



**East Sussex Healthcare**  
NHS Trust

# **Our Operational Plan 2019/20**

**April 2019**

**WHAT MATTERS TO YOU  
MATTERS TO US ALL**

# Contents

1. Introduction.....	3
2. Vision, Values and Ambition .....	4
3. 2018/19 Summary Progress and Achievements.....	6
4. Strategic Sustainability Plan .....	9
5. Activity Plan.....	10
6. Quality Plan .....	13
7. Workforce Plan .....	23
8. Financial Plan .....	29
9. Sustainability and Transformation Plan .....	34
10. Risks to delivery of Plans.....	36
11. Summary Divisional 2019/20 'Plans on a Page'.....	37
12. Conclusion.....	37

# 1. Introduction

---

Patients come first at East Sussex Healthcare NHS Trust (ESHT). We are one of the largest organisations in East Sussex, employing over 7,000 talented and dedicated staff with an annual turnover of £407million. Our teams are proud to provide acute hospital and community health services for the 525,000 people living in East Sussex. Our ambition is to be outstanding and always improving and our vision is to combine community and hospital services to provide safe, compassionate and high quality care to improve the health and wellbeing of the people of East Sussex. We work in partnership with commissioners, other providers, members of staff and volunteers as part of a locally focused and integrated health and social care system.

Our plan has been informed and developed in the context of the following:

- The NHS Long Term Plan sets out the strategic direction for the NHS for the next ten years and includes priorities for:
  - improving quality and outcomes
  - implementation of new service models
  - prevention programmes and addressing inequalities
  - upgrade of technology and digitally enabled care
  - returning the NHS to sustainable financial path
  - focusing on workforce
- Our existing close partnership with East Sussex County Council, and our improving alignment with the Sussex and East Surrey Sustainability and Transformation Partnership (STP)
- The East Sussex health system financial recovery plan
- Achieving our ambition to be outstanding requires us to embed a culture of service improvement across our organisation and to be innovative and proactive in changing the way we work
- Year 2 of our five year sustainability plan that details our commitment to become clinically and financially sustainable – to deliver excellent care within the available resources. The six delivery programmes within the plan reflect our strategic objectives and are:
  - Productive Planned Care
  - Best at Managing Frailty
  - Sustainable Urgent Care
  - Integrating Community Services
  - Sustainable Service Models
  - Business Processes and Cost Control

This plan sets out what we expect to achieve in 2019/20 and the risks that could impact the deliverability of the plan and the mitigating actions.

## 2. Vision, Values and Ambition

---

**Our vision** at East Sussex Healthcare NHS Trust is to combine community and hospital services to provide safe, compassionate and high quality care to improve the health and wellbeing of the people of East Sussex.

**Our values** are fundamental to how we undertake our everyday work. They shape our beliefs and behaviours and were developed by our staff.



**Our ambition** is to be an outstanding organisation which is always improving.

### Operational priorities:

- the **CQC quality standards** in each of their quality domains
- our **constitutional standards**, such as referral to treatment waiting times
- **financial sustainability** in the long term

### Our Objectives:

- **Safe patient care is our highest priority:** Delivering high quality services that achieve and demonstrate the best outcomes and provide an excellent experience for patients.
- **All members of staff will be valued and respected:** Members of staff will be involved in decisions about the services they provide and offered training and development to fulfil their roles and help them progress.
- **Our clinical services will be sustainable:** Working with commissioners, our local authority and other stakeholders we will plan and deliver health and care services that meet the needs of our local population now and in the future
- **We will operate efficiently and effectively:** Diagnosing and treating patients in a timely fashion that supports their return to health

- **We will use our resources efficiently and effectively:** Ensuring our services financially sustainable for the benefit of our patients and their care



**Our vision, values, priorities and objectives** have been embedded across the organisation and made meaningful in our everyday work. They form the foundations for personal objectives, internal communications, and external communication with partner organisations and other stakeholders.

### 3. 2018/19 Summary Progress and Achievements

Significant progress and achievements were made against each of our strategic objectives in 2018/19 and our Annual Report details the progress made. In summary:

**Table 3.1: Progress and Achievements in 2018/19**

Strategic Objective	Progress and Achievements
<b>1. Quality and Safety</b>	<ul style="list-style-type: none"> <li>• Significant improvements in the reduction in mortality rates</li> <li>• Reduction in the total number of falls and the number leading to harm</li> <li>• Significant reduction in the number of category 3/4 pressure ulcers</li> <li>• Maintained the significant reduction in the number of serious incidents reported</li> <li>• Maintained the Friends and Family Test response rate and the overall scores from patients saying that they would recommend our services at above 97%.</li> <li>• Both Conquest and Eastbourne Hospitals have a rating of four and a half stars out of five on the NHS website.</li> <li>• Excellence in Care dashboard has now been rolled out across all inpatient areas</li> <li>• Participating site for national and international research studies supporting over 70 clinical research trials</li> <li>• A number of national audit reports published throughout 2018-2019 confirm that the Trust is performing above the national average in many clinical areas and is achieving (or exceeding) best practice clinical standards, delivering consistently good clinical outcomes for our patients</li> </ul>
<b>2. Leadership and culture</b>	<ul style="list-style-type: none"> <li>• Improved annual NHS staff survey response rate to 53% of an increase from 49% in 2017/18. The survey shows progress has been made in the quality of appraisals, safety culture, addressing bullying and harassment, staff feeling more supported and valued by their managers, staff feel able to raise issues of concern with confidence that they will be addressed. More staff within the organisation would recommend the Trust as a place to work and receive care.</li> <li>• The overall Trust results for the General Medical Council (GMC) 2018 National Trainee Survey broadly showed an improvement from the 2017 results.</li> <li>• During 2018/19 permanent workforce remained stable and overall the vacancy rate reduced.</li> <li>• Recruitment both national and internationally has resulted in successful recruitment to some hard to fill posts</li> <li>• Staff turnover rates are lower than many other NHS trusts</li> </ul>

	<ul style="list-style-type: none"> <li>• Introduced Safecare as part of electronic rostering system</li> <li>• Health and wellbeing strategy launched</li> <li>• Over 1000 eligible staff received a free health check at work.</li> <li>• 76% of frontline staff had the flu vaccination</li> </ul>
<b>3. Access and operational delivery</b>	<ul style="list-style-type: none"> <li>• Sustained improvement in A&amp;E 4 hour standard from 87.5% to 90.9% against 9% more attendances than in 17/18</li> <li>• 90% of patients were seen with 18 weeks from referral to treatment</li> <li>• Achieved the 2 weeks and 31 days cancer standards Diagnostic standard from 97.6% to 98.7%</li> <li>• Reduction in length of stay in both acute and community beds</li> <li>• Community nursing response saw increased numbers of patients within the same day and within 24 hours of referral</li> <li>• Increased number of patients being seen in our Ambulatory Care Unit and extended assessment ward, to provide same day emergency care for ambulatory patients who do not require an overnight stay in hospital.</li> <li>• 28 day lower Gastrointestinal pathway implemented (FIT and straight to test) with primary care</li> <li>• Nerve Centre: live bed state implemented to support effective patient flow across the hospitals.</li> <li>• Home First (Discharge to Assess) pathways implemented</li> </ul>
<b>4. Financial control and capital development</b>	<ul style="list-style-type: none"> <li>• Reduced deficit from £54.98 million to £45 million</li> <li>• Delivered £19.2 million cost improvements</li> <li>• Significant improvements to the control of temporary staff costs by reducing the use of expensive agency staff, embracing new</li> <li>• Introduced a T3 process to control costs by carefully scrutinising all requests for expenditure to ensure that it is required, cost effective and appropriate.</li> <li>• Invested in the IT and Estates infrastructure</li> </ul>
<b>5. Clinical Sustainability</b>	<ul style="list-style-type: none"> <li>• Developed a five year sustainability plan (3+2) that details the priorities for the Trust and the East Sussex system to create a sustainable model for services over the next five years (and beyond). Six sustainability programmes address these priorities and drive the long term financial plan and projections.</li> <li>• Quality Improvement (QI) strategy developed which describes the approach to embedding QI throughout the organisation by developing capacity and QI capability.</li> <li>• Quality Improvement team established to support the delivery of the QI strategy and a dedicated Improvement hub opened at EDGH</li> <li>• The Trust are a partner in the East Sussex Alliance to develop a single health and care transformation programme for East Sussex.</li> <li>• The Trust has been fully engaged with the development of the Sussex and East Surrey Sustainability and Transformation</li> </ul>

	Partnership and have actively contributed to the various work-streams including digital, workforce, finance and acute hospitals.
--	--



## 4. Strategic Sustainability Plan

---

### 4.1 Clinical and Financial Sustainability Plan (3+2)

In 2018/19 we developed a five year sustainability plan. The plan examines what we must prioritise as a Trust and as a system to create a sustainable model for services over the next five years (and beyond). Our six sustainability programmes address these priorities and our long term financial plan and projections are driven by the programmes:

1. **Productive planned care:** To make our planned services, like outpatients and planned surgery, as high quality and as efficient as possible
2. **Becoming the best at managing frailty:** To help those who have frailty stay well for longer, with better quality of life, and reduce their need for hospital services
3. **Creating a sustainable model for urgent care:** To meet urgent demand more quickly and with the most efficient resources
4. **Integrating community services:** To make sure our out of hospital and in hospital services and teams can work seamlessly, sharing information and practices
5. **Implementing sustainable service Models:** To find the right configuration across our sites or the right partners to ensure all our services are high quality and sustainable
6. **Business processes and cost control:** To ensure our corporate functions are fully equipped to help our services manage themselves efficiently and effectively and deliver the changes needed for the future

The sustainability plan forms the basis of our operational and individual service plans and these are summarised in the 'business plans on a page' (section 11).

We have identified sixteen priority services to review the models of care to ensure their efficiency, productivity and long term clinical and financial sustainability:

Sustainable Service Models: Priority Services for Transformation			
Breast	Cardiology	Dermatology	ENT
Gastroenterology	Gynaecology	Maternity and Obstetrics	Maxillofacial
Musculoskeletal	Neurology	Ophthalmology	Paediatrics
Pathology	Radiology	Sexual Health	Urology

## 5. Activity Plan

### 5.1 Activity Planning

Our activity planning is supported by detailed information including historical trend analysis, system knowledge and local intelligence about service developments. This information, together with extensive joint working with our commissioners to align our current and future activity plans, has been used to model expected activity for the coming year.

Detailed demand and capacity modelling has been undertaken at specialty level with plans agreed by specialty leads and clinical unit management teams, and fully aligned with budgets and workforce plans. To support this process, we have a methodology for production planning which takes a forward view of demand, the resulting potential activity, and enables teams to plan the capacity required to deliver this activity. This supports an understanding of the financial implications to enable business planning decisions. The specialty and clinical unit plans have been aligned with the Trust-wide plan and the system plan.

### 5.2 Activity Plan

It is expected that population growth will increase our activity over the next year and beyond. We have also used historical trends and system knowledge, to estimate growth in urgent admissions and A&E attendances. The following table summarises the high level activity that we expect to deliver in 2019/20 and the growth rates:

**Table 5.1: Activity Plan**

Activity	2019/20 Plan	Growth rate Assumptions (within plan)
Total non-elective admissions with a zero length of stay (Specific Acute)	19,483	6%
Total non-elective admissions with a length of stay of 1 day and greater (Specific Acute)	31,623	
Total elective admissions spells (ordinary admissions) (Specific Acute)	5,811	5.3%
Total elective admissions spells (day cases) (Specific Acute)	46,104	3.9%
Consultant led first outpatient attendances (Specific Acute)	107,714	2.5%
Consultant led follow up outpatient attendances (Specific Acute)	212,239	2.5%
Total A&E attendances excluding planned follow ups	134,262	6%

### 5.3 Local Initiatives

We continue to work closely with our local commissioners; Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald, Lewes Havens CCGs and East Sussex County Council to further develop and deliver integrated health and care services for our local population. Working as

an alliance with commissioners, primary care and the local authority we are working towards integration of our health and care services; so we can demonstrate the best use of resources to meet the health and social care needs of the people of East Sussex.

