues and Challenges:

- Trust-wide implementation of e-prescribing programme underway
- External service line agreements require review to ensure income aligns to expenditure, there is a recognised requirement for the Trust to have a wholesale dealer licence to continue to deliver service line agreements
- Currently due to multiple cancer networks there are multiple prescribing protocols; this is complicated by prescribing systems that are not linked.

Strategic Options: Complete deployment of e-prescribing programme. Complete review of multiple prescribing protocols and develop agreed single protocols via development of cancer strategy. Multiple commercial/growth opportunities currently under review and development including exploration of potential to provide retail pharmacy services and service growth opportunities. Link with review of cancer services.

THERAPIES

Risks, Issues and Challenges:

- Part of Trust physiotherapy services are within remit of MSK procurement. Outcome of MSK bid will impact on therapies workforce with potential major review of requirements should the bid be unsuccessful
- Roll out of seven-day working likely to impact on staff skill mix requirements
- Within existing therapy services there are recognised recruitment issues across the workforce.

Strategic Options: The Trust will continue to provide a comprehensive range of diagnostic and therapeutic support for the services provided. This will need to ensure there is the right capacity and responsiveness to support the Emergency floor and 'one-stop' outpatient clinics. Multiple commercial opportunities to be scoped and developed including expansion of existing NHS and non-NHS market share, development of research opportunities and development of specialty services.

SECTION FIVE

STRATEGIC PLAN

Introduction

In Section 3 we explored the drivers for change for WSHFT over the coming five years. In Section 4 we looked at each of the Trust's service lines to consider the strategic options available. In this section we set out the Trust's Strategic Plans, identifying the key workstreams that are essential for us to progress and secure the Trust's sustainability going forward.

For the Trust, there are three broad implications resulting from our market analysis and service line review:

The Need to Integrate Non-Elective Provision

As part of a wider LHE transformation of non-elective care, the Trust will ensure that within the acute sector, the focus for emergency care will be on prompt access to senior medical opinion and the right diagnostics. Through the Emergency Floor model, the Trust will minimise the number of patients admitted to hospital beyond their initial acute admission and treatment phase (72 hours). Systematic integration of the entire care pathway, involving primary, community and social care, will be necessary in order to achieve the level of transformation required.

Ensure that Elective Care is Highly Productive

In order to remain sustainable, the Trust will need to maximise the level of elective care, responding to the needs of the population and our commissioners. This applies to non-NHS care as well as NHS care. This will require the Trust to improve what it offers to patients to ensure that it is the provider of choice in West Sussex and to compete for contracts further afield, to maximise the day case workload undertaken, and to reconfigure surgical services across the Trust to provide care in the most effective, productive and high quality way possible.

Drive Integration Through our Clinical Networks

Although the Trust does have some areas of tertiary specialisation, we have no ambition to become a major tertiary centre. We see our core role of providing excellent secondary care services to our local population. Over the next five years we want to significantly strengthen our links with tertiary centres in order to improve the pathways of care for patients requiring more specialist care in a number of areas. The priority for the Trust is to work as part of a network to improve the quality and scope of local cancer provision and to enhance the patient pathway by improving links to cancer centres.

The Future Shape of Western Sussex Hospitals

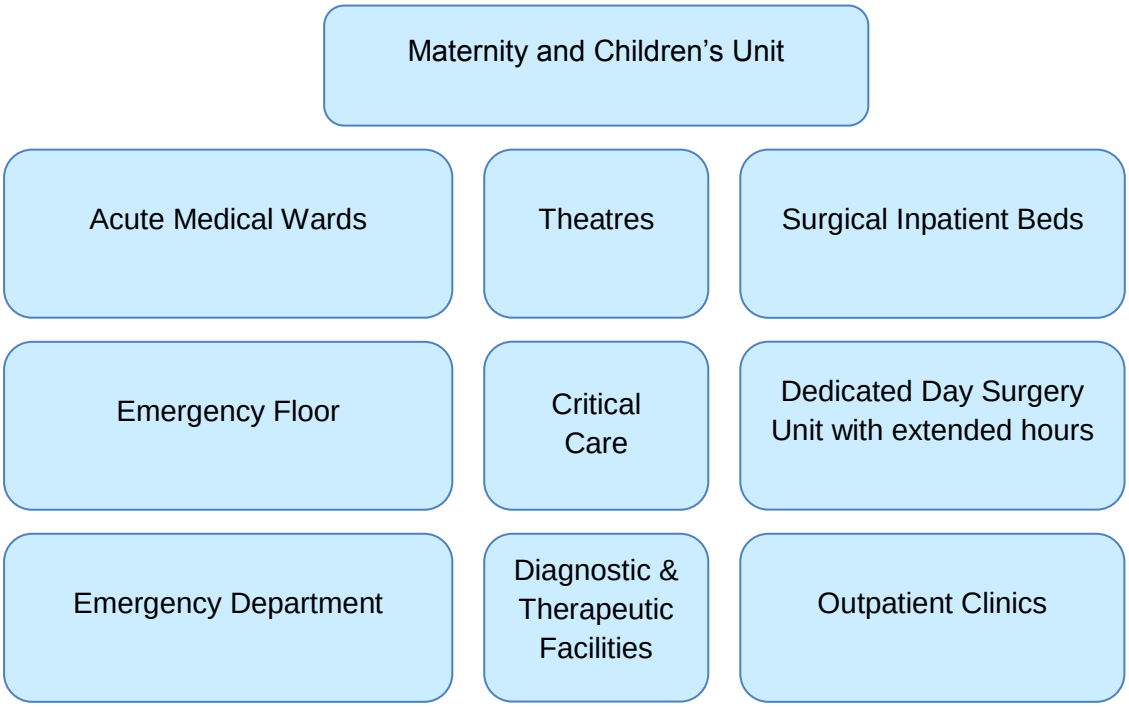
These priorities for change will need to be delivered in the context of the Trust's continued commitment to maintaining a consultant-led maternity unit, and an emergency department with appropriate supporting clinical infrastructure at both Worthing and St. Richard's Hospital.

