Western Sussex Hospitals
NHS Trust

Trust Board Meeting

10.00am to 11.55am, Thursday 24 November 2011

Conference Room, Pulborough Primary Care Centre, Spiro Close, Pulborough, West Sussex, RH20 1FG

AGENDA – MEETING IN PUBLIC

1	10.00	**Welcome and Apologies for Absence**		Chair
2		**Declarations of Interests**		All
3	10.00	**Minutes of Board Meeting held on 27 October 2011**	Enclosure	Chair
4	10.05	**Matters Arising from the Minutes**	Enclosure	Chair
5	10.10	**Chief Executive's Report** To receive and agree any necessary action	Enclosure	MG
		PATIENT SAFETY/EXPERIENCE ITEMS		
6	10.20	**Quality Report** To receive and agree any necessary action	Enclosure	CS
7	10.35	**Complaints and PALS Report: Quarter 2, 2011/12** To receive and agree any necessary action	Enclosure	CS
		OPERATIONAL ITEMS		
8	10.45	**Performance Report**	Enclosure	JF
		a) Coastal West Sussex Winter Plan 2011/12	Enclosure	JF
		To receive and agree any necessary action		
9	10.55	**Organisational Development and Workforce Performance** To receive and agree any necessary action	Enclosure	DF
10	11.05	**Equality & Diversity Update Report** To receive and agree any necessary action	Enclosure	DF

11	11.15	**Financial Performance** To receive and agree any necessary action	Enclosure	SP
		STRATEGIC ITEMS		
12	11.25	**Sustainable Development Management Plan** To approve	Enclosure	SP
		OTHER ITEMS		
13	11.35	**Other Business**		Chair
14	11.45	**Resolution into Board Committee** To pass the following resolution: "That the Board now meets in private due to the confidential nature of the business to be transacted."	Verbal	Chair
15	11.45	**Date of Next Meeting** The next meeting of the Board is scheduled to take place at 10.00am on Thursday, 26 January 2012 in the Boardroom, Worthing Hospital, Lyndhurst Road, Worthing, West Sussex, BN11 2DH.		Chair
16	11.45	**Close of Meeting**		Chair
	11.45 to 11.55	**Questions from the Public** Following the close of the meeting there will be an opportunity for members of the public to ask questions about the business considered by the Board.		Chair

Graham Lawrence
Company Secretary

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Minutes

Minutes of the Board meeting held (in public) at 10.00am on 27 October 2011 in the Boardroom, Worthing Hospital, Lyndhurst Road, Worthing, West Sussex, BN11 2DH

Present:	Dr Phillip Barnes	Medical Director
	Bill Brown	Non-executive Director
	Tony Clark	Non-executive Director
	Joanna Crane	Non-executive Director
	Denise Farmer	Director of Organisational Development and Leadership
	Jane Farrell	Chief Operating Officer
	Marianne Griffiths	Chief Executive
	Jon Furmston	Non-executive Director
	Martin Phillips	Non-executive Director
	Spencer Prosser	Finance Director
	Cathy Stone	Director of Nursing & Patient Safety
	Mike Viggers	Interim Chairman
In Attendance:	Graham Lawrence	Company Secretary (minutes)

TBP/10/11/1 WELCOME AND APOLOGIES FOR ABSENCE

1.1 The Chairman welcomed all those present to the meeting.

1.2 There were no apologies for absence.

TBP/10/11/2 DECLARATIONS OF INTERESTS

2.1 There were no interests to declare.

TBP/10/11/3 MINUTES OF THE BOARD MEETING HELD ON 29 SEPTEMBER 2011

3.1 The Board received the minutes of its meeting on 29 September 2011 and agreed the following amendments:

- TBP/09/11/6.6 – it was agreed that the second sentence would be amended to read: “It was noted that the metric was considered to be a good measure of overall care but could be particularly sensitive to changes in certain areas.”; and
- TBP/09/11/6.7 – the word “pre-booked” would be amended to “re-booked”.

3.2 The Board resolved that subject to the amendments set out above the minutes of the meeting held on 29 September 2011 would be approved as an accurate record of the meeting and signed by the Chairman.

TBP/10/11/4 MATTERS ARISING FROM THE MINUTES

4.1 The Board received and noted the report of matters arising from its meeting held on 25 August 2011.

4.2 It was agreed that an action should be added in respect of minute TBP/09/11/10.4, stating that the Chief Executive would use a Monday Message to encourage participation in the staff survey. **GL**

TBP/10/11/5 CHIEF EXECUTIVE'S REPORT

5.1 The Chief Executive presented her report and the main points of the discussion were as follows.

5.2 In respect of the Foundation Trust application, it was noted that the Trust had received the required letter of support from NHS Sussex. The Trust's Foundation Trust application had progressed to the next stage of the process, i.e. consideration by the Technical Committee of the Department of Health. This was due to take place on Friday, 28 October 2011. Additionally, the membership recruitment campaign continued to progress well and a large number of members had attended events providing information about the role of the Council of Governors and the election process by which it would be established.

5.3 The Board was advised that a detailed review had been undertaken in respect of reducing noise during night time periods on wards. A video and other resources had been produced to illustrate to staff the importance of measures to keep noise to a minimum. This work had been undertaken in response to patient feedback and also Directors' observations of wards during night time periods. It was noted that this was an example of the way in which Governors would be able to contribute to improvements at the Trust.

5.4 It was noted that Rev James Cooper, Chaplain at St Richard's Hospital, was leaving the organisation after 10 years service. Rev Cooper was thanked for the significant and positive contribution he had made to the Trust over this lengthy period. He was moving to take up a new opportunity in Australia.

5.5 The Board discussed the power failures which had been experienced at Worthing Hospital during October. The failures had highlighted the need for improvements to the power supply infrastructure at the hospital, including means of securing temporary power supplies during any extended failures. Discussions were under way with the power supplier, and other factors were being considered. It was agreed that the report of the outcomes of the review would be presented to the Board in due course. **SP**

5.6 The Board resolved to note the report.

TBP/10/11/6 QUALITY REPORT

6.1 The Director of Nursing and Patient Safety and the Medical Director presented the Quality Report and the main points of the discussion were as follows.

6.2 The Board noted that the position in respect of MRSA and MSSA was positive by comparison to previous months. It was disappointing to note that although the Trust remained within is trajectory for the year, for the first time since April 2011 the number of C. Difficile cases had exceeded the in-month

limit. Although four of the cases had been unavoidable, five could have been avoided if specific action had been taken. The Board noted that, to date, the Trust was within its limit for October.

6.3 The Board discussed the C.Difficile positive cases and it was noted that a delay in isolation at the time of onset of diarrhoea had been a theme within 2 of the avoidable cases. However, it was also noted that there was no delay in isolation once a positive report was identified. The Chief Executive chaired Root Cause Analysis meetings in respect of every case of C. Difficile and MRSA. These analyses had generally shown evidence of extremely good care. There had been cases in which care could have been improved, such as the use of antibiotic medication, but the analysis had shown that the decisions made by Doctors had been reasonable at the time and only changed after specialist microbiological advice.

6.4 The Board discussed performance in respect of the Caesarean-section rate. Performance was at amber status but was on track to be within the limit for the year-end. Each emergency Caesarean-section was subject to a multi-disciplinary Root Cause Analysis. It had been confirmed that in all cases the Caesarean-section had been the most appropriate and safe mode of delivery for both the mother and the baby concerned. The Board discussed benchmarking in respect of Caesarean-section rates, noting that the World Health Organisation set a target of 12%. Western Sussex Hospitals had set itself a target of reducing the Caesarean-section rate to 23% by the end of 2012. Also in respect of maternity care, a review had confirmed that the Trust was achieving the required level of midwifery staffing. The Local Supervising Authority for Midwives Officer and the Care Quality Commission had commended the maternity service.

6.5 The Board discussed the mortality indicators, noting that some metrics had been adjusted following re-basing. A review had been carried out such that the majority of metrics now had targets set, but there were some areas where data remained under development. It was noted that mortality was showing a downward trend month-on-month, although this was usual for the summer months of the year. In respect of elderly care, a recent external review by East Kent Hospitals NHS Foundation Trust had given very positive feedback about the care provided by the Trust.

6.6 The Board moved on to a discussion about prescribing practice, noting that there was a plan to review compliance in certain areas of the Trust. It was noted that the Safer Medicines Group has concluded that it would be more effective to review practice by reference to recording particular criteria or features of prescribing, such as the recording of allergy status, terminology used on prescription forms, and the length of time for which drugs were administered. It was noted that prescribing practice and recording was good in the majority of areas reviewed but it was necessary to improve recording of the duration of treatment. The introduction of electronic prescribing would allow the Trust to assess in detail the duration for which drugs were administered and thereby improve performance in this area. It would be extremely difficult to do so before the introduction of the system because it would be necessary to review every prescription for every patient in the Trust.

6.7 The Board discussed metric 2.5 in the quality scorecard (achieve 50% reduction in falls, resulting in severe harm or death), particularly the meaning of the 50% target. It was explained that the target was relevant to the number of falls within any given calendar year but it was agreed that a fuller explanation would be included in the quality report to the Board's November

meeting. **CS**

6.8 The Board considered performance in respect of the time taken for patients with fractured neck of femur to be operated on. Performance in respect of the 36-hour target had improved significantly but further work was necessary if the Trust was to achieve its own (stretch) 24-hour target. It was noted that this was dependent upon the introduction of a greater number of all-day trauma and orthopaedics operating lists, an improvement, which was subject to a delivery plan at the present time. With effect from 31 October 2011 there would be four all-day trauma and orthopaedics operating lists per week, and five per week from 7 November 2011. This would improve performance but it would still be subject to the level of demand experienced by the Trust and would require ongoing care for management in order to ensure that performance was sustained.

6.9 The Board concluded its discussion, agreeing that the Quality and Risk Committee should consider the development and use of metrics relating to mortality, specifically in-month versus rolling 12 month average metrics. **PB/GL**

6.10 The Board resolved to note the report.

TBP/10/11/7 IMPLEMENTATION OF FRANCIS INQUIRY RECOMMENDATIONS

7.1 The Director of Nursing and Patient Safety presented a paper which set out progress in respect of implementing the recommendations from the Francis Inquiry into care at Mid Staffordshire Hospitals NHS Foundation Trust.

7.2 The Board had discussed the recommendations at a seminar in the summer of 2010, and progress reports had been presented subsequently. It was considered timely to review progress, particularly since the Public Inquiry was due to publish its report in January 2012.

7.3 The Francis Inquiry had recommended that Trusts should have robust processes to provide assurance of the quality of care and to highlight and address issues where they existed, but the Inquiry also recommended that Trusts should have less formal means of identifying and raising concerns to supplement formal processes.

7.4 It was noted that as part of its Foundation Trust application process the Trust had commissioned a quality governance review from Deloitte LLP. The review report had given positive feedback about the Trust's quality governance arrangements, which continued to improve.

7.5 The Quality and Risk Committee had considered a paper which set out the arrangements by which concerns could be raised and addressed, both formally and informally, and it was suggested that it would be timely to review the effectiveness of these processes. It was agreed that a report would be presented to the Committee's next meeting. **DF**

7.6 The Chairman advised the Board that he had been asked by NHS Sussex to report on the Trust's progress with implementing the Francis Inquiry recommendations, so he would be sending to the Primary Care Trust Cluster the report presented to the Board and associated papers.

7.7 The Board resolved to note the report.

TBP/10/11/8 ANNUAL INFECTION CONTROL REPORT

8.1 The Director of Nursing and Patient Safety presented the Annual Infection Control report and the main points of the discussion were as follows.

8.2 It was a legislative requirement for the Board to receive an annual report in respect of infection control but it was also considered good practice. The majority of the data in the report had been presented through the monthly Quality Report and minutes of the Trust Infection Control Committee, which met quarterly and which was normally attended by at least one Non-executive Director. It was noted that Dr Marjory Greig, Consultant Microbiologist and Infection Control Doctor, would be giving the Board Seminar following the meeting to explain in more detail the data within the report and to provide the Board's annual infection control training.

8.3 The Board noted that there continued to be significant improvement in respect of infection control practice, and therefore reduced incidence of infections. It was nevertheless essential to continue focusing on improvement.

8.4 The Board discussed the data in respect of surgical site infections. Whilst there had been improvement, the Trust remained an outlier in some areas, including in respect of large bowel surgery. There continued to be focus on this area and it was suggested that consideration should be given to including data in the quality report so that the Board could assess improvement. The data was made available to the Trust on a quarterly basis and it was therefore agreed that it should be included in the report at the interval. **CS**

8.5 The Board resolved to note the report.

TBP/10/11/9 CLINICAL AUDIT AND EFFECTIVENESS ANNUAL REPORT

9.1 The Medical Director presented the Annual Clinical Audit and Effectiveness report and the main points of the discussion were as follows.

9.2 The report demonstrated that significant improvement had been made in the amount and organisation of clinical audit activity across the Trust. It had been acknowledged that there was not a robust position at the point of merger of the two predecessor Trusts but this had been improved by strengthening both clinical and managerial leadership in respect of clinical audit, such that there was a defined programme for each year and processes for addressing the outcomes of audits.

9.3 It was noted that audit outcomes were reported to clinical Divisions such that they could be reviewed at their quarterly Clinical Governance Reviews, as well as been reported to the Quality Board. A summary of the outcomes and a report on clinical audit activity more generally was presented annually to the Quality and Risk Committee.

9.4 The Board's attention was drawn in particular to performance in respect of the interventional procedure guidelines issued by the National Institute for Clinical Excellence, reported in the table on page 10 of the paper. It was noted that the majority of Interventional Procedure Guidelines related to specialist care which the Trust did not provide and it was therefore considered reasonable for 22% of the guidelines to be considered relevant to the Trust's services. Technology Assessment Guidance was more relevant and this was reflected in the figures within the table.

9.5 The Board resolved to note the report.

TBP/10/11/10 PERFORMANCE REPORT

10.1 The Chief Operating Officer presented the Performance Report and the main points of the discussion were as follows.

10.2 The Board noted that the Trust was compliant with operational performance metrics for month six and for quarter two in aggregate, and this was the forecast position for the foreseeable future. This included operational targets in respect of accident and emergency, which had proved challenging for the Trust and others.

10.3 In respect of compliance with the 18-week Referral to Treatment Time target, the Trust had exceeded its target for the reduction of backlog by 30 September 2011, and remained on target to continue to deliver the programme.

10.4 There had been significant pressure on utilisation of beds, partly as a result of increasing delays in transfers of care to other health and social care providers. This was considered to be the area of greatest risk at the present time and was likely to increase as the winter months approached. Work was ongoing with health and social care partners to continue to address the issue. In connection with this, it was agreed that the Trust's winter planning arrangements would be reported to the Board's November meeting. **JF**

10.5 The Board discussed the availability of data in respect of 30-day re-admission rates, which were noted in the report as being under development. This was because the definition of cases which fell within the target remains to be agreed with NHS Sussex. It was noted that a significant proportion of the Trusts Cost Improvement Programme for the current year depended upon good performance in this area and it was therefore important that the Trust was able to measure. Actions were in place to mitigate risks associated with readmissions but it was agreed nevertheless that the data would be included in future reports, even if this was at an unadjusted level. **JF**

10.6 The Board resolved to note the report.

TBP/10/11/11 ORGANISATIONAL DEVELOPMENT

11.1 The Director of Organisational Development and Leadership presented her report and the main points of the discussion were as follows.

11.2 It was noted that in the context of increased levels of activity, the use of agency staff had been higher than planned but progress continued to be made in reducing agency staffing overall.

11.3 The completion of performance appraisals continued to present challenges. The performance in the Facilities and Estates Division had improved significantly but there had been relatively little change elsewhere. The matter continued to receive firm attention from senior management, including through reviews at the Divisional Performance Review Panel meetings, which the Executive Team held with Divisional management on a monthly basis.

11.4 There had been improvement in respect of completion of statutory and mandatory training. There had been changes to the programme to ensure that it was as flexible as possible to meet the needs of staff who needed to attend, and the number of bookings had increased. Whilst this was the case

generally, performance in respect of fire training had decreased. The Board discussed this, noting that the Trust was required to comply with requirements associated with the fire Enforcement Notice put into place by the Fire Brigade following the fire incident at Worthing Hospital in 2010.

11.5 The Board discussed the basis of the figures, noting that they now reflected the requirements of individuals' roles. It was not the case that every member of staff needed to complete every aspect of statutory and mandatory training on an annual basis, and this had been factored into the reports.

11.6 The Board recognised the improvement made but agreed that further focus was required, particularly in respect of fire training. It was suggested that the Executive should review the level of authority required in order to decide in each case whether a member of staff should be allowed to cancel a training session, since this had been shown elsewhere to encourage good attendance. **DF**

11.7 **The Board resolved to note the report.**

TBP/10/11/12 SICKNESS ABSENCE

12.1 The Director of Organisational Development and Leadership presented a paper which set out the position in respect of management of sickness absence, and the main points of the discussion were as follows.

12.2 The level of sickness absence was known to be a good indicator of staff engagement in the organisation and therefore impacted on the quality of care. It was also material to controlling costs since it was sometimes necessary to cover sickness absence with agency staff.

12.3 Improvement had been made in managing long-term sickness absence but further focus was required to address more short-term absence. The revised policy had been produced and was being implemented, alongside improved reporting to managers. This included the costs associated with absences in their teams.

12.4 It was noted that there had historically been differing levels of sickness absence between various staff groups. There was no evidence that there had been any change in this, though it was clear that improving management of sickness absence was addressing issues across the Trust generally.

12.5 The importance of return to work interviews was noted. There was a requirement for managers to carry out such interviews but focus was required to ensure that the policy was implemented.

12.6 **The Board resolved to note the report.**

TBP/10/11/13 FINANCIAL PERFORMANCE

13.1 The Finance Director presented the Financial Performance report and the main points of the discussion were as follows.

13.2 The Board was briefed on the Trust financial position as set out in the paper. Importantly, it was noted that the forecast income for the current financial year had been agreed with NHS Sussex and this represented a significant step in managing financial risk.

13.3 Income was ahead of plan, partly as a result of the Trust's success in addressing its 18-week Referral to Treatment Time recovery plan and also the level of activity generally.

13.4 In respect of pay expenditure, the Board noted that the Trust over-spent in-month by £335,000. The rate of over-expenditure had reduced, principally as a result of containing the use of agency staff. It remained necessary to further reduce the usage of medical agency staff.

13.5 It was considered that the Trust remained on target to achieve its £5.2 million control total surplus for the year, and to achieve a Financial Risk Rating of 3 in respect of the Monitor Compliance Framework.

13.6 The Board discussed the position in respect of capital expenditure, noting that this was ahead of schedule but would not be over-spent for the year.

13.7 The Board resolved to note the report.

TBP/10/11/14 REVIEW OF ANNUAL PLAN, BOARD ASSURANCE FRAMEWORK AND RISK REGISTER: QUARTER 2, 2011/12

14.1 The Director of Organisational Development and Leadership and the Company Secretary, presented a report which set out a review of the Annual Plan and Board Assurance Framework (BAF) for quarter 2 of the financial year.

14.2 The Board was pleased to note the outcome of a recent Internal Audit review of the BAF which had given it full assurance, the highest level of assurance available.

14.3 The Board discussed the risks within the BAF and the in-depth reviews presented, recalling the previous agreement that quarterly reviews would summarise and highlight the five most significant risks facing the organisation. There was a discussion of the risks, noting in particular that risk G3/1 (achieving strategic congruence with commissioners is compromised due to the impact of external transition arrangements and/or local health economy financial fragility/QIPP plans) was the highest rated in the BAF, at 16. The risk had been subject to an in-depth review, which was presented to the Board, and there was agreement that it was rated appropriately. It was agreed that for future quarterly reviews, the five most significant risks facing the organisation would be highlighted. **GL**

14.4 The Board commended the inclusion of relevant Clinical and Internal Audits, suggesting that further assurance would be provided if the outcomes of such audits were linked to the BAF and reported to the Board or Committees as appropriate. It was agreed that this would be addressed at the next quarterly review. **GL**

14.5 The Board moved on to a discussion of the risk register, noting that attention was required in respect of the description and controls associated with risks 280 and 145. **GL**

14.6 The Board resolved to:

a) note progress against the Annual Plan 2011/12;

b) approve the revised Board Assurance Framework 2011/12;

c) note the in-depth risk review reports;

d) note the extract of the Risk Register.

TBP/10/11/15 FOUNDATION TRUST APPLICATION: PROGRESS REPORT

15.1 The Finance Director presented a paper which set out progress in respect of the Foundation Trust application.

15.2 The key points of progress had been discussed earlier under the Chief Executive's report.

15.3 The Board resolved to note the report.

TBP/10/11/16 OTHER BUSINESS

16.1 There were no items of other business.

TBP/10/11/17 DATE OF NEXT MEETING

17.1 The next meeting of the Board would take place at 10.00 am on Thursday 24 November 2011 at the Pulborough Medical Centre, Spiro Close, Pulborough, West Sussex, RH20 1FG.

Graham Lawrence
Company Secretary

October 2011

Signed as an accurate record of the meeting

……
Chair
……
Date

WESTERN SUSSEX HOSPITALS NHS TRUST

BOARD MEETING HELD ON 27 OCTOBER 2011

QUESTIONS ASKED/COMMENTS MADE BY MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No.	Question/Comment	Response	Action
1	Mr John Gooderham noted that there was no radiotherapy service in West Sussex and recommended that this should be re-introduced.	It was explained that since the Trust is not a cancer centre it would not directly provide a radiotherapy service. It was recognised that a service was required so that patients do not have to travel outside of the county. The Trust was committed to working in partnership with other Trusts and NHS Sussex with a view to the service being provided at the Worthing Hospital site by another NHS provider.	None
2	A member of the public suggested that nursing and other clinical staff could have differently coloured uniforms so that patients could easily identify the various roles.	It was explained the staff did wear such uniforms and that there were posters on Wards to explain them.	None
3	The Board was asked to explain the Trust's approach to isolating patients with C.Difficile.	The approach to isolation was explained. When single rooms were not available the Infection Control team was consulted and patients were co-horted to mitigate the lack of single rooms.	None
4	The Board was asked to explain the approach to responding to complaints.	It was explained that the Trust has invested in its Customer Relations service (which includes the complaints and PALS teams). This had resulted in many issues being addressed at an earlier stage in the process, and improvements being identified. All complaints were taken seriously by the Trust.	None
5	Barbara Porter asked the Board to explain when the Trust would introduce an Alcohol Liaison Nurse at Worthing Hospital.	It was explained that a recruitment process was underway and it was hoped that an appointment would be made in the near future.	None
6	Mr Malcolm Brett recommended that the Trust should review the signage and posters (showing the hospital layout) at the Worthing site.	It was acknowledged that the maps (posters) needed to be updated. It was also agreed to review the signage and posters in the 'Penguin Foyer'. Consideration would also be given to engaging Volunteers to assist visitors at weekends.	SP

7	Mr Malcolm Brett recommended that a glossary of terms should be added to the Board papers.	It was agreed to introduce this, particularly because it would be needed to assist the Governors when they had been elected/appointed.	GL
8	It was recommended that the Trust should involve volunteers and others in improving patient experience.	It was agreed to consider the way in which volunteers could contribute to this work. Post-meeting response: The Trust currently uses volunteers as part of the real-time patient experience process. The Trust is also establishing a programme of rolling Ward-based reviews of compassion. The Trust will be recruiting new members shortly.	CS
9	Mrs Heather Duffield asked the following questions and requested that responses be sent to her in writing. In accordance with Mrs Duffield's request, the questions and responses have been recorded in this document.		
a	Could we have an explanation as to why in last month's minutes, page 4 para 8.4, it states that there were 429 patients waiting for treatment under the 18-week referral. And yet in the QAs no. 10e the answer clearly states 2746 patients waiting for elective admission. Could this difference be explained?	Paragraph 8.4 of the August Board minutes references the volume of patients in the 18-week backlog, and therefore reflects the total number of patients waiting greater than 18 weeks for elective admission (both day case and inpatient), not under the volume of patients waiting less than 18 weeks as stated in the question. The volume of 2746 was previously relayed in response to a specific question relating to the day case unit and reflects the full volume of patients on the elective day case waiting list, i.e the combined volume of patients waiting less than and greater than 18 weeks for day surgery. In addition there were 1556 patients waiting for elective admission as an inpatient, giving a total waiting list volume of 4302 when added to the day case element, of which 429 had waited greater than 18 weeks, as minuted in paragraph 8.4.	None

b	Why is there no clinical audit on neurology? Why is there no clinical decision on the audit on Parkinson Disease and when will the audit be completed on childhood epilepsy?	The Trust undertakes clinical audits relevant to neurology, including: - Parkinson's UK GET on TIME 2011 (completed) - Parkinson's Patient Management audit, 2011 (in progress) - National Management of Seizure audits - Head injury audits 'Epilepsy 12' is the national audit for children with epilepsy. The Trust has completed its contribution for this audit and submitted data from both sites where children are treated. The draft national report is expected in June 2012 with the final report following in September 2012.	None
c	How concerned are the Board on the level of staff leaving for example 81 leaving including 18 retirements and yet only 24 joining the Trust especially with the winter demand approaching.	At the end of October there was a net reduction (joiners less leavers) of 142 staff. Of this a significant proportion has been in the non-clinical staff groups. Over a third of all staff leaving have been through planned retirement and 45% have been non-clinical staff. This has also enabled the Trust to reduce its staff numbers as planned. Recruitment lead times are such that the number of joiners usually lag behind leavers. These are covered by the use of temporary staff. Posts that provide direct patient care are continuing to be actively recruited to, including fixed term posts to cover over the winter period. The Quality reports and matrix provide assurance to the Board that changes to the workforce both in terms of numbers and skill mix do not adversely impact on service delivery and patient care.	None

d	When will the data be available for the Trust re-admission rate within 14 days or 30 days as none has been available this year since April?	In 2011/12 the national commissioning framework changed the focus from re-admissions in totality to 'avoidable' readmissions. Regrettably, national guidance does not define what is 'avoidable' (indeed it stresses how difficult such a definition is), and instead requires each health economy to agree at a local level the definitions to be applied. In partnership with NHS West Sussex, WSHT has been developing a joint understanding of avoidable admissions, supported by clear evidence derived by comprehensive clinical audit. From this process both baseline levels and targets for improvement will be set, however until this process has been completed and the reporting guidelines established WSHT is not able to report.	None
e	How many beds have been reduced at Southlands and St.Richard's necessitating in escalation beds being used on Erringham ward?	The Chief Operating officer responded to this query when it was raised. She said that she recognised that it was easy to assume that the opening of additional beds on Erringham Ward were the direct result of closing beds at Southlands, but reassured, this was not the case. She made clear that some beds were reduced and relocated to Worthing to create an integrated Ortho-Geriatric ward and an integrated Stroke Unit, which significantly benefited patients. While we appreciate it may appear escalation beds opened as a result of changes at Southlands, this was actually due to an increase in activity, further exacerbated by an increase in delayed transfers of care, which we are discussing with our community partners.	None

MATTERS ARISING FROM PUBLIC BOARD MEETINGS

Note: the following action was added in response to an action arising from the Board meeting in October 2011 (minute reference TBP/10/11/4.2).