We have further developed our integrated locality teams who work closely with our local primary care services to ensure that people receive the right care as close to home as possible. A single point of access, to many health and care services, means that we can respond quickly with the right support, to avoid unnecessary hospital admissions and get people home in a timely way. We have also jointly developed a series of interventions aimed at supporting the enhanced discharge of patients and reducing unplanned admissions to hospital. This programme continues into 2019/20, but has been extensively refreshed following a number of improvement reviews undertaken by external consultants, NHS Improvement and NHS England in 2018/19. These local initiatives include a strengthened focus on ambulatory care models, as well as the development of enhanced and fully integrated community services and are overseen by the East Sussex Health and Care Executive Group. These local initiatives are managed by three key programme boards, covering Integrated Community Services, Urgent Care and Planned Care.

#### **5.4 Operational Standards**

We have agreed with local commissioners appropriate improvement plans for delivery of the NHS constitutional standards and we have an elective care board in place to monitor progress and delivery against the trajectories. This is a key priority in 2019/20 and our plan provides a level of activity that we expect to:

- achieve a 92% referral to treatment (RTT) position and waiting list size. Additional activity to meet aggregate 92% has been included in the growth above. We are working with the commissioners to agree areas where additional activity may be required to reduce waiting times, and strengthen our performance.
- continue with the significant improvements in A&E performance that have been made over the past two years and we will strive to achieve the 95% target by building on the improvements made to date.
- achieve the DM01 diagnostic standard and we will continue to closely monitor capacity. There is a risk to the delivery of this standard with the introduction of the 28 day faster diagnostics in cancer pathways which could impact on routine diagnostic waiting times.
- achieve cancer standards. Whilst the cancer 62 day standard remains a challenge, a recovery plan is in place to achieve this in 2019/20.

#### **5.5 Bed requirement**

The quality improvements that we have made to our services have continued to lead to improved efficiency in terms of length of stay and our ability to see, treat and discharge patients in the most effective way. We have undertaken detailed specialty bed modelling, which has built upon the work completed in 2018/19, and a baseline bed requirement has been produced based on the assumptions that the expected activity will be in line with our plan and the availability of current community beds.

The level of beds required is set to allow a balance between occupancy and flow through the system. This is set at 85<sup>th</sup> percentile for the majority of the year and 95<sup>th</sup> percentile in winter. Opportunity is then assessed by benchmarking against case mix adjusted length of stay and

achievable targets are set. Initial assessment suggests 28 beds between May and November (core months) can be released, to re-open as part of winter resilience to provide safe escalation capacity and systems during this period of high demand.

## 6. Quality Plan

---

### 6.1 Approach to quality improvement, leadership and governance

The Director of Nursing is the lead for quality and safety, the Medical Director is executive lead for a number of quality improvement areas such as GIRFT, mortality and clinical audit and the Director of Strategy Innovation and Planning is the lead for Quality Improvement. All executive directors are committed to and support delivery of quality improvement, leadership and governance across the organisation. Our quality and safety committee is chaired by a non-executive director and provides assurance on all quality and safety matters.

#### *6.1.1 Improvement approach to achieving a good or outstanding CQC rating*

We are committed to delivering high quality care and experience for our patients and providing staff with the opportunity to help shape and be part of key improvement priorities. We have a 2020 strategy which sets the overall direction and ambitions to be an outstanding rated organisation by 2020. This is a key priority for us in 2019/20.

The CQC published reports in June 2018 following an inspection of both of our acute hospitals, Eastbourne District General Hospital and Conquest Hospital in March 2018. The CQC commended the Trust on its notable improvements and the good, outstanding and innovative practice observed during the inspection. The CQC recommended to NHS Improvement (NHSI) that the Trust no longer met the criteria to be in Special Measures for Quality and NHSI accepted this recommendation.

Services inspected included urgent and emergency care, and medical care (including older person's care) at both Eastbourne DGH and Conquest; surgery and maternity at Conquest; outpatients at Eastbourne DGH; and a well-led inspection trust wide. The inspection did not review children's services, surgery at Eastbourne DGH, the midwifery led unit at Eastbourne DGH, outpatients at Conquest, critical care, community services or End of Life Care. The ratings for these services were therefore carried forward from when they were last inspected by the CQC.

In the areas inspected by the CQC, all domains were rated as 'good' or 'outstanding' apart from the Emergency Department at Eastbourne which was rated as 'requires improvement' but 'good' for well led and caring. For the first time 'outstanding' ratings were given in three categories. The report highlighted one 'must do' and twenty one 'should do' actions that required addressing across the organisation:

- The 'must do' was for us to urgently review the workload of the urgent care administration and clerical team and implement a strategy to review staffing levels and the impact on team wellbeing. This concerned administrative staff working night shifts and is being reviewed.
- 12 of the should do actions relate to Urgent Care, mainly at the Eastbourne site, 3 to maternity, 2 for outpatients, 1 for surgery, 1 for medicine and 2 Trust-wide. These actions include strengthening the application of policies and processes, ensuring consistency of

record keeping, improving mandatory training in some areas, improvements to the estate and reducing the number of outlying patients.

An action plan is in place to address the concerns raised and build on our improvements, as well as sharing learning and best practice. Good progress is being made in all areas and this is being monitored as part of quality reviews and through the Trust's governance structure.

Our ambition to be outstanding is not solely defined by the Care Quality Commission (CQC) rating, albeit this is an essential and integral element. We aim to be Outstanding across our entire organisation: for our patients, our staff and for the broader healthcare system. Our ESHT 2020 strategy is being refreshed to reflect our ongoing commitment to be outstanding and always improving. Our plans and strategies to achieve outstanding are summarised in the table below:

**Table 6.1: Achieving Outstanding Plans and Strategies**

Strategic Objective	Strategy / Plan	Detail	Achieving Outstanding
<b>Quality and Safety</b>	Quality Strategy	Patient Safety, clinical effectiveness and patient experience aims for the Trust	People will be protected by a strong comprehensive safety system, with a focus on openness, transparency and learning when things go wrong. People will be respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
<b>Leadership and Culture</b>	Workforce Strategy	Ensures we have the right members of staff with the right skills	The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
	Leadership/ Organisational Development/ Health and Wellbeing Strategies	Ensures that the organisation is well-led and that our staff and leaders demonstrate values based behaviour	
<b>Access and operational delivery</b>	Business Plan	Output of annual business planning process	Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care
<b>Clinical Sustainability</b>	Clinical Strategy -3+2 sustainability strategy	Sets out how the Trust will achieve clinical and financial sustainability over the next five years, including high level objectives for our clinical	Treatment and support for people who use services are consistently better than expected when compared with other similar services. We achieve good outcomes and

		services and key priorities for development	promote a good quality of life, based on the best available evidence
<b>Financial Control</b>	Financial Plan	Plan to deliver finance and cost improvement targets	The Trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients.

### 6.1.2 *Quality improvement governance system*

Our Quality Strategy outlines the quality improvement governance structure and monitors improvement priorities and schemes through the following:

- Quality Account – Progress on these priorities is reported to the Quality and Safety Committee
- Commissioning for Quality and Innovation (CQUINs) – like all NHS Trusts we are required to make a proportion of our income conditional on achieving quality improvement and innovation goals, through the CQUIN framework. Progress towards these schemes is reported to the Patient Safety and Quality Group.
- Trust Board, Quality and Safety Committee and other senior group reports – Comprehensive reports submitted to these committees and groups will include regular tracking of quality metrics such as the Integrated Performance Dashboard and specific measures to track progress on work plans for the key groups.
- The divisional teams receive monthly governance reports that detail all aspects of governance such as risks, incident, mortality, complaints, inquests and patient experience. A summary triangulating this information is provided within the main document to enable the department to identify key issues and to use as the escalation/summary to the monthly Integrated Performance Reviews (IPR) for each Division. The IPRs are chaired by the Chief Executive with executive directors present, to review progress on quality, safety, operational performance, finance and strategy including improvement work.
- The 'Floor to Board' dashboard provides progress to the quality measures reviewed at Trust and ward level to ensure each ward can track how they are performing on safety and patient experience. All Board members undertake quality walks to seek assurance and hear staff views.
- Mock inspections are undertaken by small teams to test whether CQC actions are embedded and to identify any areas of good practice or learning.
- We work with external stakeholders such as Healthwatch and patient groups to support the monitoring quality improvements.

### 6.1.3 *Building quality improvement capacity and capability*

Our Quality Improvement (QI) Strategy sets out our programme of work to ensure there is constant focus across the organisation on improving the quality of care that we provide. Our QI strategy describes how we will embed a culture of continuous improvement across the organisation, and involves:

- Building quality into our services, systems and processes from the outset

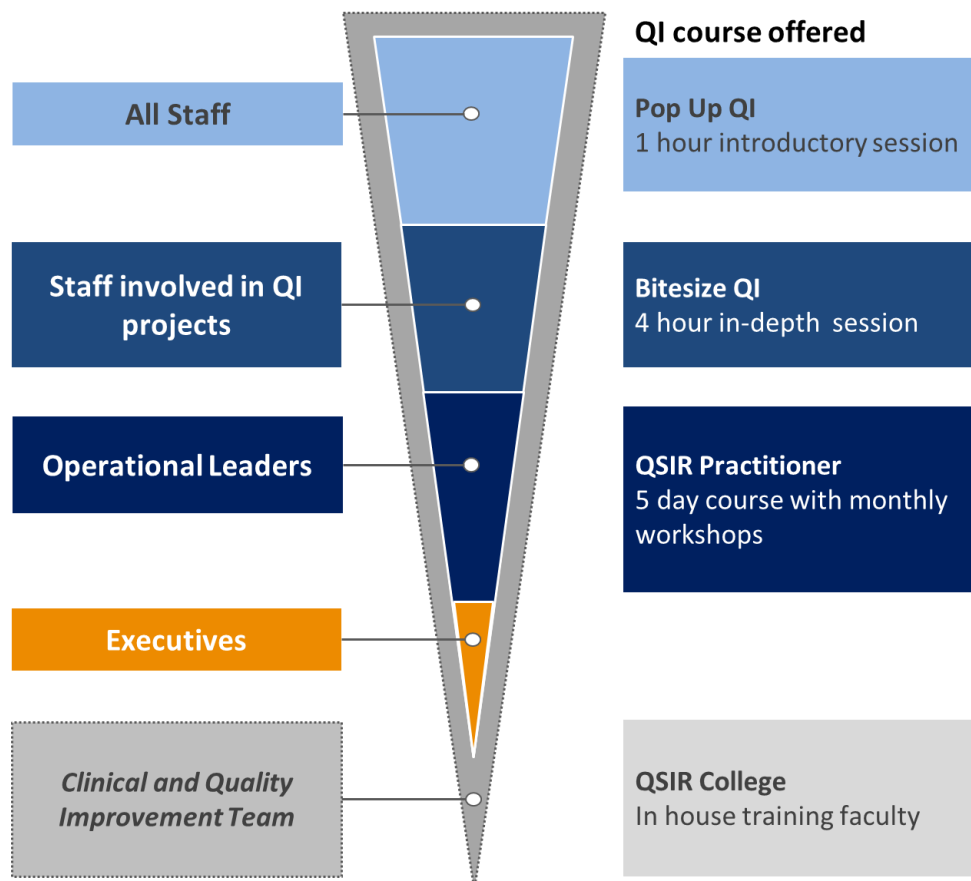
- Engaging and involving our staff in the work of improving their day to day practice
- Developing QI capacity and capability so that staff at all levels are skilled in making incremental improvements over time

A recently established QI team are responsible for delivering our QI strategy, including the delivery of formal classroom-based training to support the understanding of quality improvement theories, models and techniques, and in providing direct support to teams to deliver successful improvement projects in their work areas. We have adopted the NHS Improvement Quality, Service Improvement and Redesign (QSIR) programme as our primary approach to training for service and quality improvement. Members of our QI team are signed up to the QSIR College programme, and are in the process of planning the delivery of the QSIR programme at ESHT from May 2019. The training plan and programme are summarised in the diagrams below.