The reconfiguration of both elective and non-elective care over the next five years, will (in keeping with our commissioner's plans), result in a reduced acute footprint, at least for NHS

services. As the programmes for reconfiguring services develop, our supporting estates plan will be updated and modified.

In delivering our strategy for the next five years it is imperative that the Trust aims to ensure that the following fundamental clinical building blocks are in place at both of our main sites for the medium- to long-term and should therefore be a priority for investment at the Trust (NB this does not specify the essential support services such as pharmacy, sterile services and non-clinical facilities).

Essential Building Blocks for Worthing and St. Richard's Hospitals



- **Maternity Unit:** A consultant-led unit, backed up by neonatal care, babies requiring neonatal intensive care will continue to be treated at tertiary centres. The Trust will continue to review the case for a maternity-led unit at Worthing, complementary to, rather than instead of, the consultant-led service

- **Emergency Department:** To be equipped to receive emergency patients at all times transferring those patients requiring specialist intervention to tertiary centres where appropriate. Both Worthing and St. Richard's Hospitals have been designated as Trauma Units. Prompt access to senior clinical opinion and diagnostics for the rapid turnaround of patients will be required. Departments will also be equipped to deal with all minor emergency cases efficiently

- **Emergency Floor:** Required in order to assess, stabilise and treat all emergency cases, both surgical and medical, combining acute medical, acute surgical and care of the elderly patients. The Emergency Floors will need to be sufficiently large to ensure (with some clinical exceptions, such as stroke care) that all patients admitted to the hospital as emergencies are managed through them to maximise the outcomes to patients and minimise admissions to longer stay wards. The floors will require rapid access to diagnostic facilities with senior clinical opinion available at all

times. The floors will have a maximum length of stay of 72 hours, with highly active management and closely integrated working with community, primary and social care

- **Acute Medical Wards:** A reduced number of medical wards will care for those patients who require continued acute care (>72 hours). They will be transferred from the Emergency Floor to the wards until medically fit for discharge.

- **Outpatient Clinics:** A broad range of outpatient clinics to be available. An increased number of 'one-stop' shops and range of minor treatments will be available to reduce re-attendance and improve the attractiveness of the service. For the medium-term the Trust will have a mixture of a separate outpatient departments for some specialties and outpatients embedded within the department for others

- **Dedicated Day Surgery Unit:** Ideally, the day surgery unit (DSU) will be a purpose built unit with dedicated theatres to maximise the elements of surgery which can be undertaken as a day case. The opening hours of the unit will be extended to allow discharge in the evening. This should enable 85% or more of elective activity to be undertaken either in the DSU or an outpatient setting, leading to a continued reduction in the numbers of elective inpatients. The facilities should support non-NHS as well as NHS work. For the Worthing site, where a dedicated DSU does not currently exist, improvements in patient experience may need to be achieved in the short-term with re-designated areas within the Trust, prior to a dedicated DSU being built

- **Surgical Inpatient Beds:** The majority of surgical inpatient beds will be occupied with emergency surgical care patients requiring an inpatient stay, as most elective work will be undertaken as a day case. A broad range of surgical services will continue to be offered across the Trust's three sites. In order to provide patients with care of the highest quality a range of specialist procedures will be provided on either the Worthing or St. Richard's Hospital site.

- **Theatres**: Improvements in theatre productivity and specifically dedicated theatre time for day case activity will be required to ensure capacity for both NHS and non-NHS provision

- **Critical Care:** An appropriate level of critical care to meet demand will need to be maintained on both site

- **Diagnostics and Therapeutics:** A comprehensive range of diagnostic and therapeutic support for the services will be provided. This will need to ensure there is the right capacity and responsiveness to support the Emergency Floor and 'one-stop' outpatient clinics.

Implications for our Estate

For Worthing, the construction of the Emergency Floor is well underway, and will be ready in late 2014. Day surgery facilities at Worthing, however, are not dedicated, for which both an interim and a longer-term solution are required and are a priority for the Trust's strategy.

The changes envisaged within this document will require targeted capital investment over the coming three–five years, which is reflected in the Trust's capital programme. The refreshed strategy will allow the Trust to better prioritise its capital expenditure over a longer time frame than present. The specific implications for each site are as follows.