MATTERS ARISING FROM THE MEETING HELD ON 29 SEPTEMBER 2011					
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**	**RAG Status**
	Staff Surveys				
TBP/09/11/10.4	Include in a Monday Message email a statement encouraging staff to complete the Staff Survey.	Marianne Griffiths	November 2011	Reminders have been included in several Monday Message emails.	G

MATTERS ARISING FROM THE MEETING HELD ON 27 OCTOBER 2011					
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**	**RAG Status**
	Chief Executive's Report (Interruptions to Power Supply, Worthing Hospital)				
TBP/10/11/5.5	Report to the Board the action taken to improve business continuity arrangements in respect of the power supply to Worthing Hospital.	Spencer Prosser	Nov 2011	This action is addressed in the attached report.	G
	Quality Report				
TBP/10/11/6.7	Explain in the report to the next Board meeting the basis of metric 2.52 (achieve 50% reduction in falls resulting in severe harm or death)	Cathy Stone	Nov 2011	This matter is addressed in the report presented under agenda item 6.	G
TBP/10/11/6.9	Arrange for the Quality & Risk Committee to discuss the metrics in respect of mortality – specifically, the use of in-month vs rolling average metrics.	Dr Phillip Barnes/ Graham Lawrence	Nov 2011	An item will be added to the agenda plan.	A

MATTERS ARISING FROM THE MEETING HELD ON 27 OCTOBER 2011					
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**	**RAG Status**
	Implementation of Francis Inquiry Recommendations				
TBP/10/11/7.5	Arrange for the Quality & Risk Committee to discuss the effectiveness of arrangements for staff to raise concerns.	Denise Farmer/ Graham Lawrence	December 2011	The item is on the agenda for the Quality & Risk Committee meeting on 5 December 2011.	G
	Annual Infection Control Report				
TBP/10/11/8.4	Consider adding to the Quality Report a quarterly report on Surgical Site Infections.	Cathy Stone	January 2012	The information will be included in the Quality Report to the Board in January 2012.	A
	Performance Report				
TBP/10/11/10.4	Present to the Board's next meeting a report describing the Trust's winter planning arrangements.	Jane Farrell	Nov 2011	This matter is addressed on the agenda for the Board meeting.	G
TBP/10/11/10.5	Include in future Performance Reports data on 30-day re-admissions.	Jane Farrell	Nov 2011	This issue is addressed in the Performance Report.	G
	Organisational Development				
TBP/10/11/11.6	Review arrangements for authorising non-attendance at statutory and mandatory training sessions.	Denise Farmer	Nov 2011	This is addressed in the Organisational Development report.	G
	Board Assurance Framework (BAF)				
TBP/10/11/14.3	Include in the next quarterly review of the BAF, arrangements for reporting outcomes of clinical audits, to provide increased assurance.	Graham Lawrence	January 2012	Reporting arrangements for clinical audits are being assessed in order to determine the way in which they can be integrated into the BAF. The issue will be addressed in the next quarterly review.	A

MATTERS ARISING FROM THE MEETING HELD ON 27 OCTOBER 2011					
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**	**RAG Status**
TBP/10/11/14.4	Include in the next quarterly review of the BAF an assessment of the five most significant risks for the Trust.	Graham Lawrence	January 2012	The issue will be addressed in the next quarterly review.	A
TBP/10/11/14.5	Review the controls and assurances for risks:		Nov 2011		
	145 (funding of Sussex Health Informatics Service)	Spencer Prosser (Simon Sturgeon)		The risk rating remains under review following correspondence with the PCT regarding invoice payment.	G
	280 (transfer of joint surgery to St.Richard's Hospital).	Jane Farrell (Paula Gorvett)		The controls and assurances have been reviewed by the Director of Clinical Services – Surgery Division. Both risks will be included in the Risk Register Report to the Quality & Risk Committee meeting on 5 December.	G

Key

R	No action has been taken to address the action
A	The action is partially complete or has been added to the agenda plan for a future meeting
G	The action has been completed

WESTERN SUSSEX HOSPITALS NHS TRUST

To: Trust Board

Date of Meeting: 24 November 2011 Agenda Item: 4(a)

Title
Power Failure – Worthing Hospital 10/11 November 2011 – Estates Update
Presented by
Spencer Prosser, Director of Finance
Prepared by
Paul Hatcher, Director of Facilities and Estates
Status
Confidential
Summary of Update
This is the third major incident involving the incoming power supply to Worthing Hospital in seven weeks. The first occurred on Saturday 24th September, the second on the 29th September and the third 10th/11th November 2011. In all three cases the mains electrical supply serving the site failed due to an incident occurring within UK Power Networks switchroom on site. On each occasion although mains power supplies were interrupted the hospitals standby generators and other back up supplies were activated to maintain emergency power to the majority of the site. The attached paper provides further detail on the latest incident.
Implications for Quality of Care
Significant – ranging from Business Continuity to Major Incident being declared
Support for/integration with Corporate Objectives and Strategies
Emergency Preparedness
Financial Implications
Significant
Human Resource Implications
Significant
Recommendation
The Trust Board is asked to: Note this interim report covering the route cause of the three incidents. A detailed report regarding the Major incident response in being compiled by the Trust's Emergency Planning and Business Continuity Manager

Western Sussex Hospitals NHS
NHS Trust

Power Failure – Worthing Hospital 10/11 November 2011 – Estates Update

1 Introduction:

This is the third major incident involving the incoming power supply to Worthing Hospital in seven weeks. The first occurred on Saturday 24th September, the second on the 29th September and the third 10th/11th November 2011. In all three cases the mains electrical supply serving the site failed due to an incident occurring within UK Power Networks switchroom on site.

On each occasion although mains power supplies were interrupted the hospitals standby generators and other back up supplies were activated to maintain emergency power to the majority of the site.

Throughout all of these incidents the Trust activate both Business Continuity and Major Incident Plans

2 First Incident – Saturday 24th September 2011

This was thought to be caused by an electrical 'spike' which overloaded the switch equipment within UK Power Networks switchroom on the Worthing Hospital site. This caused the power cut to both the hospital and a large part of the Worthing town. UK Power attended site, after four hours having working on their switchroom and equipment confirmed mains power was reinstated.

UK Power also agreed that they would be returning to site to review the equipment and would carry out a detailed assessment of their equipment.

3 Second Incident – Thursday 29th September 2011

Within four days of the original incident mains power failed again this time involving a major failure of the UK Power switch equipment. This involved a small and localised 'explosion' which severely damaged said equipment. After a prolonged period of fourteen hours UK Power had replaced significant parts of their switch and had returned the Trust back to full power.

Due to this prolonged power outage the hospitals standby generators were severely tested and the unit serving the North Block of the hospital failed for a period of approximately two hours. Additional generators were brought to site to compensate for this failure to ensure continuity of service.

Over the next two weeks UK Power attended their site to check and reinstate their equipment affected during the incident. The Trust retained additional standby generators during this period to provide further resilience.

An initial meeting with senior representative for UK Power and Trust Officers was held to review the incidents to date and to agree an action plan for improving communication and options for site resilience.

4 Third Incident – 10th and 11th November 2011

At 21.50hrs the mains supply once again failed. This involved another 'explosion' in the same area as the previous two incidents. This again resulted in a loss of mains power to the Worthing Hospital and a large part of the Worthing town.

It was clear that this incident was catastrophic in terms of UK Powers equipment as significant damage to their equipment in the switchroom was visible.

In addition the timing of the incident was challenging due to the time of day and the lack of resources that were immediately available. It should be noted that the Trust was one again immediate and staff responded both promptly and with great commitment. UK Power however took some time to escalate resources.

Having learnt from the two previous occasion's appropriate resources and equipment was organised immediately by the on-site Facilities and Estates managers.

Once again due to this prolonged power outage, 16hrs, the hospitals standby generators were severely tested and the unit serving the East Wing of the hospital failed for a period of approximately two hours.

Because of the significant damage UK Power took the decision to bypass their switchroom and provide a direct mains power supply from Worthing town. This was accomplished with power reinstated at 12.45 on the 11th November. This remains the current position and the Trust is awaiting forward plans from UK Power as to the next steps.

The Trusts estates team have already carried out maintenance and replaced parts to the standby generators so they are fully operational.

5 Next Steps

Clearly we have learnt lessons from these incidents which have already enabled us to review and make improvements to power supply across the Worthing site. These include regularized generating testing, agreement to purchase additional standby generators to serve areas currently not covered by emergency power and internally the Division responds to Business Continuity and Major Incident situations.

Meetings are currently being arranged between UK Power and the Trust to agree how power supplies will be fully reinstated to Worthing Hospital. This will include discussion regarding improving resilience against future incidents regarding incoming electricity mains supply. Once proposals are understood a further report will be presented to the Trust Board.

Paul Hatcher
Director of Facilities and Estates

November 2011

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board Date: 24 November 2011

From: Marianne Griffiths, Chief Executive Agenda Item: 5

FOR INFORMATION

CHIEF EXECUTIVE'S REPORT

1.0 OVERVIEW

1.1 Foundation Trust (FT) update

At the end of last month our application to become a Foundation Trust passed a key milestone. Our bid was considered by the Department of Health's Technical Committee and they decided that we were ready to progress on to the next stage.

This is excellent news for us, not least because when we went before this same committee a few months ago we were told we would need to provide more assurance. Clearly the committee members have recognised the work that has gone on since then, and are of the view that the Trust is performing at high standards of quality, and is efficient and financially sustainable.

The next step is for our application to be approved by a high-level clinical committee and applications group, and we will not put our case to them until January. Assuming this goes well, it means that Monitor are likely to be with us in February.

There has been much activity with our membership this month. Our current membership figure, as at 14 November, is 7,457. We have held six briefing sessions attended by 320 members who have expressed an interest in taking one of the 22 elected Governor roles and due to demand we added an extra date in Chichester. The interest and enthusiasm shown by our members is enormously pleasing and I am very grateful to everyone who attended these briefing events.

On Wednesday 7 December we are holding our first members' event which will take place the Chichester Medical Education Centre at St Richard's Hospital between 3pm and 5pm. This is our first open house event and gives us the opportunity to showcase the excellent work which takes place day in day out at our Trust. I am sure members who attend will find it informative and enjoyable. More details will be available on our website (www.westersussexhospitals.nhs.uk) and in our members' newsletter *In Touch*.

1.2 National Occupational Therapy Week

I was delighted to have the opportunity to meet with our Occupational Therapists in Chichester during National Occupational Therapy (OT) Week. The highlight for me, most definitely, was being invited by a patient to have a cup of tea with them which they have just made in the assessment kitchen. It truly brought to life the work OTs do to enable people to live their lives as independently and safely as possible.

The OT teams in Worthing and Chichester prepared information stands to raise the profile of their service and devised a competition to best describe the incredibly broad range of activities that their work covers.

1.3 Visits

We were very pleased to welcome Denise Harker, Chair of NHS Sussex who visited St Richard's and Southlands Hospitals and Kate Lampard, Vice Chair of NHS South of England, who visited Worthing Hospital.

I know Denise enjoyed meeting staff in A&E and the team in the Hyperbaric Medicine Unit. She also had a demonstration of Patientrack on our Acute Medical Unit and was treated to a smoothie on Ashling Ward. Her tour ended with a visit to Day Surgery Unit and the ophthalmology suite where she was introduced to Jane Ramage, Chairman of the Friends of Chichester Hospitals, who have funded surgical and diagnostic equipment for the suite totaling £350,000, which provides sophisticated pre-op examination and calibration equipment, modern adjustable operating trolleys and state of the art patient education facilities. At Southlands Denise toured a ward and heard about the catering system, then visited the X-ray department, Day Surgery, physiotherapy, outpatients and the Friends' café.

Kate Lampard visited A&E and Eartham Ward where she had a demonstration of Patientrack, the Acute Medical Unit and she spoke with staff about the building development and work surrounding the Productive Ward programme.

1.4 Inflammatory Bowel Disease (IBD) Patient Panel

A new group for patients with Crohn's or Colitis Disease has been set up by Dr Andy Li, consultant gastroenterologist, in partnership with Crohn's and Colitis UK. Their inaugural meeting takes place on Monday 19 December between 5pm and 7pm at Worthing Hospital.

I am certain this group will share valuable experiences which will enable us to bring about improvements in our IBD services. I welcome the enthusiasm and leadership shown in creating this opportunity to work with patients and look forward to hearing about its future success.

1.5 Employee of the Month

Dr Marjory Greig, Consultant Microbiologist, nominated our Microbiology Departments at Worthing and St Richard's for the award this month and in particular mentioned Matthew Williams and Paul Randell.

She described how the teams, through "excellent science, good management and close cross-site team working, have standardized the Cdifficile testing methods, incorporating a second test thereby improving overall sensitivity and specificity of the diagnosis". Matthew Williams performed a scientific assessment of the tests available which gained him a commendation/distinction in his MSc and Paul Randell achieved a fantastic result by negotiating deals on kit purchase prices with the manufacturers.

1.6 Innovations Award

Congratulations to Vanessa Haines-Matos and Sue Durrant, who won first and second prize respectively in the Strategic Health Authority's Western Sussex AHP Innovation Competition.

Vanessa was presented with an Amazon Kindle for her "Attentional Reasoning Processing Screen for Brain Injury and Sue was presented with £50 of Marks and Spencer Vouchers for her "Extending the Role of the Dietician".

1.7 Maternity service attend Brighton Baby Expo

Our maternity service had an impressive stand at the Brighton Baby Expo this month which was attended by nearly 4,500 bumps, babies, parents, parents-to-be, friends and family members.

Midwives from across the Trust were on hand to give information on the variety of maternity services we offer along with how to support our Foundation Trust application. Brochures about our services at Worthing and St Richard's have been produced which showcase the range of services and facilities available and how expectant parents can self-refer for maternity care. Specialist midwives gave practical advice and information through mini seminars covering a variety of topics from pre- conceptual care through to infant feeding.

1.8 Diary dates for our festive celebrations

On Sunday 27 November the Posada begins at the Trust, when the figures of Mary and Joseph will journey from ward to ward, and department to department. Posada is an old Mexican tradition which is based on the idea of the hosts of the figures making room for the figures of Mary and Joseph, and focusing on being welcoming and hospitable.

We will be singing carols on the wards at Southlands Hospital on Tuesday 13 December between 3:00pm and 5:00pm. On Wednesday 14 December we will have carols in the Chapel at Worthing Hospital at 3.30pm. On Monday 19 December, starting at 6pm, we will visit the wards at St Richard's Hospital.

Once again we thank the Friends of Chichester Hospitals, the League of Friends of Southlands Hospital and the Friends of Worthing Hospital for providing gifts for patients under our care at Christmas.

1.9 Staff response to the loss of mains power at Worthing

Not for the first time recently Trust staff have demonstrated skill and dedication in difficult circumstances, following another problem with the mains power supply serving parts of Worthing. Despite all of the challenges patients were kept safe, and once again I would like to extend my thanks to everyone involved in that superb effort.

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board

Date of Meeting: 24 November 2011 Agenda Item: 6

Title
Month 7, 2011/12 Quality Report
Responsible Executive Director
Dr Phillip Barnes (Medical Director) and Cathy Stone (Director of Nursing and Patient Safety)
Prepared by
Jamie Cochrane (Planning and Performance Manager), Mark Dennis (Head of Information Services), Sandie Ellard (Deputy Director of Nursing & Head of Clinical Practice), Vicky Daley (Head of Clinical Governance)
Status
Disclosable
Summary of Proposal
Not applicable
Implications for Quality of Care
Describes performance against quality outcome KPIs, including safety, infection control, experience, effectiveness and mortality.
Link to Strategic Objectives/Board Assurance Framework
The WSHT Quality Strategy 2011-2013 sets out the strategic objectives for the Trust in relation to quality. This report pulls together key national, regional and local quality indicators relating to quality and safety providing assurance for the board and (if necessary) highlighting issues.
Financial Implications
Describes KPIs that have potential financial impact (e.g. CQUIN)
Human Resource Implications
Describes KPIs linked to workforce
Recommendation
The Board is asked to: Note the contents of this report.
Communication and Consultation
Not applicable
Appendices
Appendix I: Quality Strategy Scorecard Appendix II: Infection Control Dashboard

Western Sussex Hospitals Trust Board Quality Report

Contents

1. Introduction

This report brings together key national, regional and local quality indicators relating to quality and safety. The purpose of the report is to bring to the attention of the Trust Board quality performance within Western Sussex Hospitals Trust (WSHT).

The paper describes performance on an exceptional basis determined by RAG (red/amber/green) ratings based on national, regional or local targets. Further quality items are shown as dashboards in the appendices.

2. Key Quality Objectives

2.1 Dashboard Definitions

The full Clinical Quality Dashboard is presented as Appendix I. This includes all measures identified in the Trust Quality Strategy. Figures are in month figures (e.g. the number of falls reported in March) unless otherwise stated. The dashboard shows 13 months to allow trends to be identified, although some data items are reported retrospectively. Year to date actuals/targets are based on financial years unless a specific target (e.g. tissue viability) is measured according to calendar years, where this is noted. A subset of the key measures from the report is presented at 2.2.

2.2 Overview of Key Quality Objectives

The following table shows performance against key, top level quality objectives.

Indicator	Aug 2011	Sep 2011	Oct 2011	2011/12 to date	2011/12 Target / limit
1A Trust crude mortality rate (non-elective)	2.9%	3.0%	3.4%	3.1%	3.2% (by end of 2012)
1B Hospital Standardised Mortality Ratio for top 56 diagnoses (Dr Foster, based on rolling 12 months)	103.8			103.8 (rolling 12 month)	103 (by end of 2012)
2A Patient Aggregate Safety Score (PASS)	79.19	72.30	80.08	82.40	TbC
3A Proportion of patients who would recommend the Trust	These questions are due to be added to the suite of questions asked as part of the real-time patient experience project in January.				
3B Proportion of staff who would recommend the Trust					
Proportion of medically fit hip fractures operated on within 24 hours.	50.0%	61.0%		57.3%	TbC
VTE: Compliance with the DoH risk assessment tool	90.8%	90.6%	90.0	91.2%	95%
Numbers of hospital attributable MRSA	0	0	0	0	6
Numbers of hospital attributable C. diff	5	9	9	52	90
Number of Serious Incidents Requiring Investigation (number reported in month)	2	0	3	19	NA
Mixed Sex Accommodation breeches	0	0	0	0	0
Number of complaints	67	63	55	420	NA

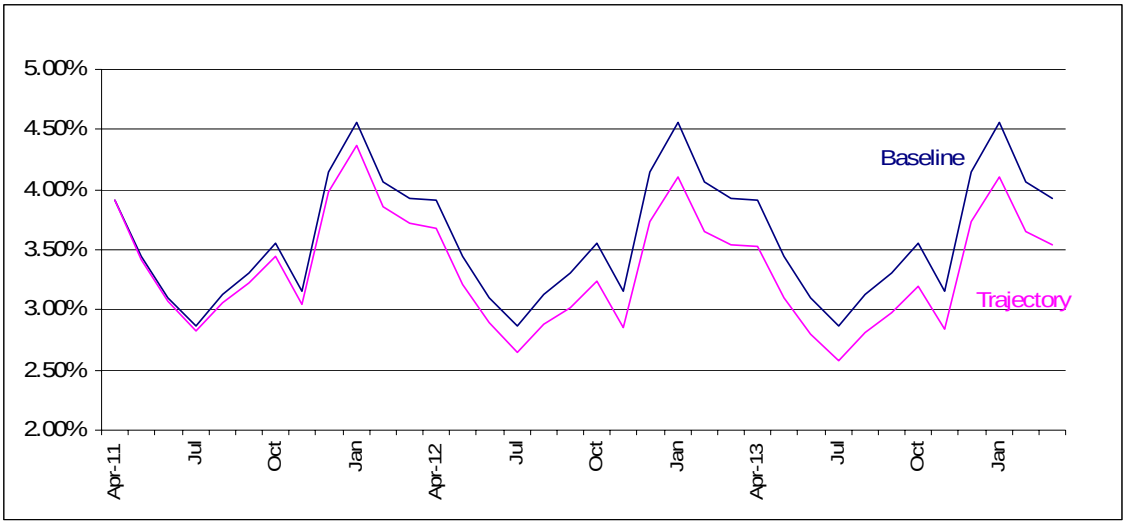
Exception report

- 1A Trust Crude Mortality Rate and 1B Hospital Standardised Mortality Ratio: See sections 2.3 and 2.4 respectively.
- 3A and 3B Proportion of patients / staff recommending the Trust: Data collection using the Real-Time Patient Experience Project is now underway (see section 5.2 below) using questions already established in the Trust as part of the Productive Ward Project. This includes asking whether patients would recommend the particular ward, but not the Trust / Hospital as a whole. A new set of questions - including whether patients would recommend the hospital - has been reviewed by the Quality Board and will be launched in January.

- VTE Assessments: WSHT continues to achieve the Department of Health and the Primary Care Trust targets of ensuring 90% of inpatients have risk assessments undertaken, the Quality Strategy set a stretch target of 95%. For this reason the target is amber on this report, but green on the main Performance Report. The percentage fell slightly in October, partly due to the fact that performance tends to be lower at weekends (there were five weekends in October). Feedback to wards on performance (including lists of patients requiring VTE assessments) continues on a daily basis. VTE performance is due to be reviewed in detail at the Quality Board at the beginning of December.

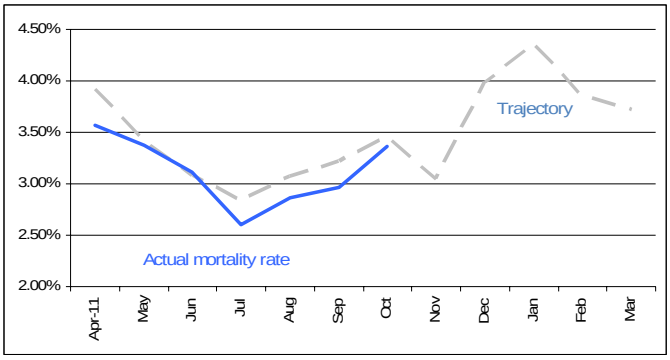
2.3 Crude Trust Mortality

The Trust Quality Strategy set out an objective to reduce its mortality rate by 10% (relative to the year 2010/11) by the end of 2012. The agreed a trajectory for this target (based on a gradual decrease against the profiled 2010/11 rate) is shown below. The figures are based on non-electives only.



The WSHT trajectory for achieving a 10% reduction in Crude mortality by the end of 2012

Crude non-elective mortality rose in from 2.97% in September to 3.36% in October. This is in line with seasonal increases in previous years and still just beneath the agreed trajectory. WSHT are achieving the trajectory for the year to date with a non-elective mortality rate of 3.13% against a limit of 3.28%. The trajectory will, however, become more challenging later in the year. To continue to achieve the trajectory, mortality will need to fall to 3.05 or less next month in line with reductions in November in previous years.



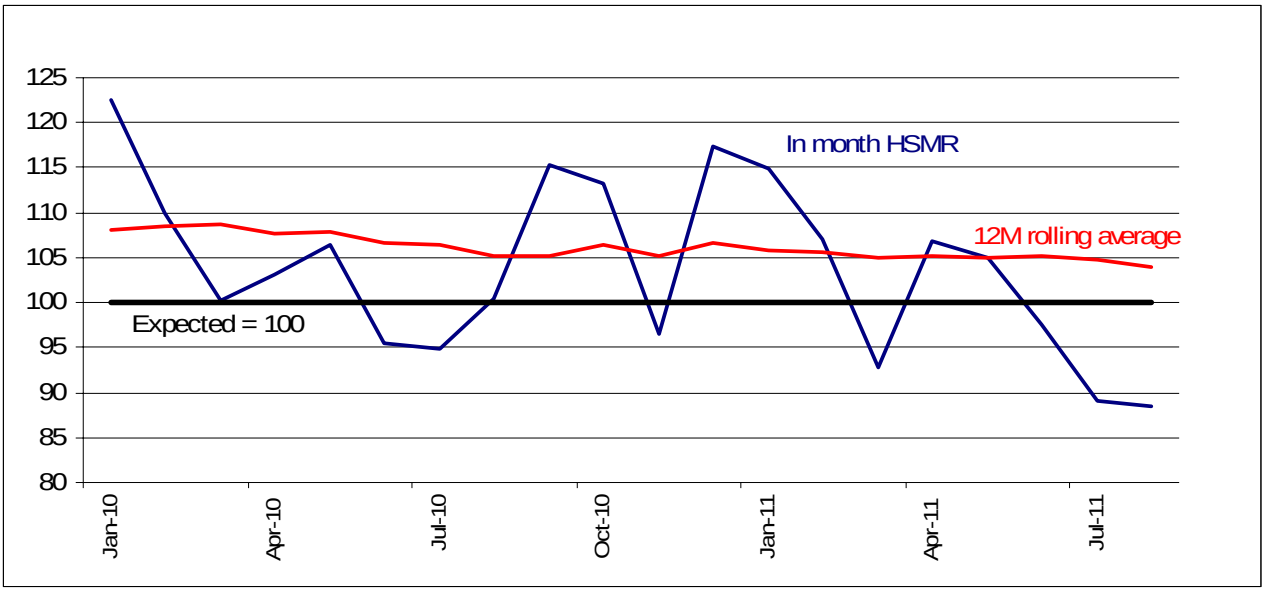
Non-elective mortality increased in October, although remained beneath the agreed trajectory.

2.4 Hospital Standardised Mortality Ratio (HSMR)

There is a two month delay with Dr Foster data (to allow for coding and processing of data) therefore August is the most recent month for which data is available. Dr Foster have now rebased their model to take account of nationally decreasing mortality rates. The HSMR for the twelve months up to August 2011 is 103.8 (slightly lower than last month). Although above 100, this is within the expected range. The HSMR split by site is higher for St Richards Hospital (107.7) than Worthing / Southlands Hospitals (100.7).

There is considerable variation in the in-month HSMR score during the year, however the 12 month rolling average shows a slight downward trend from above 108 for the 12 months to January 2010 to below 104 for the 12 months ending August 2011 (all figures are based on the current rebasing of Dr Foster).

A further report is available to the Trust Quality Board showing the underlying areas with high actual versus expected mortality.



The twelve month rolling average for the Trust HSMR has gradually fallen since January 2010, although remains above 100 at 103.8

2.5 Summary Hospital-level Mortality Indicator (SHMI)

The Department of Health has released its methodology for the new Summary Hospital-level Mortality Indicator (SHMI). This is a new hospital-level indicator that is intended as a single mortality measure across the NHS. The methodology is different from existing methodologies such as CHKS: Risk Adjusted Mortality Index (RAMI) and Dr Foster: Hospital Standardised Mortality Ratio (HSMR).

Scores are based on a count of all deaths either while patients are in the Hospital, or within 30 days of discharge where the death occurs in the community (patients who are subsequently admitted to another Trust are attributed to that Trust) and then a comparison of the expected number of deaths for a particular Trust with the actual number. The figures are adjusted for age, sex, admission method (i.e. emergency or elective) and diagnosis. Only Acute Trusts are included in the indicator.

The indicator is expressed as a number. A score of less than 1 indicates fewer deaths than the model predicts and greater than 1 indicates more deaths (this compares with the HSMR where 100 represents the expected deaths). The score for Western Sussex Hospitals Trust (WSHT) is 1.1327 for 2010/11. The score is also expressed as a banding: 'Higher than expected', 'As expected' or 'Lower than expected'. WSHT are identified as 'Higher than expected'.

The score is not directly comparable with the HSMR, where WSHT's score for 2010/11 was 104.8. There are three main differences with the two methodologies. First, SHMI includes all diagnoses whereas HSMR only includes a subset of diagnoses accounting for about 80% of deaths; second, SHMI includes deaths where the patient dies within 30 days after leaving the hospital; third HSMR adjusts for patients who are identified as palliative whereas SHMI does not. In 2010/11 WSHT had a 3.9% palliative care coding rate compared to 2.2% nationally, therefore it is likely that one of the reasons that this Trust's SHMI is significantly higher than its HSMR is the fact that the new methodology does not make this adjustment.

As part of the Trust's contracts with Dr Foster and CHKS, these companies have both provided tools to allow some interrogation of the SHMI. Using these tools it is possible to identify some of the clinical areas where the SHMI score is significantly above 1. These will be reviewed by clinical teams.

2.6 Quality Strategy Dashboard

The full Quality Strategy Dashboard is presented at Appendix I.

Exception reports:

- Indicator 1.21/1.22: The 12 month HSMR for both Head of Femur replacement and hip fracture diagnosis remain high. Dr Foster data is only available up to August. The crude mortality rate (indicator 1.22) fell in September, which is a good indicator that the HSMR will reduce slightly for that month. A separate report on hip fracture mortality is available to the Management Board.
- Indicator 1.25: The 30 day mortality following hip fracture indicator has now been added to the scorecard. This is a nationally recognised indicator reflecting deaths either in hospital or in the community within the first 30 days after admission with a fracture. Although every effort is made to ensure the Trust updates its records, there may be some under under-reporting of patients who die after discharge. There is no agreed target for this, but the 2011 report from the National Hip Fracture Database identified a national average of 8.4%. The data suggests that performance over the last four months has been considerably better than October to January.
- Indicators 1.41, 1.42 and 1.43: The 12 month HSMR for elderly medicine and for the 5 diagnosis groups in elderly medicine with the greatest number of deaths have not improved this month (whereas previous months show a gradual toward trend). This is partly because performance was comparatively good in August 2010 (no longer reflected in the figures). If low monthly HSMR can be maintained over the next few months, then the 12 month figure will fall further. A breakdown of the specific diagnosis groups is routinely provided to the Quality Board.

3. Patient Aggregate Safety Score (PASS)

3.1 Background and Methodology

The PASS is an aggregate score comparing performance against a baseline for a total of 17 measures. These vary in polarity (i.e. whether a high score indicates a safer environment or not). The methodology was presented to the board in full with worked examples in August 2011:

Group	Measure	Polarity	Weighting	Baseline
VTE	VTE Prophylaxis given (syringe packs prescribed)	Positive	0.50	1382.9
	90 day readmissions for deep vein thrombosis or pulmonary embolism	Negative	0.50	13.25
	VTE risk assessments done	Positive	1.00	90%
HCIA	MRSA	Negative	1.00	0.6
	C. diff	Negative	1.00	10.4
Fracture neck of femur (#NOF)	Medically fit fracture neck of femur patients operated on within 24 hrs	Positive	1.00	42%
SIRIs	SIRIs	Negative	2.00	3.1
Patient safety incidents	Total incidents	Positive	1.00	786.1
	Moderate, severe and death	Negative	1.00	20.4
Complaints	Complaints about nursing care	Negative	0.67	5.5
	Complaints about communications	Negative	0.67	3.8
	Complaints about staff attitude	Negative	0.67	4.5
Tissue viability	Total grade 2 or higher pressure ulcer incidents	Negative	1.50	23.6
Falls	Falls resulting in harm	Negative	1.50	40.3
Prescribing	Total incidents involving prescribing and drug errors	Positive	0.50	86.3
	Moderate, severe and death errors involving prescribing / drug errors	Negative	1.50	1
Nutrition	Nutritional Assessments in 24 hours	Positive	1.00	82%

Baselines are from 2010/11 except VTE assessments (which is set to 90%, i.e. the year-end target for 2010/11), complaints (based on October 2010 to March 2011) and #NOF operations (based on September 2010 to March 2011).

Scores can range from 0 to 200, with a lower score indicating a safer Trust and 100 being the equivalent of the Trust last year.

3.2 Performance 2011/12 to Date

The following table shows the PASS performance for 2011/12 to date.

Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Year to date
88.77	96.14	77.89	80.39	79.19	72.30	80.08	82.40

The October figure remains considerably below 100 suggesting based on these metrics that the Trust is safer than last year. The measures that are above baseline are total incident and total prescribing incident reporting (i.e. fewer incidents were reported), readmissions for VTE and complaints about nursing and communication.

4. Safety Update

4.1 Central Alert System (CAS) Safety Alerts

At the time of reporting there are no outstanding alerts for the Trust.

4.2 Infection control

MRSA

There were zero cases of hospital attributable Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia reported during October (see Appendix I, indicator 2.31). To date there have been no cases in 2011.

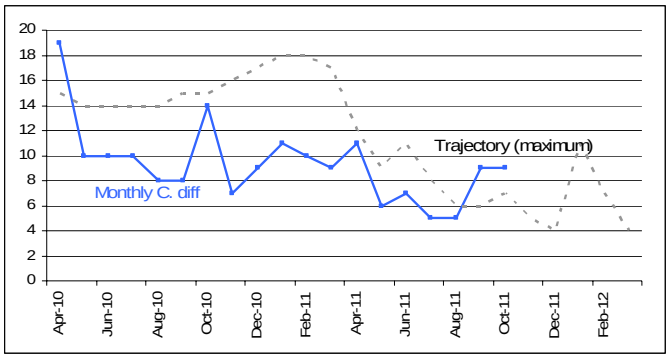
MSSA

There were 12 cases of Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia of which 4 (2 at St Richards and 2 at Worthing) were attributed to care received in hospital. Both cases were reported in the latter part of the month and therefore root cause analysis has not yet been undertaken.

C. diff

October was a disappointing month for C. difficile; the Trust reported 9 cases against a month trajectory of 7 cases.

6 cases were reported on the Worthing site and 3 cases on the St. Richards site.



For the second month in a row, the Trust is above its C. diff limit.

Root cause analysis showed that all 3 cases at St Richards were unavoidable and that care was appropriate in each case. Of the Worthing cases 3 were unavoidable with appropriate care. In the remaining 3 cases the care was appropriate, however the patients had all previously tested positive and therefore should not have undergone repeat testing. Matron scrutiny has now been applied to all stool specimen management.

Although above the trajectory for October, the Trust remains beneath its limit for the year to date.

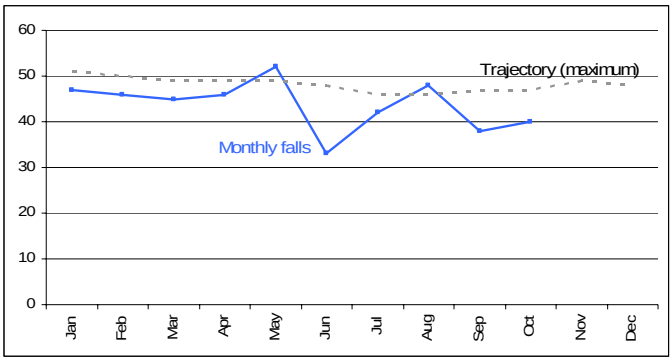
E. coli

The Trust, in line with other NHS Trusts, is now required to report the total number of Escherichia coli (E. coli) cases. There are no national benchmarks or trajectories for E. coli. In October there were 21 cases reported at WSHT (15 at the Worthing Site, 6 at Chichester).

The Annual Infection report is reported as part of the October Trust Board agenda. The full infection control dashboard is available as appendix II.

4.3 Falls

The Strategic Health Authority's Safer Smarter Nursing programme target is to achieve a 15% reduction in the number of falls resulting in low or moderate harm by 2012 against a baseline of financial year 2009/10 (when 629 falls resulting in harm reported). As part of the programme the Trust has agreed a trajectory involving a target of 579 falls or less in the calendar year 2011 (in month limits have been agreed as part of this trajectory).

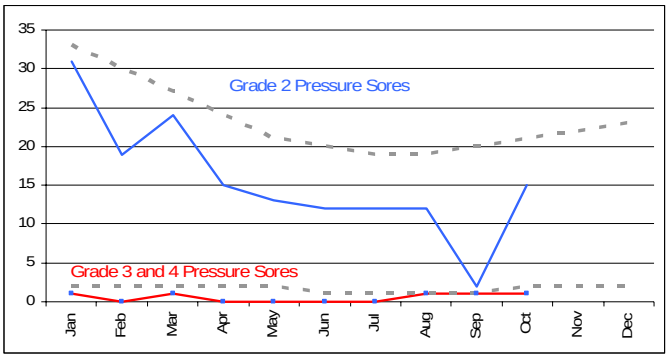


The number of falls remained below the limit, despite a slight increase in October

- In October there were 40 falls resulting in low or moderate harm against a limit of 47 (a slight increase against last month).
- This gives a year to date total of 437, which is in line with achieving the 579 or less target at the end of the year (the limit for the year to date is 482).
- There were no falls resulting in serious harm reported during October.

SHA benchmark: This gives a total of 66.05 falls per 10,000 admissions in October against a South East Coast average (for 2010/11) of 171.

4.4 Tissue Viability



Although an increase against last month, the number of pressure sores remained below the limit.

The Safer Smarter Nursing Programme trajectory requires a 50% reduction in grade 2 and an 80% reduction in grade 3 and 4 pressure ulcer incidents (again comparing with 2009/10 baselines).

- In October 2011 there were 15 grade 2 pressure ulcer incidents. This was an increase against the exceptionally low figure in September, but still below the ceiling of 20 and the equivalent figure of 24 for last October.
- In October 2011 there was 1 grade 3 pressure ulcer incident against a ceiling of 1 (see below).
- There were no grade 4 incidents.
- All 3 and 4 pressure ulcer incidents are subject to root cause analysis.
- There has been no deterioration in previously reported tissue viability incidents.

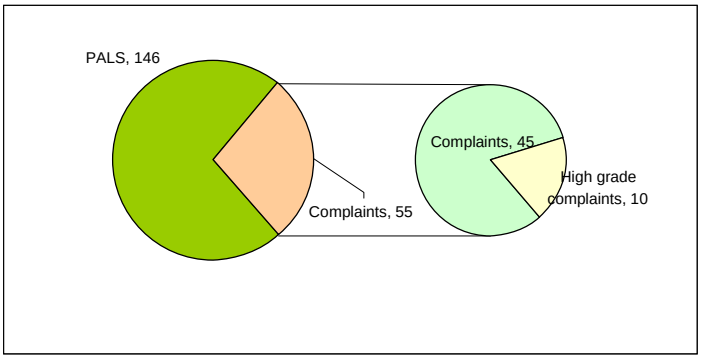
Regarding the grade 3 pressure ulcer, this was identified on the St Richards site. A full investigation was carried out and a safeguarding alert was raised by the Tissue Viability CNS. The outcome of the investigation showed that the pressure ulcers were avoidable. Immediate actions were taken by the Tissue Viability CNS and the Matron which included working alongside ward staff to increase clinical and educational awareness particularly in respect of documentation and reauditing of the Skin Care Bundle. There have been no further pressure ulcer incidents on this ward or the ward reporting a grade 3 ulcer last month.

The incidence of pressure sores (developing 72 hours after admission) per 1000 bed days in August was 0.6. There are no national benchmarks for this indicator.

5. Patient Experience

5.1 PALS and Complaints

All complaints are responded to by the Trust Office. The process is administered by the Customer Relations Team. The Quarterly Complaints Report provides an in depth analysis of trends and lessons learned. This is reviewed by the Patient Experience and Feedback Committee and is presented to the Trust Board.



Breakdown of PALS / Complaints

During October 2011 the Trust received 55 complaints (8 fewer than last month). 10 complaints were graded as high, resulting in further investigation (1 fewer than last month).

	Worthing	Southlands	Chichester	Total
All complaints	27	3	27	55*
High grade complaints	4	0	6	10
Nursing complaints	5	0	5	7

* Although there were 55 complaints in total, 2 complaints related to more than one site.

The key themes of the serious complaints were appointments, communications and treatment. These were not attributable to one clinical site or area.

In October, 7 complaints were received where nursing care was the primary issue (1 more than last month), i.e. 2.76 per 10,000 bed days. This compares favourably against the benchmark of 4.35.

5.2 Feedback from Hospital Experience Questionnaires

The pilot of the Real-time Patient Experience project went live week commencing 17th October. During October data was collected from 41 patients across 10 wards, using the same questions as the existing Productive Ward Programme. Responses to four key

questions are now reported in the dashboard in Appendix I. Three of these are based on the Trust CQUIN scheme; the fourth (regarding the attitude of staff) was identified as a key priority in the Trust 2010/11 Quality Account. Currently on the dashboard the figures from the Productive Ward Programme are reported, with the Real-time Patient Experience responses shown in parentheses.

5.3 Nutrition, Hydration and Feeding

The West Sussex Local Involvement Network (LINk) has shared with the Trust its final report on a series of visits to Worthing Hospital over a period of approximately two months from May to July 2011.

LINk decided to commission a review of aspects of the level of nutrition, hydration and feeding that patients were receiving in Worthing Hospital following comments in the 2010/11 Quality Accounts of Western Sussex Hospitals Trust (under Priority 4 Improving Hospital Food),

Findings from the report show that in all four wards visited meals were served efficiently and speedily and there was a high patient satisfaction with choice, temperature and taste. Salads were rated particularly highly.

A number of recommendations were put forward and these have been actioned and will be monitored via the Trusts Food Strategy Group on behalf of the Quality Board.

6 Care Quality Commission (CQC)

6.1 CQC Compliance Reviews

On Tuesday 4th October there was an unannounced visit by Care Quality Commission inspectors to St Richard's Hospital. The review assessed compliance with the following outcomes:

- Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
- Outcome 2: Before people are given any examination, care, treatment or support they should be asked to agree to it.
- Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights.
- Outcome 7: People should be protected from abuse and staff should respect their human rights.
- Outcome 8: People should be cared for in a clean environment and protected from the risk of infection
- Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs.
- Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
- Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.
- Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential.

The report found the Hospital compliant with all of these outcomes. Amongst the feedback reported was the following comment: 'This hospital has to be the best I have ever been in … I would have easily gone 100 miles for this service and care'.

The full report can be read on the CQC website:
http://www.cqc.org.uk/sites/default/files/media/reports/RYR_Western_Sussex_Hospitals_NHS_Trust_RYR16_St_Richards_Hospital_RoC_201110.pdf

7. Care and Compassion Peer Review

The Trust is the first in South East Coast to undergo a Care and Compassion Peer Review. It was led by a team from The Royal Surrey County Foundation Trust which comprised of Clinical staff and Patient Governors. The teams reviewed 4 wards across the 3 sites, the formal report has now been received and is very positive regarding the care witnessed.

The review was conducted by the team documenting any positive, passive or poor interactions between staff and patients and visitors across a range of categories. These categories were grouped under the general heading: ‘General care’ (including ‘patient centredness’, ‘rest and sleep’, ‘foods and fluids’), ‘Patient / Visitor Engagement’ (including ‘dignity and respect’, ‘positive and person centred communication’) and ‘Infection Control’.

It has been decided to repeat the review internally on a quarterly basis (with the peer review conducted annually to ensure the results continue to be fair and robust). A summary score based on the percentage of positive observations divided by the total observations, for the general care and patient / visitor engagement sections will be reported to the Board on the quality dashboard (see indicators 3.53 and 3.54). In the current review 87% of the observations relating to general care were positive and 91% of the observations relating to patient / visitor interaction were positive. A target will be set of achieving a 5 percentage point increase in each of these scores by this time next year.

Detailed results for each section and broken down by ward are reported back to the wards themselves and reviewed at the Heads of Nursing Meeting.

8. Commissioning for Quality and Innovation (CQUIN)

Since 2009/10 a proportion of the money the Trust receives has been payable on achievement of agreed quality metrics. The measures for 2011/12 have been agreed with commissioners as follows.

1. VTE Assessments	5. Patient Safety Culture
2. Responsiveness to Patient Views	6. Timely Outpatient Communications
3. Enhancing Quality Programme	7. Near-Patient Clinical Recording
4. Care Planning for Discharges	8. Information for Commissioners

A regular report on progress within these areas is made to Directors. At quarter 2 the Trust has reported to Commissioners that it is compliant with all key milestones to date.

9. Recommendation

The Board is asked to note the contents of this report.

Mark Dennis, Head of Information Services
t: 01903 285273 (ext 5273)

QUALITY SCORECARD

OCTOBER 2011

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD Actual	YTD Target	Target	Trend
IMPROVING CLINICAL OUTCOMES																		
1A	**Achieve a 10% reduction in the Trust's crude mortality rate by 2012**	3.56%	3.16%	4.15%	4.57%	4.06%	3.93%	3.57%	3.38%	3.11%	2.60%	2.86%	2.97%	3.36%	**3.13%**	3.3%	3.2%	
1B	**Reduce the Hospital Standardised Mortality Rate (HSMR) to 103**	106.5	105.2	106.6	105.9	105.6	104.8	105.1	105.0	104.9	104.4	103.8			**103.8**	104	103	
1.1	**Improve treatment pathway and clinical outcomes for stroke patients**																	
1.11	Reduce HSMR for cerebrovascular disease	104.3	100.3	96.3	96.6	94.3	91.5	93.7	93.5	94.7	92.3	90.9			**90.9**	100	100	
1.12	Stroke patients are eligible for best practice tariff payment	87.3%	88.7%	80.0%	73.7%	80.0%	79.2%	87.9%	85.5%	82.0%					**85.2%**	80%	80%	
1.13	Patients receive thrombolysis	Data are under development														20%	20%	
1.14	TIA patients are assessed and comence treatment within 24 hours	61.5%	66.7%	77.8%	61.5%	66.7%	61.1%	85.7%	30.0%	84.2%	58.3%	25.0%	85.7%		**63.5%**	60%	60%	
1.2	**Reduce mortality following hip fracture**																	
1.21A	Reduce HSMR for hip fracture (head of femur replacement)	139.8	143.7	152.9	176.5	186.7	182.4	194.4	198.5	197.0	213.0	208.3			**208.3**	158	140	
1.21B	Reduce HSMR for hip fracture (all diagnoses/procedures)	130.6	128.6	130.1	136.7	140.7	138.4	141.6	135.3	130.9	130.4	135.0			**135.0**	tbc	tbc	
1.22	Reduce mortality rate following hip fracture (all diagnoses/procs)	13.6%	15.4%	11.0%	24.6%	17.7%	10.0%	12.5%	10.3%	3.9%	6.2%	12.3%	5.7%		**8.4%**	8.6%	8.6%	
1.25	30 day mortaliy rate following hip fracture (all diagnoses/procs)	18.3%	10.4%	12.7%	18.5%	7.2%	9.2%	12.1%	4.4%	6.5%	6.0%	8.6%						
1.23	Medically fit patients are operated on within 24 hours (source: NHFDb)	45.8%	47.6%	37.0%	33.3%	29.1%	50.9%	35.8%	36.4%	45.8%	64.1%	50.0%	61.0%		**57.3%**	90%	90%	
1.24	Reduce length of stay to best quartile (all diagnoses/procs)	24.0	25.7	21.1	22.3	22.2	22.7	22.4	25.2	20.6	16.1	19.1	20.9	18.1	**20.7**	tbc	tbc	
1.3	**Reduce the rate of readmission following discharge from the Trust**																	
1.31	Achieve 25% reduction in emergency readmissions within 30 days	584	597	578	627	581	569	546	562	608	629	579			**2,924**	3,109	5,330	
1.32	Reduce admissions for patients with over 4 adms in prev 12 mths (data for rolling 12 mths)	4,031	4,205	4,068	4,228	4,214	4,200	4,174	4,192	4,143	4,203	4,121	4,096	4,088	**4,088**	2,975	2,100	
1.4	**Reduce HSMR for patients admitted under elderly care medicine**																	
1.41	Reduced HSMR for elderly care medicine	113.3	111.4	109.8	109.3	108.8	106.2	107.6	106.4	105.2	104.7	105.2			**105.2**	103	100	
1.42	Disease specific HSMR in 5 areas with greatest number of deaths[1]	114.8	112.5	112.1	111.9	111.4	109.1	110.8	108.3	107.9	107.0	107.4			**107.4**	106	103	
1.43	Disease specific HSMR in 5 areas with greatest number of excess deaths[2]	130.1	130.2	130.1	130.5	131.7	129.8	129.1	125.933	126.3	126.1	127.3			**127.3**	118	110	
1.5	**To improve maternity care by encouraging natural chilbirth**																	
1.51	Proportion of mothers having their babies delivered by caesarian section	26.0%	22.5%	27.0%	21.5%	24.0%	28.5%	24.5%	25.0%	20.0%	23.0%	24.0%	24.0%	25.0%	**23.6%**	<23%	<23%	
1.52	Proportion of mothers requiring forceps for delivery	13.5%	12.0%	11.0%	11.0%	9.5%	10.0%	11.0%	11.0%	14.0%	10.5%	10.0%	13.0%	12.5%	**11.7%**	<15%	<15%	
1.53	Proportion of deliveries complicated by post-partum haemorrhage	0.60%	0.00%	1.14%	0.87%	1.35%	0.43%	0.91%	0.82%	0.40%	0.79%	0.85%	0.00%	0.21%	**0.57%**	1%	1%	

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QUALITY SCORECARD

OCTOBER 2011

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD Actual	YTD Target	Target	Trend
SAFETY																		
2A	**Achieve reduction in the Patient Aggregate Safety Score (PASS)**	-	-	-	-	-	-	88.77	96.14	77.89	80.39	79.19	72.30	80.08	**82.40**	<100	<100	
2.1	**Improve safety of prescribing**																	
2.11	Reduction in moderate or severe prescribing incidents	-	-	-	-	-	-	0	1	1	0	1	1	0	4	5	8	
2.12	Reduction proprtion of GTT returns showing a prescribing issue	Data are under development														tbc	tbc	
2.13	Reduced errors on zero tolerance anti-microbial prescribing audits							39%	36%	49%	56%	44%	48%	47%	**46%**	tbc	tbc	
2.2	**Reduce incidence of healthcare associated VTE**																	
2.21	95% compliance with the DoH risk assessment tool	30.3%	30.0%	67.6%	77.2%	90.9%	93.1%	91.4%	91.9%	91.9%	92.0%	90.8%	90.7%	90.0%	**91.2%**	**95%**	**95%**	
2.22	90% compliance with approved VTE prophylaxis in quarterly audits	Data are under development														tbc	tbc	
2.23	Reduction in rates of post-admission DVT and PE[4]	0.11%	0.27%	0.15%	0.07%	0.26%	0.13%	0.08%	0.18%	0.20%	0.18%	0.26%			**0.19%**	0.20%	0.20%	
2.24	Reduce readmissions within 90 days due to VTE	16	11	12	14	9	11	11	15	11	14	17	18		**86**	66	132	
2.25	Achieve 20% reduction in mortality from VTE disease	3	9	6	5	7	3	4	6	4	3	3	4		**24**	26	45	
2.3	**Reduce incidence of healthcare acquired infections**																	
2.31	Number of hospital attributable MRSA cases	2	0	1	0	0	0	0	0	0	0	0	0	0	**0**	3	6	
2.32	Number of hospital attributable C. diff cases	14	7	9	11	10	9	11	6	7	5	5	9	9	**52**	59	90	
2.33	Number of MSSA bacteraemia cases	5	5	1	5	7	7	4	5	4	5	9	9	12	**48**	tbc	tbc	
2.34	Surgical site infection rates for colorectal surgery	Data are under development														tbc	tbc	
2.35	Surgical site infection rates for hip replacement surgery	Data are under development														tbc	tbc	
2.4	**Improve theatre safety for patients**																	
2.41	Full compliance with WHO Surgical Safety Checklist		-		82%			89%			97%			-	**93%**	tbc	tbc	
2.42	Achieve 50% reduction in unexpected returns to theatre	Data are under development														tbc	tbc	
2.43	Elimination of all NEVER events	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	
2.44	Achieve 75% reduction in theatre related SIRIs	-	-	-	1	0	1	0	0	0	0	0	0	0	**0**	0	0	
2.5	**Reduce number of falls in hospital**																	
2.51	Achieve 15% reduction in falls resulting in low or moderate harm[3]	-	-	-	47	46	45	46	52	33	40	48	38	40	**435**	482	-	
2.52	Achieve 50% reduction in falls resulting in severe harm or death[3]	-	-	-	0	0	0	0	0	0	2	0	0	0	**2**	0	-	
2.6	**Pressure damage**																	
2.61	Achieve 50% reduction in incidence of grade 2 pressure sores[3]	-	-	-	31	19	24	15	13	12	12	12	2	15	**155**	234	-	
2.62	Achieve 80% reduction in incidence of grade 3 & 4 pressure sores[3]	-	-	-	1	0	1	0	0	0	0	1	1	2	**6**	16	-	

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QUALITY SCORECARD

OCTOBER 2011

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD Actual	YTD Target	Target	Trend
PATIENT EXPERIENCE																		
3A	**Increase the proportion of patients who would recommend the Trust**	Available Q3														tbc	tbc	
3B	**Increase the proportion of staff who would recommend the Trust**	Available Q3														tbc	tbc	
3.1	**Improved scores in targeted patient survey questions**																	
3.11	I felt involved in the decisions about my care and treatment[5]	-	-	-	-	-	-	-	94%	90%	93%	89%	91%	88% (95%)	**91%**	tbc	tbc	
3.12	I felt able to express any fears or anxieties[5]	-	-	-	-	-	-	-	97%	98%	97%	96%	96%	95% (95%)	**96%**	tbc	tbc	
3.13	My privacy and dignity was maintained at all times[5]	-	-	-	-	-	-	-	97%	99%	98%	99%	98%	95% (95%)	**98%**	tbc	tbc	
3.14	I was informed of medication side effects															tbc	tbc	
3.15	I was informed who to contact if worried about my condition after leaving hospital															tbc	tbc	
3.16	I felt the attitude of staff was good[5]	-	-	-	-	-	-	-	99%	99%	100%	100%	98%	99% (100%)	**99%**	tbc	tbc	
3.2	**Reduction in patients suffering a bad experience dealing with the Trust**																	
3.21	Reduce numbers of re-booked outpatient appointments	10.1%	9.9%	10.2%	9.3%	11.8%	11.4%	14.9%	11.8%	11.6%	11.1%	12.0%	11.9%	10.5%	**11.9%**	tbc	tbc	
3.22	Reduce number of clinics cancelled with less than 6 weeks notice	Data are under development														tbc	tbc	
3.23	Reduce the average number of ward stays per non-elective admission	1.80	1.78	1.81	1.77	1.78	1.82	1.74	1.76	1.80	1.79	1.82	1.84	1.74	**1.78**	tbc	tbc	
3.24	Reduce the number of complaints relating to administrative processes	-	-	-	-	-	-	-	-	6	4	11	4	3	**-**	tbc	tbc	
3.25	Reduce patients cancelled on the day of surgery for non-clinical reasons	48	22	55	41	39	33	22	43	28	14	25	46	50	**228**	tbc	tbc	
3.3	**Nutritional Assessment**																	
3.31	Compliance with MUST tool after 24 hours	76.0%	84.0%	82.5%	78.0%	83.5%	87.0%	89.0%	90.0%	90.0%	87.7%	88.5%	85.0%	85.6%	**88.0%**	80%	80%	
3.32	Compliance with MUST tool after 7 days	-	-	-	-	-	-	-	-	93.0%	94.0%	98.5%	98.0%	96.8%	**96.1%**	100%	100%	
3.33	Evidence of production and adherence to nutritional action plans	Indicator to be specified														tbc	tbc	
3.34	Evidence of success in pre-discharge reassessment audits	Indicator to be specified														tbc	tbc	
3.4	**Cleanliness / PEAT Survey**																	
3.41a	Internal PEAT compliance : St Richard's Hospital	-	-	-	-	-	-	90%	93%	94%	93%	97%	96%	98%	**94%**	85%	85%	
3.41b	Internal PEAT compliance : Worthing Hospital	-	-	-	-	-	-	92%	93%	93%	93%	91%	94%	89%	**92%**	85%	85%	
3.41c	Internal PEAT compliance : Southlands Hospital	-	-	-	-	-	-	75%	92%	90%	93%	89%	92%	89%	**89%**	85%	85%	
3.5	**Improve our customer service and become a more caring organisation**																	
3.51	Reduction in complaints where staff attitude or behaviour is an issue							4	3	2	5	2	3	4	**23**	tbc	tbc	
3.52	Reduction in complaints where staff communication is an issue							8	8	7	4	5	9	7	**48**	tbc	tbc	
3.53	Positive care and compassion observations in general care		-			-			-			-		87%	**87%**	tbc	tbc	
3.54	Positive care and compassion observations in patient / visitor interactions		-			-			-			-		91%	**91%**	tbc	tbc	

Notes

1 The five diagnosis groups with the most deaths in 2010/11 are pneumonia, acute cerebrovascular disease, congestive heart failure non-hypertensive, fracture neck of femur and UTI.
2 The five diagnosis groups with the most excess deaths in 2010/11 are Acute and unspecified renal failure, congestive heart failure non-hypertensive, fracture neck of femur, UTI and fluid and electrolyte disorders.
3 Data for these metrics are being monitored against trajectories agreed with the SHA. These are set on a calander year basis.
4 Post operative DVT and PE
5 Scores given parentheses are taken from the Real Time Patient Experience monitoring system (see Quality Report).

Mark Dennis, Head of Information Services
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INFECTION CONTROL SCORECARD

OCT 2011

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD Actual	YTD Target	Target	Trend
Compliance with high impact intervention care bundles (HII)																	
Renal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%	
Central line	100%	100%	100%	100%	100%	100%	100%	100%	99%	95%	100%	100%	99%	99%	95%	95%	
Ventilation	100%	100%	100%	98%	97%	97%	100%	100%	94%	100%	99%	100%	99%	99%	95%	95%	
Hand hygiene	97%	97%	99%	98%	100%	98%	98%	98%	98%	98%	98%	98%	98%	98%	95%	95%	
Peripheral IV Line	98%	98%	99%	98%	100%	98%	97%	97%	96%	99%	98%	97%	100%	98%	95%	95%	
Catheter care	98%	99%	100%	99%	100%	99%	98%	100%	100%	100%	99%	99%	98%	99%	95%	95%	
Screening																	
Compliance with elective MRSA screening	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Compliance with non-elective MRSA screening	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hospital cleanliness																	
Very high risk	98%	99%	100%	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	98%	98%	
High risk	99%	99%	99%	98%	98%	99%	99%	98%	98%	99%	99%	99%	99%	99%	95%	95%	
Significant risk	98%	97%	99%	97%	98%	98%	98%	97%	98%	96%	97%	97%	98%	97%	85%	85%	
Low risk	99%	99%	97%	100%	100%	100%	98%	98%	92%	94%	94%	94%	98%	95%	75%	75%	
Decontamination of equipment																	
Decontamination of equipment	99%	99%	100%	98%	97%	97%	98%	99%	99%	99%	98%	99%	95%	98%			

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board

Date of Meeting: 24th November 2011 Agenda Item: 7

Title
Quarterly Complaints & PALs Report
Responsible Executive Director
Cathy Stone, Director of Nursing and Patient Safety
Prepared by
Tracey Nevell, Consumer Relations Manager
Status
Disclosable
Summary of Proposal
The purpose of this report is to bring to the attention of the Trust Board the Q2 Complaints & PALs report.
Implications for Quality of Care
1. Failure to deliver quality care. 2. Loss of public confidence in the service. 3. Failure of compliance with Care Quality Commission standards and Health & Social Care Act 2008.
Link to Strategic Objectives/Board Assurance Framework
Support of Board Assurance Framework number 1.1
Financial Implications
1. Financial penalties may be incurred as a result of poor quality care.
Human Resource Implications
1. Professional performance management issues for individuals. 2. Learning and development requirements. 3. Organisational, behavioural and cultural issues.
Recommendation
The Board is asked to note the contents of this report.
Communication and Consultation
Communication with Trust Risk and Patient Safety, Complaints, Tissue Viability and Matrons.
Appendices

This report can be made available in other formats and in other languages. To discuss your requirements please contact Graham Lawrence, Company Secretary, on graham.lawrence@wsht.nhs.uk or 01903 285288.

WESTERN SUSSEX HOSPITALS NHS TRUST

QUARTERLY PALS & COMPLAINTS REPORT
1st July 2011 to 30th September 2011 (Q2)

1. INTRODUCTION

1.1 The purpose of this report is to bring to the attention of the Trust Board information relating to PALS enquiries and formal complaints received within Western Sussex Hospitals NHS Trust for the period Q2.

2. POSITIVE OUTCOMES

2.1 The following actions have been taken as a result of the formal complaints received during Q2:

Enhanced training for A&E doctors on communication and patient management.
Ward Sisters now ensures each shift has a co-ordinating nurse responsible for communication to ease concerns raised by relatives.
Utilised volunteer workforce on ward areas to assist with patient communication and relative feedback.
Utilise volunteers to capture real time patient issues and experiences to address concerns sooner.
Patient involvement in the provision of orthotic services.
Patient involvement in the Dementia Strategy group.