We will be monitoring the impact of the QI strategy through the following measures:

- Number of staff that have completed an introductory training session to QI
- Number of staff that have completed the one day QSIR fundamentals course
- Number of staff that have completed the five module QSIR Practitioner course
- Number of QI projects being undertaken within the Trust
- Number of QI projects being supported by QI team
- Number of QI posters produced by teams to share learning
- Number of events held to celebrate our successes and achievements

### Diagram 1 and 2: Embedding Quality Improvement Plan





## Quality Improvement (QI) Training Programme

**We are an organisation focused on embedding a continuous improvement approach, and we offer a range of QI training courses that vary in duration and depth of content.**

				<h2>QSIR Practitioner</h2> <p>5 day course with monthly workshops Application of tried and tested approaches, tools and techniques for designing more efficient and productive services</p>
			<h2>QSIR Fundamentals</h2> <p>1 day workshop Introduction to the 8 modules within the QSIR programme covering quality, service improvement and redesign tools and techniques</p>	
	<h2>Bitesize QI</h2> <p>4 hour session Focus on the principles of quality improvement and practical application of tools and techniques</p>			
	<h2>Pop Up QI</h2> <p>1 hour introductory session</p>			
	AVAILABLE NOW!	STARTS APRIL 2019	STARTS JUNE 2019	COHORT 1 STARTS JUNE 2019
Course Content	<p>Overview of:</p> <ul style="list-style-type: none"> <li>The ESHT approach to QI</li> <li>The model for improvement</li> </ul>	<p>An in depth look at the principles of QI, and the practical application of tools and techniques.</p> <p>Including:</p> <ul style="list-style-type: none"> <li>Setting an aim</li> <li>Measurement for improvement</li> <li>Stakeholder mapping</li> <li>Driver diagrams</li> <li>PDSA and testing</li> </ul>	<p>Awareness raising induction workshop to the 8 modules within the QSIR programme covering quality, service improvement and redesign tools and techniques</p>	<p>8 modules:</p> <ul style="list-style-type: none"> <li>Leading improvement</li> <li>Project management</li> <li>Measurement for improvement</li> <li>Sustainability of improvement</li> <li>Engaging and understanding others</li> <li>Creativity in improvement</li> <li>Process mapping</li> <li>Demand and capacity</li> </ul>
Target Audience	All Staff	<p>Anyone interested in or involved in improving quality, including:</p> <ul style="list-style-type: none"> <li>Corporate nursing team and divisional ADNs</li> <li>Corporate governance team</li> <li>Divisional teams – specialty leads, service managers, HR business partners, Finance business partners</li> <li>Divisional nursing teams (HONs and deputies, matrons)</li> <li>Clinical education teams &amp; practice educators</li> </ul>	<p>Anyone who is interested in taking the QSIR Practitioner course or anyone who would benefit from learning about service improvement and redesign tools and techniques.</p>	<p>Managers and team leads with responsibility for a service, pathway or department and who are required to lead and implement service redesign, change and transformation.</p> <p>Including participants from:</p> <ul style="list-style-type: none"> <li>Leading Excellence</li> <li>Leading Service</li> <li>Leading Community Together</li> </ul>

## 6.2 Summary Quality Improvement plan

Our quality improvement priorities for 2019/20 have been developed through consultation with internal and external stakeholders, including patient groups, staff, the Quality and Safety Committee and the wider Trust Board, and will be published as part of the 2018/19 Quality Account. These priorities underpin our strategic objectives and are aligned to learning themes identified from patient feedback, incidents, complaints, PALs queries, audits and other learning.

The four quality improvement priorities are described in the table below:

**Table 6.2: 2019/20 Quality Improvement Priorities**

Quality Domain	Priorities for Improvement 2019/20	Measureable Outcome
<b>Patient Safety</b>	Continue to improve the management of the deteriorating patient	<ul style="list-style-type: none"> <li>• Increase in the number of patients who have a Treatment Escalation Plan in place following a MET / SET call (baseline zero as new process)</li> <li>• Reduction in the number of cardiac arrests associated with un-recognised deterioration in the preceding 12 hours ('Failure to rescue')</li> <li>• Reduction in avoidable surgical admissions to Critical Care Unit(s) (baseline to be established)</li> </ul>
<b>Clinical Effectiveness</b>	Improve compliance against the 7 day working standard for ongoing consultant-directed review	<p>The review needs of individual inpatients are determined, agreed, documented and re-assessed regularly at ward rounds or the daily board rounds, to include:</p> <ul style="list-style-type: none"> <li>• Review by consultant</li> <li>• Review by registrar</li> <li>• Review by FY2/CT1-2</li> <li>• Review by other health professional (eg specialist nurse)</li> <li>• No regular medical review required</li> </ul>
	Continued implementation and development of the Excellence in Care Programme	<ul style="list-style-type: none"> <li>• New format dashboard to be developed and launched</li> <li>• Heads of Nursing, matrons and team leaders will have received an Introduction to Quality Improvement training session</li> <li>• Each division will have completed at least three Quality Improvement projects by the end of the year</li> </ul>
<b>Patient Experience</b>	Improve communication so that patients feel better informed about their care and treatment	<ul style="list-style-type: none"> <li>• We will have analysed our existing data and information to identify areas to focus our improvement work</li> <li>• We will have completed patient and carer engagement events linked to our areas of focus, to gather feedback on how we can improve</li> <li>• We will have identified key areas for</li> </ul>

		improving how we communicate and involve patients and carers in their care and treatment, and have initiated improvement plans in key areas
--	--	---

These quality plans are part of the divisional integrated business plans and progress will be monitored through the divisional integrated performance review with oversight from the quality and safety committee.

In addition to the improvement priorities for 2019/20, we have identified four clinical pathways that are priority for improvement projects and these are:

- Pneumonia
- Chronic obstructive pulmonary disease (COPD)
- Pre-assessment
- Fractured neck of femur

We will also continue to address a number of ongoing continuous improvement priorities as part of the Quality and Safety Strategy.

A comprehensive GIRFT Programme is in place led by the Medical Director who reviews and signs off all recommendations, and the top 5 priorities, for each specialty that has undergone a visit, and progress is monitored on a 3 and 6 monthly basis. Quality recommendations are also reported to the Quality and Safety Committee on a quarterly basis, and the Medical Director raises any issues at the Clinical Outcomes Group. The metrics for the top 5 priorities are discussed at the relevant divisional integrated performance reviews and a GIRFT tracker is in place.

### 6.3 Risks and Assurance

The top three corporate risks to quality and how the Trust is mitigating these is summarised below:

**Table 6.3: Top 3 Corporate risks**

Risk	Controls
<b>Recruitment</b> Challenges with appointing to "hard to recruit specialties" and effectively managing vacancies may impact patient care due to temporary workforce/locum use, reduced activity and "send aways."	<ul style="list-style-type: none"> <li>• Strategic Workforce group in plan</li> <li>• Recruitment and Retention Strategy and operational plan</li> <li>• Workforce strategy aligned with workforce plans, strategic direction and other delivery plans</li> <li>• 50 difficult to recruit posts identified, working with an agency to create a pipeline of candidates</li> <li>• Recent successes in recruiting to clinical vacancies</li> </ul>
<b>Capital Constraints</b> Investment required for estate infrastructure, IT and medical equipment which may impact on delivering our clinical strategy, improved efficiency and ensuring compliance with regulation	<ul style="list-style-type: none"> <li>• Robust governance framework in place to prioritise requirements</li> <li>• Six-facet survey commissioned to assess estate, backlog maintenance and strategic review</li> <li>• Developing 5 year capital plan</li> <li>• Capital investment business cases submitted to STP</li> <li>• Capital bids to NHSI</li> </ul>
<b>Operational</b>	<ul style="list-style-type: none"> <li>• UTC and ambulatory care</li> </ul>

Increased non-elective activity and cancer referrals to some specialties impacts on ability to realise benefits of improved efficiency and achievement of constitutional standards	<ul style="list-style-type: none"> <li>• Maximising opportunities from reduction in length of stay and improved operational performance</li> <li>• Governance system, actions plans and focussed pathway support in place for cancer. Particular challenges in colorectal and urology. Cancer metric monitoring tool developed and trajectories for delivery identified and clinically led Cancer Partnership Board in place</li> </ul>
--	---

The table below provides assurance against the national quality priorities for 2019/20:

**Table 6.4: National Quality Priorities and Assurance**

National Priority	Assurance
<b>Learning from Gosport Independent Panel</b>	<p>All staff are encouraged to raise and share concerns and work has been done to promote raising concerns and Freedom to speak up. The Trust has a positive incident reporting culture in place and all staff have access to report incidents. All incidents are reviewed and investigated if appropriate and feedback given to the staff member.</p> <p>Staff are actively encouraged to raise concerns with their line manager or to escalate if they feel their concerns are not being acted upon. The Trust has an independent Speak Up Guardian to encourage and support staff to confidentially raise concerns through their line managers and leadership team. The role of the Speak Up Guardian is promoted through meetings, team huddles, the staff induction process, regularly circulated newsletters, and a range of materials and information is available on the Trust extranet. The Speak Up Guardian is contactable by email, on the telephone and through social media, and routinely seeks feedback from staff who have raised concerns to ensure that staff have not suffered detriment as a result of speaking up, and any learning can be captured. Concerns are monitored via a database, subject to staff consent.</p> <p>Board members regularly undertake quality walks to meet staff and this is an opportunity to discuss risk and issues as well as to hear about good practice.</p>
<b>Compliance with the four priority standards for seven-day hospital services</b>	<p>The Trust submitted an initial self-assessment of compliance against the four priority standards for 7 Day Hospital Services (7DS) to NHS England and NHS Improvement on 28 February 2019, as part of the implementation of the new Board Assurance framework.</p> <p>Overall the standard for access to consultant-directed diagnostics (clinical standard 5) has been met. However, the self-assessment from February 2019 indicates that the Trust has not met the standards overall for initial consultant assessment (clinical standard 2), access to interventions (clinical standard 6), and ongoing consultant-directed review (clinical standard 8).</p> <p>There are plans identified to improve delivery against the remaining three priority standards, as outlined below:</p> <ul style="list-style-type: none"> <li>• A cross site 7 day gastro-intestinal bleed rota will be</li> </ul>

	<p>introduced from April 2019 to ensure that the Trust meets the standard for access to interventions (clinical standard 6), while also improving delivery for access to diagnostics (clinical standard 5).</p> <ul style="list-style-type: none"> <li>• Divisional plans are being drawn up to identify specific actions to improve compliance against clinical standards 2 and 8 (first consultant review within 14 hours, and ongoing consultant review) for specialties that receive emergency admissions that are not consistently compliant with the standards during weekdays and weekends</li> <li>• Improving the quality of data collected as part of the Excellence in Care Programme, so that there is a robust mechanism to monitor delivery of clinical standard 2 by speciality and division</li> <li>• Using Nerve Centre as a reliable mechanism to improve delivery against clinical standards 2 and 8, providing patient task lists for medical staff to support prioritisation and delivery of consultant-led review within 14 hours</li> </ul> <p>The Trust has demonstrated significant improvement in compliance against standard 2 since November 2018, as evidenced by local clinical audit, and has plans in place to ensure delivery of the standards by 2020. Planning for delivery of the seven-day working standards is integrated into the Trust business planning process, and mitigating actions have been identified for clinical specialities where the standard is not being met. The Trust is in the process of implementing a live bed state system, enabling further improvement of compliance against the clinical standards.</p>
<b>Learning from the review of deaths</b>	<p>The Trust is compliant with the National Quality Board Guidance on learning from the review of deaths. Our systems and processes ensure that learning is identified from care or treatment provided to our patients which could have been better so that changes can be made to practice where required. Our systems and processes to learn from the review of deaths include:</p> <ul style="list-style-type: none"> <li>• Investigating, and where necessary, taking action, when concerns have been raised by relatives/friends at time of death, including deaths in both our acute and community hospitals</li> <li>• Reviewing all acute hospital deaths, where possible, within a three month timeframe</li> <li>• Reviewing and investigating, where necessary, any pathway or condition where there is a concern identified through local or external data, for example, CQC</li> <li>• Information on deaths and associated learning is reported to the Trust Board on a quarterly basis</li> </ul>
<b>Plans to reduce gram-negative bloodstream infections by 50% by 2021, which are aligned with health economy plans</b>	<p>A local plan for reduction of Gram negative Bacteraemia has been agreed. Key actions include:</p> <ul style="list-style-type: none"> <li>• RCA is undertaken on all hospital onset urinary catheter associated bacteraemias, sharing lessons learnt and using data to inform future actions.</li> <li>• Revision of Integrated Patient Documentation to increase focus</li> </ul>

	<p>on urinary tract infection.</p> <ul style="list-style-type: none"> <li>• Review of patient pathways for blocked catheters and urinary tract infections with CCGs.</li> <li>• Audits of catheter care practice in community services and acute inpatient areas have been undertaken as baseline for improvement work.</li> <li>• Local study day in November with national experts advising staff on GNB reduction strategies.</li> <li>• We have undertaken an initial improvement project with the NHSi UTI commencing September 2018 which is focusing on transfer of care information for patients with catheters.</li> <li>• ESHT will contribute to an improvement project across Surrey and Sussex starting in March 2019, facilitated by NHSi.</li> </ul>
<b>Implementation of National Early Warning Score (NEWS2)</b>	<p>The National Early Warning Score (NEWS) is fully embedded at ESHT within acute and community services. There are plans in place to transition to the updated version of the National Early Warning Score (NEWS2) in 2019, following an upgrade to our electronic system for monitoring patient vital signs.</p> <p>The Trust is preparing for the transition to NEWS2 by:</p> <ul style="list-style-type: none"> <li>• Building awareness and providing training for clinical staff, through the Royal College of Physicians e-learning for NEWS2</li> <li>• Preparing paper NEWS2 charts to ensure business continuity, and ensure that clinical areas that do not currently use electronic systems for monitoring patient vital signs are ready for transition.</li> </ul>

#### 6.4 Summary of quality impact assessment process and oversight of implementation

A robust process led by the Director of Nursing and Medical Director is in place to assess the impact of all cost improvement programmes and service change schemes identified by the Clinical Divisions and Corporate Functions on the quality and safety of services. The assessment is based on multiple areas of quality including, but not limited to safety, effectiveness, experience and prevention and the impact on staff and other stakeholders such as commissioners and partners is also considered.