St. Richard's Hospital

St. Richard's Hospital has the required building blocks outlined in the above section, although some of these are in need of ongoing redesign, improvement and investment. In particular, the surgical assessment unit is not yet integrated with the acute medical and care of the elderly assessment units. The proposed changes as part of the strategic plan will see St. Richard's as:

- The centre for inpatient ophthalmology surgery
- The centre for inpatient orthopaedic elective surgery
- The focus for pacing and device therapy in cardiology
- The hub for pathology services
- The centre for elective inpatient maxillo-facial surgery
- The centre for surgery for complicated urological cases
- The preferred site for the provision of radiotherapy services.

Worthing Hospital

The required building blocks for Worthing Hospital are not yet fully in place. Work to build the Emergency Floor is currently underway and should be complete by the end of 2014. However, plans for a dedicated DSU are not yet advanced and are likely to require significant capital (above that available from internal capital generated). An interim solution which would modify current arrangements to improve patient's experience is being sought. In addition to this at Worthing Hospital there will be

- The centre for breast screening and breast surgery services for the Trust
- Provision of diagnostic interventional cardiology services with a second catheter lab
- The centre for laparoscopic urological cases and the option to develop urological pelvic cancer services.

Southlands Hospital

The Harness Block and other peripheral buildings have been declared surplus to requirements and activity on the Southlands site will be reconfigured within the R&R block. Southlands Hospital will be developed as a centre for ambulatory care, providing the following services:

- A new ophthalmology unit, undertaking outpatient, diagnostic and day case work will be built at Southlands, the service at Worthing transferring once this has been completed

- A wide range of outpatients, diagnostic facilities and therapeutic care to provide healthcare to the local population

- Further consideration will be given to the provision of other services in the R&R block, particularly those services which are currently provided by the Trust, but do not need to be co-located with an acute service. Over the next five years, the Trust intends to maximise the use of the R&R block to gain maximum productivity from this asset

Additional Estate Rationalisation

The reducing footprint, due to increases in productivity and a reduced demand for hospital based unscheduled care will mean that all other peripheral estate owned by the Trust will need to be rationalised, and disposed of where possible, with services brought back to the two main Hospital sites, and the R&R block at Southlands Hospital. As the Trust consolidates on its main sites, the Trust will seek to maximise the efficiency of the remaining estate.

Workforce Implications

The Trust is devising a workforce strategy to support the development and implementation of our strategic plan taking into account current national issues and recommendations with regards to workforce. The Trust's staff are without doubt its greatest asset; without the workforce being supported to shape the future service of the Trust it will not be possible to forge a sustainable future. The National Staff Survey is very positive in terms of recommending the Trust as a place to work and receive treatment; we are determined through continued engagement with staff, to make further improvements in this area.

The workforce strategy will focus on the following areas:

- **Recruitment and Selection:** Changing the way we recruit and select staff both on the basis of their competencies, but also on their personal alignment to our vision and values

- **Workforce Information and Planning:** Improving our workforce planning function and ensuring that workforce planning is embedded through the organisation, so that it can provide more informed support to our transformational programmes. We are actively aligning our plans to partner organisations to ensure the skills and capacity needed for system change is recognised and developed

- **Developing the Future Workforce:** The pressure the Trust faces in recruiting in specific clinical areas is likely to continue. The Trust will be looking to develop its own staff in these areas, and looking to use innovative approaches to future workforce development and recruitment including the use of apprenticeships and pre-employment programs with an emphasis more on competences and behaviours and less on organisational and professional boundaries

- **Performance Management:** Personal performance assessment is a key element in workforce improvement and will be based on a competency model that defines not only key competences for each job family, but clarity about the behaviours and attitudes expected of staff. All staff, whatever their role in the organisation, should expect clarity about what is expected of them and feel supported to be able to provide the best performance possible. For more senior staff this clearly will be linked to pay progression

- **Leadership and Development:** The Trust has invested heavily in leadership development with clinical teams to ensure that they have the necessary skills to lead the programmes of change and develop service lines accordingly. This will continue to be rolled-out throughout the organisation including a focus on service improvement methodologies

- **Talent Management and Succession:** The Trust is aware of the need to create a sustainable, high performing workforce and plan for changes in the skills needed and expected turnover of staff. We will build on our workforce development plans and our mentoring schemes to build that resilience

- **Reward and Retention:** The Trust is proud of the current level of staff engagement but recognises that developing this further is crucial to success. It will continue to work with staff, and staff side representatives, to engage staff in the business of the Trust and how we ensure that pay and reward systems are both fair and effective

- **Workforce Capacity and productivity:** Whilst the Trust has reduced vacancy rates we have continued to reply too heavily on temporary staffing solutions to cope with activity levels. Through improved workforce planning, rostering and proactive recruitment the Trust plans to reduce its vacancy rates and use of agency staff.

The Key Priority Workstreams

In developing Section 4, our service line analysis of challenges and opportunities, we have identified a range of strategic options for the Trust, which range from the relatively minor and internal to the more transformational programmes and impacting the wider health economy.

The Trust Board has reviewed these options and determined the five most significant programmes that the Trust needs to prioritise. This is based on prioritising those areas which give the Trust the greatest degree of sustainability both on a clinical and financial basis. The programmes are:

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

Each of these workstreams is supported by a programme plan below, which outlines the background to the proposal and provides the key elements of the proposal in summary form.