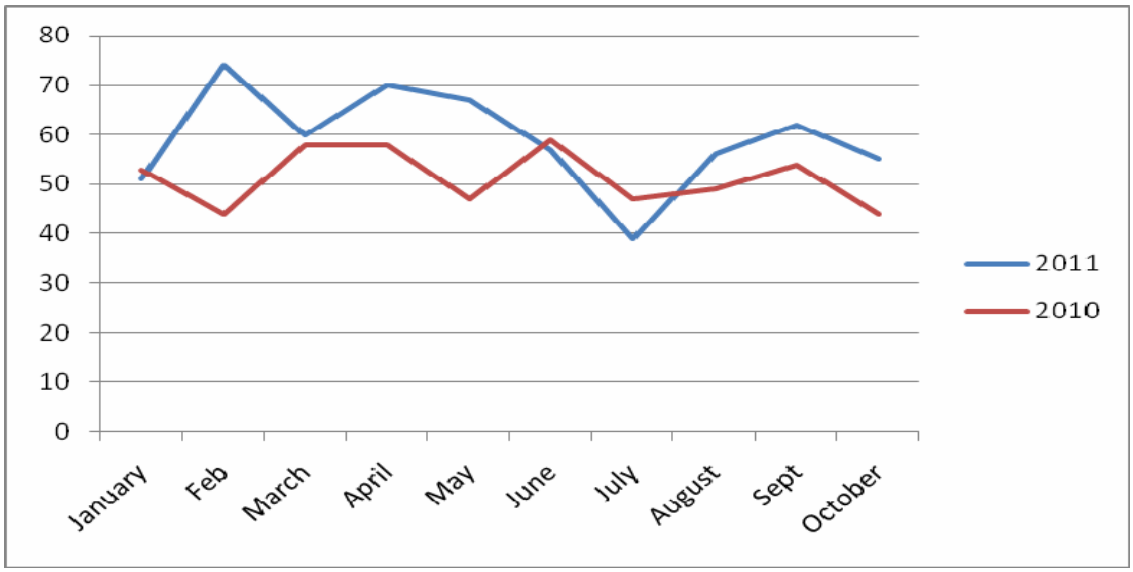
2.2 The following outcomes/actions have been taken as a result of PALS enquiries in Q2:

Outcome/action	No of enquiries
Resolved by PALS team	291
Passed to ward/dept/GP for action	97
Written response/e-mail sent	51
Unresolved issue	20
Processed as formal complaint	18
Meetings undertaken/offered	8

3. NUMBER AND TYPE OF PATIENT EXPERIENCE CONTACTS

3.1 The trust received 669 contacts within the quarter from users of the service. Of this number, 163 were formal complaints *(24%)* (compared with 194 in Q1) and 506 were PALS enquiries *(76%)* (compared with 475 in Q1).

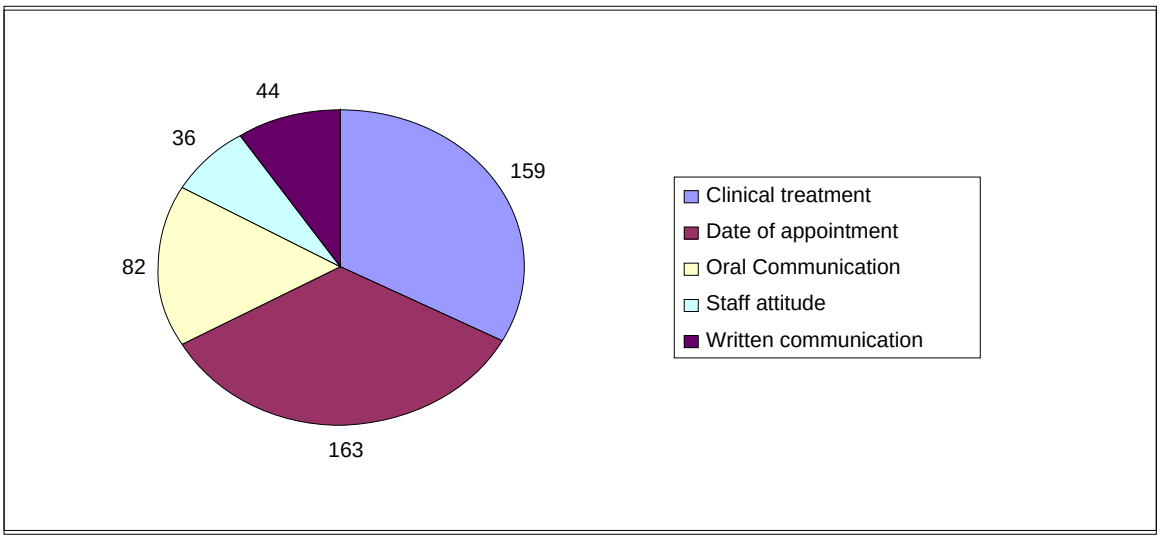
3.2 Number of formal complaints received over the last ten months compared with the previous year:



3.3 Clinical treatment covers over 25 sub-categories. An in-depth analysis has been provided to the Complaints Committee. On review there were no trends which could be attributed to individual Clinicians, ward areas or hospital sites.

The category of clinical treatment is assigned to the complaint prior to the investigation and does reflect on the outcome following the full investigation.

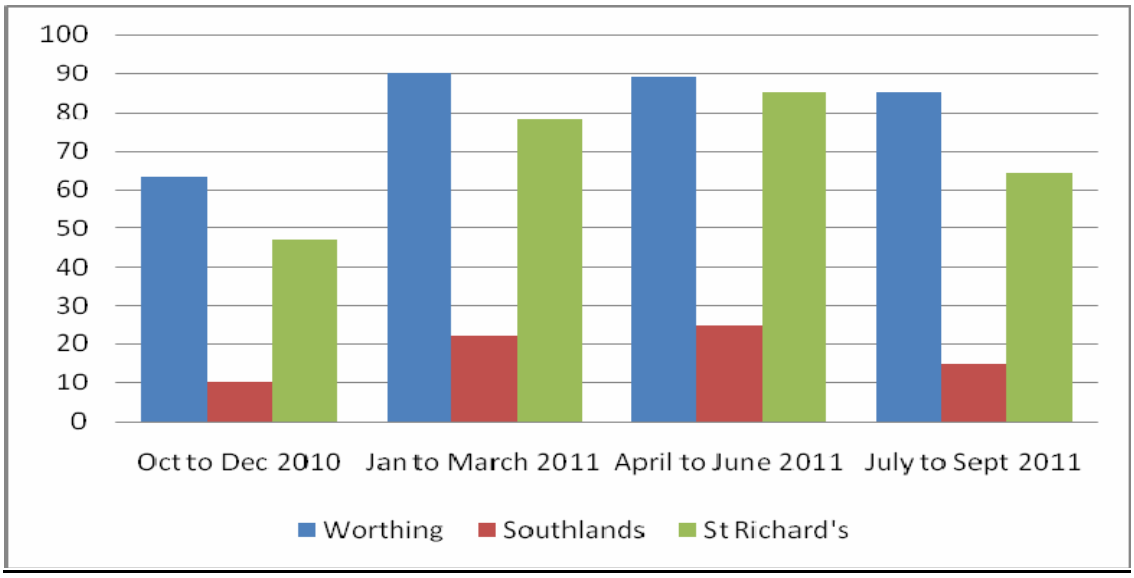
3.4 Pie chart showing the top 5 main issues reported in Q2



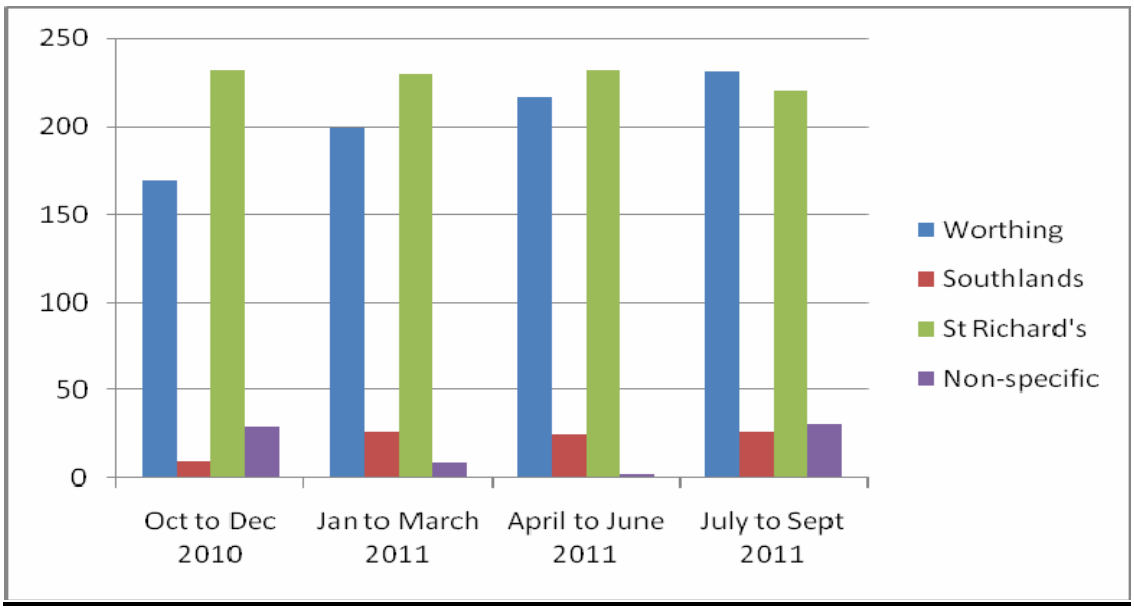
Clinical treatment issues make up 24% of the overall number of contacts and appointment related issues make up 24% of the overall number, followed by communications (19%).

4. BREAKDOWN OF TYPE OF CONTACTS PER SITE

4.1 Number of formal complaints received per site and quarter since October 2010



4.2 Number of PALS enquiries received per site and quarter since October 2010



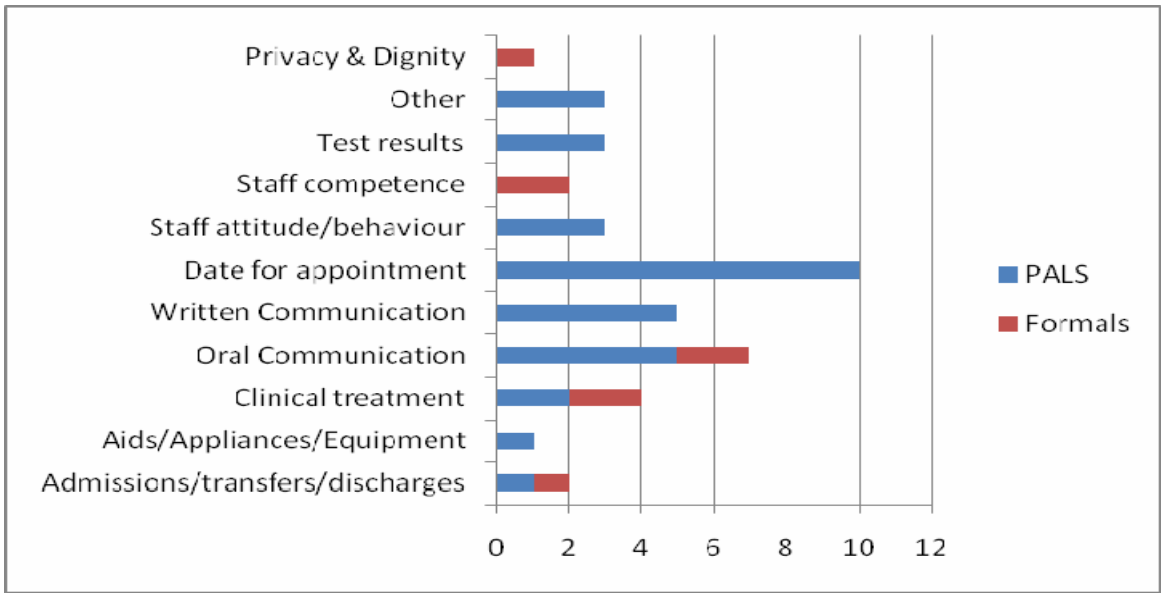
5. DIVISIONAL BREAKDOWN

5.1 Number of contacts by division and site

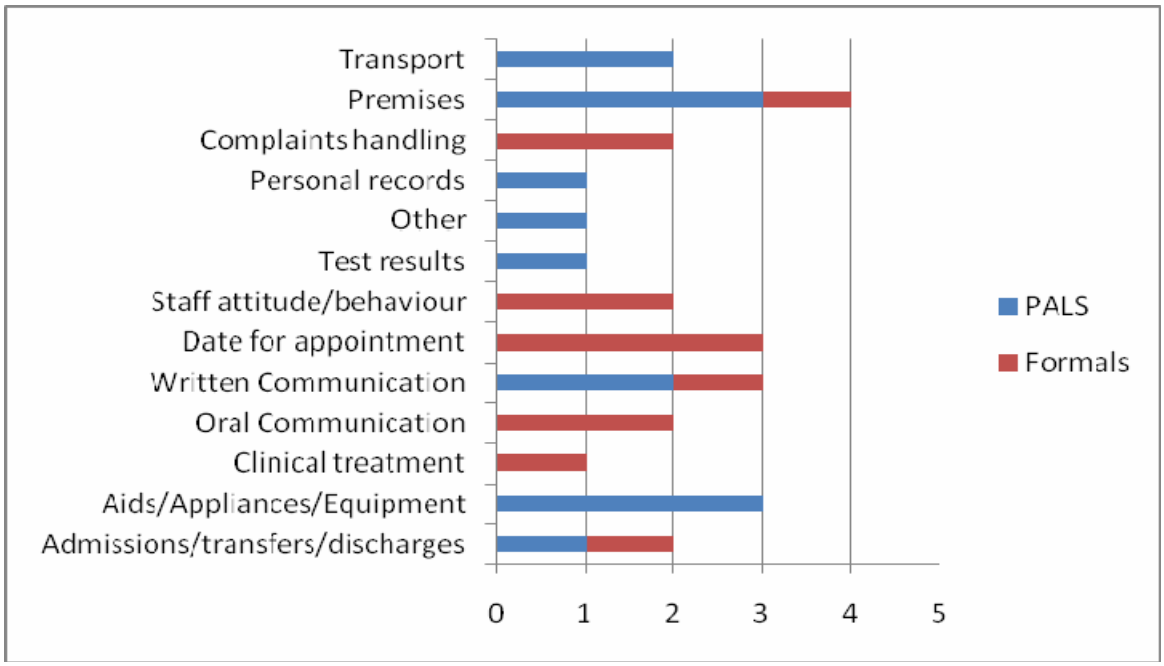
Site	Medicine	Surgery	Women & Children	Core	Corporate
Worthing	107	157	16	19	13
Southlands	8	21	1	8	1
St Richard's	74	135	18	11	9
Totals	**189**	**313**	**35**	**38**	**23**

5.2 Breakdown of contacts by division & issue

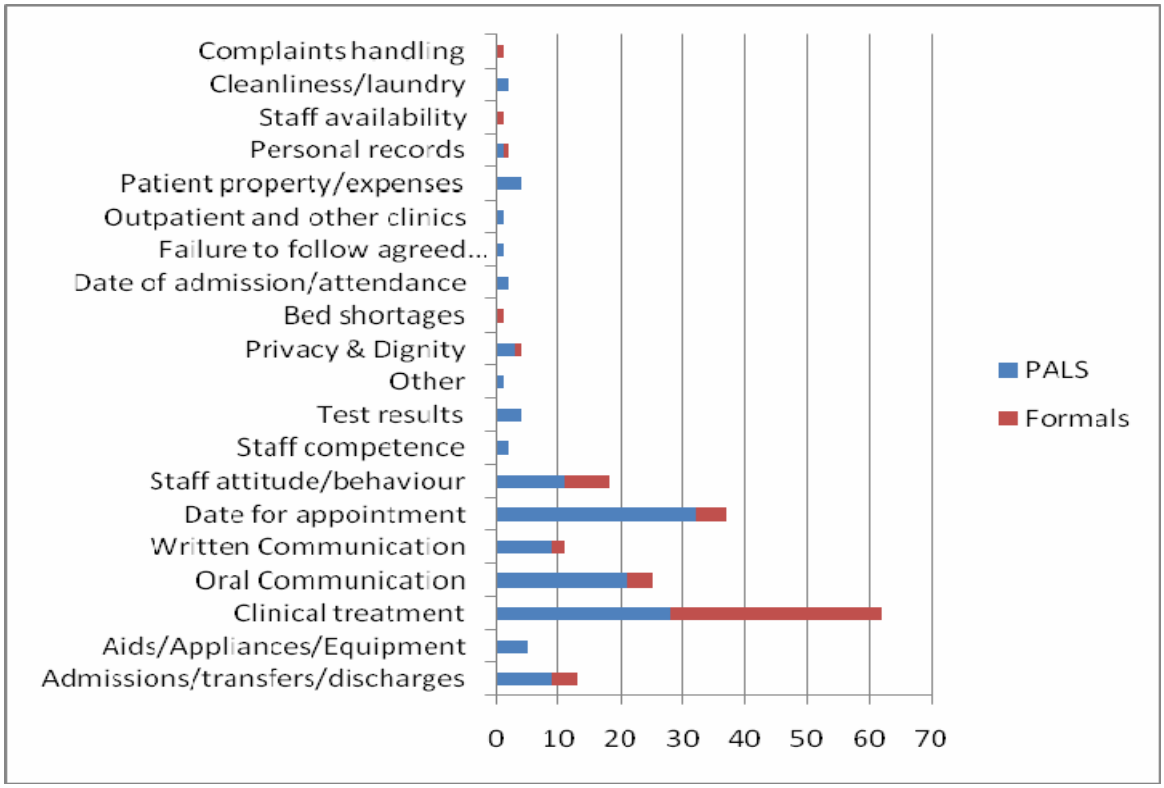
CORE SERVICES (41 contacts: 33 PALS, 8 formal)



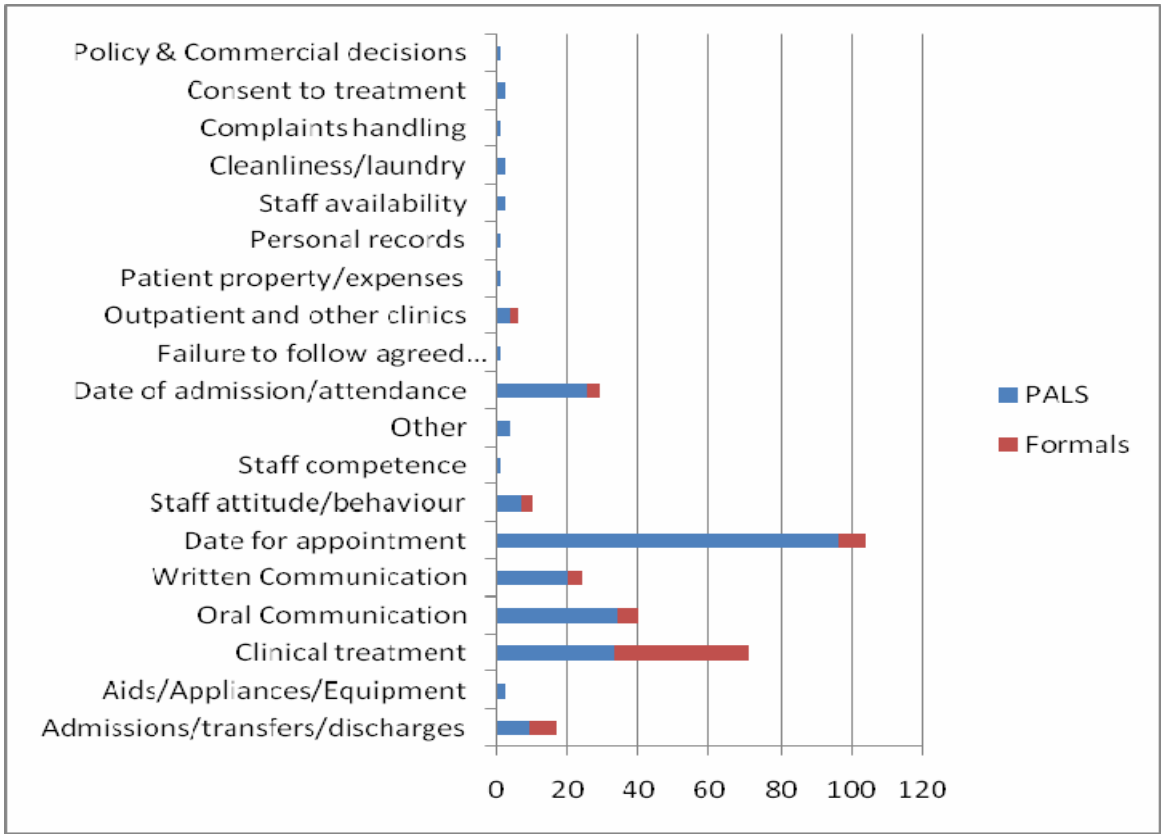
CORPORATE SERVICES (27 contacts: 14 PALS, 13 formal)



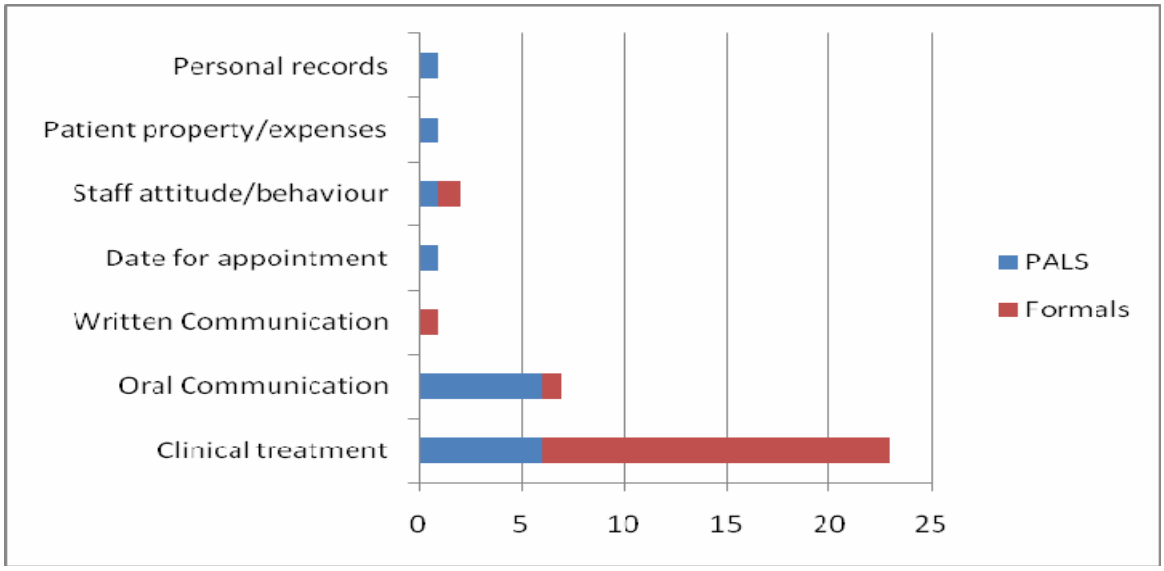
MEDICINE (197 contacts: 136 PALS, 61 formal)



SURGERY (319 contacts: 245 PALS, 74 formal)



WOMEN & CHILDREN (36 contacts: 16 PALS, 20 formal)



6. HIGH GRADE FORMAL COMPLAINTS

6.1 The table below shows the number of complaints received during Q2 that were classified as high grade, split by site and division.

	Worthing	Southlands	St Richard's	Totals
Medicine	2		3	5
Surgery	5	1	7	13
Core		1		1
Women & Children			4	4
Totals	**7**	**2**	**14**	**23**

6.2 Of these high grade complaints, 88% were about clinical treatment, 4% date of admission/attendance and 4% admissions/transfers & discharge. Of the 88% on review there were no trends which could be attributed to individual Clinicians, ward areas or hospital sites.

7. PERFORMANCE – FORMAL COMPLAINTS

7.1 Acknowledgements

Of the formal complaints received:

- 62 out of 63 (98%) were acknowledged within 3 days for St Richard's Hospital.
- 100 out of 100 (100%) were acknowledged within 3 days for Worthing and Southlands Hospitals.

7.2 Average response times

The following timescales and grades normally apply to PALS enquiries and formal complaints:

- Low grade: one to five working days (All PALS enquiries)
- Medium grade: about one month (25 working days)
- High grade: one to three months (40-60 working days)

This allows the trust to measure its performance against these gradings.

Each case is dealt with individually so the timescale reflects the seriousness and complexity of the case. These timescales are agreed verbally or in writing with each complainant.

7.3 During July to September 2011 the following performance was measured against the complaints that were concluded during this period:

Performance measure	**25 days**	**40 days**	**60 days**
No responded to within target	78 (59%) *	27 (87%)	-
Average response time	25 days		
Last quarter performance	46%	70%	

* 83% of responses were concluded within 35 days and the Customer Relations team is working with the divisions to look at ways of improving this performance further.

8. OMBUDSMAN REFERRALS

8.1 Breakdown of requests

The second stage of the national complaints procedure is referral to the Parliamentary Health Service Ombudsman (PHSO). The following table gives a breakdown of the current activity:

Stage	**Number**
No of new requests in the quarter where the trust's complaint file was passed to the PHSO for consideration:	**2**
No of these requests declined	
No of these requests referred back to trust for further local resolution	
No still being investigated	2

Stage	**Number**
Other outstanding requests (received in previous quarters):	**8**
No still being investigated	**1**
No upheld	**1***
No declined	**6**

* A draft report has been issued on this upheld complaint. Full details of the necessary action for the trust will be detailed in the next report once it has been finalised by the PHSO.

9. EX-GRATIA PAYMENTS AS A RESULT OF FORMAL COMPLAINTS

9.1 There were no cases where financial compensation was paid out during the formal complaints process in Q2.

10. PLAUDITS

10.1 During Q2 the Customer Relations department received notification of 895 plaudits received across the organisation from patients and relatives to the Chief Executive's Office and various wards and departments.

They are recorded as a range of gestures (letters, cards, e-mails, telephone calls, donations, cakes, chocolates, biscuits, sweets). The PALS department are working with all wards and departments to ensure completeness of information. Next quarter's report will include comparative data.

10.2 The breakdown of this information by site and department is as follows:

Worthing

Ward/department	Number
Brooklands	117
Children's Centre	58
Neonatal	55
Bramber	39
Eastbrook	31
Clapham	30
Botolphs	20

Ward/department	Number
A&E	18
Burlington	18
Barn	17
Durrington	17
Beach	16
Beeding	15
Coombes	15
Courtland's/CCU	14
ITU/HDU	14
Patient Services	9
AMU	7
DSU	6
ESCU	6
PALS	5
Cleanliness	2
Radiology	2
Customer Relations	2
Chanctonbury	1
Buckingham	1
Mortuary	1
Amber	1
Cardiac Unit	1
Dermatology	1
Ditchling	1
ENT	1
Eartham	1
Breast Clinic	1
Porters	1
Total	**544**

St Richard's

Ward/department	Number
Chilgrove	56
Ford	39
Birdham	34
A&E	33
Fishbourne	26
Ashling	23
Neonatal	23
CHI Suite	21
Lavant	16
AMU	12
Whole experience	9
Petworth	6
CTC	5
Boxgrove	4
Medical imaging	4
DSU	3
Bosham	3

Ward/department	**Number**
Paediatrics	3
Orthopaedics	3
Cancer treatment	2
Radiology	2
Pathology	2
Selsey	2
Urology	2
Gynaecology	2
Orthotist service	1
Munro unit	1
Charlton	1
CCU	1
Food	1
Ophthalmology	1
Pagham	1
Marden Suite	1
Admissions	1
Cleanliness	1
Fernhurst Centre	1
Fontwell Unit	1
MFU	1
Haematology	1
Howard	1
Pathology	1
Total	**351**

11. CONCLUSION

11.1 Detailed analysis of the issues and trends identified from PALS enquiries and formal complaints are now reported and discussed at the Management Board each month and discussed at the triangulation group, which also meets monthly to discuss incidents, complaints, PALS and claims. Exception reports are provided to the relevant areas when a trend or theme emerges.

11.2 There was an increase in formal complaints and PALS enquiries received about appointments, in particular within the Surgery division. A report detailing a breakdown of these issues trust wide has been provided to the Management Board for consideration.

11.3 Complaints about clinical treatment and admission dates have reduced this quarter and there were significantly fewer high grade complaints.

12. RECOMMENDATIONS

The committee is asked to note the above report and consider the findings.

TRACEY NEVELL
CUSTOMER RELATIONS
November 2011

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board

Date of Meeting: 24 November 2011 Agenda Item: 8

Title
Month 7, 2011/12 Performance Report
Responsible Executive Director
Jane Farrell, Chief Operating Officer/Deputy Chief Executive
Prepared by
Adam Creeggan, Director of Performance Giles Frost, Head of Operational Planning and Performance
Status
Public Domain
Summary of Proposal
The purpose of this paper is to inform the Trust Board of organisational compliance against national and local key performance metrics. The report summarises both in year and projected year end performance for Western Sussex Hospitals NHS Trust, as detailed in dedicated performance scorecards relating to indicators underpinning the WSHT Corporate Objectives, Quality Board indicators aligned to the Quality Strategy, the NHS Performance Framework, the Monitor Compliance Framework, and when relevant, other efficiency indicator mechanisms such as Better Care, Better Value This paper describes performance on an exceptional basis determined by RAG rating, national significance, or in year trend analysis.
Implications for Quality of Care
Describes Quality Outcome KPIs
Link to Strategic Objectives/Board Assurance Framework
Trust Strategic Theme B - Provide the highest possible quality of care to our patients. This we will do through focusing on a range of measures to improve clinical effectiveness. *Trust Strategic Theme G* - Ensure the sustainability of our organisation by exceeding our national targets and financial performance and investing in appropriate infrastructure and capacity *Trust Strategic Theme* F - Improve our performance against a range of quality, access and productivity measures through the introduction and spread of best practice throughout the organisation.
Financial Implications
Describes KPIs linked to financial performance
Human Resource Implications
Describes KPIs linked to workforce
Recommendation
The Board is asked to: NOTE
Communication and Consultation
Not applicable
Appendices

Appendix 1: Exception Report, Operational Performance Scorecard, Corporate Objectives Scorecard, NHS Performance Framework Scorecard and Monitor Compliance Framework Scorecard.