All schemes go through the quality impact assessment process, even in the case of schemes seemingly having no impact on quality.

The process is reviewed periodically to provide assurance that the governance is appropriate and ensuring interdependency with sustainable services.

Through the Trust's governance structure, which includes integrated performance reviews for each clinical division, there is triangulation of safety, workforce and finance to ensure that safe patient care is the highest priority whilst ensuring efficient use of resources.

## 7. Workforce Plan

---

Our Workforce Plan delivers a cohesive and balanced, sustainable operational plan that is consistent with the STP workforce strategic priorities. As part of the system-wide collaboration, commonalities were identified from both a local and national level to understand workforce risks and associated mitigation. The developing plans emphasise the ongoing need to recognise interdependencies and potential risks that could act to destabilise the system as a whole. The Local Workforce Action Board in March 2019 summarised these priorities as follows:

1. Maintain supply through retention
2. Boost supply through recruitment
3. To meet demand differently through transformation/skills mix
4. Reduce temporary staffing expenditure through efficiency

These principles are threaded through all partner organisations and form the foundational basis for our workforce strategy. In addition to these principles our workforce plan has been developed using both internal and external diagnostics support that have consistently identified the requirement to review and re-design service delivery models.

Our workforce plan follows best practice workforce principles by maximising the potential of existing substantive staff (optimisation) and managing the way in which we meet the changing needs of the communities that we serve (transformation). The plan incorporates four primary key performance indicators (KPIs) to drive a reduction in the dependency on high cost temporary workforce usage by:

1. Reducing the churn associated with turnover
2. Reducing the vacancy rates including the development of an attraction/recruitment strategy, reshaping of the skills mix to target transformational roles through direct recruitment and an educational 'grow your own' strategy
3. Reducing days lost to sickness through the development of the Health & Wellbeing Strategy that works alongside a focus on engagement and leadership
4. Targeting effective workforce planning and efficient deployment through a series of workforce and rostering efficiency schemes
5. Transformation of services through the sustainability programmes

The workforce analysis is evidence based and underpinned by benchmarking undertaken using Model Hospital peer reviews, Vanguard and GIRFT reviews to identify gap analysis and appropriate opportunities. These have been conducted at staff group level within each service area where trending performance against appropriate peer review has identified an opportunity to either reduce the reliance on temporary usage or change the skills mix profile to support the delivery of service change.

Our plan includes a reduction in reliance on temporary workforce, skill mix changes, the impact of transformation programmes and rostering efficiency across all staff groups.

The table below summarises our workforce challenges and the initiatives that we have in place to address the issues:

**Table 7.1 Workforce Challenges**

Description of Challenge	Impact	Initiatives in place
<ul style="list-style-type: none"> <li>• <b>Shortage of Registered Nurses</b></li> <li>• <b>Removal of bursary funding</b></li> <li>• <b>Apprenticeship Training covers education not backfill</b></li> <li>• <b>Geographical footprint reduces opportunity to recruit along with London 'draw' close vicinity</b></li> </ul>	<p>Difficulty in recruiting to establishment; difficulty in rostering, reliance on bank and agency</p>	<ul style="list-style-type: none"> <li>• Generic rolling recruitment initiated</li> <li>• Non-EU International Recruitment including Philippines, India sub-continent, UAE &amp; middle-East</li> <li>• Supporting Associate Development roles</li> <li>• Supporting Band1 to Band 4 development (widening participation programme)</li> <li>• Recruitment for overseas nurses (support NMC registration)</li> <li>• Return to Practice initiative</li> <li>• Shadowing work experience - attraction strategy</li> <li>• Partnership working with Higher Education Institutes to identify/recruit newly qualified estimated c.40 in year</li> <li>• Preceptorship programme attraction/retention strategy</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Difficulty recruiting Consultants in some specialties</b></li> </ul>	<p>High cost agency spend and locums</p>	<ul style="list-style-type: none"> <li>• Enhanced in-house targeted recruitment campaign</li> <li>• Partnership with employment agency to target 50 hard to fill vacancies</li> <li>• Enhanced attraction 'package' providing a menu of appropriate employee for hard to fill posts</li> <li>• Social media attraction strategy - success &amp; hit rates</li> <li>• New career pathway trialling in A&amp;E (Trust Associate)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Difficulty recruiting allied health professionals (AHP) less resource starting training due to removal of bursaries</b></li> <li>• <b>Age demographic a challenge</b></li> <li>• <b>Expectation that promotion opportunities should be available</b></li> </ul>	<p>Challenge to deliver ESHT and system-wide service both currently and as part of the wider strategy to provide community services (care closer to home)</p>	<ul style="list-style-type: none"> <li>• Enhanced in-house recruitment strategy with focus on social media with rolling adverts in place</li> <li>• Return to Practice Initiatives and Radiology training</li> <li>• Initiated overseas recruitment e.g. Philippines</li> <li>• Partnership working with higher education institutes to identify and recruit newly qualified staff</li> <li>• Preceptorship programme</li> <li>• AHP including operating department practitioner (ODP) professional degree pathway (theatres)</li> <li>• Occupational Therapies, podiatry, audiology from Sept 19.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Resistance to moving away from traditional job roles and towards new skills mix</b></li> </ul>	<p>Pipeline for key clinical roles continues to be a challenge so heavy reliance on costly temp workforce.</p>	<ul style="list-style-type: none"> <li>• Promotion of new transformational roles</li> <li>• Improved engagement in utilising the Apprenticeship levy</li> </ul>
<ul style="list-style-type: none"> <li>• <b>EU Brexit impact</b></li> </ul>	<p>C.550 impacted &amp;</p>	<ul style="list-style-type: none"> <li>• Focus on UK/International recruitment</li> </ul>



	uncertainty for staff Reduction in EU Nationals applying	<ul style="list-style-type: none"> <li>Briefing engagement sessions with current employees to provide support, reassurance and guidance</li> </ul>
--	--	--

The table below summarises the key workforce risks and the associated measures and actions that have been identified to respond to the issues. The workforce and HR teams are working with the divisions to implement these plans:

**Table 7.2. Workforce outline of the current workforce risks, issues and mitigations**

Workforce Risk	Impact	Risk Response strategy	Timescales and Progress to date
<p>Although sickness remains low against comparable peers this is a key priority to address</p> <p>Generic focus for all staff groups on:</p> <ul style="list-style-type: none"> <li>Stress accounts for average 1,400 days lost per month</li> <li>musculoskeletal (MSK) average 1,150 days lost per month</li> </ul>	MED	<p><b><u>Implementation of Health and Wellbeing Strategy</u></b></p> <p>To support staff in ensuring their physical and emotional wellbeing and targeting two highest areas of sickness:</p> <p><b>Physical wellbeing</b></p> <ul style="list-style-type: none"> <li>Health Checks to prevent/promote physical health</li> <li>Healthy weight programmes</li> <li>Menopause workshops</li> <li>Prevention of MSK injuries Taskforce</li> <li>Flu campaign target 76% vaccination</li> </ul> <p><b>Emotional wellbeing</b></p> <ul style="list-style-type: none"> <li>Model review of Psychology/Counselling</li> <li>Mental Health awareness programme for managers and staff</li> <li>'Stress Less' programmes</li> <li>Compassion without Burnout including Pastoral group "Take 5" initiative for Junior Doctors</li> <li>Mental Health First Aid training</li> </ul>	<p>All live programmes initiated with specific interventions to reinforce Trust-wide success relating to lower sickness rates than comparable or regional peers – ongoing</p> <p>Staff group specific i.e. nursing &amp; HCA's starting in April and will increase focus throughout Spring/Summer</p>
<p>Turnover/Retention remains within a good tolerance compared to peers and regional healthcare providers however we will focus required AHP's (Physio, Radiographers, Dieticians) with twice as many are leaving the Trust than new starters</p>	MED	<p><b><u>Turnover &amp; Retention</u></b></p> <ul style="list-style-type: none"> <li>Target areas designed and developed for Division, Specialties &amp; staff groups</li> <li>Exit interview process review in progress to reduce 'other' category &amp; shape retention initiatives</li> <li>Stay Interview pilot completed for AHP's with guidelines developed for rollout in 19/20</li> <li>&gt; 50's staff 'retire and resume', pensions' information including Total Rewards Statement &amp; options for flexible working.</li> <li>Developing a menu of retention interventions for mgrs.</li> <li>Flexible Working Review (shift variations)</li> </ul> <p><b><u>Employee support</u></b></p> <ul style="list-style-type: none"> <li>Carers Support (dependents) 1 to 1 advice</li> </ul>	<p>Mar 19 for 19/20</p> <p>Mar 19</p> <p>Nov 18 pilot</p> <p>Apr 19 pilot</p> <p>Jul 19 pilot</p> <p>Ongoing</p>

		<ul style="list-style-type: none"> <li>• Maternity support group to encourage/facilitate return to work/provide advice on child care opportunities</li> <li>• Staff Benefits Roadshows/newsletters</li> <li>• Trust annual awards &amp; monthly awards</li> <li>• 'Take a Break' campaign for all Clinical staff</li> </ul> <p><b><u>Leadership/Well Led</u></b></p> <ul style="list-style-type: none"> <li>• New managers orientation &amp; first line managers programme</li> <li>• Leading Community Together Nurse Leadership programme</li> <li>• Coaching, mentoring, Talent conversation</li> <li>• High Potential including Band 6/7 &amp; Aspiring Directors</li> <li>• System-wide Talent Management Programme Band 6/7</li> <li>• Ward Matron Programme</li> <li>• Leadership Apprenticeship options</li> </ul>	<p>Every quarter</p> <p>Move to themes Jul 19 Peak times</p> <p>Quarterly</p> <p>Aug 19</p> <p>Ongoing</p> <p>May/Jun 19 Sept 19 Sept 19 Oct 19</p>
Rostering Efficiency – opportunity to enhance effective planning & efficient deployment	MED	<p><b><u>Effective &amp; Safe Planning</u></b></p> <ul style="list-style-type: none"> <li>• Safecare &amp; Healthroster workforce deployment tools to monitor 'live' resourcing levels based on changing acuity levels (planning &amp; real-time analysis) including Winter escalation plans</li> <li>• Working towards NHSI 'e' Job Planning &amp; 'e' rostering levels of attainment with ongoing Medics 'e' job planning Allocate system</li> </ul> <p><b><u>Developing Workforce Safeguards (DWS):</u></b></p> <ul style="list-style-type: none"> <li>• Gap analysis across all clinical staff groups underway to develop remedial action plan. NHSI guidance for nursing used routinely in establishment setting and review. Local quality dashboard which includes efficiency, productivity, quality and safety indicators in place and further development.</li> <li>• Focus on; recruitment, retention, secondment and temporary workforce. Safe Care in place for nursing to support evidence based decision and operational, real time mitigation of risk</li> <li>• Other staff groups establishment setting and review undertaken aligned to annual business planning cycle</li> </ul> <p><b><u>Efficient &amp; Appropriate Deployment</u></b></p> <ul style="list-style-type: none"> <li>• New workforce analytics suite to identify and track opportunities to regulate absence management, deploy non-clinical time away from peak activity, regulate and target appropriate training specific to the competencies required by ESHT (sizing the training requirement)</li> </ul>	<p>Ongoing</p> <p>Project initiated with Medics job planning as a priority</p> <p>AHP Job planning project initiated Jan 2019 linking with NHSI AHP lead</p>