Our Approach to Service Transformation

In the above section we have outlined the service changes required in order to ensure that the Trust is sustainable in the medium- to long-term. However, we do not underestimate the size of this task and the level of transformation that will be required to deliver this.

Over the past nine months we have been reviewing our approach to service transformation, looking at best practice both within and outside of the NHS. This work is still in the developmental and consultation phase, but will feature at its core:

- Genuinely putting care for the patient, and patient safety in particular, at the heart of what we do
- Building a culture of kindness, compassion, professionalism, improvement and respect amongst our staff
- Through continuous, incremental improvements, ruthlessly eliminating waste, inefficiency and variation
- Transforming our approach to leadership to support those closest to patients to make continuous improvements to patient care.

Our EXCEL (EXcellent, Compassionate, Effective, Leadership) programme is aimed at defining our core purpose and aligning our energy and focus on delivering it. It has been developed by the Trust Board, and a range of staff including senior clinical leaders, and will be formally launched across the organisation in September 2014.

Communication

Communication will play a key role in helping our organisation achieve the goals set out in the Strategic Plan and ensure our organisation provides high-quality, safe and sustainable services that meet the needs of the population we serve.

Our commitment to communicate and engage well with our staff, the public, patients and users of our services, partners and key stakeholders is central to the success of the organisation. Through effective communication and engagement we can manage, motivate, influence, explain and create conditions for improvement.

There has already been engagement with a broad range of stakeholders including front-line staff, clinical leaders and managers, the Trust's Council of Governors (there to represent the views of our 7,500 patient and public members) and CWS CCG and their views have helped inform the Strategic Plan.

Looking ahead, and as specific plans are developed, it is important that we broaden this engagement to include wider staff groups, Trust membership, the local community and other stakeholders. It is anticipated this will be achieved by building on existing internal and external communications channels such as Trust Brief (our staff newsletter) as well as events, meetings and the traditional media. However, it is also important that the Trust uses social media to communicate and engage with a range of audiences and this will be incorporated into communications plans.

Programme Management

Building on the strengths of the programme management office that the Trust has established to manage its Operational Plan programme, the Trust will take a robust and comprehensive approach to the programme management of the key priorities outlined in the Strategic Plan. Milestones for each of the priorities have been established, as have clear governance arrangements with Trust Board oversight. This approach will highlight risks and issues with the programmes at an early stage and allow plans to be adapted and amended in the light of unexpected future challenges.

STRATEGIC PLAN KEY PROGRAMME: UNSCHEDULED CARE INTEGRATION

The Trust's Operational Plan has already outlined the immediate programme to substantially improve the quality and efficiency of non-elective care within the Trust through pathway redesign. The next stage of this programme relates to a more fundamental review of how unscheduled care is approached across the LHE.

In recent years the Trust has made significant progress in reducing the time patients stay in hospital and reducing admissions through the 'One Call One Team' programme whereby all potential unscheduled care admissions are routed through a single point of access and offered a range of alternatives to hospital admission. This has been particularly successful in reducing the numbers of patients who are admitted to the hospital for a short stay. However, this has also been accompanied by an increase in the average age and acuity of patients who are now admitted for emergency care.

Over the period of the strategic plan, the Trust wishes to maximise the patient experience, clinical quality benefits and the efficiencies of a truly integrated system for unscheduled care. The Trust is therefore working alongside CWS CCG, across community primary, secondary and social care to accelerate a move towards an integrated model for this area with opportunities to widen this further. This model will need to consider how a prime provider arrangement might provide the best model of delivery to maximise the quality and productivity gains available.

The programme will also seek to address improvements in the quality of care provided, including seven-day working, stroke care, dementia care and AKI.

STRATEGIC PLAN KEY PROGRAMME: RECONFIRGURATION OF SURGICAL SERVICES

The Trust remains committed to maintaining, as a minimum, an accident and emergency service on both sites supported by the appropriate critical care and other facilities, together with a consultant-led maternity unit.

Within this framework, the aim of this programme is to explore sustainable models of care for all surgical services across the Trust which brings the clinical, patient and financial benefits from improved working across the Trust's sites together.

The programme will look at the following three broad areas:

1. **What further benefits can be secured from continued integration of elective surgical services across sites?** The Trust has already achieved some substantial improvements in the way surgical services operate, in particular the centralisation of hip and knee surgery on the St. Richard's site. There are a range of potential services which would benefit from improved integration and reconfiguration, including in the first instance breast surgery, urology and ENT services

2. **How can the Trust best configure its day case facilities to achieve the best quality and productivity outcomes?** The development of a DSU at Worthing Hospital is seen as an essential building block for the Trust's long term sustainability

3. **Are emergency surgical services configured optimally to provide the most comprehensive, high quality, resilient and cost effective service?** The Trust will be considering options as to whether there are more effective ways of providing emergency surgery services out of hours than the two predominantly separate arrangements that currently exist between Worthing and St. Richard's Hospitals..

STRATEGIC PLAN KEY PROGRAMME: DEVELOPING SOUTHLANDS AS AN AMBULATORY CARE CENTRE

This workstream focuses on developing Southlands Hospital as an ambulatory care centre, with a new ophthalmology service at its core. The workstream aims to maximise the use of the R&R block at Southlands, the main clinical building which remains on the Southlands site. The Southlands Hospital site is a strategically important for the Trust as it sits to at the eastern edge of the Trust's catchment in a densely populated area. Through the better use of the Southlands site there is potential to expand the capacity and protect the catchment population covered by the Trust.