Western Sussex Hospitals NHS
NHS Trust

To:	Trust Board	Date: 24 November 2011
From:	Jane Farrell, Chief Operating Officer, Deputy Chief Executive	Agenda Item: 8
FOR INFORMATION		

WSHT Performance Report: Month 7, 2011/12

1. Introduction

1.1 This report summarises both in year and projected year end performance for Western Sussex Hospitals NHS Trust, detailed in dedicated performance scorecards relating to:

- Overarching delivery of indicators underpinning the WSHT Corporate Objectives
- Quality Board indicators, aligned to the Quality Strategy
- Delivery against the NHS performance Framework against which WSHT is monitored by the Department of Health prior to authorisation as a Foundation Trust.
- The Monitor Compliance Framework, under which the Trust will be performance managed post authorisation as a Foundation Trust.
- External efficiency indicator mechanisms such as Better Care, Better Value, when relevant.

1.2 This paper describes performance on an exceptional basis determined by RAG rating, national significance, or in year trend analysis.

1.3 In addition to the performance exception narrative, each exception is examined in detail in the Performance Exception Overview section of this report. Each metric under review examines detailed trending, prevailing cause and effect, and summarises recovery programme actions.

2. Performance of Note

2.1 A&E

2.1.1 October shows 96.39% of patients to have waited less than four hours from arrival at A&E to admission transfer or discharge, with a cumulative compliance level of 97.24% in year, both of which exceed the national expectation of 95.0%.

2.1.2 The Trust also remains fully compliant against the expanded A&E Quality Indicator set incorporated into the NHS Performance Framework from 1 July 2011.

2.2 Cancelled Operations

2.2.1 Cancelled operations not readmitted within 28 days of a cancellation of on, or after the day of admission shows as 6.0% against a target level of 5%. This calculation of this indicator conforms to national guidance, but is only used nationally on a quarterly or annual basis, as the indicator compares patients not admitted within 28 days in the period, with the total number of cancelled operations in the period. On this basis the two patient cohorts are not linked, hence the smaller variation in volumes between months can produce significant compliance variance. July data relates to 2 patients not admitted within 28 days, and paradoxically the poor compliance score is a result of a significant reduction in cancelled operations during the month.

2.3 Cancer

2.3.1 The Trust remains fully compliant against all cancer metrics, with the exception of patients treated within 62 days following onward referral from the national screening programme. In October 5 patients breached the standard, 2 of which related to patient choice to elect a date outside 62 days, a further two had compliant admission dates cancelled due to the detection of a second lesion, and the remaining patient required a complex surgical procedure requiring two surgical teams following a late transfer from the screening programme. Two of these patients had pathways that span multiple providers, resulting in WSHT sharing half of the breach with a provider partner, hence the total volume of breaches for the period is defined as 4 (3 WSHT breaches and 2 shared ‘half’ breaches).

2.3.2 As at 16 November 2011, no breaches against the standard have been confirmed in Month 7 and the Trust remains on course for aggregate compliance in Quarter 3 upon which external assessment of Trust compliance is based.

2.4 Referral to Treatment Elective Waiting Times

2.4.1 Up to 30 September 2011 the Trust has been subject to an admitted pathway 18 referral to treatment recovery programme, with the following specified outcomes:

- 18 week admitted pathway compliance against the 90% expectation of the NHS Performance Framework from October 2011.
- 23 week 95th percentile compliance from October 2011.
- Immediate backlog reduction through LHE capacity uplift of 850 cases to deliver a maximum backlog size of 433 case.
- Maintain delivery of all other RTT/18 Week Metrics relating to non admitted and/or incomplete pathways

2.4.2 While an essential enabler of sustained compliance of admitted RTT metrics, this programme committed the Trust to non compliance against both the 90% admitted within the 18 weeks target and 95th percentile wait target of 23 weeks during the programme life cycle due to the enhanced volume of backlog patients admitted.

2.4.3 The Month 6 Performance Report confirmed delivery of the backlog reduction programme by 30 September, and Month 7 data appended to this report confirms that the successful delivery of this recovery programme has underpinned full compliance against all referral to treatment targets in October. Board members should note that restored compliance against these metrics removes 1 point in the Monitor Compliance Framework score for WSHT.

2.5 Fractured Neck of Femur (#NOF) operation within 36 hours of admission.

2.5.1 The Trust has made steady improvement in ensuring patients admitted with a fractured neck of femur (#NOF) are operated on in a timely fashion since the beginning of the financial year. Despite significant improvements in process, supported by increased capacity, Board members have previously observed that available capacity during August was overwhelmed by a significant and atypical admission spike, resulting in a failure to maintain compliance in the month, and this has been replicated in October 2011.

2.5.2 This compliance failure is unique to Worthing as St Richards have managed to sustain a greater than 90% performance rate over the last 5 months. Focusing on the Worthing site, the average volume of medically fit #NoF patients during the 13 months to October 2011 sits at 31.9 per month. This contrasts with 58 medically fit

admissions in October, giving 81.8% variance on the expected volume for the month. As with August, this was exacerbated by clusters of admission, the most notable being the 7 day period from 10 October during which 20 admissions took place.

2.5.3 To further augment current systems and processes to cope during periods of excessive admission pressure, the Surgical Division have identified a number of actions:

- Assess the benefits of moving trauma lists to 10.00 – 14.00 hours to improve efficiency
- Introduction of planned trauma waiting list for patients at home
- Establish mechanism to book planned trauma to opposite site as demand requires
- Implement Orthopaedic Surgeon Consultant of the week at Worthing
- Review implications of establishing consultant of the week trauma anaesthetist plus introduction of cross site rota planning to include weekend trauma lists as part of job plan.
- Review and revise the role of trauma coordinator
- Work with ambulance service to assess the feasibility of establishing ambulance divert escalation plan to manage site based capacity pressures
- Introduction of all day lists from the week beginning 28 November. Initial go live planned for mid November was delayed to facilitate a number of complex multi team cancer admissions.

2.5.4 It is considered that the additional actions identified above will contribute to providing a more sustainable position moving forward, and data to 15 November shows 92.86% compliance for the Worthing site and 96.88% compliance for the Trust in aggregation.

2.6 Delayed Transfers of Care

2.6.1 The previous Performance Report to Trust Board identified potential opportunities to improve observed delayed transfer of care rates linked to external controls relating to community care teams/ ICT support, community rehab beds, and social care assessment and packages. In addition, internal opportunities were also identified for improved controls for moderate to complex discharge planning,

particularly in the Medicine Division. A number of actions to optimise systems and processes were identified:

- Early identification of moderate and/or complex discharge patients increasing the understanding of the complex discharge processes, and development of appropriate referral streams to avoid inappropriate use of resources.
- Improved communication between shifts/handovers to avoid delays and improve continuity.
- Timely decision making, through enhanced ward based nurse leadership of discharge planning, and clarity of MDT working
- Senior clinical input- frequency of ward rounds, MDT efficiency
- Improved weekend working, seamlessly progressing care and discharge at weekends
- Early identification of the capacity needed and best use of all the specialist discharge resource
- Timely and appropriate access to internal specialist support therapies, TVN, palliative care.

2.6.2 The Month 6 Performance report relayed that the Chief Operating Officer and Director of Nursing had initiated urgent delivery programmes with Divisional Management Boards and external partners. Linked to this action programme, Board members will note the reduction from 4.0% in September to 3.2% at the end of October.

2.7 <u>30 day re-admissions</u>

2.7.1 In 2011/12 the national commissioning framework changed the focus from readmissions in totality to 'avoidable' readmissions. Regrettably national guidance does not define what is 'avoidable' and instead requires each health economy to agree at a local level the definitions to be applied. In partnership with NHS West Sussex, WSHT has been working to develop a joint understanding of avoidable admissions, supported by clear evidence derived by comprehensive clinical audit.

2.7.2 From this process both baseline levels and targets for improvement will be set, however until this process has been completed and the reporting guidelines established WSHT is not able to report in that readmissions in the commissioning context, however, to ensure visibility, trending of 30 day readmissions against the CHKS national benchmarking tool is appended to this report in the Operational Performance Scorecard. Board members should note that national benchmarking

data is published with a three month delay to ensure data quality cycles for national reporting are concluded, hence the scorecard shows the position to June 2011.

2.7.3 To further illuminate the data in the Operational Performance Scorecard **Table 1** compares 30 day emergency admissions following a previous discharge of care within 30 days for the period April – June 2010 and 2011. This cohort includes all patients readmitted within 30 days, including patients re-admitted for the same condition they were originally discharged for, and patients who are excluded from payment by results data used for contractual analysis.

Table 1: 30 Day Re-admissions April - June 2010 compared to April - June 2011

	April - June 2010			April - June 2011			Variance			
Division	Readmissions	Trust %	Peer %	Readmissions	Trust %	Peer %	Readmissions	Trust %	Peer %	% Change in Readmissions
Medicine	1,310	10.10%	9.70%	1,239	9.60%	9.70%	-71	-0.50%	0.00%	-5%
Surgery	584	5.80%	4.90%	567	5.40%	5.20%	-17	-0.40%	0.30%	-3%
Women & Children	364	6.80%	5.90%	360	7.30%	5.60%	-4	0.50%	-0.30%	-1%
Core Services	2	3.50%	6.90%	5	8.80%	6.40%	3	5.30%	-0.50%	150%
Total	**2,260**	**7.90%**	**7.30%**	**2,171**	**7.70%**	**7.40%**	**-89**	**-0.20%**	**0.10%**	**-4%**

2.7.2 **Table 1** highlights a reduction in both the total number and percentage readmissions, with a 4% reduction in the total number of 30 day readmissions, most notably in the Medicine and Surgery Divisions. During the comparative period the percentage of readmissions as a percentage of all discharges reduced from 7.9% to 7.7%.

2.7.3 During the same period peer based analysis based on CHKS national benchmarks (which selects peer hospitals on the basis of size, casemix and age related activity) shows a modest increase in readmission rate from 7.3% to 7.4% 2010 to 2011. Board members will note that the Trust readmission level is fractionally higher than the peer for April – June 2011 (7.7% for WSHT, 7.4% for peer group), which can be attributed to the open access configuration of children's services at WSHT.

2.7.4 The Trust has commissioned an independent electronic audit report on readmissions from EPS (for the period May – August 2011). Initial findings grouped the readmissions into the following categories:

Table 2: Categories of readmission - May to August 2011

Category	%
Unrelated	42%
Overnight Stay Required	6%
Anticipated Complication Rate (as referenced by Dr Foster)	20%
Psychiatric Assistance Required	2%
Cancer	1%
Planned Pathway	3%
Cancelled on Day	0%
Long Term Conditions (ongoing care and treatment)	17%
Data Quality	0%
Readmissions – not categorised	10%

2.7.5 Based on the supporting detail of trust generated analysis, supported by the external analysis in **Table 2**, a number of actions have been agreed:

- Monthly monitoring of prevailing trends disseminated by specialty and consultant to continue to identify reductions in emergency re-admissions
- Development of improvement plans by procedure, underpinned by Dr Foster clinical complication rates, with supporting clinical audit evaluation were appropriate.
- Heightened engagement with local health and social care partners to maintain patients in the community to avoid hospital readmissions, particularly for long term conditions

3. Recommendation

3.1 The Board is asked to receive and note the Month 7 performance position for 2011/12.

Adam Creeggan, Director of Performance
Giles Frost, Head of Operational Planning and Performance

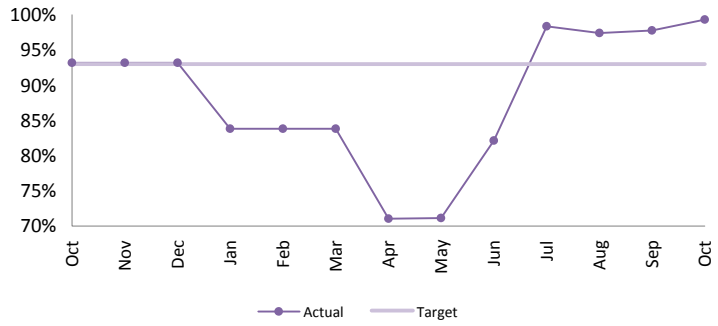
16 November 2011

Performance Exception Report

OCTOBER 2011

Cancer - Two weeks from urgent GP referral to first appt - Breast symptoms

Target	Month	YTD	Projected O/T
93%	99.30%	87.20%	>93%



Description / Comments / Actions

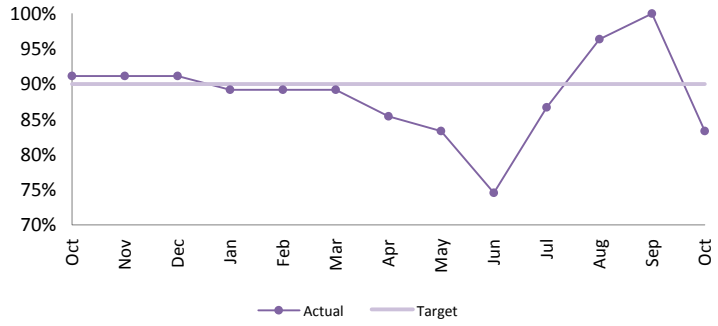
Patients with breast symptoms can expect to be seen within 2 weeks following an urgent GP referral.

Graph demonstrates sustained return to compliance

Actions:
1. Continued dedicated weekly action focused delivery meeting under the leadership of the Director of Clinical Serice - Core

Cancer - 62 days from referral to treatment following screening contact

Target	Month	YTD	Projected O/T
90%	83.33%	87.10%	>90%



Description / Comments / Actions

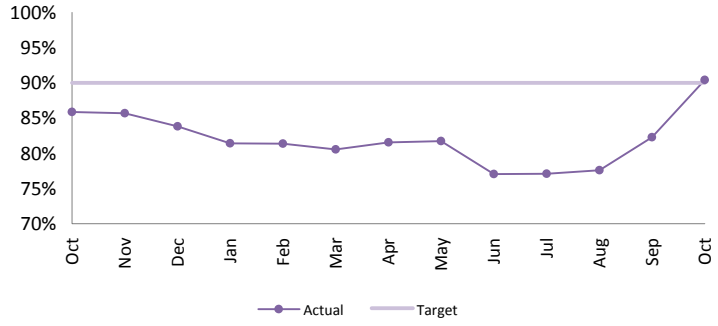
Patients with cancer can expect to commence treatment within 62 days following referral after a positive screening test.

Delays in receipt of onward referral from screening which reduces the time to secure capacity to treat patients.

Actions:
1. Ongoing capacity and process review being undertaken by the Cancer team
2. Close working with the screening service to maximise the time available to the Trust to secure capacity
3. Dedicated weekly action focused delivery meeting under the leadership of the Chief Operating Officer

Referral to treatment - Admitted patients

Target	Month	YTD	Projected O/T
90.0%	90.40%	81.03%	> 90%



Description / Comments / Actions

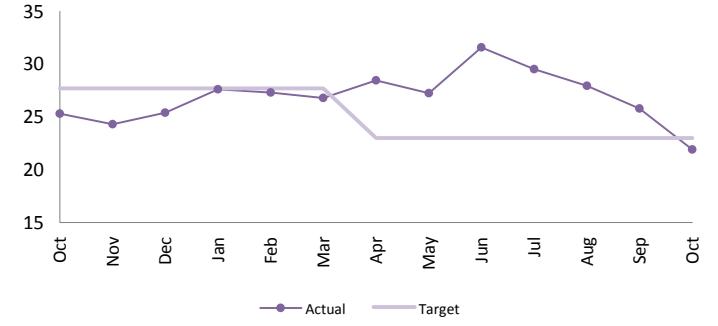
All patients can expect to commence treatment within 18 weeks of a referral to consultant. This standard continues to be monitored within the 2011/12 NHS Performance Framework.

An imbalance of demand and capacity resulted in an increase in the backlog of patients waiting over 18 weeks, and consequent reduction in compliant pathways. Recovery programme delivered by 30 September 2011, underpinning a rerun to ful compliance.

Actions:
1. Continued dedicated weekly action focused delivery meeting under the leadership of the Director of Performance

Referral to treatment - 95th percentile wait for admitted patients

Target	Month	YTD	Projected O/T
23	21.9	27.8	<23



Description / Comments / Actions

The target measures the 95th percentile waiting (in weeks) for admitted patients, monitored as part of the 2011/12 Monitor and NHS Performance frameworks.

An imbalance of demand and capacity resulted in an increase in the backlog of patients waiting over 18 weeks, and consequent reduction in compliant pathways. Recovery programme delivered by 30 September 2011, underpinning a rerun to ful compliance.

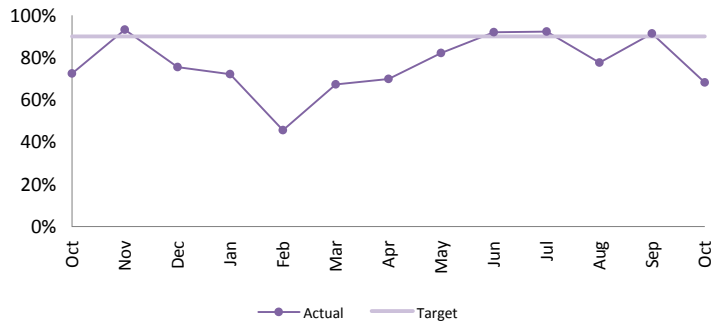
Actions:
1. Continued dedicated weekly action focused delivery meeting under the leadership of the Director of Performance

Performance Exception Report

OCTOBER 2011

% Medically fit hip fracture patients going to theatre within 36 hours

Target	Month	YTD	Projected O/T
90%	68.1%	76.2%	>90%



Description / Comments / Actions

To ensure the best possible outcomes, hip fracture patients who are medically fit should be operated on within 36 hours of admission. This standard is part of the 'Best Practice' payment process under PbR.

Increased levels of demand have significantly impacted sustained compliance. Mitigating actions implemented by the Surgical Division have significantly improved performance, with provisional June data showing full compliance.

Actions:

1. An increase of 60% in trauma capacity to help mitigate demand pressure.
2. Improvement in escalation processes to manage fluctuations in demand on daily basis
3. Dedicated weekly action focused delivery meeting under the leadership of the Chief Operating Officer

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OPERATIONAL PERFORMANCE SCORECARD

OCTOBER 2011

	Key performance Indicators		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	This year to date	2011/12 Target	FOT	Trend
	PATIENT EXPERIENCE	*NB*																	
1.11	A&E : Four-hour maximum wait from arrival to admission, transfer or discharge		96.76%	98.30%	95.76%	97.53%	98.17%	96.84%	97.43%	96.68%	96.77%	97.01%	97.65%	97.90%	96.39%	97.24%	95%	98%	
1.12	A&E : Left without being seen (Shadow monitoring - Targets effective from Q2)		-	-	-	-	-	-	3.72%	3.16%	2.88%	2.58%	2.26%	2.11%	2.42%	2.35%	5% from Q2	<5%	
1.13	A&E : Time to initial assessment (95th percentile mins) (Shadow monitoring - Targets effective from Q2)		-	-	-	-	-	-	116	66	29	11	10	11	11	11	15 from Q2	15	
1.14	A&E : Time to treatment decision (median mins) (Shadow monitoring - Targets effective from Q2)		-	-	-	-	-	-	66	63	56	61	56	57	58	58	60 from Q2	<60	
1.15	A&E : Total time in A&E (95th percentile mins) (Shadow monitoring - Targets effective from Q2)		-	-	-	-	-	-	239	239	239	239	239	238	240	239	240 from Q2	<240	
1.16	A&E : Unplanned reattendance rate (Shadow monitoring - Targets effective from Q2)		-	-	-	-	-	-	3.49%	3.28%	2.83%	2.69%	2.67%	2.65%	2.41%	2.60%	5% from Q2	<5%	
1.17	A&E Data completeness : Attendances reported on weekly SITREP vs attendances reported via SUS		-	-	-	-	-	-	100.0%	99.4%	100.0%	99.6%	100.0%	100.0%	100.0%	99.8%	90-110%	100%	
1.21	Cancelled ops - breaches of 28 days readmission guarantee	1	4.08%	0.00%	0.00%	4.88%	4.88%	0.00%	9.09%	4.65%	3.57%	14.29%	0.00%	0.00%	6.00%	4.39%	5%	<5%	
1.31	2 week GP referral to 1st outpatient	1	95.09%	95.09%	95.09%	93.35%	93.35%	93.35%	91.85%	85.80%	94.35%	98.39%	98.65%	97.79%	97.55%	94.92%	93%	93%	
1.32	2 week GP referral to 1st outpatient - breast symptoms	1	93.19%	93.19%	93.19%	83.84%	83.84%	83.84%	71.1%	71.1%	82.1%	98.37%	97.39%	97.78%	99.30%	87.20%	93%	93%	
1.33	Cancer: 31 day second or subsequent treatment - surgery	1	100.0%	100.0%	100.0%	97.92%	97.92%	97.92%	100.0%	100.0%	97.06%	100.0%	97.78%	100.0%	96.43%	98.80%	94%	100%	
1.34	Cancer: 31 day second or subsequent treatment - drug	1	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.83%	100.0%	99.46%	98%	100%	
1.35	Cancer: 31 day diagnosis to treatment for all cancers	1	99.83%	99.83%	99.83%	98.12%	98.12%	98.12%	97.94%	98.48%	98.25%	98.54%	99.03%	99.1%	96.57%	98.30%	96%	98%	
1.36	Cancer: 62 day referral to treatment from screening	1	91.15%	91.15%	91.15%	89.17%	89.17%	89.17%	85.42%	83.33%	74.55%	86.67%	96.36%	100.0%	83.33%	87.10%	90%	90%	
1.38	Cancer: 62 day referral to treatment from hospital specialist	1	96.23%	96.23%	96.23%	89.09%	89.09%	89.09%	100.0%	64.29%	100.0%	79.17%	96.55%	90.48%	100.00%	91.10%	85%	85%	
1.39	Cancer: 62 days urgent GP referral to treatment of all cancers	1	91.59%	91.59%	91.59%	88.05%	88.05%	88.05%	86.63%	79.40%	83.47%	89.20%	91.10%	92.15%	91.55%	87.38%	85%	85.0%	
1.41	Number of complaints relating to staff attitude or behaviour/10,000 admissions		-	-	-	-	-	-	4.37	3.02	1.97	5.00	1.88	2.90	3.91	3.27	tbc		
1.42	Number of nursing complaints per 10,000 bed days		2.62	1.36	1.68	0.97	2.58	2.40	3.78	3.85	3.27	1.47	1.85	2.29	2.56	2.76	4.35		
1.51	DSSA - Breaches of mixed sex accomodation guidance		0	0	0	0	3	0	0	0	0	0	0	0	0	0	0		
1.61	Patient survey: How good was the overall quality of care you received?		-	-	-	-	-	-	8/10								n/a		
1.71	RTT - admitted - 90% in 18 weeks		85.9%	85.7%	83.8%	81.4%	81.3%	80.6%	81.6%	81.7%	77.0%	77.1%	77.6%	82.3%	90.4%	81.0%	90%	90%	
1.72	RTT - admitted - 95th percentile		25.3	24.3	25.4	27.6	27.3	26.8	28.5	27.3	31.6	29.5	28.0	25.8	21.9	27.8	23	23	
1.73	RTT - incomplete - 95th percentile		26.6	26.4	27.1	28.0	29.6	28.6	27.8	26.6	24.7	24.2	24.3	23.8	22.7	24.9	28	28	
1.74	RTT - non-admitted - 95% in 18 weeks		96.2%	95.4%	95.4%	95.4%	95.4%	95.5%	95.7%	96.0%	96.9%	95.7%	95.6%	96.3%	95.9%	96.0%	95%	95%	
1.75	RTT - non-admitted - 95th percentile		16.6	17.6	17.5	17.7	17.5	17.6	17.1	16.7	15.6	16.9	17.0	16.3	16.9	16.6	18.3	18	
1.81	Composite patient experience score (national CQUIN)		-	-	-	-	-	-								67.3		67.3	

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OPERATIONAL PERFORMANCE SCORECARD

OCTOBER 2011

Key performance Indicators			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	This year to date	2011/12 Target	FOT	Trend
OUTCOMES																			
2.11	Crude mortality (Trust-wide) rate		3.56%	3.16%	4.15%	4.57%	4.06%	3.93%	3.57%	3.38%	3.11%	2.60%	2.86%	2.97%	3.36%	3.13%	3.20%	3.20%	
2.12	HSMR (Trust-wide)		106.5	105.2	106.6	105.9	105.6	104.8	105.1	105.0	104.9	104.4	103.8			103.8			
2.21	HSMR #NOF		130.6	128.6	130.1	136.7	140.7	138.4	141.6	135.3	130.9	130.4	135.0			135.0			
2.22	% hip fracture repair within 36 hours		72.5%	93.2%	75.5%	72.1%	45.6%	67.2%	69.8%	82.1%	91.9%	92.3%	77.6%	91.4%	68.1%	76.2%	90%	90%	
2.31	Trust Readmission Rate (within 30 days, source: CHKS)		7.19%	7.63%	7.29%	8.11%	7.45%	7.29%	7.69%	7.62%	7.70%	Not available				7.67%	tba		
2.41	Patients that have spent more than 90% of their stay in hospital on a stroke unit+	1	85.3%	85.5%	86.9%	80.8%	76.8%	80.6%	87.7%	84.8%	81.3%	80.6%	80.0%	81.0%		81.6%	80%	80.0%	
2.42	% Higher risk TIA patients scanned & treated within 24 hrs+	1	61.5%	62.5%	75.0%	61.5%	66.7%	61.1%	85.7%	30.0%	84.2%	58.3%	25.0%	85.7%		63.5%	60.0%	60.0%	
SAFETY																			
3.11	Number of reported patient falls per 10,000 bed days		11.1	15.4	16.2	15.3	16.9	15.5	17.4	18.22	11.98	15.39	17.76	14.50	14.64	15.71	tbc		
3.21	Incidence of C Diff.		14	7	9	11	10	9	11	6	7	5	5	9	9	52	90	90	
3.22	Incidence of MRSA		2	0	1	0	0	0	0	0	0	0	0	0	0	0	6	6	
3.31	Number of prescribing-associated incidents graded moderate or severe		-	-	-	-	-	-	0	1	1	0	1	1	0	4	8		
3.41	Pressure Ulcer Incidence per 1000 occupied bed days		0.79	0.65	0.88	0.94	0.63	0.79	0.52	0.42	0.44	0.44	0.44	0.11	0.59	0.43	3.3	1	
3.42	% inpatients assessed for VTE risk using national tool	2	30.3%	30.0%	67.6%	77.2%	90.9%	93.1%	91.4%	91.9%	91.9%	92.0%	90.8%	90.7%	90.0%	91.2%	90%	95%	
BEING JOINED UP																			
4.11	Delayed transfers of care	2	3.5%	3.5%	3.3%	2.9%	3.4%	3.2%	3.9%	4.5%	3.1%	4.1%	3.1%	4.0%	3.2%	3.7%	3.5%	3.5%	
4.21	Number of Emergency admissions		4,239	4,263	4,369	4,379	3,798	4,196	3,960	4,116	3,896	4,056	4,138	3,954	4,171	28,291	< 10/11		
IMPROVEMENT																			
5.11	Theatre utilisation		90.3%	93.0%	87.5%	88.4%	93.5%	95.0%	94.5%	93.1%	94.8%	88.1%	87.1%			91.4%	90.0%	93%	
5.21	Average length of stay - Elective		3.51	3.51	3.58	3.50	3.26	3.44	3.82	3.38	3.55	3.63	3.19	3.16	3.79	3.48	3.72	3.6	
5.22	Average length of stay - Non-elective Surgery		6.00	5.91	6.02	5.75	5.68	6.23	4.97	5.78	5.47	5.43	4.91	5.81	5.02	5.34	6.07	6.0	
5.23	Average length of stay - Non-elective Medicine		7.73	7.69	8.00	7.75	8.01	7.87	7.74	7.84	7.98	7.51	7.47	7.58	7.26	7.62	7.80	7.8	
5.31	Day case surgery rate (BADS Directory 2010 source: CHKS)		80.0%	80.5%	81.1%	80.5%	76.9%	79.4%	77.1%	78.8%	80.9%	76.9%	Not Available			78.5%	75.0%	80%	
5.61	Elective day of surgery rate (DOSR)		94.3%	94.9%	94.4%	95.4%	95.7%	96.7%	95.7%	95.6%	96.4%	96.5%	95.4%	95.6%	95.4%	95.8%	90.0%	95%	
5.41	Did not attend rate (outpatients)		5.85%	5.81%	7.00%	6.49%	5.76%	5.82%	6.06%	6.07%	5.74%	5.94%	5.76%	6.25%	6.06%	5.89%	7.65%	6.0%	
5.51	Clinical Data Quality		93.3%	93.1%	93.0%	93.3%	93.3%	93.3%	93.0%	93.3%	93.3%	93.3%				93.4%	90.9%	93%	

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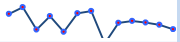
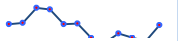
OPERATIONAL PERFORMANCE SCORECARD

OCTOBER 2011

Key performance Indicators			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	This year to date	2011/12 Target	FOT	Trend
SUSTAINABILITY																			
6.11	Bank and Agency Utilisation Rate		11.4%	12.2%	9.6%	11.2%	9.3%	11.5%	11.8%	8.0%	10.4%	10.6%	10.4%	10.2%	9.6%	10.1%	5.0%		
6.12	Sickness Absence: % Sickness (reported one month in arrears)	3	3.60%	3.65%	4.19%	4.13%	3.60%	3.62%	3.10%	2.93%	3.27%	3.12%	2.99%	3.57%		3.16%	3.6%		
6.13	Staff Turnover: Turnover rate (YTD position)							7.38%	7.13%	7.19%	7.39%	7.65%	7.76%	7.86%	7.95%	7.95%	11.0%		

Notes

1 National reporting for these performance measures is on a quarterly basis. Data are subject to change up to the final submission deadline due to ongoing data validation and verification.