**Table 7.3. Workforce - Outline of Long-term Vacancies**

Long-term Vacancies	(WTE) impact	Impact	Initiatives in place, along with timescales
<b>Band 5 Nurses.</b> Ongoing recruitment challenge	149 WTE	Safety, effective rostering & cost	<p>Trainee Nursing Development (new NMC registered role)</p> <p><b>Nursing Associate Foundation Degree Apprenticeship Programme 2 years</b></p> <ul style="list-style-type: none"> <li>Starts Sept 18 to complete Sept 20 – 2 x cohorts of 4 (8)</li> <li>Starts Jan 20 to complete 22(6)</li> <li>Starts Sept 20 (proposed 10)</li> </ul> <p><b>Advanced Clinical Practice</b> 3 year MSc Programme- Registered Nursing Staff (3) x1 site team (start Sept 18), Endoscopy(1) Paediatric(1) start Jan 19</p> <p><b>Consultant Nurse Posts</b> - focused support for AMU and Frailty</p> <p><b>Assistant Practitioner Band 4 Development 2 years x 8</b> (through apprenticeship development (start Sept 17) including AHP (2) Infection Control (1) Nursing Support roles (5)</p>
Maternity & Paediatrics	Links with nursing	Safety & cost	<p><b>Band 3 Development (new role)</b> Maternity &amp; Paediatrics (Dev Support Workers) start Nov 17 due to complete May 19</p> <p><b>Return to Practice</b> campaign commenced 2018 and ongoing</p>
Difficulty in recruiting in Consultants for specific areas	32.7 WTE	Safety & cost	<p><b>Employment Agency delivery</b> over 2 years; 20 in Year1 &amp; 30 in Year2</p> <p>Target areas: Urology, Care of the Elderly, Acute Med, Histopathology, Radiology, Orthodontics, Orth geriatrics , Emergency Department, Gastroenterology, Haematology, Audiology, Neurology, Stroke, Community Paediatrician, Rheumatology, Ophthalmology, Dermatology, Cardiology, Respiratory•</p> <p>To deliver 50 candidates for difficult to recruit posts.</p>
Middle Grade Dr's difficulty in recruiting;	7 WTE	Safety & cost	<p><b>Doctors' Assistants Band 3 (as part of medical team)</b></p> <ul style="list-style-type: none"> <li>4 in Post. Recruitment pipeline plans to recruit</li> <li>Physician Associates currently under development including 20/21</li> </ul> <p>Target key areas; ENT, Obstetrics &amp; Gynaecology, Stroke, <u>Emergency Department</u>, Care of the Elderly</p>
Specific Scientific, Technical Professional Roles difficult to recruit however resourcing solutions system-wide to support the delivery of cohesive, safe workforce	63.7 WTE	Safety & cost	<p><b>Other Apprenticeship Development Clinical Roles</b></p> <ul style="list-style-type: none"> <li>Starts Sept 18 (3 years. training programme) Biomedical Sciences (2)</li> <li>Starts Sept 18 (3 years. training programme) Cardiac Physiologist (1)</li> </ul> <p><b>New Vocational training programme</b> for foundation to Advanced Pharmacy Practice that includes rotation</p> <ul style="list-style-type: none"> <li>ESHT NHS Trust (Integrated Acute &amp; Community Service)</li> <li>Sussex Community Foundation Trust (Proactive care home service)</li> <li>Sussex Partnership Foundation Trust (Mental Health)</li> <li>Hastings &amp; Rother CCG, Eastbourne Hailsham, Seaford CCG (Commissioning pharmacy services and GP practice)</li> <li>National pilot supported by HEELaSE &amp; hosted by ESHT. First cohort commenced training in Nov 18</li> <li>Portfolio roles between GP federations/practices, hospital &amp; mental health pharmacy roles. e.g. Consultant Pharmacist</li> </ul>

			<p>(joint ESHT/CCG appointment) to provide system wide leadership for diabetes medicines optimisation to be recruited in 2<sup>nd</sup> quarter of 19</p> <ul style="list-style-type: none"> <li>• <b>Pre-registration</b> training placements shared with GP federations/practices and hospital pharmacy from Aug 19</li> <li>• Creation of <b>Integrated Medicines Optimisation Unit</b> - ESHT &amp; CCG Pharmacy teams working collaboratively on MO projects (April 2019). 3 priorities first year; pain management, diabetes &amp; outpatient prescribing.</li> </ul>
Allied Health Professional's difficult to recruit however resourcing solutions system-wide to support the delivery of cohesive workforce	50.8 WTE	Safety & cost	<ul style="list-style-type: none"> <li>• Rolling advert &amp; interviews commencing Feb 19</li> <li>• Mar 19 Radiographers campaign in Philippines</li> <li>• AHP development roles as part of integrated system solution including: <ul style="list-style-type: none"> <li>– Adjustment in skill mix Nurses taking on roles within HSCC to educate and support the Single Point for Access for community referrals</li> <li>– Practice Educator role in Occupational &amp; Physiotherapy enabling safe &amp; effective deployment of B5 roles Practice Educator lead for Social care</li> <li>– Non clinical members of team developed perform operational leadership and service triage to release clinical time</li> <li>– New models of care pathways that include Health and social care; Integrated Support Workers (ISWs)– B2 and B3 workers customised care – supporting nursing, therapy and providing social care – preventing admission and maximising discharge</li> </ul> </li> <li>• Senior ISWs – ISSWs B5 workers who assess for package of care needs traditionally a role undertaken by Adult social care</li> <li>•</li> </ul>

## 8. Financial Plan

We have an annual turnover of £408 million. Reducing the level of our financial deficit remains the key ambition within the financial plan, and will require £20.6 million of cost improvement programmes in 2019/20 to deliver a control total of £10.125 million deficit (including supported funding, or £34.03 million excluding this financing). In addition, we are continuing to work as a system to address the challenges facing the East Sussex local health economy as well as working with the STP on transformational change.

We have made assumptions regarding the income from the patients that we see and in summary these include:

- Growth has been estimated using the national growth rates for age groups and demographics. This includes 6% growth in emergency admissions and A&E attendance
- Tariff inflation has been included
- Increased activity to maintain referral to treatment constitutional standards
- Inclusion of cost improvement programmes
- Inclusion of ambulatory care funding to reflect the cost of development;
- Inclusion of £1m system investment in community services and
- Inclusion of £11m income reduction arising from QIPP schemes.

We are working closely with our two local CCGs, as a system, to ensure alignment of contract values and activity levels. An Aligned Incentive Contract, including an Expected Income Guarantee, providing a minimum funding of £291.737 million, with an additional £2.5 million held as a risk pool to deliver RTT and urgent care activity has been agreed. Work is also being done to fully identify and embed the 'system QIPP' which includes a joint risk share/approach.

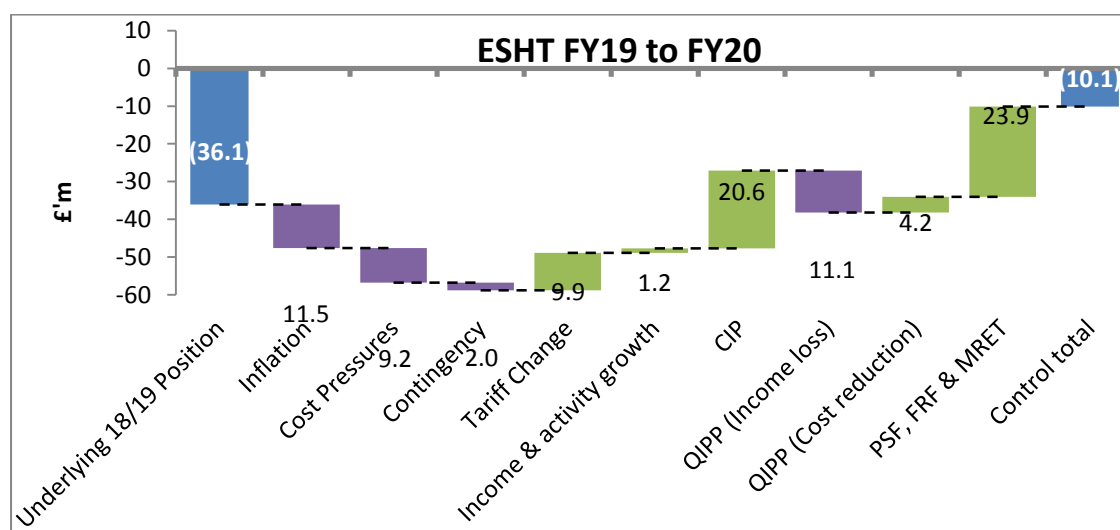
Our cost assumptions include allowing for pay inflation based on staff in post and that agency spend will remain within ceiling levels.

The financial bridge between 2018/19 and 2019/20 is shown in the table below:

**Table 8.1: Bridge from 18/19 to 19/20**

Bridge 2018/19 to 2019/20	Note	£
<b>Outturn 2018/19</b>		<b>-44,782</b>
Add back non recurrent	1	8,671
<b>Underlying 2018/19</b>		<b>-36,111</b>
Inflation		-11,468
Cost Pressures		-9,215
Contingency		-2,000
Tariff Change		9,865
Income growth		5,992
Activity cost growth		-4,763
CIP		20,600
QIPP (Income loss)		-11,092
QIPP (Cost reduction)		4,159
<b>Provider Sustainability Funding (PSF)</b>		<b>7,634</b>
<b>Financial Recovery Funding (FRF)</b>		<b>14,807</b>

<b>Marginal Rate Emergency Threshold (MRET)</b>		1,467
<b>1. Non recurrent changes including: Prior year benefit/savings</b>		



## 8.1 Efficiency savings for 2019/20

We have an efficiency requirement of £20.6 million for 2019/20. This has been split between the clinical sustainability programmes that formed part of the Trust's financial recovery plan and a generic efficiency requirement.

The clinical sustainability programmes facilitate a joined-up operational and clinical strategy that complements the STP and enables us to meet our obligations both from a clinical and financial sustainability perspective.

A bottom up approach has been used to identify opportunities with service leads and robust implementation plans with key milestones are being developed. These opportunities are informed and identified by robust data and analysis including benchmarking, deep dive analysis and service level costing. The Trust actively participates in various meetings with the NHSI Operational Productivity team and welcomes any support and advice they have. We actively engaged in the Getting it Right First Time (GIRFT) programme and the Medical Director is the GIRFT champion with each specialty having an identified lead. The GIRFT visit recommendations are included in our efficiency plans.

The overarching programmes are:

- Urgent Care: improving pathways and models of care including ambulatory emergency care
- Frailty: improving frailty pathways
- Planned Care: includes theatres and outpatients
- Developing sustainable service models
- Grip & Control (including back office): includes procurement and workforce savings
- Income correction: relates to activity that the Trust was not capturing correctly
- 3% Efficiency: applied to all expenditure budgets

Workforce savings are split across most of the above programmes and include transformation as well as optimisation of the workforce and will shift the shape and size of the workforce towards the end of the year which will form the basis for workforce plans for future years.

Pharmacy and medicines management, radiology, estates and pathology savings will be incorporated into the grip and control and the 3% efficiency programmes. Work is progressing on developing these schemes.

We also contribute to the wider East Sussex system sustainability solutions, with some of the schemes in the 2019/20 plan arising as a result of collaborative working. There is nothing as yet in the plan linked to the STP. However discussions are on-going with regards to procurement and workforce opportunities.

**Table 8.2. Efficiency Savings**

Income / Expenditure Type	£000
Income (Patient Care Activities)	5,639
Income (Other Operating Income)	530
Pay	9,411
Non Pay	5,023
<b>Total</b>	<b>20,603</b>

To be classified as fully approved the cost improvement schemes have:

- A detailed Project Initiation Document (PID), with a clear goal, method and outcome, including milestones, signed off by the Division as well as the Finance Business Partner;
- Completed the QIA process; and
- Been approved by the Trust's Financial Improvement and Sustainability Committee (FISC).