At the heart of this development is a new ophthalmology service. A detailed assessment of the opportunity of moving ophthalmology services to Southlands has been undertaken during 2013. The assessment reviews the relocation of ophthalmology services from Worthing Hospital to Southlands Hospital, modelling how patient travel and activity might be affected and the capacity requirements of the service. The new service would undertake outpatient, diagnostic, cataracts and other surgical procedures. No inpatient ophthalmic surgery would be undertaken at Southlands; the patient volumes are low and this work would be carried out at St. Richard's Hospital.

The new service would use the funds from the sale of the Harness Block to support the capital investment required. The workstream also has the benefit of freeing up much needed clinical space at Worthing Hospital.

STRATEGIC PLAN KEY PROGRAMME: EXPLOITING COMMERCIAL OPPORTUNITIES

The Trust is seeking to expand on its commercial and procurement activities, both for NHS and non-NHS work for the Trust. The intention is to increase income to the Trust which will allow it to reinvest in NHS services locally. These themes have been explored with service lines to identify a range of opportunities.

Historically, the Trust has been reliant on increases in funding of the NHS nationally to fund increases in demand and price inflation. Since 2011/12, funding for the NHS as a whole has been static, and through the tariff deflator, there has been an intention to reduce the income available through our main commissioners for NHS activity. Further risks and opportunities have arisen from the intention to divert money to the BCF, which intends to invest funding that has traditionally been received by NHS acute services and create alternatives to hospital admissions. The Trust has recently achieved Foundation Trust status and as a result, has greater freedom to exploit commercial opportunities.

The programme will look to expand our catchment population where possible, to review NHS work going to hospitals further afield to see what opportunities there are for repatriation, to ensure that we are the provider of choice for NHS patients locally, to make our non-NHS services more attractive, and to ensure we maximise our savings obtained through procurement.

There will also be actions required which are more defensive in nature, such as responding to procurements and choice where the Trust is currently the sole or majority provider.

STRATEGIC PLAN KEY PRORAMME: RESHAPING OUR CANCER SERVICES

Cancer is becoming a chronic disease requiring services to change in response to the change in disease trajectory. According to Macmillan the prevalence of cancer care is forecast to double between 2012 and 2030. Although all areas of cancer care are increasing in demand, it is clear that the largest area of growth will be within the early diagnosis of cancer and on-going monitoring of patients as treatment modalities increase in number and complexity.

The incidence of cancer rises with age and therefore due to the high numbers and increasing population of frail elderly in the locality, there is a high local prevalence of cancer (approximately 3,700 new diagnoses occur annually).

Existing service provision
The Trust is the main provider of general cancer services across CWS from its two main sites: Worthing Hospital and St. Richard's Hospital. Additional cancer services are delivered via partnership arrangements with two main cancer centres: PHT and BSUH, with some highly specialist cancers referred and treated at more specialist centres further afield.

There is a requirement to redesign cancer services across the Trust to improve quality and ensure parity of care, key challenges include:

- The Trust historically belonged to two sets of tumour groups (relating to the old cancer network configuration). St. Richard's Hospital has worked with Central South Coast Cancer Network (with Portsmouth and Southampton as Cancer Centres) and Worthing Hospital has worked with Sussex cancer network (with Brighton as Cancer Centre). The formation of the Trust (2009) from the legacy organisations brings with it an absolute requirement to ensure consistency of care, reconfiguration of our historical network arrangements and ensure standardisation of pathways for all patients served by the Trust.

- There is limited local access to oncology services and there is recognition that the existing acute oncology service requires review and improvements at Worthing Hospital. It is owned by WSHFT but provided by Brighton-based oncologists under a service level agreement. Activity is on a sessional basis with site presence most days, additional sessions are purchased on an ad hoc basis. Chemotherapy is delivered within the chemotherapy day unit as a nurse-led service managed by WSHFT. Facilities are cramped with regard to both outpatient and chemotherapy delivery. St Richards Hospital acts a host to the Portsmouth Oncology Service and has limited chemotherapy given locally (this is set to expand and make better use of the purpose built Fernhurst Centre).

The Trust's cancer strategy is under development and will set out the vision for future cancer service delivery that meets the needs and requirements of the Trust's patients.

Delivery of the Trust's cancer strategy will require commitment to a number of workstreams and dedicated resources to achieve necessary changes within a tight time frame. It is envisaged that the Trust will have a single provider partner for the majority of oncology/radiotherapy services.

SECTION SIX

FINANCIAL ANALYSIS

The Trust has developed financial projections based on an assessment of the quality priorities, operating requirements and the productivity and efficiency initiatives contained within the plan

The table below summarises the 2014/15 to 2018/19 financial plan, the supporting assumptions are described in the following sections.