2 Data are provisional best estimates and will be amended to reflect the position signed-off in the relevant statutory returns in due course.

3 Staff sickness is reported one month in arrears.

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CORPORATE OBJECTIVES

OCTOBER 2011

	Key performance Indicator(s)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	This year to date	YTD Target	Target	Trend
PATIENT EXPERIENCE																		
PE1	Patient survey: How good was the overall quality of care you received?	-	-	-	-	-	-	-	-	-	-	-	-	-	8/10			
PE2	Number of complaints relating to staff attitude or behaviour/10,000 admissions	-	-	-	-	-	-	4.37	3.02	1.97	5.00	1.88	2.90	3.91	3.27	tbc	tbc	
PE3	Composite patient experience score (national CQUIN)	-	-	-	-	-	-	-	-	-	-	-	-	-	67.3			
OUTCOMES																		
OC1	HSMR (Trust-wide)	106.5	105.2	106.6	105.9	105.6	104.8	105.1	105.0	104.9	104.4	103.8			103.8			
OC2	Crude mortality (Trust-wide) rate	3.56%	3.16%	4.15%	4.57%	4.06%	3.93%	3.57%	3.38%	3.11%	2.60%	2.86%	2.97%	3.36%	3.13%	3.2%	3.2%	
OC3	Trust readmission rate (Within 14 days)	7.54%	7.19%	7.63%	7.29%	8.11%	7.45%	7.29%	Data under development							tbc	tbc	
OC4	% hip fracture repair within 36 hours	72.5%	93.2%	75.5%	72.1%	45.6%	67.2%	69.8%	82.1%	91.9%	92.3%	77.6%	91.4%	68.1%	76.2%	90%	90%	
OC5	HSMR #NOF (all diagnoses / procedures)	130.6	128.6	130.1	136.7	140.7	138.4	141.6	135.3	130.9	130.4	135.0			135.0			
SAFETY																		
SY1	Incidence of MRSA	2	0	1	0	0	0	0	0	0	0	0	0	0	**0**	3	6	
SY2	Incidence of C Diff.	14	7	9	11	10	9	11	6	7	5	5	9	9	**52**	52	90	
SY3	Number of prescribing-associated incidents graded moderate or severe	-	-	-	-	-	-	0	1	1	0	1	1	0	4	4	8	
SY5	% inpatients assessed for VTE risk using national tool	30.3%	30.0%	67.6%	77.2%	90.9%	93.1%	91.4%	91.9%	91.9%	92.0%	90.8%	90.7%	90.0%	91.2%	95%	95%	
LOCAL SERVICES																		
LS1	Service Redesign for Quality	-	-	-	-	-	-											
LS2	Pathway Redesign																	
LS3	Clinical Service Strategy																	
BEING JOINED UP																		
JU1	Achievement of Local and Regional CQUIN goals																	
JU2	% patient eligible episodes attracting Best Practice Tariffs	87.3%	88.7%	80.0%	73.7%	80.0%	79.2%	87.9%	85.5%	82.0%					85.2%	80%	80%	
JU3	Reduction in Number of Emergency Admissions	4,239	4,263	4,369	4,379	3,798	4,196	3,960	4,116	3,896	4,056	4,138	3,954	4,171	**28,291**	< 2010/11	< 2010/11	

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CORPORATE OBJECTIVES

OCTOBER 2011

	Key performance Indicator(s)	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	This year to date	YTD Target	Target	Trend
IMPROVEMENT																		
I1	Overall staff engagement score (covers motivation, improvement and recommending trust to others)																	
I2	Staff appraisal rate (YTD position)	-	-	-	-	-	-	85%	84%	75%	68%	64%	62%	68%	68%	95%	95%	
I3	Improve our service improvement capacity																	
I4	WHO Theatre Safety Checklist		-			82%			89%			97%			**93%**	tbc	tbc	
SUSTAINABILITY																		
S1	Service Line Management Roll out	-	-	-	-	-	-											
S2	Financial Risk Rating	-	-	-	-	-	-	-	-	-	-	2	3	3	3	3	3	
S3	CIP savings - % saved against plan	-	-	-	-	-	-	-	-	-	-	81%	82%		82%	100%	100%	
S4	Foundation Trust status approved	-	-	-	-	-	-									Approved	Approved	
S5	Monitor quality governance risk	-	-	-	-	-	-											
S6	Monitor performance compliance framework score	-	-	-	-	-	-	2.5	2.5	2.5	2.0	1.0	1.0	1.0	1.0	<1.0	<1.0	

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NHS Performance Framework

OCTOBER 2011

	Key performance Indicators	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	2011/12 YTD	2011/12 Target	Under Pf Threshold	Weighting	Q1 PF Score	Q2 PF Score	Q3 PF Score	Trend
N1	Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	96.76%	98.30%	95.76%	97.53%	98.17%	96.84%	97.43%	96.68%	96.77%	97.01%	97.65%	97.90%	96.39%	97.24%	95%	94%	1.00	3	3	3	
N2	A&E Data completeness : Attendances reported on weekly SITREP vs attendances reported via SUS	-	-	-	-	-	-	100.0%	99.4%	100.0%	99.6%	100.0%	100.0%	99.9%	99.8%	90-110%	>120% or <80%	0.00	3	n/a	n/a	
N3	AAE Data Quality	-	-	-	-	-	-	PASS	PASS	PASS	PASS	PASS	PASS	PASS	**PASS**	Range of DQ checks applied to CDS data		0.00	3			Trend data n/a
N3	Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by	-	-	-	-	-	-	Targets applicable from Quarter 2 2011/12			2.69%	2.67%	2.65%	2.41%	2.60%	See notes (1)		2.00	n/a	3	3	
N4	Left department without being seen rate	-	-	-	-	-	-				2.58%	2.26%	2.11%	2.42%	2.35%							
N5	Time to initial assessment - 95th percentile	-	-	-	-	-	-				11	10	11	11	11							
N6	Time to treatment in department - median	-	-	-	-	-	-				61	56	57	58	58							
N26	Total time in departement - 95th percentile	-	-	-	-	-	-				239	239	238	240	239							
N7	Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	4.08%	0.00%	0.00%	4.88%	4.88%	0.00%	9.09%	4.65%	3.57%	14.29%	0.00%	0.00%	6.00%	4.39%	5%	15%	1.00	2	2	2	
N8	MRSA	2	0	1	0	0	0	0	0	0	0	0	0	0	**0**	6	>1SD*	1.00	3	3	3	
N9	C Diff	14	7	9	11	10	9	11	6	7	5	5	9	9	**52**	90	>1SD	1.00	3	3	3	
N10	RTT - admitted - 95th percentile	25.3	24.3	25.4	27.6	27.3	26.8	28.5	27.3	31.6	29.5	28.0	25.8	21.9	**27.8**	23	>27.7	0.50	0	0	3	
N11	RTT - non-admitted - 95th percentile	16.6	17.6	17.5	17.7	17.5	17.6	17.1	16.7	15.6	16.9	17.0	16.3	16.9	**16.6**	18.3		0.50	3	3	3	
N12	RTT - incomplete - 95th percentile	26.6	26.4	27.1	28.0	29.6	28.6	27.8	26.6	24.7	24.2	24.3	23.8	22.7	**24.9**	28	>36	0.50	3	3	3	
N13	RTT - admitted - 90% in 18 weeks	85.9%	85.7%	83.8%	81.4%	81.3%	80.6%	81.6%	81.7%	77.0%	77.1%	77.6%	82.3%	90.4%	81.0%	90%	85%	0.75	0	0	3	
N14	RTT - non-admitted - 95% in 18 weeks	96.2%	95.4%	95.4%	95.4%	95.4%	95.5%	95.7%	96.0%	96.9%	95.7%	95.6%	96.3%	95.9%	96.0%	95%	90%	0.75	3	3	3	
N15	Cancer: 2 week GP referral to 1st outpatient	95.09%	95.09%	95.09%	93.35%	93.35%	93.35%	91.85%	85.80%	94.35%	98.39%	98.65%	97.79%	97.55%	94.92%	93%	88%	0.50	2	3	3	
N16	Cancer: 2 week GP referral to 1st outpatient - breast symptoms	93.19%	93.19%	93.19%	83.84%	83.84%	83.84%	71.1%	71.1%	82.1%	98.37%	97.39%	97.78%	99.30%	**87.20%**	93%	88%	0.50	0	3	3	
N17	Cancer: 31 day second or subsequent treatment - surgery	100.0%	100.0%	100.0%	97.92%	97.92%	97.92%	100.0%	100.0%	97.06%	100.0%	97.78%	100.0%	96.43%	98.80%	94%	89%	0.25	3	3	3	
N18	Cancer: 31 day second or subsequent treatment - drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.83%	100.0%	99.46%	98%	93%	0.25	3	3	3	
N19	Cancer: 31 day diagnosis to treatment for all cancers	99.83%	99.83%	99.83%	98.12%	98.12%	98.12%	97.94%	98.48%	98.25%	98.54%	99.03%	99.1%	96.57%	98.30%	96%	91%	0.25	3	3	3	
N21	Cancer: 62 day referral to treatment from screening	91.15%	91.15%	91.15%	89.17%	89.17%	89.17%	85.42%	83.33%	74.55%	86.67%	96.36%	100.0%	83.33%	87.10%	90%	85%	0.50	0	3	2	
N23	Cancer: 62 days urgent GP referral to treatment of all cancers	91.59%	91.59%	91.59%	88.05%	88.05%	88.05%	86.63%	79.40%	83.47%	89.20%	91.10%	92.15%	91.55%	87.38%	85%	80%	0.50	2	3	3	
N24	Patients that have spent more than 90% of their stay in hospital on a stroke unit	-	-	-	-	-	-	57.5% (2009/10 CQC assessment)							57.5%	60%	30%	1.00	2	2	2	
N25	Delayed transfers of care	3.5%	3.5%	3.3%	2.9%	3.4%	3.2%	3.9%	4.5%	3.1%	4.1%	3.1%	4.0%	3.2%	**3.7%**	3.5%	5.0%	1.00	2	2	3	
	TOTAL WEIGHTED PERFORMANCE																		2.09	2.51	2.82	

Individual measures are scored as follows: Underperforming 0 Performance under review 2 Performing 3

Overall performance threshold: Underperforming when weighted score less than 2.1 (Red) Performance under review when weighted score between 2.1 and 2.4 (Amber) Performing when weighted score above 2.4 (Green)

Notes

1. Achieve the thresholds for at least one indicator in each of the two groups (timeliness - time to initial assessment, time to treatment and patient impact- left without being seen and re-attendance).

Mark Dennis, Head of Information Services
t: 01903 285273 (ext 5273)

Monitor Compliance Framework

OCTOBER 2011

	Key performance Indicator(s)	Threshold	Weighting	Apr	May	Jun	Q1	Weighted Score	Jul	Aug	Sep	Q2	Weighted Score	Oct	Nov	Dec	Q3	Weighted Score	Jan	Feb	Mar	Q4	Weighted Score	2011/12 YTD	FOT Weighted score
Safety																									
1.1	Clostridium Difficile – meeting the Clostridium Difficile objective	90	1.0	11	6	7	24	0.0	5	5	9	19	0.0	9			9	0.0						52	0
1.2	MRSA – meeting the MRSA objective	6	1.0	0	0	0	0	0.0	0	0	0	0	0.0	0			0	0.0						0	0
Patient Experience																									
2.1	Referral to treatment waiting times – admitted patients (95th percentile wks)	23	1.0	28.5	27.3	31.6	29.3	1.0	29.5	28.0	25.8		1.0	21.9			21.9	0.0						27.8	0
2.1	Referral to treatment waiting times – non-admitted patients (95th percentile wks)	18.3	1.0	17.1	16.7	15.6	16.4	0.0	16.9	17.0	16.3		0.0	16.9			16.9	0.0						16.6	0
2.3	Certification against compliance with requirements re access to healthcare for people with a learning disability	YES	0.5																					0	0
Quality																									
3.1	All cancers : 31-day wait for second or subsequent treatment - surgery treatments	94%	1.0	100%	100%	97.06%	98.97%	0.0	100%	97.78%	100%	99.19%	0.0	96.43%			96.43%	0.0						98.8%	0.0
3.2	All cancers : 31-day wait for second or subsequent treatment - drug treatments	98%	1.0	100%	100%	100%	100%		100%	100%	95.83%	98.78%		100%			100%							99.5%	
3.3	All cancers : 62-day wait for first treatment following urgent GP Referral	85%	1.0	86.63%	79.40%	83.47%	82.46%	1.0	89.20%	91.10%	92.15%	90.88%	0.0	91.55%			91.55%	1.0						87.4%	0
3.4	All cancers : 62-day wait for first treatment following consultant screening service referral	90%	1.0	85.42%	83.33%	74.55%	80.89%		86.67%	96.36%	100%	95.59%		83.33%			83.33%							87.1%	0
3.5	All cancers : 31-day wait from diagnosis to first treatment	96%	0.5	97.94%	98.48%	98.25%	98.26%	0.0	98.54%	99.03%	99%	98.90%	0.0	96.57%			96.57%	0.0						98.3%	0
3.6	Cancer : two week wait from referral to date first seen - All patients	93%	0.5	91.85%	85.80%	94.35%	90.74%	0.5	98.39%	98.65%	97.79%	98.28%	0.0	97.55%			97.55%	0.0						94.9%	0
3.7	Cancer : two week wait from referral to date first seen - Symptomatic breast patients	93%	0.5	71.05%	71.14%	82.14%	75.05%		98.37%	97.39%	97.78%	97.86%		99.30%			99.30%							87.2%	0
3.8	A&E : Total time in A&E (95th percentile mins)	240		239	239	239	239	0.0	239	239	238	239	0.0	240			240	0.0						239	0
3.9	A&E : Time to initial assessment (95th percentile mins)	15	1.0						11	10	11	11		11			11							-	
4.0	A&E : Time to treatment decision (median mins)	60	3 or more						61	56	57	58		58			58							-	
4.1	A&E : Unplanned reattendance rate	5%	0.5 2 or less						2.69%	2.67%	2.65%	2.67%		2.41%			2.41%							-	
4.2	A&E : Left without being seen	5%							2.58%	2.26%	2.11%	2.32%		2.42%			2.42%							-	
4.3	Stroke Infdicator (TBC)	TBC	0.5	tbc				-	-				-					-						tbc	tbc
	Monitor Compliance Framework Score							2.5					1.0					1.0							0

Green : 0 to < 1.0 | Amber/Green 1.0 to < 2.0 | Amber/Red : 2.0 to < 4.0 | Red : 4.0 or more

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board

Date of Meeting: 24.11.11 Agenda Item: 8(a)

Title
Coastal West Sussex Local Health Economy (LHE) Winter Plan 2011-12
Responsible Executive Director
Jane Farrell Chief Operating Office, Deputy Chief Executive, and Jeannie Baumann, Director of Clinical Services and WSHT Winter Lead.
Prepared by
Sarah Weston, Commissioning Manager, Coastal West Sussex Clinical Commissioning Group, in partnership with LHE health and social care stakeholders, including Jeannie Baumann on behalf of WSHT
Status
Public Domain
Summary of Proposal
The Coastal West Sussex (CWS) Local Health Economy (LHE) Winter Plan has been developed in partnership with health and social care partners under the auspices of the CWS Urgent Care Network Board (reporting to CWS Coastal Cabinet). It sets out the additional (non recurrent 1 Nov – 30 April 2012) measures planned to ensure all LHE patient services remain resilient in the face of 'winter' and the predictable increase in activity and patient acuity, whilst also safe-guarding all access and quality & safety performance indicators. Each stakeholder – including WSHT – have been actively involved in shaping the plan, including the development of the detailed local plans and escalation arrangements that, combined, provide whole system resilience. Hence success is predicated on whole system engagement and effectiveness. The Coastal Cabinet agreed that the additional funding required to underpin the plan will be underwritten by West Sussex County Council "Health and Social Care Fund", albeit, whether full or partial funding secured, subject to a further approval process. This process is being commissioning led, with the support of WSHT, and will be concluded by the end of November 2011. Internally, WSHT has been implementing the measures necessary to fulfill our obligations over the last couple of months, including, for example, recruiting additional nursing staff to support the planned additional ward capacity. The aim has been to ensure we program manage local arrangements, mitigating as far as possible, any recourse to short notice measures in extremis. Alongside, weekly LHE meetings are being maintained to ensure the same level of traction is maintained across all stakeholder organizations. THE CWS LHE Winter Plan has been shared with both NHS Sussex and the SE Strategic Health Authority, and has been subjected to a rigorous assurance process. In addition, monthly Sussex-wide (commissioner & provider) meetings have been established to oversee Sussex-wide implementation and to provide on going assurance.
Implications for Quality of Care
The full and effective implementation of the proposed plan will be essential to mitigating capacity constraints and the commensurate impact on all access and quality and safety performance indicators.
Link to Strategic Objectives/Board Assurance Framework
Trust Strategic Theme B - Provide the highest possible quality of care to our patients. This we will do through focusing on a range of measures to improve clinical effectiveness. *Trust Strategic Theme G* - Ensure the sustainability of our organisation by exceeding our national targets and financial performance and investing in appropriate infrastructure and capacity *Trust Strategic Theme* F - Improve our performance against a range of quality, access and productivity

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measures through the introduction and spread of best practice throughout the organisation.
Financial Implications
Yes – see Resource Plan.
Human Resource Implications
Recruitment to enhanced manpower plans (largely linked to increased capacity) already in train – see Manpower Plan.
Recommendation
The Board is asked to NOTE the report.
Communication and Consultation
LHE Communication Plan
Appendices
N/A

This report can be made available in other formats and in other languages. To discuss your requirements please contact Graham Lawrence, Company Secretary, on graham.lawrence@wsht.nhs.uk or 01903 285288.

NHS
Coastal West Sussex Federation

Coastal West Sussex Winter Plan

A plan for 2011-12

Contents

List of Contributors

Organisation	Name	Role
Coastal West Sussex Federation	Dr Katie Armstrong Dominic Ellett Sarah Weston	Executive Chair Commissioning Manager, Associate Director for Strategy and Partnerships, Commissioning Manager for Urgent Care
NHS Sussex	Barry Newell	Head of Emergency Planning & Business Continuity Resilience
Harmoni	Justin Cankalis	General Manager
Sussex Community NHS Trust	Jane Mules	Head of Coastal Locality
South East Coast Ambulance NHS Foundation Trust	Lorna Stuart Ray Savage	Patient Transport Support Business Manager
Sussex Partnership NHS Foundation Trust	Lorraine Reid	Chief Operating Officer
Western Sussex Hospitals NHS Trust	Jeannie Baumann Karen Lillington	Director of Clinical Services – WSHT Winter lead Associate Director of Patient Flow
West Sussex County Council	Jenny Daniels	Head of Health and Social Care
West Sussex Joint Commissioning Unit	Lorna Hart	Principal Manager For Adult Services
Commissioning Support Unit	Paul O'Toole	Senior Account and Contract Manager
Community Pharmacy	Sue Carter	Associate Director of Medicine Management

Introduction

1.1 Purpose

The purpose of this winter plan is to ensure that Coastal health and social care systems across are prepared and co-ordinated to respond to increased needs and / or service demands during the winter period.

The Coastal West Sussex Unscheduled Care Board is accountable for the delivery of the Winter Plan. The One Call One Team Implementation Group will assume operational responsibility and will act as the Winter Planning Operational Group. The group has shared leadership with a rotating chair arrangement.

Coastal West Sussex Federation (CWS) is responsible for the review of the NHS Winter Self Assessment Checklist as published by the Department of Health. The checklist assists in highlighting areas of risk that must be assessed and mitigated between partner agencies ensuring 'operational preparedness'.

The advanced preparations focus around seven key areas:

- Operational readiness (e.g. capacity, staffing, Christmas and New Year)
- Out of Hours primary care arrangements
- Critical Care
- NHS / Social Care joint arrangements
- Effective working links between the ambulance service, primary care, A&E and other partners
- Preventative measures such as flu campaigns and pneumococcal immunisation programmes, and
- Communications with the public

This winter plan aims to assure the continuity and successful response of essential services at times of increased demand and enables contingencies to be initiated on a planned and managed basis.

1.2 Winter Planning Operational Group Responsibilities:

Ensures all providers (primary, secondary and community):

- Are sharing information about the demand in the system
- Have identified executive leads for winter
- Have agreed escalation measures should pressure rise above expected levels to cover areas including:
  - ✓ Cold weather (e.g. respiratory illness)
  - ✓ Older people (chronic conditions)
  - ✓ Public communications
  - ✓ Capacity
  - ✓ Major incidents
  - ✓ Norovirus / flu
- Have agreed flexible plans to manage elective activity

Must be able to confirm that providers have:

- Anticipatory bed management in place and predictor tools are being used
- Clear effective communications across the organisation and the local health and social care economy
- Clear escalation procedures with pre-agreed triggers
- Integrated the management of acute and non-acute beds and services across the local health community
- Predicted discharge dates agreed within 24 hours of admission and proactively managed
- Bed management teams with senior clinical and managerial support

Must be able to provide assurances that providers have:

- Sufficient, overall capacity to meet above normal emergency demand
- Additional staff available to be deployed to meet peak pressures
- Plans to reopen and close / additional capacity quickly to meet increased pressures assuming budgets allow
- Operational plans that include the use of intermediate care capacity
- Plans to flex emergency department capacity to avoid ambulance queuing
- Arranged for non-urgent calls to emergency departments to be diverted to NHS Direct and / or have
- Specific primary care involvement to ensure extra demand on primary care services are met
- Included NHS Direct as an option on their answer phone message
- Ensured that social services are accessing care packages flexibly and reactively
- Agree robust continuing care plans that do not create delays in the system.
- Ensure sufficient capacity to deliver 18 week RTT plans

1.3 Joint Planning

During September Winter Planning Operational meetings will commence when duly nominated representatives of all health and social care services in Coastal West Sussex will meet fortnightly to provide updates on their service position. Ad-hoc issues that may arise may lead to extra meeting which can be face to face and teleconference. These meetings will run through to March of the following year.

A Winter Planning lead has been appointed by CWS whose responsibility it will be to convene and chair the Winter Planning Operation meetings, facilitate resolution of any issues and escalate to Senior Directors where required.

1.4 Operational Readiness

The Winter Plan has been developed for CWS on an on-going basis in cooperation with all service providers. Copies of the Winter Plan will be available on request.

1.5 System Management for Winter Planning

The Unscheduled Care Board has been established to provide strategic leadership and oversight for the implementation of the Urgent Care system; this includes the management of demand and capacity across Coastal West Sussex. The aim of the Board is to deliver a system of care and support which ensures that all people and patients receive the right care in the right place at the right time, provided by the right people; this includes Winter Planning.

Across the local health and social care economy work has progressed at pace on the delivery of One Call One Team.

The service is designed to prevent avoidable and inappropriate hospital admissions, and support appropriate early discharge by providing rapid assessment of patients and access to short term community package of care. The aim is to enable the treatment of patients to be managed in the community thus ensuring services are wrapped around patients' need and choice.

The aim in delivering these plans is to effectively and proactively manage demand and capacity across the whole system including the winter period. Many of the key deliverables outlined within our Urgent Care and Frail Elderly programmes are already in operation with all actions actively being progressed at pace to ensure maximum impact in advance of the winter period. In addition we expect to enhance One Call One Team with the introduction of Early supported discharge and ambulatory care pathways

1.6 NHS and Social Care Joint arrangements

Strategic winter and demand and capacity planning is managed locally via the fortnightly implementation group for One Call One Team – this group includes representation from the local authority. The overall project plan for One Call One Team incorporates actions related to social care and local authority services commissioned and include:

- Management of reduced capacity and staffing over winter (including use of care packages)
- Management of staff over the winter and Christmas period
- Ensuring Social Worker capacity for the urgent care system
- Clear onward pathways being developed to independence at home (homecare) and to support One Call One Team Rapid Intervention Service
- Increased levels of homecare capacity accessible 7 days a week
- Increased access to nursing/care home capacity 7 days a week
- Information and intelligence related to available nursing/care home capacity accessible to WSHT 7 days a week
- Good processes are in place to support timely hospital discharges including rapid access to packages of homecare, 7 days a week access to assessment services,.

1.7 Business Continuity and Incident Reporting

The CSU will ensure that adequate business continuity assurance is built into all SLAs and Contracts with commissioned services that are required to maintain service delivery. Providers will be encouraged to build their winter plans on their existing Business Continuity Plans as far as possible to aid a seamless transition from everyday business continuity. The CSU will hold copies of all provider business continuity plans

and winter plans but the onus is on the provider to update and maintain them. These plans will be refreshed and provided to the CSU by the end of September 2011.

NHS Sussex has effective Major Incident and incident response plans designed to ensure the lead and coordination of the Sussex NHS response to any major incidents. These plans involve multi-agency contact via a Director On-Call and an On-Call Emergency Response Management Team member (Emergency Preparedness Manager).

As per the SHA target, NHS Sussex also maintains an over-arching Business Continuity Policy, Executive Policy Statement, and Management Program. Each NHS Sussex operating site maintains a site-specific Business Continuity plan. These arrangements are drafted in accordance with S25999, the British Standard for Business Continuity, and these arrangements have been in place since 31.3.11, as required by the SHA.

These over-arching arrangements and plans together detail the internal readiness arrangements and response activities and its external obligations as a Category 1 responder under the Civil Contingencies Act 2004.

1.8 Pandemic Flu

The PCT includes Pandemic Influenza planning within the Emergency and Business Continuity Committee. This group ensures that plans are available to effectively respond to the threat of flu pandemic. Arrangements for the PCTs preparedness and response to flu, including the PCT's coordination of the other local health agencies in response to a pandemic is detailed within the PCT's own Pandemic Flu plan and Emergency Plan. This plan covers all issues from internal BC arrangements at the PCT, through to multi-agency command and control, and the provision and coordination of antiviral collection points, to procedures detailing the vaccination of staff and vulnerable groups. The Sussex Resilience Forum Pandemic Flu Group Chaired by the HPA is attended by the Head of Emergency and Business Continuity Planning for NHS Sussex (also deputy Chair) where multi agency planning takes place and have developed and maintain the Sussex Resilience Forum Pandemic Plan. The PCT's Flu Plan has been updated following the H1N1 Swine Flu Pandemic 2009/10 taking into consideration through survey with service users and partner agencies their comments and the issues they had raised. As a result of PCT Clustering the command and control of a pandemic in Sussex will now be lead by one PCT Command Centre for NHS Sussex representing the four Sussex PCT's

1.9 Norovirus

NHS Sussex have a major Outbreak plan, should the spread become unmanageable within the providers, but each provider Trust also have Infection Control Policies and outbreak plans which will be used to manage any outbreak of Nor virus Each Trust has a Director of Infection Prevention and Control . Trusts also have to report cases of Norovirus on a daily basis, these are monitored by the NHS Sussex Quality and Governance Directorate Infection Control.

1.10 Cold Weather and Snow

All Trusts have plans within their business continuity arrangements for managing the consequences of cold weather and snow. The responsibility for clearing ice and snow at NHS sites is the responsibility of the Trusts. For Western Sussex Hospitals NHS Trust, this information will provide a trigger for additional bed capacity for respiratory conditions as required.

WSCC have a contract with a contractor to clear manage frost and ice on priority 1,2 and 3 roads and clear snow from priority 1 and 2 roads. There is a Sussex Resilience Forum Adverse Weather Plan which brings through teleconference or physically if allows a tactical level multi-agency group where requests for mutual aid etc can be discussed

1.11 Recovery

Following an incident or episode of disruption, once the leading agency is satisfied there is no requirement for further action or intervention, the provider will notify the CWS that business has returned to normal and 'stand down' the business continuity / escalation process.

1.12 Communications

The Civil Contingencies Act 2004 places a duty on NHS Sussex to communicate with the public; this duty is performed where it is thought to be advantageous for the public to know those arrangements, for the purpose of mitigating the effects on them.