In accordance with the approved governance, the monitoring of the schemes takes place in the weekly Confirm and Challenge meetings chaired by the Trust Recovery Director, and monthly at the Financial Improvement and Sustainability meeting chaired by the CEO and the Finance and Investment Committee chaired by the Trust's Chairman.

## **8.2 Agency rules**

In 2018/19 our agency budget was £9.5 million. In 2019/20 we are reducing this budget to £8.7 million. Our ceiling will be £13.2 million and therefore it is not anticipated that the Trust will breach its ceiling. There is good progress in relation to the reduction of locum and agency resource and there will be continued focus on reducing this further in 2019/20.

The Temporary Workforce Services (TWS) Team works in conjunction with Divisions, to meet operational requirements to deliver safe and effective patient care only deploying agency staff after all other alternative resourcing solutions have been considered and discounted. Where there is no alternative but to deploy agency staff, the TWS Team, on behalf of the Divisions, will escalate and seek authorisation to engage the client identifying and reporting the qualitative and financial risk to the Executive team.

There is good grip and control over agency expenditure which is subject to regular scrutiny at Board level. There is regular workforce reporting which feeds in to established workforce groups which review and address identified staffing issues both in the short and long-term e.g. focusing on hard to recruit to medical posts, targeted recruitment campaigns and the recruitment of overseas nurses etc.

TWS continues to develop flexible workforce solutions to meet the organisation's staffing needs. For example, the Trust has electronic solutions (a locum app) will continue to be rolled out to specialties and be embedded within the Trust therefore both increasing the visibility of locum bank spend and increasing the bank fill rates. This will lead to the continued improvement and robustness of financial reporting and forecasting for this staff group.

Alongside internal developments, we are an active member of the STP and are working to develop sustainable collaborative bank solutions to reduce agency expenditure and enhance bank fill.

### 8.3 Capital planning

#### 2019/20 Capital Plan

We have a 5 year strategic investment plan which sets out our capital requirements. The totals by year are set out below. A full refresh of the capital plan is in train, building on the Digital Strategy, the Six Facet survey underway of the Estate, and the submitted Trust business cases.

**Table 8.3: 5 Year Capital Plan**

Year	£000
2019/20	13,148
2020/21	23,255
2021/22	18,260
2022/23	15,650
2023/24	15,850
<b>Total</b>	<b>86,183</b>

In 2020/21, the Trust is anticipating the second tranche of fire funding]

A series of well-attended capital workshops have been held to develop the 2019/20 capital plan, with clinical and corporate staff using the strategic priorities and risk register to prioritise schemes. The indicative 19/20 capital plan is shown below, with detailed plans available. The capital expenditure plan for 2019/20 is as per Table 4 below.

**Table 8.4: Capital Expenditure 2019/20**

Capital Scheme	£000
Fire Compartmentalisation (capital investment loan assuming bid is successful)	4,600
Medical Equipment	1,335
Digital Change Programme	3,151
Estates Developments	3,622
Backlog Maintenance	3,185



Minor Capital	1,500
General Provision – Unplanned Capital Pressures	355
Donated Assets	1,000
Medical Equipment (planned capital investment loan application)	3,950
<b>Total</b>	<b>22,698</b>

Table 5 below summarises the funding sources available for the 2019/20 capital programme.

**Table 8.5: Funding Sources**

Source	£000
Depreciation	13,473
Donations	1,000
Anticipated Capital Investment Loan (Fire)	4,600
Anticipated Capital Investment Loan (Equipment and Backlog Maintenance)	3,950
Loan repayment	(325)
<b>Total</b>	<b>22,698</b>

## 9. Sustainability and Transformation Plan

---

We are working with commissioners and the local authority within the East Sussex system and have a shared transformation programme which aims to integrate health and social care in order to deliver high quality and sustainable services for our local population. Together we are building a new model of care that integrates our whole system, so that we can demonstrably make the best use of the money that is spent each year to meet the health and social care needs of the people of East Sussex.

Since September 2018, we have made substantial progress in developing system modelling and progressing joint working to identify longer term opportunities for whole system recovery. We also have an agreed basis to inform our 2019/20 business planning and have agreed a joint governance structure to drive delivery. The aspiration to develop joint QIPP priorities has been agreed and we are working together on 3 programmes; Urgent Care, Planned Care and Out of Hospital Care as detailed in our system recovery plan. These are incorporated within our operational plan and are aligned to our sustainability plan (3+2).

We are also an active member in the Sussex & East Surrey Sustainability & Transformation Partnership (STP). As an STP we have developed shared goals and priorities for 2019/20 which are summarised in the diagram below. The (STP) enables us to work in a bigger network. This enables us to plan how our patients can access specialist services that we cannot provide locally, such as major trauma services and specialist cancer services.

## OUR SHARED GOALS





- 1 Improved health outcomes & experience for patients and populations
- 2 Improved quality, access & operational performance of services
- 3 Improved financial sustainability and performance
- 4 Reforming the health and care system in Sussex & East Surrey
- 5 Developing a sustainable workforce & culture

## OUR SHARED 2019/20 PRIORITIES

## NEW SERVICE MODELS AND IMPROVED CARE QUALITY

1. **Prevent ill health & manage population health**
  - Embed population health management approaches & whole population stratification
  - Fully implement agreed pathways for angina, atrial fibrillation and falls prevention
2. **Strengthen primary and community care**
  - Support primary care development, increasing resilience and improving access
  - Build & support the ongoing development of effective integrated primary care networks
3. **Improve Urgent and Emergency Care**
  - Fully implement the new Integrated Urgent Care model, incl NHS 111, CAS & UTC models
  - ED redesign including implementing Same Day Emergency Care & Acute Frailty services
  - Implementation of a new model of step up/step down community care
4. **Improve Planned Care**
  - Implement agreed STP wide plan to reduce unwarranted variation in MSK services
  - Redesign planned care services to reduce the number of people waiting for treatment
  - Transformation of outpatient services
  - Pathology capacity development and laboratory information management system
5. **Improve mental health care**
  - Improve the prevention of mental ill health
  - Improve mental health provision and support in primary care networks and in A&E
6. **Improve treatment, care and support for people with Learning Disabilities and Autism**
  - Reduce reliance on inpatient care, supporting more people to live in the community
  - Reduce inequalities by increasing uptake of annual health checks
7. **Improve cancer care**
  - Improve the early detection and diagnosis of cancer
  - Redesign cancer referral pathways to reduce waiting times for diagnosis & treatment
8. **Improve maternal and child health**
  - Improve maternity and neonatal services
  - Improve mental and physical health services for children

## SYSTEM REFORM AND STP WIDE ENABLING PROGRAMMES

-  **Implement Sussex & East Surrey System Reform Programme**
  - Support Primary Care Network development
  - Develop emerging Integrated Care Partnerships
  - Implementing commissioning system reform
  - Support the evolution of the SES ICS
  - Continue to develop clinical networks
  - Develop research and education
-  **Digital Transformation**
  - Full Provider Digitisation
  - Developing a connected health & care system
  - Better use of data for planning population health
  - Transformed digital services for the public
-  **Workforce planning and transformation**
  - Collaborative approaches to reduce temp staffing
  - Improved productivity and transformation through new roles/new ways of working
  - Improving workforce efficiency
  - Finalise & implementation of workforce strategy
-  **Estate planning & redesign**
  - Changes to the estate to facilitate delivery of the new models of care required in the system
  - Maintenance & change to the existing estate to maintain its integrity, improve its efficiency, & improve how services are delivered.

## 10. Risks to delivery of Plans

The table below shows the key risk to the delivery of this plan.

**Table 10.1: Risks to Delivery of Operational Plans**

No.	Risk	Theme	Mitigating Action	Responsible
1.	There is a difference between Trust income expectations and commissioner affordability impacting on the Trust's baseline deficit position	Finance – income	Ensure all activity is accurately recorded and forecasted throughout the year to support negotiations	Director of Finance
2.	CQUIN income is less than the planning assumption	Finance – income	Robust monitoring of progress and support required	Medical Director
3.	Performance Trajectories are not delivered	Finance – income	Robust operational and financial performance management at Divisional Integrated Performance Reviews (IPR) to ensure targets are achieved	Chief Operating Officer
4.	Increase in activity above planning assumptions	Service Delivery	Engage and support the sustainability of community services	Chief Executive Officer
5.	Unable to deliver the CIP programme at the scale and pace required	Finance – FRP	FRP support office governance processes to ensure gaps are closed and/or mitigating actions agreed	Director of Finance

## 11. Summary Divisional 2019/20 ‘Plans on a Page’

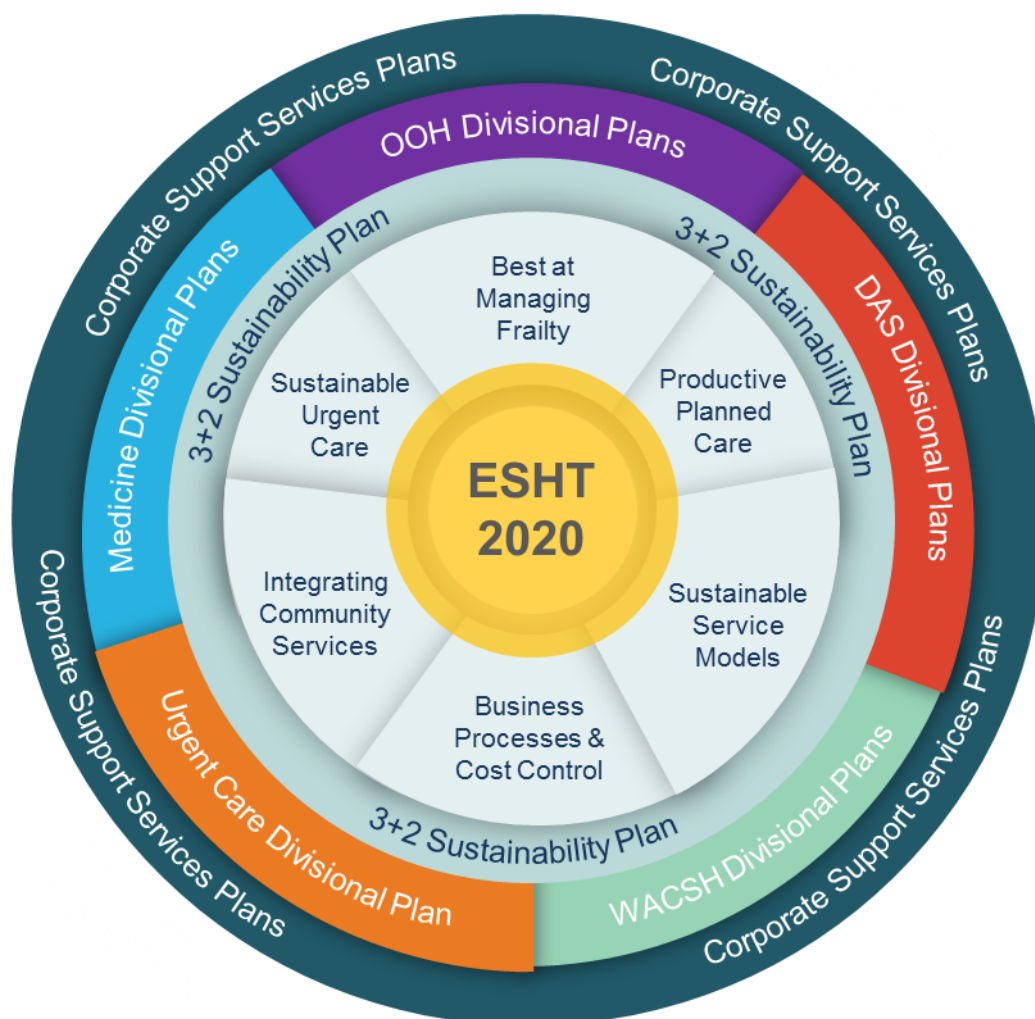
---

The divisional business plans have been summarised into ‘plans on a page’ and are attached below.

## 12. Conclusion

---

Our aim is to be an organisation that provides excellent healthcare for the people of East Sussex and one in which people are happy and proud to work. This plan details our priorities for 2019/20 and the work that we will be doing to address the challenges that we face with clinical and financial sustainability whilst we continue our journey to be an organisation that is “Outstanding” and always improving.