	2014/15 Plan £m	2015/16 Plan £m	2016/17 Plan £m	2017/18 Plan £m	2018/19 Plan £m
Income	377.8	373.8	376.2	376.2	376.8
Pay	(246.1)	(247.9)	(249.5)	(250.6)	(251.6)
Non-Pay	(104.1)	(101.1)	(100.5)	(99.4)	(98.8)
EBITDA	**27.6**	**24.7**	**26.3**	**26.2**	**26.4**
Non Operating Items	(23.5)	(22.8)	(22.3)	(22.6)	(22.8)
Net Surplus/(Deficit)	**4.1**	**2.0**	**3.9**	**3.6**	**3.5**
add: Impairment	1.1	1.4	0.0	0.0	0.0
add: Donated Asset Accounting	(1.8)	(0.0)	0.0	0.0	0.0
Underlying Operational Performance	**3.4**	**3.4**	**3.9**	**3.6**	**3.5**

Table 6.0: Income and expenditure plan 2014/15 to 2018/19
Source: WSHFT financial modelling

The planned surplus over the next five years allows the Trust to continue to generate a COS 3 with a moderate improvement in liquidity. This may provide sufficient headroom in future years for potential capital investment.

INCOME

In Section 3 we described the LHE financial assumptions, particularly, in relation to the Better Care Fund and QIPP. Our income modelling reflects these assumptions and also includes the following additional assumptions:

- **Tariff Deflator:** We anticipate continued reductions in the PbR tariff of between 1.7% and 2.0%. This is informed through discussions with health economy partners and is consistent with LHE modelling assumptions
- **Demographic:** Activity projections reflect the anticipated impact of demographic growth on our services
- **Service Developments:** Agreed service developments, primarily the impact of national screening programmes and management of the elective pathways to achieve referral to treatment targets, are reflected
- **Other changes:** An estimate has been made of likely growth due to technological and treatment changes, taking account of past trends.

The table below (6.1) summarises the impact of these assumptions on the Trust's financial modelling:

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Prior Year Out-turn	**332.8**	**335.2**	**330.7**	**329.5**	**327.0**
less non recurrent funding	(1.0)	0.0	0.0	0.0	0.0
Recurrent Income Baseline	**331.8**	**335.2**	**330.7**	**329.5**	**327.0**
Tariff Deflator	(3.7)	(5.7)	(5.6)	(5.6)	(6.5)
Activity Volume Growth	3.1	7.1	4.0	3.6	3.6
Revenue Generation	1.1	0.5	0.0	0.0	0.0
Service Developments	6.1	(1.3)	1.0	0.0	0.0
QUIPP	(1.7)	(8.4)	(1.6)	(1.5)	(1.5)
Other Changes	(1.5)	3.3	1.0	1.0	1.0
Income Plan	**335.2**	**330.7**	**329.5**	**327.0**	**323.5**

Table 6.1: Income bridge 2014/15 to 2018/19
Source: WSHFT financial modelling

Commercial Income

The income plan also reflects the anticipated increases in income for private patients and commercial income as a result of these plans. In Section 5, we outlined our intention to exploit commercial opportunities.

EXPENDITURE

The key drivers of the expenditure assumptions are as follows:

- Impact of the Trust's efficiency plans
- Anticipated price inflation pressures
- Impact of approved service developments and investments
- Impact on the Trust of activity plans and capacity.

Efficiency Programme

The Trust must deliver a total of £78.9m of efficiency savings over the five years from 2014/15 to 2018/19 as summarised in the table below (6.2):

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Total Efficiency Requirement	19.0	14.2	15.0	15.9	14.8
% of cost base	5.4%	4.1%	4.3%	4.6%	4.2%

Table 6.2: Efficiency requirement 2014/15 to 2018/19
Source: WSHFT Financial Modelling

Based on the Trust's Efficiency Programme the implementation of current plans will reduce the cost base by £61.1m across 5 years. A further £17.8m of the efficiency programme will be delivered through a range of initiatives which will deliver an increased income contribution to the Trust, with the majority of this from commercial opportunities.

The principal workstreams in the efficiency programme cover the following areas:

- Corporate support and back office
- Operational productivity
- Diagnostics
- Service reconfiguration
- Facilities and estates
- Clinical productivity
- Workforce
- Commercial opportunities.

Over the course of the five-year programme there will be an increasing focus on operational productivity, service reconfiguration and commercial opportunities in line with our key strategic priorities outlined in Section 5. The table below (6.3) summarises the components of the efficiency programme.

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Back Office & Corporate Support	3.3	2.5	3.0	3.0	3.0
Clinical Productivity	1.2	1.2	1.4	1.2	0.4
Clinical Workforce	1.7	0.2	0.3	0.2	0.2
Commercial Opportunities	4.6	1.7	2.2	5.1	4.3
Diagnostics	1.6	1.5	0.9	0.8	0.8
Estates & Facilities	2.0	0.5	0.8	0.6	0.6
IM&T	0.0	0.1	0.3	0.3	0.3
Operational Productivity	1.8	1.7	2.9	2.0	1.9
Service Reconfiguration	0.7	2.3	1.4	1.4	2.0
Workforce	2.0	2.5	2.0	1.5	1.4
Totals	**19.0**	**14.2**	**15.0**	**15.9**	**14.8**

Table 6.3: Efficiency programme 2014/15 to 2018/19
Source: WSHFT financial modelling

The approach has been to develop a programme on a thematic basis, rather than in organisational silos, which are owned across the organisational structure. The plans apply an increasingly greater focus on a transformational approach to the delivery of some key services. These are:

- Acute Medicine Flow and the Emergency Floor
- Productive Theatre
- Ophthalmology Service reconfiguration
- Orthopaedics Service redesign
- Diagnostic Services - Pathology and Imaging service redesign

1. Corporate Support and Back office

Within this programme the Trust will develop an ambitious procurement strategy focused on commercial advantage and deliver improved value for money for its back office support functions whilst ensuring they meet the needs of 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 to deliver the biggest wins
- Ensure engagement of procurement function at the beginning of all tendering activity
- Develop a programme of collaborative procurement with other providers

2. 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.