NHS West Sussex Communications team will ensure there is adequate public information for the public, staff and partner agencies to aid mitigation of the effects of winter on the health of the community. This will include:

1.12.1 Communication plans for accessing services

The communications team are working collectively across Sussex to ensure a joined-up and consistent approach this year. NHS Sussex will coordinate a winter communications campaign on behalf of all of the local areas and CCGs. This will include a range of channels to communicate the key messages around access to services, including PCT and council websites, materials such as leaflets, partners' newsletters and publications, local community groups, the local media and social media. The campaign will be supported by local established mechanisms to ensure that changes to operational aspects of services, including change of opening hours or restrictions on services, are widely communicated across the LHE. Included in these updates is information to direct people to others sources of information and support.

1.12.2 Choose Well

Choose Well will be the key focus of the winter communications campaign, both locally across Sussex and regionally, ensuring people are aware of the range of services available and where to get the most appropriate health services. NHS Sussex will explore all communication channels to inform the public and encourage them to use the most appropriate services, including e-communications, the local media and via partners in health and social care such as the local authorities.

1.12.3 Internal communications

NHS Sussex will use established internal communications systems, including newsletters, and email, to ensure staff and stakeholders know the preparations and arrangements for winter. Mechanisms are in place to report up any problems or issues. The systems are also

capable of quick effective messaging should circumstances require it around changes to working hours or closure of offices. NHS Sussex will also coordinate use of the PCT's internets and extranet to host information (via N3, so accessible via any NHS site) to advise staff what to do in the event of adverse weather or other situations where they may be unable to get into work – this includes possible redeployment to different Trusts/sites according to need.

1.12.4 Flu communications

NHS Sussex will coordinate communications activity to support the seasonal flu vaccination campaign on behalf of all of the local areas and CCGs. This will include providing practices with access to the national patient leaflet, supporting practices will communications to patients, publicity for the campaign via local media, content on websites, and work with our partners in the wider health economy including local authorities to endorse and support the key messages, particularly around encouraging the 'at-risk' groups to get the vaccination. We will also explore posters and leaflets should extra support be needed during the campaign, with resources available from last year, which proved very useful. NHS Sussex will also work with providers through established mechanisms to encourage staff vaccination for those eligible, including using e-communications, newsletters and email.

Review of 2010-11 Winter Plan

2.1 Overview

This section is based upon the outcomes from the workshop organised by NHS West Sussex.

2.2 Workshop Outcomes

2.2.1 What did not work well?

Sussex Community NHS Trust had issues having the complete bed capacity data available by a 09:00 teleconference deadline, but felt that by introducing systems used within the Brighton and Hove area of the Trust feel this can be improved and would take this as an action.

It was felt that discharge planning was not managed as well as it could have been.

The "live list" of patients requiring transfer of care, was in some cases not explicit enough to identify exactly where patients were in the discharge pathway. Need for agreed terminology used for patient's status. E.g. this would help differentiate between patients accepted for transfer to a community bed that were not medically fit opposed to those that were fully medically fit and actively waiting for an available bed.

There were issues getting social care packages at the end of spot purchase residential home placements. It was suggested that Social Worker support to be built into unscheduled care planning.

There was a lack of therapies resources in the community for rehabilitation of patients in spot purchase residential care delaying their discharge from that care.

South East Coast Ambulance Service NHS Foundation Trust was not always available for the teleconferences.

Need for Sussex Partnership NHS Foundation Trust designated point of contact for winter pressure issues for next year. This was agreed to be supplied by SPT.

It was felt that there was inconsistency in the use of One Call by Paramedics and Technicians as they did not always utilise the options for care to avoid attendance at an A&E department, but some Paramedics were very good at utilising the service. Suggest work through communications teams to address.

Ambulance crews tended to deliver patients into the major areas of the A&E departments where they could have been directed to waiting rooms in A&E.

There was an increase in Primary Care attendees, especially early evening, anecdotally, due to being unable to get to the GP during the day or not wanting to use the out of hours service.

It was highlighted that there was a lack of domiciliary care providers in the Mid Sussex area, which caused delays in discharging patients to this area.

2.2.2 What went well?

Daily teleconference calls between Acute trusts, Community trusts, Adult Social Care, Ambulance, and CHC. 9:00 am was felt to be the right time for the calls with a 14:00pm on exceptional days. These teleconferences gave providers the opportunity to identify areas of focus for the day, it also provided a shared understanding of pressures across the system as a whole. The conference calls provided a platform for the agreed accountability for actions to relieve pressure on teleconferences.

2.2.3 Potential Future Schemes

Attendees at the workshop discussed possible future schemes for next winter period should there be funding available. It was agreed that therapies support in the community, to support discharges and to support residential home placements, in their rehabilitation, would be a beneficial area to consider. It was recognised that without early agreement employing extra therapists is a timely process that may not be feasible if not proactively taken forward.

2.2.4 Operational Group Meetings

The general feeling was that the winter planning process for 2011/12 would commence in Early September when a operational group should meet.

2.2.5 Teleconferences

Although the daily teleconferences were very helpful there was some concern in from the attendances' at the workshop raised that this takes winter workload out of the normal day to day management and that there may not be the capacity now in the PCT level to commit to facilitating it.

2.2.6 Bank Holiday Cover

All agreed that where staffing associated with the discharge process were available over Christmas and New Year this helped to maintain patient flow.

WSCC raised the issue of funding and cautioned that it is likely there would not be the level of adult social care staff available to support the process over the Bank Holidays 2011/12.

Overview Plan for 2011-12

3.1 Plans

Plans have been put in place to ensure that local health and social care communities are managing winter effectively. These include closely communicating and monitoring:

- The effectiveness of local infection control measures through daily situation reports on ward closures due to infections;
- The number and duration of ambulance handover delays through daily situation reports;
- Accident and emergency department performance through daily situation reports;
- Delayed transfers of care through daily situation reports;
- Detailed weekly progress reports from the provider of community services on usage of agreed winter packages of care;
- Delivery and sustainability of the 18 week Referral to Treatment target through the weekly Patient Tracking Lists;
- Detailed weekly updates through the operation Winter Planning Operational Group meetings

3.2 Escalation arrangements

- Each organisation has internal escalation procedures with clear trigger and actions to be taken.
- Agreement across the LHE ensuring community wide escalation and de-escalation procedures are consistent with clear triggers and actions in place.
- There are escalation triggers which involve appropriate and timely intervention, including Chief Executive/Chief operation officer to Chief Executive/Chief Operating Officer dialogue within the plan.
- The above plans fit into a Pan Sussex escalation procedure in the event of a wider response to adverse incidents.

3.3 Infection Control

- Each NHS Foundation Trust and NHS Trust must have effective infection control measures in place to address the differing needs of the most likely range of infections, including Norovirus; Clostridium Difficle; influenza and MRSA.
- There must be contingency plans in place to minimise the impact of outbreaks of infection in particular Norovirus and similar infections, leading to ward closures
- There must be clear links to Pandemic Influenza Planning and an effective immunisation programme against seasonal influenza.

3.4 NHS Direct Escalation Plan

This plan describes how NHS Direct manages periods of high demand for its services on a year round basis. Whilst Winter, and in particular Christmas and New year, are traditionally busy periods; peaks are also seen at other times e.g.. Easter, other Bank Holidays, health scares etc.

Actions which are undertaken as a matter of course to preserve Business As Usual status include :

- Dynamic scheduling of frontline staff to meet peak demands.
- Mobilisation of extra staff where appropriate.
- Support of staff attendance during inclement weather
- Proactive use of telephone messaging to manage patient expectations and update calls to patients where appropriate.;
- Pro-active monitoring of symptoms (such as colds, sore throats, flu) which may prelude increased pressure.
- Support from external suppliers to maintain systems and facilities provision.
- Continued expansion of the range of online health and symptom checkers for patients with internet access.
- Rapid internal messaging to all staff to advise and update on national and local pressures within the healthcare community.

Although the norm is to maintain a Green, Business As Usual status, escalation planning also forms an integral part of the system resilience plans for the organisation. This has been developed to ensure appropriate and timely care for all service users.

Time parameters have been agreed nationally by senior clinicians for each clinical priority which determine each escalation phase from Green, through to Amber, Red and Black.

NHS Direct have aimed to identify:

- Clearly defined trigger points to ensure early identification of potential demand and capacity issues
- Specific actions at every level to optimise resources and capacity thereby reducing pressure on the service, whilst supporting patient care. These include action cards for key roles.
- Clear delegation of escalation responsibilities and identification of the responsible managers
- Clarity of communication flows within the organisation and to external stakeholders
- Appropriate actions to maintain a good patient experience

3.5 Capacity planning

- Each NHS Foundation Trust and NHS Trust must be able to predict and manage variation in demand and identify the potential for a temporary increase in capacity that is not reliant upon opening additional acute beds.
- There must be robust contingencies which can be put in place quickly, including having negotiations with the independent sector and other alternative providers ahead of any peak winter pressures.

3.6 Ambulance Service

SECAMB operate a REAP (Resource Escalation Action Plan) system, incorporating six levels of escalation which are reviewed annually based on pervious winter periods and times of increased demands or challenge. The Resourcing Escalatory Action Plan (REAP) will form the backbone of the Trusts response; as part of the REAP procedure an Emergency Dispatch Centre (EDC) on day surge process has been established that will provide the Trust with short notice capability to surge several vehicles.

Along with this significant planning has been undertaken to support the maintenance of standards during Quarter 3 which has traditionally proved to be a challenging period. SECAmb now operates a single Computer Aided Dispatch (CAD) system across its three EDC's which enables seamless deployment of resources across the whole SECAmb area.

Following a review of Business Continuity Incidents related to adverse weather over the past couple of winters SECAmb has reviewed 4x4 requirements and have increased its 4x4 capability with the purchase of additional Land Rover Discovery's which have patient carrying capability. Key personnel are currently being trained in their use and these will be strategically placed across the SEC. Along with this SECAmb have developed contingency plans to provide additional 4x4 capacity via pre-agreed contracts and utilising voluntary 4x4 clubs.

Following the introduction of NHS Pathways into SECAmb's EDC's clinical support has increased which will enable more patients to receive advice and more appropriate referrals. Contingency plans are in place within the EDC's to provide additional call taking capacity and clinical advice during periods of increased demand.

The introduction of NHS Pathways has also seen the development of a Directory of Service (DoS) and SECAmb is working closely with PCTs and CCGs to ensure key services and referral options are recorded on the system. The introduction of Paramedic Practitioners continues across the Trust which linked to the introduction of the DoS will enable patients to be treated in or near to their home and thereby reduce the need to transport patients to hospital.

The introduction of the Front Loaded Service Model (FLSM) is being accelerated where possible. This will see the most qualified clinician attending the patient and being able to make sound non conveyance decisions. SEC wide handover procedures are being monitored via lead commissioner arrangements and at local operational level liaison meetings. Plans are agreed with local hospitals to monitor and improve handover compliance via electronic data capture and acute trust contracts contain handover compliance clauses.

In addition to emergency services SECAMB also provide Patient Transport Services (PTS). As part of the Sussex-wide PTS contractual agreements for 2011/12 SECAmb have worked with commissioners and acute, community and mental health providers to support improvements in quality and timeliness of provision. Business continuity and escalatory arrangements do need to be confirmed and tested prior to the winter period and commissioners may want to seek additional assurance that this is in place.

Roles and Responsibilities

4.1 Overview

- The ultimate responsibility for winter planning lies with the Chief Executive of NHS Sussex, but the **Interim Managing Director of CWS** will lead on the planning at Executive Level and present to the board a yearly assurance report on CWS's preparedness for a winter surge in activity.
- A **Winter Planning Lead** will be nominated by CWS to support the Interim Managing Director
- Provider members of the **Winter Planning Operational Group** will be responsible for ensuring the delivery of the winter plan through the delivery of their commissioned services.
- The maintenance and integration of winter planning at the area level will be supported by **NHS Sussex**.
- The plan will seek to empower providers to lead the development and delivery of effective capacity management on behalf of the local health and social care economy.
- The principle and process of escalation will be considered as an exception rather than a rule. Sufficient agreements will be in place and in advance to support providers to deliver solutions.

4.2 The Winter Planning Lead

- Ensure the winter plans are updated and agreed for the forthcoming winter
- Convene fortnightly operational meetings between October and March
- Ensure all service providers are represented and fully engaged
- Initiate immediate meeting with local authority / acute trusts if necessary
- Liaise with Communications Lead for the NHS Sussex
- Consider the actions needed supported by the escalation plans
- Communicate effectively with staff and services
- Monitor the level and nature of response re-evaluating and implementing as needed and de-escalate as appropriate
- Escalate to senior Directors any issues as appropriate

4.3 Provider Winter Leads/Service Managers

- Review staffing levels daily
- Ensure the delivery of the Winter Plan
- Monitor caseloads timely responding to pressures
- Monitor sickness across the workforce following the escalation plan if staffing levels become critical
- Support staff in early resolution of problems regarding discharged patients, equipment and funding issues
- Feedback any issues / concerns at the weekly winter planning operational meetings

4.4 Winter Planning Operational Group

The members of the Winter Planning Operational Group will be made up of a representative from each of the following organisations / areas. Action names and contact details are contained in appendix A.

Capacity Management and Escalation Plan

5.1 Purpose

The purpose of this plan is to provide a high level multiagency approach for effectively managing capacity within Acute Trusts across the Coastal West Sussex health and social care economy. The plan is designed to enhance the effectiveness of local procedures through the adoption of proactive management processes and best practice; bringing consistency where possible to the management of acute pressures.

The plan should help enable the provision of mutual aid by exception across and within the Acute Trust, where a hospital(s) may be under severe or extreme pressure due to excessive, unpredicted demand for services. This is a working document to be subject to regular review and is interdependent with internal Acute Escalation Plans.

5.2 Escalation Levels

There are 4 escalation levels with specific and quantifiable triggers which will be used to standardise the pressure rating on Acute Trusts and the appropriate actions in response across the health economy. It is necessary that Acute Trusts identify which triggers are applicable to describe their status in any given situation above Level 1 - Green.

5.3 Contact details

Coastal West Sussex Health and Social Care Contact Details – The following information is presented in order to assist with communication between organisations:

Organisation	In hours contact	Out of hours contact
Coastal West Sussex Federation	Sarah Weston Dominic Ellett	On-call NHS Sussex Director
Western Sussex Hospitals NHS Trust	Jeannie Baumann Karen Lillington	
Sussex Community NHS Trust	Jane Mules 01903 708019 / 07766 924513 Annie Hampson	On-call Senior Manager via BGH switchboard
South East Coast Ambulance NHS Foundation Trust	Lorna Stuart	
West Sussex County Council	Jenny Daniels 01243 777910	
Harmoni	Justin Cankalis 01903 311411/07918 630135	01903 311411 (direct line to coordinator will pass message onto on call manager)
NHS Sussex		On-call NHS Sussex Director

5.4 Escalation Levels and Action Plans for Western Sussex Hospitals NHS Trust


WSHT High Level Winter plan v01.doc


WSHT Capacity Escalation Flowchart

WSHT have internal operational plans for winter which includes additional capacity and heightened procedures for patient flow in response to the anticipated rise in emergency demands.

Operational services are redesigned to provide more senior leadership and support to clinical departments to provide the optimum safe services to patients and maximising the capability of all departments to meet winter demands. This includes enhancing interagency working processes to reflect the need for improved patient flow.

The Trust has plans and internally funded for some internal escalation bed capacity but requires whole system working to be equally escalated in order to ensure that capacity is adequate to meet the demands and needs of patient care during the winter period.

Service and staffing plans are in place for the bank holiday periods to ensure capacity – both emergency and elective – continue to deliver the necessary performance.

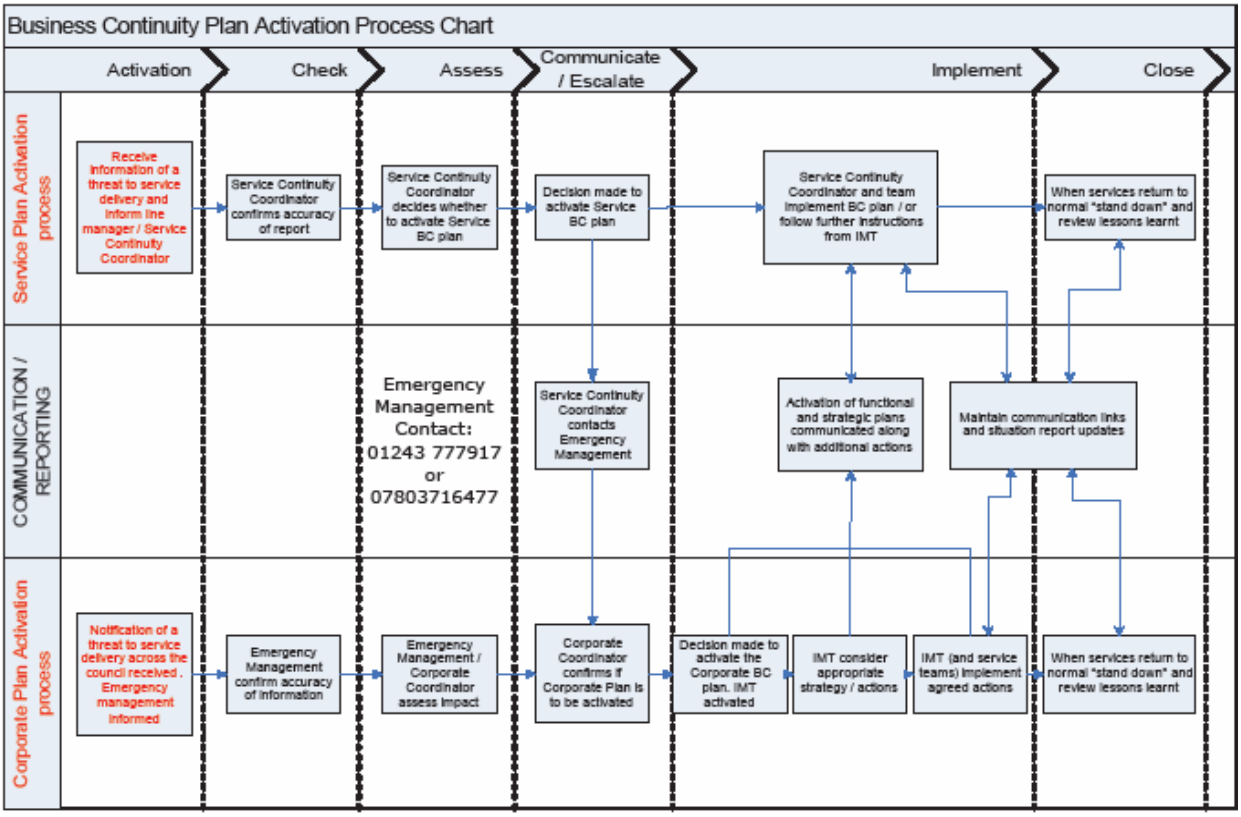
5.5 Escalation Process for Sussex Community Trust

Sussex Community Trust (SCT) needs to be able to respond effectively to varying demands on services in response to seasonally influenced pressures such as influenza and adverse weather, internal pressures such as increased staff absence or loss of facilities due to infection control issues and external pressures which result from fluctuations in demand and capacity within other members of the local health economy such as a sudden closure of a care home, or an increase in demand on or attendance at acute Trusts


Escalation Process SCT

5.6 Escalation Plan for West Sussex County Council

		Response Level		
		Level 1 (Operational)	**Level 2 (Business continuity)**	**Level 3 (Over-whelming event)**
Impact Area	People	Staff sickness – up to 25% of social work staff unavailable	More than 25% of social work staff unavailable	75% staff unavailable
	Premises	Loss for power up to half day. Loss of other utility up to half day	Loss of power over half day Loss of other utility more than half day	Permanent loss of power Permanent loss of othr utility
	Technology	Loss of IT for half day Loss of telephony for half day	- Loss of IT for more than 1 day – Loss of telephony for helpdesk for over 1 hour – Loss of telephony for more than 1 day	Total loss of IT Total loss of telephony
	Information	Loss of CIS for 1 day Loss of files for 1 day	- Lost backup – Loss of confidential information into public domain – No access to e-file if paper file lost	Total loss of all data
	Supplies	Late delivery of supplies by supplier	- Supplier unable to deliver for more than 1 month – Supplier / partner failure – e.g emergency closure / bankruptcy / court order (CQC)	No alternative supplier
	Stakeholders	Media no interest in incident Community no knowledge of incident	Media – local media interest Local community aware	National media interest National public awareness
	Operational / Environmental	Financial loss less than £5000 Legal penalties of less than £2000 Environment no effect	Financial loss of more than £5000 Legal penalties of more than £2000 Environment no effect	Large financial loss Legal action



The recovery of key service activities listed in service profile will be prioritised and their recovery managed, please the WSCC plan embedded below:

Service Continuity Plan for WSCC

5.7 Pan Sussex Escalation Process

All local health economies will have winter escalation/communication processes in place. The following process is for higher escalation between localities when local solutions are insufficient.

Pan Sussex Escalation Process

TRIGGERS: any of the below

- Provider faces significant pressures and moves into major Business Continuity Plan/PURPLE for over 36/48 hrs.
- LHE are responding but the position does not improve.
- >2 providers in PURPLE escalation

↓

ESCALATION PROCESS:

- Provider Director or delegate initiates PAN SUSSEX escalation process, calling partner organizations lead directors on duty or on call out of hours.
- The Provider director co-ordinates conference call of all providers*

*Chair options:
Propose initiating Provider Ops Directors take the lead or a roster of Ops director be established to take lead role tbc

↓

Chair - Provider Director leads and sets up conference call,
Conference number: XXXX

- Contact each Provider Director or delegated representative.
- Include appropriate agencies e.g. SECAMB, LA's, SPT etc
- Involvement of primary care/OOH?
- NHS West Sussex – commissioners ,if appropriate

↓

Chair coordinates a Sussex wide Management plan that includes:

- Escalation status of each provider, including details to resolve escalation eg delayed discharges, critical care transfers, elective capacity etc.
- Divert from affected Trusts (agreeing time limit, borders etc)
- Actions required from all partners to be recorded
- Involvement and liaison with SHA as appropriate
- Communications – internal and external
- Further conference calls or stand down
- Actions to be emailed to all organizations for handover/record

5.8 CWS System –Wide Demand/Capacity/Operational Management

CWS has produce an operational plan for a **whole system approach** to maintaining capacity and patient flow within all services throughout the Coastal West Sussex region. See appendix B for urgent care system information document, which details the process of a system live dashboard that will be used to management capacity and demand throughout the community. This documents sets out how CWS health and social care economy will operationally manage the system throughout winter. The work undertaken within this document demonstrates that there is a need for both winter planning investment and substantive investment for the urgent care system.

This document also outlines the demand and capacity system-wide planning that has taken place to ensure capacity planning for winter has included all health and social care services that will enable the system to function throughout winter. This document reflects the re-provision of community/social services required to cope with the reduction in acute beds.

5.8 Winter Pressure Capacity requirements for 2011-12.

All LHE organisations have worked together to produce a plan for winter which includes a range of additional services to support the whole system for patients.

Demands in the winter increase in all areas of the service and in order to ensure that care and support is given in the most appropriate setting for the patient a range of additional short term capacity is required.

Some of the following packages were recommended to be available during the 2011 / 12 winter period

- Additional Step Down Beds for patients to avoid delays in hospital and consequent pressures in A&E.
- Additional therapy and support for Community Beds to ensure optimum flow of patient through to home.
- Additional capacity in One Call One team to ensure admission to hospital is avoided wherever possible and prompt discharge is supported
- Additional home care hours to meet the rise in demand to support the increased demands
- Finally the flexibility of Spot Purchase Contingency funding for both Nursing Home Beds and Home Care to manage the peaks and flow of demand which can fluctuate over the winter months.
- Contingency funding also ensures that should direct recruitment fail – there is a back up plan to ensure winter capacity can still be managed successfully for patients.

5.9 Package Reporting Requirements

A weekly report will be supplied by the provider in the same format as provided during the 2011/12 winter period.

5.10 Package Evaluation Criteria

The following evaluation criteria are agreed: -

- Report on a weekly basis
- Date and time referred
- Date and time seen /assessed
- Source of referral
- Number of patients seen
- NHS/Hospital number
- Outcome of intervention if admission avoided using admission avoidance categories 1-3 below (Plus narrative)

Category of Admission Avoided	Definitions that fall into this category	Intervention Type
1. You diagnosed and initiated or prescribed treatment for a patient presenting with a new condition that if you had not done would have led to an acute hospital admission	**Nurse prescribing Identifying a new or acute illness and implementing a treatment/management/care package Eg UTI , fall**	**Package of care at home (could include equipment) Medication prescribed**
2. You diagnosed and initiated or prescribed treatment in an acute exacerbation of the patients chronic disease and that if left untreated would have lead to an acute hospital admission	**Medications Management Providing an intervention for an acute exacerbation of a chronic condition eg COPD / palliative care**	**Package of care at home(could include equipment) Medication reviewed / prescribed**
3. You initiated a service without which the patient would have would have been admitted to an acute hospital	**This may involve provision of care from one of the core services listed below or Referral to another service this may include GP, other community health services including community hospitals , adult services, voluntary or private sector**	**Provide a package of care within the virtual ward e.g. administer medication Referral to another service Placement in a community bed**

Christmas & New Year Staffing

6.1 Contact details

Organisation	Contact name and details
Coastal West Sussex Federation	Dominic Ellett/Matthew White
NHS Sussex	Juliet Warburton
Acute Trusts	Sally Smith/Karen Lillington
Community Hospitals	Jane Mules
One Call One Team	Nicki Leighton/Jane Mules
SECAmb	Lorna Stuart
Patient Transport	TBC
Out of Hours	Justin Cankalis
Community Pharmacy	Fiona Mcgonigal
Community Equipment	Penny Bolton
Home Oxygen Service	Jackie Tourle
Home Care Packages	Nicki Leighton
Community Nursing	Jane Mules
Continuing Healthcare	One Call
Home Intravenous Therapy Service	Jane Mules
Mental Health Services	Margaret Bracey General Manager mobile number 07825609319
Social Service in Hours	01243 777687
Social Services out of Hours	01903 694422

CWS Service Directory

7.1 Local Hospitals

- Southlands Hospital, Shoreham – 01273 455955
- St. Richard's Hospital A&E, Chichester – 01273 455622
- Worthing Hospital A&E, Worthing – 01903 205111

7.2 Urgent Treatment Centres / Minor Injury Units

- Bognor Regis War Memorial Hospital (MIU)
  Tel: 01243 623564
  Open 9am – 5pm, Monday to Friday (Closed weekends and bank holidays)

7.3 Community Hospitals

- Arundel and District Community Hospital
  Chichester Road, Arundel, BN18 0AB
  Tel: 01903 882543
  There is a physiotherapy outpatient department, community rehabilitation team and podiatry clinic. 20 beds.

- Bognor Regis War Memorial Hospital
  Shripney Road, Bognor Regis, PO22 9PP
  Tel: 01243 865418
  Specialising in rehabilitation and rheumatology, it provides a range of outpatient services including a Minor Injuries Unit (MIU).
  43 beds and 15 Rheumatology beds.

- Darlington Court
  The Leas of Station RoadRustington
  West SussexBN16 3SE
  Tel: 01903 850232
  Both step up and step down beds to support patients requiring rehabilitation and nursing support. 20 beds.

- Midhurst Community Hospital – The Bailey Unit
  Dodsley Lane, Midhurst, GU29 9AW
  Tel: 01730 819112
  There is an on-site physiotherapy outpatient department, community rehabilitation team and podiatry clinic. 17 beds.

- Salvington Lodge
  Salvington Hill, Worthing, BN13 3BW
  Tel: 01903 266399
  This is a hospital for elderly people with high-dependency needs which provides for patients who are physically frail or suffering from dementia. 32 beds (both NHS and fee-paying). The Burrowes Unit is a Sussex Partnership NHS Trust Ward with an additional 18 beds.

- Zachary Merton Hospital
  Glenville Road, Rustington, Littlehampton, BN16 2EA
  Tel: 01903 858100
  Palliative care, respite care are provided plus rehabilitation with intermediate care beds. There are multi-disciplinary teams, Intermediate Care teams and Community Matrons also on site. 36 beds.

7.4 Ambulance Services

Land based Ambulance services are provided by South East Coast Ambulance Service. As well as the traditional ambulance services, SECAmb also provide Paramedic Practitioners, Critical Care Paramedics and a Hazardous Area Response Team (HART).

Air rescue is provided by Kent and Surrey Air Ambulance who have two helicopters based at Marden and Dunsfold. Sussex Policy (H900) is also manned by a paramedic and is based at Shoreham. Deployment of the air ambulance is controlled through the HEMS desk within SECAmb.

7.5 Primary Care

There are approximately 57 practices in Coastal West Sussex caring for circa 480,200 patients. The list is available here:


Coastal West Sussex Practice List

GP's will continue to provide primary medical "essential services" between 8.00am and 6.30pm Monday to Friday, excluding public holidays. GP's are responsible for directing patients to out of hours services e.g. by telephone answer phone messaging, posters in the practices.

GP practice business continuity (and flu) plans will be checked individually with practices by the CSU. This will identify any practices whose plans are not up to date or robust.

The Out of Hours service is operated by Harmoni and applies to the whole of West Sussex. Out of Hours doctors can be visited, by appointment only, at Worthing Hospital, St Richards Hospital Chichester, Horsham Hospital, Crawley WIC they also operate from Pulborough medical centre, The Avenue Surgery in Burgess Hill, Park Surgery Littlehampton, Dr Pesketts Surgery Lancing and from the Queen Victoria Hospital East Grinstead. Patient access for Harmoni's is 0300 130 1313. On call managers can bypass the patient line by calling 01903 311411 (NB this number is not to be given to patients).