# OUR OPERATIONAL PLAN FOR 2019/20

**Our Ambition is to be an outstanding organisation that is always improving**

**Our Vision is to combine community and hospital services to provide safe, compassionate, and high quality care to improve the health and wellbeing of the people of East Sussex**

## Our 3 Operational Plan Priorities

**We are continuously focused on improving the following:**

### 1. Care Quality Commission Standards

**To be rated as an outstanding organisation by 2020**

### 2. Constitutional Standards

**Achieve referral to treatment, cancer and diagnostic standards and see 95% of patients attending A&E within 4 hours**

### 3. Financial Sustainability in the long term

**To deliver our control total of £34m deficit in 19/20 or better**

## Our 4 Values

Working Together	"We care about building on everyone's strengths"
Improvement and Development	"We care about striving to be the best"
Respect and Compassion	"We care about acting with kindness"
Engagement and Involvement	"We care about involving people in our planning and decision-making"

## Our 5 Strategic Objectives and Priorities

### Quality and Safety

#### Safe patient care is our highest priority

Delivering high quality clinical services that achieve and demonstrate the best outcomes and provide excellent experience for patients

#### Our Quality Improvement Priorities are:

- Continue to improve the management of deteriorating patients
- Improve compliance against 7 day working standard for ongoing consultant directed review
- Continue implementation of Excellence in Care Programme
- Improve communication so that patients feel better informed about their care and treatment
- Continue to reduce patient falls
- Focus on Category 2 Pressure ulcers
- Pneumonia, COPD, Pre-assessment and Fractured Neck of femur pathway improvements
- Embed the ReSPECT process
- Focus on dysphagia and modification of diet and fluids

#### National Quality Priorities:

- Compliance with learning from the review of deaths
- Reduce gram-negative bloodstream infections by 2021
- Transition to National Early Warning Score (News 2)

### Leadership and Culture

#### All members of staff will be valued and respected

Members of staff will be involved in decisions about the services they provide and offered training and development to fulfil their roles and help them progress.

#### We employ 6,529 FTE Staff and our priorities for developing our workforce are:

- Retention of our staff
- Active recruitment
- Transformation and skill mix
- Developing new roles
- Apprenticeships
- Reduction in temporary staffing
- expenditure through efficiency
- Health and wellbeing strategy
- Education and Training
- Leadership development

#### 4 Key Performance Indicators:

- Reducing turnover
- Sickness absence
- Vacancy rates
- Rostering efficiency

### Clinical Sustainability

#### Our clinical services will be sustainable

Working with commissioners, our local authority, communities, and partners we will plan and deliver health and care services that meet the needs of our local population now and in the future.

We have identified 6 sustainability programmes and priority work streams which will enable us to focus on the key elements of our clinical strategy.

The 6 programmes are outlined below

### Access and Operational Delivery

#### We will operate Efficiently & effectively

Diagnosing and treating our patients in a timely way that supports their return to health

	134,262 A&E attendances, and 51,106 emergency admission (6% more than last year)
	319,953 consultant led outpatient attendances
	51,915 planned admissions and day cases
	420,000 patients will be seen by community teams
	Over 3000 babies will be delivered
	727 hospital beds open

### Financial Control and Capital Development

#### We will use our resources efficiently and effectively

Ensuring our services are financially sustainable for the benefit of our patients and their care

Our priority is to exit financial special measures

	£408m turnover
	£34m planned deficit
	£20.6m cost savings

We will invest in improving our infrastructure:

	£4.3m estates developments
	£2.5m backlog maintenance
	£3.1m digital change programme
	£1.3m medical equipment

## Our 6 Five-Year Sustainability Programmes and Priority Workstreams

### 1. Sustainable Urgent Care

To meet urgent demand more quickly and with the most efficient resources:

- 7 day ambulatory emergency care
- Urgent treatment capacity
- clinical pathways
- Integrated discharge
- 7 day working standards

### 2. Productive Planned Care

To make our planned services, as high quality and as efficient as possible:

- Outpatients transformation
- Theatres / planned surgery improvement
- Pre-assessment pathways
- Musculoskeletal services

### 3. Best at Managing Frailty

To help those who have frailty stay well for longer, with better quality of life and reduce their need for hospital services:

- Frailty service and pathways in hospital and the community
- Orthogeriatric service

### 4. Integrating Community Services

To ensure our out of hospital and in hospital services and teams can work seamlessly, sharing information and practice:

- Integrated discharge
- Integrated rehabilitation
- Rapid response
- Digital implementation

### 5. Sustainable Service Models

To find the right configuration across our sites or the right partners to ensure all our services are high quality and sustainable: ENT, cardiology, dermatology, MSK, pathology, ophthalmology, radiology, gynaecology, Maxillofacial, neurology, paediatrics, sexual health, urology, maternity & obstetrics, gastroenterology, breast

### 6. Business Processes

To ensure our corporate functions are fully equipped to help our services manage themselves efficiently and effectively and deliver the changes needed:

- Back office functions
- Procurement
- Workforce

# Medicine Division Plan on a Page Priorities 2019/20



East Sussex Healthcare  
NHS Trust

## Overall Divisional Sustainability Programmes and Priorities

Productive Planned Care	Best at Managing Frailty	Sustainable Urgent Care	Sustainable Service Models
<ul style="list-style-type: none"> <li>• Medical Day Unit</li> <li>• Acute Medicine Operational Flow</li> <li>• Outpatient s Productivity</li> </ul>	<ul style="list-style-type: none"> <li>Acute Frailty</li> </ul>	<ul style="list-style-type: none"> <li>• GI Bleed Rota</li> <li>• AEC Expansion at Conquest</li> </ul>	<ul style="list-style-type: none"> <li>• Dermatology Sustainability &amp; Redesign</li> <li>• Gastroenterology Service Model Review</li> <li>• Cardiology transformation</li> </ul>

## Speciality Grouping Programmes and Priorities

### Acute Medicine & Elderly Care Programmes and Priorities

Productive Planned Care	<ul style="list-style-type: none"> <li>• Maintain operational flow from Acute Medicine to specialty wards.</li> </ul>
Best at Managing Frailty	<ul style="list-style-type: none"> <li>• 7 Day Palliative Care / End of Life Service</li> <li>• Clinical Pathways with clear KPI's (innovation apply the stroke model of care and pathway KPI's)</li> </ul>
Sustainable Urgent Care	<ul style="list-style-type: none"> <li>• AEC Expansion at Conquest</li> <li>• 7 Day Acute Medicine</li> <li>• Nurse-led ambulatory pathways</li> <li>• To implement twice daily board rounds</li> </ul>
Integrating Community Services	<ul style="list-style-type: none"> <li>• Frailty work streams must work across all boundaries.</li> <li>• Discharge destinations for frail patients who don't require acute admission.</li> </ul>
Sustainable Service Models	<ul style="list-style-type: none"> <li>• Investment in Acute frailty at Front of House</li> <li>• Investment in Frailty MDT in the acute setting</li> </ul>
Business Processes & Cost Controls	<ul style="list-style-type: none"> <li>• Invest to save</li> <li>• Recruitment</li> <li>• Demand and Capacity</li> <li>• Workforce Review</li> <li>• Frailty to be managed independently</li> </ul>
Quality & Safety	<ul style="list-style-type: none"> <li>• Reduce LOS</li> <li>• Consultant daily ward rounds</li> </ul>

### Cardiovascular Programmes and Priorities

Productive Planned Care	<ul style="list-style-type: none"> <li>• Reduction of LOS</li> <li>• RTT Performance</li> <li>• Nurse led pathways to be fully utilised</li> <li>• Cath lab utilisation</li> <li>• Right sized cardiology ward s</li> <li>• Medical Day Unit for endocrinology patients</li> </ul>
Sustainable Urgent Care	<ul style="list-style-type: none"> <li>• Cardiology PCI Rota &amp; Pathways</li> <li>• Sustainable Stroke Rotas</li> <li>• Thrombectomy Pathway</li> <li>• Thrombolysis On-Call Rotas</li> </ul>
Integrating Community Services	<ul style="list-style-type: none"> <li>• Integrated Diabetes Service</li> <li>• Further reduction in Stroke LoS</li> <li>• Community Cardiology Model</li> </ul>
Sustainable Service Models	<ul style="list-style-type: none"> <li>• Transformation of Cardiology</li> <li>• Review vascular pathways</li> </ul>
Business Processes & Cost Controls	<ul style="list-style-type: none"> <li>• 3% Efficiency</li> <li>• Medical Rotas</li> <li>• Workforce Redesign</li> <li>• Demand &amp; Capacity</li> <li>• Stroke speciality code.</li> </ul>
Quality & Safety	<ul style="list-style-type: none"> <li>• SSNAP Audit</li> <li>• Meeting DM01 Targets</li> <li>• Practice Educator roles introduced in Cardiology</li> <li>• Increase in vascular lab services.</li> </ul>

### Specialist Medicine Programmes and Priorities

Productive Planned Care	<ul style="list-style-type: none"> <li>• Medical Day Unit &amp; Elective Pathways</li> <li>• Further development of Nurse Led Clinics</li> <li>• Reduction in LOS</li> <li>• Endoscopy utilisation</li> </ul>
Sustainable Urgent Care	<ul style="list-style-type: none"> <li>• GI Bleed Rota</li> <li>• GIM Medical Rota</li> </ul>
Integrating Community Services	<ul style="list-style-type: none"> <li>• Integrating Dermatology service with Community Providers</li> <li>• Review Neurology Pathways</li> </ul>
Sustainable Service Models	<ul style="list-style-type: none"> <li>• Dermatology Sustainability &amp; Redesign</li> <li>• Gastroenterology Service Model Review</li> </ul>
Business Processes & Cost Controls	<ul style="list-style-type: none"> <li>• 3% Efficiency</li> <li>• Demand &amp; Capacity</li> <li>• Workforce Review</li> <li>• RTT Performance</li> </ul>
Quality & Safety	<ul style="list-style-type: none"> <li>• Cancer Quality Improvement (lung)</li> <li>• Implementation of GI bleed rota</li> <li>• Implementation of 7 day specialist palliative care</li> </ul>



# Diagnostics, Anaesthetics & Surgery Division Plan on a Page Priorities 19/20



East Sussex Healthcare  
NHS Trust

## Quality & Safety

- **Enhancing the patient experience**
  - Ongoing training in fundamentals of care (Getting back to basics programme)
  - Improving patient outcomes (reducing falls and PU)
  - Learning from incidents
  - Enhancing patient pathways
- **Enhancing staff experience and engagement**
  - Continued monthly Network Sessions
  - Development of new roles & ways of working

## Sustainable Service Models

- Redesign of ENT service to ensure clinical and financial sustainability
- Redesign of HSDU service
- Clinically led redesign of Ophthalmology service, inc. Estates Rationalisation
- Redesign of patient pathways for Sleep service, inc. relocation to an area with established night service

## Productive Planned Care

- Increase day case activity for Breast surgery
- Maximise capacity and productivity of ENT theatre lists at Uckfield and EDGH
- Theatre utilisation and improving productivity.
- Outpatients productivity
- Elective inpatient pathway improvements.
- Development of a vision for private patient activity in the Trust.

## Sustainable Urgent Care

- Anaesthetics pressure with on-call commitments and support to ITU
- On-call rota to cover ENT services

## Best at Managing Frailty

- Orthogeriatric service
- Surgical frailty liaison service

## Integrating Community Services

- 7 day services
- T&O collaborative working with MSK services.
- Rehabilitation plan for T&O (working with OOH)

## Business Process & Cost Control

- Reduce agency and locum staff
- Recruitment and retention
- Job Planning
- Agree local tariff with CCG for provision of complex sleep studies
- Private patient activity meets current forecast income and generate further income accordingly



# Women, Children & Sexual Health Division Plan on a Page Priorities 2019/20

## Quality & Safety

- Maternity staffing review to support normalising better births implementation
- SSPAU clinical model to improve access for children through a 23 hour model
- Review of gynaecology service model

## Sustainable Service Models

- Review of Gynaecology service pathways (Four Eyes report)
- Maternity footprint review at Conquest
- Normalising Birth/ Better Births Agenda
- Acute Paediatrics , clinical model for SSPAU
- Sexual Health Service – review of commissioned service

## Productive Planned Care

- Gynaecology theatre capacity and utilisation
- Demand and Capacity review – Midwife and Consultant led antenatal clinics
- Maternity Day Unit review cross site

## Sustainable Urgent Care

- Acute Paediatrics APNP service progression
- Integration EDGH middle grade night rota

## Integrating Community Services

- Acute Paediatrics – review Outreach Nursing service and specification
- Acute Paediatrics, streamline pathways to integrate transition services and bring together Specialist Nurses
- Scope opportunities for the health visiting service
- Link with CAHMS & Community Paeds/Scott Unit(ASD/ADHD pathway)

## Business Process & Cost Control

- Workforce planning and talent management
- Job Planning
- Apprenticeship schemes
- Review of skill mix within Sexual Health Service, in line with new contract
- Audiology tariff
- Procurement of a maternity system which fits the needs of the service

## Urgent Care Division Plan on a Page Priorities 2019/20

### Quality & Safety

- Consultant lead handovers 7 days a week
- Regular board rounds in ED

### Sustainable Service Models

- Review of site management and discharge team configurations.