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.

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.

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

3. Diagnostics

   The Imaging programme will embed service improvement benefits for MRI, 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 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.

4. 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.

   Increase ophthalmic market share primarily within Sussex by transferring the service from Worthing to Southlands hospital will enable the transformation of this service to deliver sustainable benefits in the medium-term which is reflected in 2015-16 plans and beyond.

   An Orthopaedic Improvement Group has been established to drive through transformational productivity improvements in Orthopaedics. These will result in cost reductions across the clinical pathway including flexible medical staff resources as well as theatre efficiencies and produce standardisation.

5. Facilities and Estates

   The most significant component of this work stream is rationalisation of the estate and properties have been identified as potential opportunities for sale or to serve notice on rent of facilities. In addition, plans are underway to reconfigure some support services and there some changes planned for the back office functions within the facilities departments. There are also commercial opportunities identified for income generation across a number of areas.

   The Trust is also reviewing options for a commercial strategic energy partner to maximise cost savings in the medium-term and this is reflected in the planning assumptions for 2015/16 and beyond.

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 medium 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 from 2015-16 onwards. Current projects supported include the market testing for Car Parking services at Worthing Hospital, the provision of accommodation and transport services and the opportunity to review delivery of laundry services to the Trust.

Inflationary pressures, including funding for national pay awards and recognition of non-pay price inflation have been estimated as £41m from 2014/15 to 2018/19.

The financial plan also recognises the impact of seven-day working and the investment required to achieve compliance with the seven-day service clinical standards by 2016/17.

The most significant component of expenditure budgets is pay costs. The financial plan assumes overall pay expenditure will increase by £38m above 2013/14 levels, prior to the impact of the efficiency programme. The impact of the efficiency programme on the pay bill is estimated to be £31.5m. A significant component of the pay bill reductions will be delivered through a reduction in flexible labour and skill mix changes so this will not wholly be reflected as a reduction in the funded headcount. The table below (6.4) summarises the movement in pay.

	2014/15		2015/16		2016/17		2017/18		2018/19	
	£m	WTE	£m	WTE	£m	WTE	£m	WTE	£m	WTE
Opening Balance	**(247.98)**	**6,152.92**	**(246.03)**	**6,114.03**	**(247.97)**	**6,046.48**	**(249.59)**	**6,045.63**	**(250.66)**	**6,019.09**
Activity Changes	(0.42)	71.25	(1.68)	(2.68)	(0.77)	20.00	(0.71)	18.00	(0.71)	18.00
Service Developments	(1.44)	19.13	0.25	(3.21)	(0.50)	20.00	0.00	0.00	0.00	0.00
Efficiency Programme	8.94	(154.32)	7.16	(56.64)	6.44	(59.70)	5.57	(39.30)	5.72	(32.00)
Pay Inflation	(3.83)		(5.33)		(5.37)		(5.41)		(5.44)	
Contingency	(0.60)		(0.60)		(0.60)		(0.60)		(0.60)	
Other	(0.69)	25.05	(1.74)	(5.02)	(0.81)	18.85	0.08	(5.23)	0.08	(5.31)
Closing Balance	**(246.03)**	**6,114.03**	**(247.97)**	**6,046.48**	**(249.59)**	**6,045.63**	**(250.66)**	**6,019.09**	**(251.61)**	**5,999.78**

Table 6.4: Pay and whole-time equivalents (WTE) bridge 2014/15 to 2018/19
Source: WSHFT financial modelling

CAPITAL PLANS

The capital programme has been informed by Divisional business planning and the Trust's Clinical Services Strategy. For years three to five a significant proportion of the capital programme has been earmarked for Strategic Plan priorities. As our plans crystallise we will adjust and more closely define our plans to reflect the capital requirements. The agreed programme is shown in the table below (6.5):

	2014/15 Plan £m	2015/16 Plan £m	2016/17 Plan £m	2017/18 Plan £m	2018/19 Plan £m
Endoscopy	4.8	2.1	0.0	0.5	
Estates Enabled Schemes	4.0	4.0	4.0	4.0	4.0
Emergency Floor	3.9				
Southlands	3.0	3.0			
Information Technology schemes	1.9	1.6	1.2	1.2	1.3
Medical Equipment	1.8	2.5	3.0	3.0	3.0
Interventional Radiology	1.7				
Pathology	1.0	2.6			
CT Scanner	0.8				
Day Surgery, Worthing		2.0			
Overprogramming		(3.0)			
Strategic Priorities			5.1	4.6	5.0
Total Investment	**22.8**	**14.7**	**13.2**	**13.2**	**13.2**
Charitable Funding	(1.8)	(1.0)	(1.0)	(1.0)	(1.0)
Net Investment by Trust	**21.1**	**13.8**	**12.3**	**12.3**	**12.3**

Table 6.5: Capital programme 2014/15 to 2018/19
Source: WSHFT financial modelling

LIQUIDITY

The Trust summary balance sheet is shown in the table below:

	2014/15 Plan £m	2015/16 Plan £m	2016/17 Plan £m	2017/18 Plan £m	2018/19 Plan £m
Non Current Assets	269.36	269.70	268.64	267.51	266.32
Inventories	6.48	6.48	6.48	6.48	6.48
Trade and Other Receivables	11.57	11.07	10.57	10.07	9.57
Other Current Assets	3.67	3.67	3.67	3.67	3.67
Cash	13.80	16.19	18.85	21.16	23.51
Non Current Assets held for Sale	1.48	0.00	0.00	0.00	0.00
Total Current Assets	37.00	37.41	39.57	41.38	43.23
Trade and Other Payables	(11.35)	(11.40)	(11.40)	(11.40)	(11.40)
Non Commercial Loans	(2.28)	(2.40)	(2.40)	(2.40)	(2.40)
Accruals	(17.44)	(17.44)	(17.44)	(17.39)	(17.34)
Other Current Liabilities	(0.93)	(1.00)	(1.00)	(1.00)	(1.00)
Total Current Liabilities	(32.00)	(32.24)	(32.24)	(32.19)	(32.14)
Net Current Assets	**5.00**	**5.17**	**7.33**	**9.19**	**11.09**
Non Commercial Loans	(32.03)	(31.01)	(28.61)	(26.22)	(23.82)
Provisions	(2.38)	(2.31)	(2.24)	(2.17)	(2.11)
Finance Leases	(1.92)	(1.56)	(1.20)	(0.84)	(0.48)
Total Non Current Liabilities	(36.33)	(34.88)	(32.05)	(29.23)	(26.40)
Total Assets Employed	**238.03**	**239.99**	**243.92**	**247.48**	**251.02**
Public Dividend Capital	238.69	238.69	238.69	238.69	238.69
Retained Earnings/(Accumulated Losses)	(41.31)	(39.35)	(35.42)	(31.86)	(28.32)
Revaluation Reserve	40.65	40.65	40.65	40.65	40.65
Total Taxpayers' and Others' Equity	**238.03**	**239.99**	**243.92**	**247.48**	**251.02**

Table 6.6: Balance sheet 2014/15 to 2018/19
Source: WSHFT financial modelling

The balance sheet reflects the following key movements:

- Non-Current Assets reflect capital investment net of depreciation
- Trade and Other Receivables are forecast to reduce in line with 2014/15 and 2015/16
- Non-Current Assets held for Sale are the portion of the Southlands estate declared surplus by the Trust Board in 2013. The Trust is currently reviewing its options for the disposal of land and buildings at Southlands Hospital. A decision is expected to be made by the Trust Board early in 2014/15 and may lead to a change in associated elements of the financial plan

- Commercial Loans reflect the repayment of existing loans and draw down of further capital investment loans to support the development of the Emergency Floor and Ophthalmology development at Southlands.

RISK RATINGS

A Continuity of Service Risk Rating (CoSRR) of at least a 3 is maintained throughout the five-year period. The capital service cover metric remains static reflecting consistent income, expenditure surpluses and capital servicing requirements over the period. The liquidity metric shows improvement over the five-year period, this generates headroom in relation to capital investment and transformation assumptions as these plans develop.

		2014/15 Plan	2015/16 Plan	2016/17 Plan	2017/18 Plan	2018/19 Plan
Revenue Available for Capital Service	£m	24.86	23.78	25.37	25.25	25.46
Capital Service	£m	(13.10)	(10.68)	(10.86)	(11.03)	(11.21)
Capital Service Cover metric	times	1.90	2.23	2.34	2.29	2.27
Capital Service Cover rating		**3**	**3**	**3**	**3**	**3**
Cash for CoS liquidity purposes	£m	(2.96)	(1.31)	0.85	2.71	4.61
Operating Expenses within EBITDA, Total	£m	(350.18)	(349.03)	(349.96)	(350.01)	(350.43)
Liquidity metric	days	(3.04)	(1.35)	0.87	2.79	4.74
Liquidity rating		**3**	**3**	**4**	**4**	**4**
Continuity of Service Risk Rating		**3**	**3**	**4**	**4**	**4**

Table 6.7: Risk ratings 2014/15 to 2018/19
Source: WSHFT financial modelling

KEY RISKS

There are a number of risks in delivering the financial plan. These will be closely monitored along with financial performance through the year. These have been summarised below:

- The impact of QIPP schemes and the ability to either take out stranded costs if schemes are delivered in full or the affordability for CWS CCG to pay in full for over-performance above contracted activity levels. Mitigation of this risk is the close monitoring of activity levels in year and formalising escalation triggers within the contract for significant variance to plan. There has also been discussion with CWS CCG who recognise the principle of stranded costs for the Trust
- The delivery of the required level of savings to maintain financial and clinical sustainability over the planning period. In order to mitigate this risk the Trust has enhanced capacity and project management expertise and has put in place a rolling programme of identifying pipeline schemes
- The impact of market testing by commissioners, specifically in relation to MSK services, and a loss of contribution should the Trust not be successful in bidding to retain these services.