### Sustainable Urgent Care

- Urgent Treatment Centres (CQ & EGDH)
- Achieve 4 hour standard
- Expansion of nerve centre to include ED module

### Integrating Community Services

- Stranded patient app helping to identify patients for Therapies and ASC

### Business Process & Cost Control

- Recruitment and retention – Cons Twilight.
- Reduce locum staff
- Job planning
- Adjustment to training delivery for ED staff
- Review of clinical supervision days
- Stock controls in A&E

# Out of Hospital Division Plan on a Page Priorities 2019/20

## Priorities Continuing the Transformation Journey



- ❖ Rebasing Community Services
- ❖ Re-alignment of ESBT and Block contract services
- ❖ Implementation of operating model – integration with ESCC
- ❖ End to end pathway development – Stroke, MSK/T&O and Frailty
- ❖ Rehabilitation strategy
- ❖ Digital strategy – S1 business case
- ❖ Financial sustainability
- ❖ Staff and citizen engagement

## Pharmacy Department Priorities 19/20

### Hospital Pharmacy Transformation Program (Year 3)

Pharmacy efficiency and effectiveness (Lord Carter Report)

- Support for patient flow and discharge process
  - 7 Day Clinical Pharmacy Service
  - Further support for ward level dispensing (COWs)
  - Roll out of Pharmoutcomes referral system to all local Community Pharmacies
- Enhancing Digital Systems to maximise efficiency
  - EPMA
  - Enhanced eTrading
  - Falsified Medicine Directive Compliance (3d scanning & automation)
- Review ESHT Aseptic services within local and national context
- Ensure best use of resources with respect to medicines use
  - Biosimilar switching
  - Collaborative supply chain efficiencies

### Integrated Medicines Optimisation Program

ESHT & CCG Pharmacy teams working collaboratively on MO projects.



#### Three shared priority areas for 2019-20:

- Diabetes
  - New Consultant Pharmacist post – joint ESHT/CCG appointment
  - Evidence based prescribing guidance and monitoring – ensuring best practice
  - Education and training
- Pain management
  - Evidence based guidelines and formulary review
  - Actions to address controlled drug dependence, abuse, security and safety issues
- Outpatient prescribing
  - Timely and accurate transfer of information to GPs
  - Review of most cost effective supply route (internal, FP10 etc.)
  - Actions to address shared care/interface issues

# Corporate Services Plans on a Page Priorities 2019/20

## Outpatient/Clinical Administration

### Productive Planned Care

- Self service kiosks in T&O at EDGH & Conquest
- Patient Portal – implement software and engage patients
- E-forms for Outcome , waiting lists & clinical documentation

### Sustainable Service Models

- Outpatients Transformation Programme
- Health Records Strategy/Scanning/Estate/Third party
- Medical Secretarial Service Redesign

### Business Processes & Cost Controls

- BigHand – implement speech recognition and improve IG compliance
- Outsource letters from inpatients, cardiology and endoscopy to be more cost effective
- eRS – transition to BAU and expand, including Advice & Guidance
- Refurbishment reception areas
- New call mgt system for OPs
- Bookwise

## Estates & Facilities Modernisation Programme

### Premises

- Conquest residences
- EDGH industrial area
- 6 facet survey
- GP developments
- St Anne's business case
- Meeting room bookings
- Review of SIFT funding allocations and requirements
- Roll out of cleaning trolleys in all areas
- Review efficiency of CCTV systems

### Service Development Opportunities

- Review patient meal ordering solutions and source digital solution
- Work with dietitians and clinical teams to support improvements in nutrition and hydration
- Improve out of hours catering services for staff
- Car parking management systems review

### Strategic Projects

- EPC
- Backlog maintenance review
- St Anne's business case
- Residential business case
- Construction procurement models; P22 and Frameworks

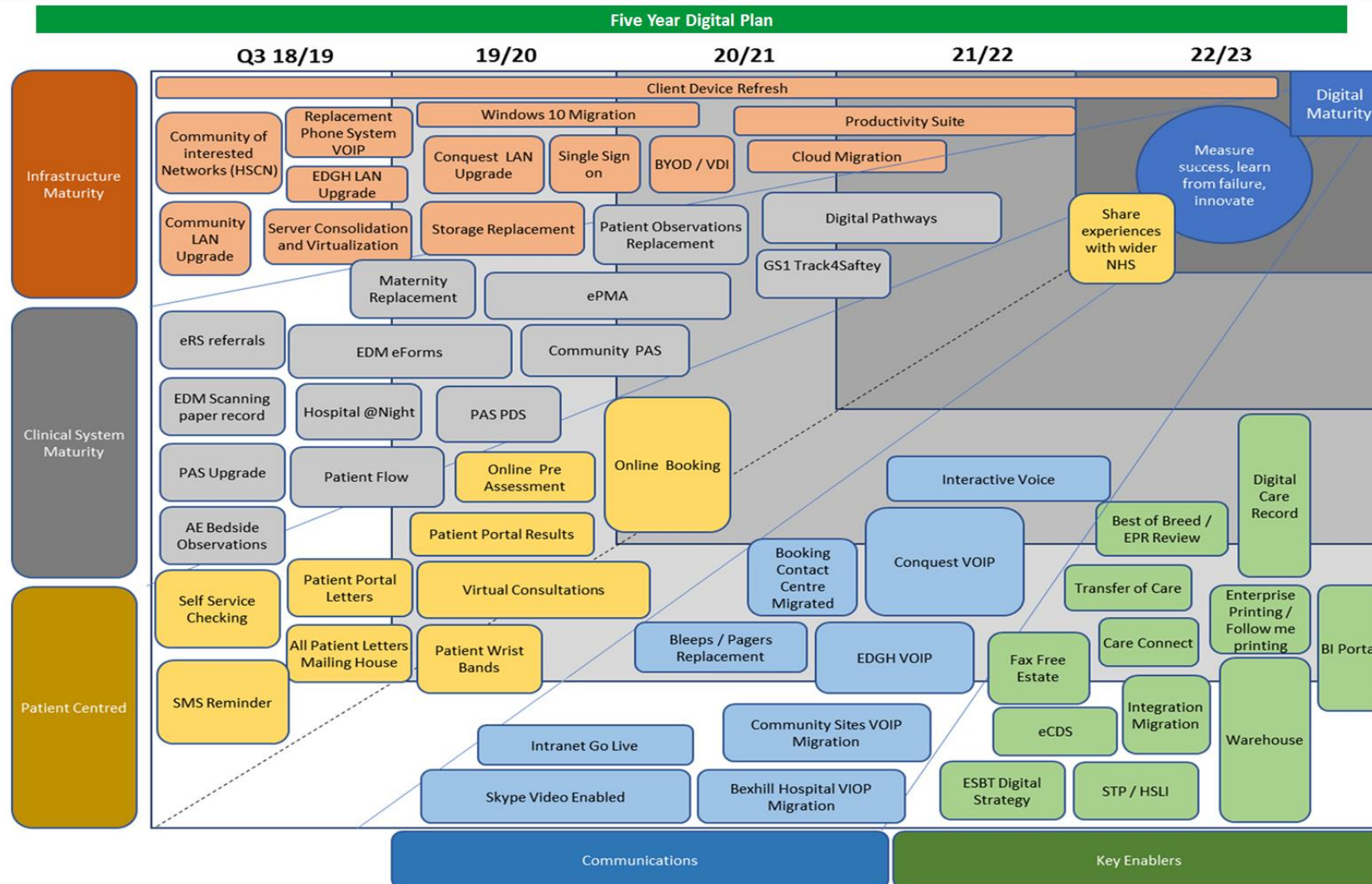
### Estates Re-provision

- EDGH industrial area SOC
- EPC
- Residential

### 18-19 Capital Projects over £250K 19/20

- Backlog
- MRI
- Ambulatory care
- Urology Investigation Suite
- Conquest main entrance

# Digital Department Plan on a Page Priorities 2019/20

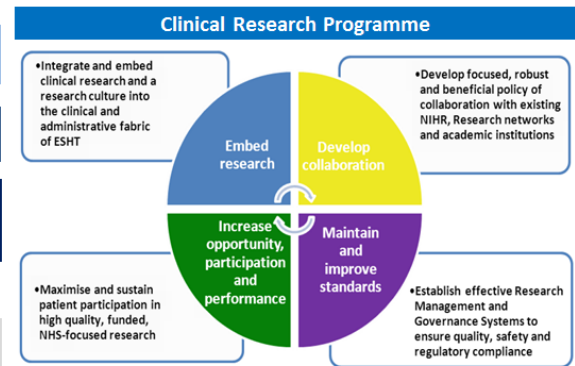
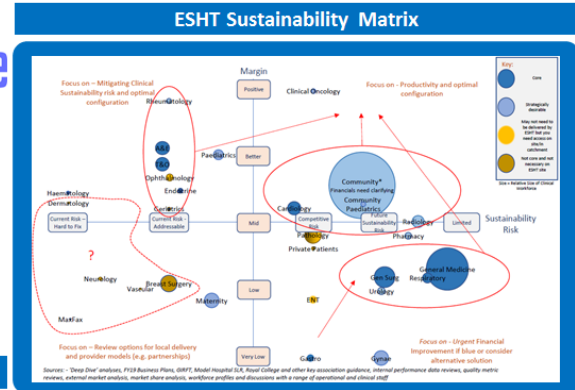
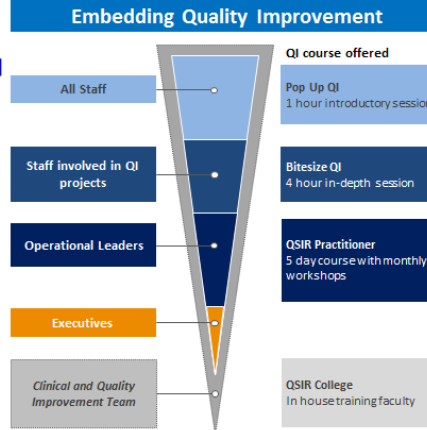
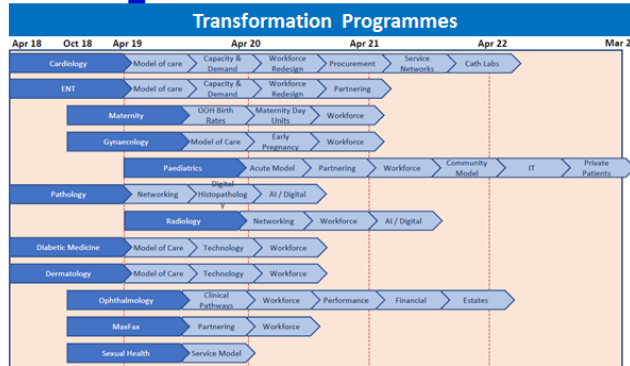




# Strategy, Innovation, Improvement & Planning 2019/20



East Sussex Healthcare  
NHS Trust



Priority	Summary
<b>Embedding Research</b>	Advise on implementation of Research Escalator within job planning and IPR - to embed a research culture in the workplace – appropriate to role.
<b>Increase opportunity for participation</b>	Refresh extranet page and update regularly. Arrange events across the Trust to celebrate National Clinical Trials day in May. All new consultants to be appraised of research opportunities appropriate to their practice.
<b>Improve research governance standards.</b>	Restructure and employ core governance posts X 2. Commence monthly reporting of performance. Audit 10% of recruiting studies per annum.

# Outpatient Improvement Programme

Improving the safety, efficiency and productivity of our outpatient services in order to deliver the outpatient constitutional standard while enhancing patient and staff experience