Winter planning Harmoni

Winter rosters will be adopted by Harmoni West Sussex, these are based on historical and projected data demands and include multiple clinicians working from major bases, additional vehicles including 4x4's, back up resilience with regards to IT and telephony whereby if demand exceeds capacity we are able to overflow calls to our sisters in Harmoni, visa versa. We shall also increase our on call; rota and home working capacity,

whereby selected clinicians are able to "log on" to the Harmoni system and triage or conduct home visits if demand dictates. Harmoni also utilise their internally developed escalation tool that informs coordinators when to escalate matters to the next level.

7.6 Health Centres

The centres provide a range of community services including podiatry, family planning, speech and language therapy, district nursing, health visiting, school nursing and resources for the disabled. The health centres are also used as a community base for GP practices and the distribution of welfare infant formula and hearing aid batteries. Most of these services can be accessed direct by contacting the health centres.

Bognor Health Centre
West Street Bognor Regis
West Sussex PO21 1UT
Tel: 01243 826541
http://www.bognor-practice.co.uk/

Durrington Health Centre
Durrington Lane Worthing
West Sussex BN13 2RX

Lancing Health Centre
Penstone Park Lancing
West Sussex BN15 9AG

Chapel Street Clinic
Chapel Street Chichester
PO19 1BX

Littlehampton Health Centre
Fitzalan Road Littlehampton
West Sussex BN17 5HG

Shoreham Health Centre
Pond Road Shoreham-By-Sea
West Sussex BN43 5US

Steyning Health Centre
Tanyard Lane Steyning
West Sussex BN44 3RJ

7.7 Community Services

All community services will be provided in accordance with planned activity levels and contractual requirements. Services will flex their staffing within existing resources to cover bank holidays and weekends ensuring that 'pinch points' are reduced as much as possible.

Community services provide a comprehensive range of services which can be accessed via One Call on : 0845 0920414.

7.8 PALS (Patient Advice and Liaison Service)

PALS provides help, information, advice and support to help sort out any concerns or queries a member of the public may have regarding local services and can advise on how best to resolve problems relating to healthcare.

Tel: 01903 505456
Email: palssouth@westsussexpct.nhs.uk

7.9 Mental Health Services

Activity in mental health services is generally stable over the winter although there can be a reduction in planned activity and a small increase in unscheduled care but this sits within operational parameters. The main influence on this is weather conditions. The

normal performance framework applies for emergency and routine wait times (4 hours and 4 weeks respectively). During the forthcoming winter period the Trust will begin to implement its new way of providing ageless Mental Health services and specialist dementia services to the people of the South of West Sussex. These will be provided from at least 3 hubs in Chichester, Bognor and Worthing. The new services will deal with patients in a more effective and efficient way.

The extended break over the Christmas and New Year period can result in vulnerable people becoming isolated. Contingency plans will be in place for such individuals and these are available through e-CPA for the Crisis Resolution Home Treatment (CRHT) service, A&E Liaison staff and Community Mental Health Team staff.

There are a number of acute Mental Health Wards across Coastal West Sussex based in Chichester and Worthing. The impact of new community services has resulted in shorter length of stays and a reduction in delayed transfers of care.

When 'normal' bed capacity is full there are agreed escalation plans e.g. leave beds, urgent clinical reviews, and accelerated discharge with support from CRHT, covering adults and older people. In-patient wards are identified as priority, with professional leads providing clinical interventions.

Crisis teams operate 7 days a week with extended hours for people of all ages and there are 2 Dementia Crisis teams for people of all ages. The dementia Crisis teams are developing very close working relationships with services such as Intermediate care. The Trust is also represented by Colin Lindridge on the work stream looking at the Frail Elderly and Long Term Conditions strategy.

There are liaison services based in acute hospitals in Worthing and Chichester. The Older Persons service has recently been reviewed and further resource added.

The out of hours contact for mental health would be the same which is by the on call Doctors or the Senior Nurse Practitioners which are known to the Acute Trusts.

7.10 Social Care

7.12.1 Western Hospital Social Work Service

Covering St Richards Hospital, Bognor War Memorial Hospital, Midhurst Community Hospital and Arundel and District Community Hospital
Manager – Kim Morgan Tel 01243 788122 ext 5225

7.12.2 Southern Hospital Social Work Service

Covering Worthing and Southlands Hospitals, Zachery Merton Hospital and Salvington Lodge.
Manager – Angela Nightingale Tel 01903 285202

7.12.3 Local Social Work Offices

Bognor Regis Durban House, South Bersted Business Park, Durban Road, Bognor Regis, PO22 9RE

Chichester 1a East Row, Chichester, PO19 1PD

Littlehampton 44, High Street, Littlehampton, BN17 5ED

Shoreham Glebelands, Middle Road, Shoreham, BN43 6GA

Worthing Centenary House, Durrington Lane, orthing, BN13 2QB

Telephone Contact for all offices is via 01243 642555

7.11 Pharmacy

Pharmaceutical services in Coastal West Sussex are provided by:

- **Community pharmacies (96)** which provide the full range of pharmaceutical services and may choose to, or be commissioned to, provide additional services. They also provide readily available, sound professional advice, access to over-the-counter medicines and help to deal with everyday health concerns and problems.
- **Dispensing doctor practices (11)** that provide dispensing services to people in rural areas.
- **Dispensing appliance contractors and wholly mail order and internet pharmacies** which provide pharmaceutical services via home-delivery, meaning that people in Coastal West Sussex can access those based both inside and outside the area.

Contact details of all community pharmacies are available through NHS Direct, including hours of opening, and further details such as locality maps are available in the West Sussex PCT Pharmaceutical Needs Assessment (PNA) published on the PCT website at www.westsussex.nhs.uk/pna . Some community pharmacies (3 in Arun district and 2 in Worthing.) provide extended access and are contracted to provide pharmaceutical services for 100 hours a week.

NHS Sussex uses a rota scheme to ensure pharmaceutical services are available on days when the majority of community pharmacies are going to be closed (usually on bank holidays). A pharmacy in each area of the county is required to open for around two hours so that prescriptions written by the out of hours (OOH) service can be dispensed. This also ensures that support for self care through the provision of over the counter items is also available.

Details of which pharmacies are open over holiday periods are distributed to all community pharmacies (including a copy to display), GP practices, the out of hours service and local media. The information is also given to the NHS Sussex and NHS Choices (www.nhs.uk) websites.

18 Community Pharmacies in Coastal West Sussex provide an enhanced service to ensure access to emergency palliative care and specialist drugs – this is not a specific out-of-hours service but is provided by some of the 100-hour pharmacies. Most pharmacies in Coastal West Sussex provide the Emergency Hormonal Contraception (EHC) Enhanced Service, to ensure access to EHC, including under 16's, avoiding the necessity to use in- and out-of-hours GP and A&E services. Community pharmacy business continuity plans are held by the pharmacy and checked by PCT.

Appendices

Appendix A CWS Winter Planning Representatives (members of the Unscheduled Care Board and/unscheduled care operational Group

Service	Representative
Coastal West Sussex Federation	Katie Armstrong Dominic Ellett Sarah Weston Matt White
Western Sussex Hospital Trust	Jane Farrell Sally Smith Rob Haigh David Hunt Amanda Wellesley Karen Lillington
Sussex Community Trust	Jane Mules Annie Hampson
West Sussex County Council	Jenny Daniels Rachael Roberts
Joint Commissioning Unit	Lorna Hart
SECamb	Lorna Stuart Andy Collen
Harmoni	Kevin Evans Justin Cankalis
Sussex Partnership Foundation Trust	Neil Waterhouse Mandy Assin Victoria Wray
Community Pharmacy (involvement as and when)	Fiona Mcgonigal
NHS Sussex	Juliet Warburton

Urgent Care System Improvement Plan 2011/12:

Operational Plan & Live System Dashboard

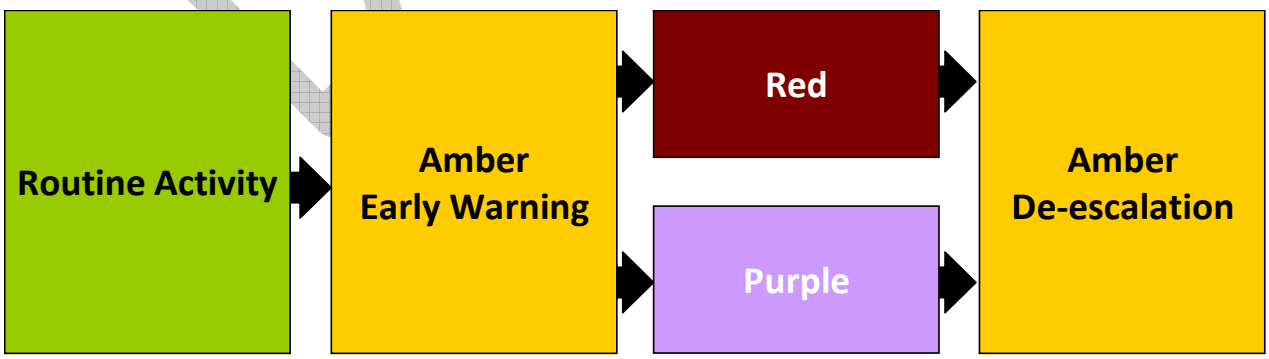
October 2011

Operational Plan

This document sets out the Operational Plan for a **whole system approach** to maintaining capacity and patient flow within all services within the Coastal West Sussex region. It has been agreed by a multi-agency group (the Unscheduled Care Operational Group) on behalf of the Unscheduled Care Board. The group is made up of representatives from Coastal West Sussex Clinical Commissioning Group, Western Sussex Hospitals Trust, Sussex NHS Community Trust, Sussex Partnership Trust, West Sussex County Council plus Harmoni (GP OOH), and SECAMB (ambulance). **The design and execution of this system has been made possible by the engagement and support of all these partners working together.**

It is hoped that this new system will commence in from November 2011/12 but, should it prove successful, will continue as a permanent way of **coordinating the flow of patients through the system**, minimising delays to transfer and discharge and maximising our capacity through efficient use of our resources.

The intention is that this system will allow **informed forward planning** to ensure adequate capacity at all times, avoiding, where possible, blockages in the system.



No change	Move resources to avert crisis	Trigger escalation plan, spot purchasing as required	Continue remedial action

Capacity / Need Analysis

In order to establish the current resources within our health and social care economy, to explore the flexibility in the system and establish what extra resources are required to maintain patient flow during the busy winter months, **a capacity/need analysis** was undertaken.

Winter demands are predictable but not necessarily consistent in terms of when and where peaks of activity can occur.

The impact of varying weather conditions, viral conditions eg norovirus, flu, can all impact on demands for all sectors of the service.

Current service redesign has created changes in the way patients are cared for and demands may be different in each sector compared with previous years. In addition there has been some delay in embedding all the changes which has in services not yet operating to full capacity.

The move to increased admission avoidance, enhanced community support, reduced hospital stays, elective care in 18 weeks are all examples of the changes in healthcare.

Nevertheless previous years experience have shown there is a need to have additional capacity is all parts of the system, some of which has been accounted for within current plans, but there is risk because of the significant service redesign that service provision will not be adequate and gaps have been identified which require support.

All sectors have prepared for some escalated capacity however additional contingency is required which reflects these needs and reduces the risk of service failure through winter.

Short term non-recurring funding for a range of service capacity enhancements can bridge this gap for the immediate identified risk, in addition to having a **contingency fund** which can be used to spot purchase social care packages and residential beds from the independent sector as required during the peaks of demand in busy winter months.

Live Dashboard

Working together as a whole system is challenging but essential to the success of providing patients with care in the right setting.

Ensuring timely communications of the capacity, demands and pressures across the health and social care system will assist decision making.

A live dashboard will be completed twice a day via the daily operational threshold meetings that will take place, please see appendix B for the process. The dashboard has been designed which will display the current availability of our 4 key types of out-of-hospital care together with a status report of hospital capacity

The capacity reported is:

1. **Domiciliary care only**
2. **Domiciliary care and therapies**
3. **Community bed care only**
4. **Community bed care and therapies**

The dashboard will also display the status of each provider (green/amber/red/purple) and the expected movement within the system (eg. 5 patients due to be discharges, 2 to be admitted etc). It will also contain information regarding untoward incidents and other key pieces of information needed by the recipients in order to facilitate forward planning for capacity.

The dashboard will be held by a **care coordinator** who will take requests from the community and the acute trust and access the appropriate care as required to avoid unnecessary admissions and facilitating timely discharge from acute and community beds, thus maintaining flow in the system. As our resources become depleted, the care coordinator will be able to access a contingency fund in order to spot purchase additional residential and domiciliary care and rehab therapies as required.

The dashboard will be populated by **data received twice daily** from the providers by email. It will be updated and sent back out to the providers and other relevant partners, allowing the whole system view for those involved.

The Care Coordinators will link with all providers on a daily basis through winter by attending **daily threshold meetings** hosted by the acute hospital. These will be attended by representatives of SCT/ WSCC/ WSHT who will have authority to influence the system and take decisions. This will be the

forum for agreeing status of the system and, as trigger points are breached, to agree the need to spot purchase additional care/beds.

Weekly Operational Group meetings will take place which will be attended by a broader group including CWS, SECAMB, Harmoni. These will update all parties on the status of the system, the status of each individual part of the system, and any issues which need to be addressed.

NHS
Coastal West Sussex
Clinical Commissioning Group

Live System Dashboard

Date Updated 01-Oct-11

Overall Status	

Care Area	Available capacity	Status	Current delay	Impending movement information
West - ARCH - Chichester and Regis				
Domicilliary Care				
One Team care only	eg. 100 hours	eg. Green	eg. <6hrs	eg. 2 expected discharges this afternoon
Social Care				
One Team Care & Therapy				
RISS care & therapy				
Community Beds				
Care Only				
Care & Therapy				
Acute Beds - SRH				
Acute Beds	N/A			
Social Care				
Long Term Care	N/A			
East - Adur, Arun, cissbury				
Domicilliary Care				
One Team care only				
ICT care only				
Social Care				
One Team Care & Therapy				
RISS care & therapy				
Community Beds				
Care Only				
Care & Therapy				
Acute Beds - Worthing				
Acute Beds	N/A			
Social Care				
Long Term Care	N/A			

Untoward Incident Tracker

Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open
Date	Trust	Location	Details	Open

APPENDIX A

NHS
Coastal West Sussex
Clinical Commissioning Group

Urgent Care System Improvements 2011/12

Demand & Capacity Analysis

October 2011

Introduction

1.1 Purpose of this document

This document describes the requirements for winter capacity across Coastal West Sussex health and social care economy against estimated demand. Demand is calculated through previous local experience combined with a needs analysis of current pressures following the significant redesign programme that has been implemented this year.

The dynamics within the system have changed in year and patient flows are increasingly changing to reflect the new services provided which are still embedding but include enhanced admissions avoidance, increased community delivered care, early discharge and support, expanding ambulatory care.

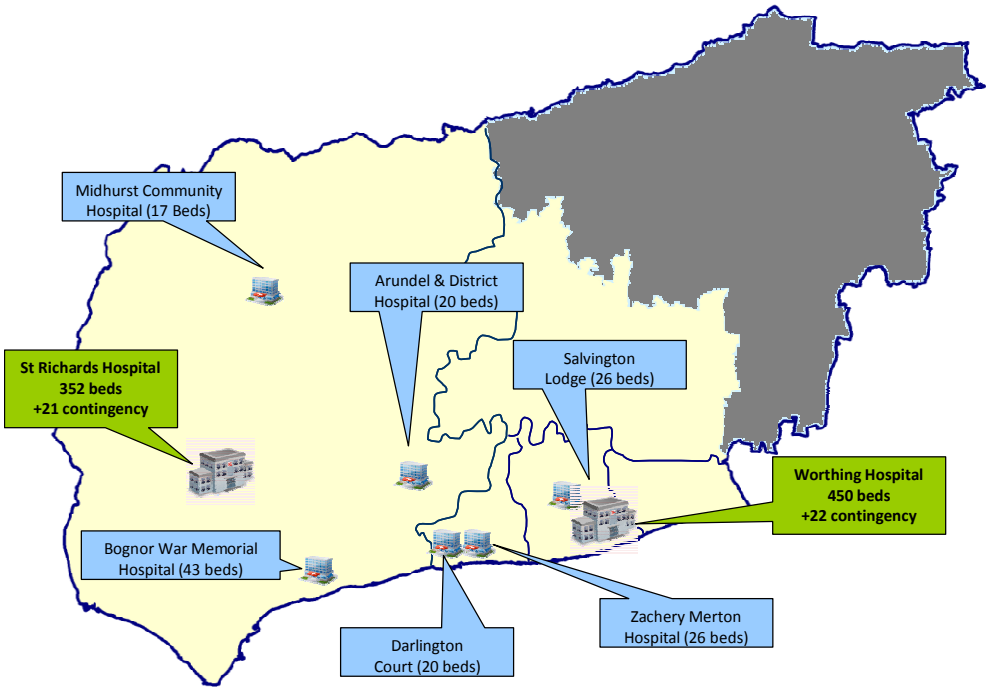
The new service provision has yet to be tested through the winter period and the peaks of demand that can create.

This change together with the need to ensure elective capacity in hospitals is maintained through the winter period to deliver the 18 week RTT target (previously this capacity could be used for emergencies in winter) are two big differences to the system compared with previous years.

As a result the LHE have developed a proposal for short term enhanced capacity with contingency to ensure that safe patient services can be maintained across the system this winter.

1.2 The geography of Coastal West Sussex

Across Coastal West Sussex facilities are located as shown below. Acute Hospitals are shown in green and Community hospitals are shown in blue.



Demand & Capacity Analysis

Current demand and capacity continue to be monitored via the Unscheduled Care Board as part of the ongoing management of the LHE service redesign and this will continue through winter to inform the future commissioning of services. Detailed information is available

2 Urgent Care System- Areas for Investment

2.1 Winter Plan Investments for November 2011-April 2012

Area	Service	Rationale/Proposal	Deliverable/Impact	Finance Bid	Ease /Risk of delivery
East	Intermediate Care	Demands on this service have grown with the redesign programme and delays in accessing result in patients staying in hospital inappropriately. The key issue is insufficient home care hours.	Additional 50 hrs/week home care can be commissioned from existing providers This would provide additional care for 5 patients a week	£ 17,600	
West	Intensive Care at Home	The need for enhanced therapy to support patients out of hospital and community beds assists the flow of patients back into the community. A lack of provision results in delays in discharge in all bed sectors.	Temporary increase of Physio and additional generic workers will provide the necessary capacity and enable 5-7 patients a week to move from community beds into home environments	£74,700	

Coastal					
	RISS	Demands on this service have grown with the redesign programme and the demands in both community and acute beds. Delays are evident currently so demands will increase in winter	Build additional capacity into our two commissioning teams covering the coastal area. This will ensure patient flow out of RIS as it will address current delays in moving patients on from RIS to a commission package of care	£ 80,000	
	Family Liaison	It has been identified that patients/carers often take longer than the 7 day timeframe to find a suitable placement and for discharge to be arranged, these delays affect both acute and community beds and are considerable in numbers.	The proposal is that an independent neutral voluntary provider is commissioner to support patients and carers in finding placements This could release up to 7-10 patients a week	£25,000	
	One call, One team	Current demands have been greater than predicted and the rise in winter will put significant delays into the system which create clinical inefficiencies and risk to the whole service redesign programme.	Proposed increase in capacity for call volumes and timely response and service provision to avoid admissions and support discharge . The impact will be to release senior clinical staff waiting and reduce risk to patients.	£ 196,755 Includes the full multidisciplinary team for 6 months	

			All current metrics will be monitored via the Urgent Care dashboard.		
Coastal	Acute Hospital Capacity – Additional Escalation	WSHT have budgeted for additional winter bed capacity and enhanced clinical support in therapies, imaging and pharmacy to flex to the predicted increase in winter activity and acuity profile of emergency patients	The escalation plan is in line with previous years increases based on expected demands but is reliant on the whole system of community and social care enabling patients to transfer from hospital without undue delays. In addition this year's plans reflects the new service redesign programme (One call, One team) as agreed.	Funded from WSHT	
Coastal	Additional escalation Community / Step down Beds - including spot purchase of beds and care packages	Evidence demonstrates that Winter demands require additional step down capacity in terms of community beds , beds with rehabilitation input, and heavier community care packages as the acuity of patients can be greater at this time of the year.	The benefits of forward planning this capacity are that both cost and efficiency can be improved. If left to reactive opening the use of expensive agency staff can increase the cost significantly. The proposal is to provide additional beds in a range of current locations across the	To provide a range of service provision in various locations: Up to £ 650,000	

		A contingency to fund a range of services flexibly .for the purpose of ensuring appropriate discharge and admission avoidance from acute and community hospitals is achieved during extreme peaks of demand where responsive/reactive capacity is critical to patient safety.	coastal area with multidisciplinary team support for effective LOS and therefore maintaining the value of the additional beds and ensuring optimal patient flow . Forward planning of spot purchasing can also be achieved with improved unit costs if agreed in advance.		
				Total Cost- £961.055	

2.6 Whole-system risk

Risk for the system	Solution
➢ The acute trust has planned their capacity based the whole system agreement that there will be less than 3% delay of discharges because of LA and community bed pressures. The current delays are at between 4-5%.	➢ There is a contingency fund built into this proposal to be used when the system has become blocked over the winter period. However, the suggested contingency fund may need to be increase to cover the already over stretch system.
➢ The process has begun for RISS to be outsourced in April 2012; therefore it is difficult to estimate the impact of this on both the service itself and the system	➢ Risk to current service being maintained therefore contingency required
➢ Midhurst Hospital may need to close 5 beds mid November to the end of December to fix drains. This will have an impact on our community bed stock	➢ Expansion to community beds and contingency funds would mitigate
➢ Recruitment of all staff identified in this proposal for a 6 month period may prove difficult. Both in terms of timeliness to deliver new recruits plus potential to move professionals from one sector to another creating gaps which will require premium cost back fill	➢ This would result in use of agency and therefore less capacity may be achieved hence the need for contingency
➢ If there is an untoward incident such as a significant outbreak of norovirus, may cause major blocks into a system that is already over stretched.	➢ Built into the proposal the purchase of community beds to cover this lostsin bed stock, along with a contingency fund that will allow the option of spot purchase as and when necessary
➢ If contingency funding not allocated there is potential risk to the LHE if winter demands are greater than planned in terms of capacity in hospitals and community services which will result in patients being delayed in beds and risk to the delivery of safe	➢ Contingency fund needs to be accessible in case of untoward demands or incident. This will be evidence the daily dashboard which monitors any incident and the impact on the system.

A&E services and elective care. ➢ The unknown impact of significant changes to social care in terms of new criteria under fair access to care. The impact to community services in terms of increased demand and acuity of patients requiring support.	➢ Contingency bids will be needed to mitigate

APPENDIX B

DAILY OPERATIONAL THRESHOLD PROCESS

Frequency
To be undertaken daily Nov 2011 – Mar 2012

Purpose
To review complex discharges in acute care and blockages both internal and external within the community and social care settings. There will be a whole system approach to maintaining patient flow throughout the system

A. Representatives required are:
1. Adult Social Care
Required at all states of escalation
Hospital Social Work Managers

Required in Red/Purple
Community social care managers -Martin Sherrard
Hospital social care managers - Rachael Roberts

2. SCT
Required at all states of escalation
Winter Lead - Rosie Keys

Required in Red/Purple
Winter Lead - Rosie Keys
SCT Head of Locality - Jane Mules

3. Commissioning
CHC representative will be present in event of no panel taking place that week. CHC we will continue to email out each day the list of patients and status for CHC to feedback by 12 md

Required in Red/Purple
CWS winter - Sarah Weston- will be informed of progress. The attendance at the meeting will happen at the weekly operational meetings

B. The proposed process is:
1. By 1000 the daily WSHT complex discharge list will be emailed to those above - please let me know if you need people to be added. My colleague Becky Gray who I have copied into this email will send this list daily as she has a NHS account which meets the governance requirements of SCT. When my account is set up it will come from me.

2. 1400 we will have a conference call to go through the complex discharge list by patient to ensure that there is agreement on the plan and priorities. This will include Worthing and SRH patients. Conference Call details:

0844 4 73 73 73
PIN is **771917**

3. Agenda
The list will be sorted in the following way so the agenda will be run through as follows:
SRH then by next step
WASH then by next step

WESTERN SUSSEX HOSPITALS NHS TRUST

To: Board

Date of Meeting: 24th November 2011 Agenda Item: 9

Title:
Report on Organisational Development and Workforce performance
Responsible Executive Director
Denise Farmer, Director of OD and Leadership
Prepared by
Jennie Shore, Deputy Director of HR
Status
Disclosable
Summary of Proposal
The report describes the organisations performance against the delivery of the Workforce and OD strategies, It highlights key activities in month in relation to organisation and workforce development issues.
Implications for Quality of Care
High Quality Care Investing in development of the workforce Sustainable services
Financial Implications
Supports good financial performance
Human Resource Implications
As described
Recommendation
The Board is asked to NOTE the report
Consultation
n/a
Appendices
n/a

This report can be made available in other formats and in other languages. To discuss your requirements please contact Graham Lawrence, Company Secretary, on graham.lawrence@wsht.nhs.uk or 01903 285288.

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board Date: 24 November 2011

From: Denise Farmer, Director of Organisational Development and Leadership Agenda Item: 9

FOR INFORMATION

ORGANISATIONAL DEVELOPMENT AND WORKFORCE REPORT

1.00 INTRODUCTION

1.01 This report sets out the key OD and workforce issues at 31 October 2011.

2.00 SUMMARY OF PROPOSAL

2.01 Set out below is an update on the change management initiatives affecting staff:

Paediatrics: The TUPE transfer of the Health Visitor Liaison Team into the Trust did not take place on 1 November due to delays in the staff information provision by the current employer: a revised transfer date of 1 December has been agreed.

Lilac Ward: All staff affected by the move of Lilac Ward at Southlands to Worthing to create an acute and rehabilitation stroke ward have now been redeployed. The majority of staff have been matched to their preferred choice of post/ward.

Speech and Language Therapies: The current service is now being reviewed following the transfer of work from Lilac Ward to Worthing.

2.02 At the end of October, over 2,300 staff have been vaccinated, of which 1,900 staff are frontline. This represents 41% compared to 36% last year. Further clinics are being held by the Occupational Health teams during November before the vaccine is offered more widely across the Trust.

2.03 The number of completed Staff Survey questionnaires is currently at 36%. First reminders have been sent to staff and in areas where there is a poor return rate, managers, trade union representatives and HR advisors are encouraging completion.

2.04 We are now actively preparing for the national Day of Action on Wednesday 30 November 2011. This follows the outcome of the ballot by Unison in which the mandate for strike action was given. We continue to await the outcome of other ballots including the Chartered Society of Physiotherapists and Society of Radiographers.

Managers have been briefed and are currently determining the likely impact. A letter to all staff has been issued setting out the Trust's position and what the impact will be on terms and conditions in the event that they decide to take strike action.

An extraordinary meeting of the Management Board will be held on 16 November to review the impact on services.

2.05 A number of Consultant appointments have been made including Cardiology, A&E, Gastroenterology, Respiratory and Anaesthetics and the new staff will be joining the Trust from January.

2.06 In the month an Employment Tribunal claim for racial harassment was lodged. This is the only active claim the Trust is currently defending.

3.00 RECOMMENDATION[S]

The Board/Committee is asked to:

a) NOTE this paper

4.00 WORKFORCE CAPACITY

4.01 Workforce capacity marginally reduced during October although activity levels within the Medicine Division remain high. Whilst bed numbers have been reduced, as planned, in some areas, escalation beds have remained open on Erringham ward at Worthing.

4.02 There has been a steady decrease in the use of agency staff for the last 3 months and during October, this fell to 1.69% of total workforce used. This compares to 2.62% in October 2010.

4.03 The amount of temporary staff used in October was 479.80 wte compared to 536.88 wte for the same period last year.

4.04 Within Medicine, with the exception of A&E, the reduction in medical agency staff has been achieved by covering only the on-call commitment of junior doctor vacancies. Due to difficult to fill vacancies at Middle Grade in A&E, shifts continue to be covered by NHS and agency locum.

4.05 Within Facilities and Estates, an increase in the use of bank staff accounted for its improvement in workforce capacity this month. The Division has confirmed that other than in Catering, where significant difficulty in recruiting chefs is experienced, agency usage has ceased.

5.00 WORKFORCE RESOURCING

5.01 In the month there were 31 joiners to the Trust and 35 leavers. Turnover is running higher than last year and if this trend continues, it is anticipated that the end of year position will be circa 10%.

5.02 A third of leavers and 50% of all retirements have been experienced from the administration, estates and management staffing groups.

5.03 Within the medical workforce the Trust has successfully recruited to a number of senior and training grade posts and new staff will joining the Trust in the next few months. Cardiology will be fully staffed from January 2012.

5.05 Over 20 Housekeepers were recruited during October and once the employment checks and training is completed, will contribute to a reduction in the number of vacancies within the Directorate.

6.00 WORKFORCE EFFICIENCY

6.01 Sickness absence increased in September to 3.57% (a cumulative position of 3.16%) and rose sharply in the month within Facilities and Estates, accounting for an increase in the use of bank staff. The detailed sickness absence reports do not indicate large increases in the numbers of staff reaching the trigger points for action. Therefore, this is now being investigated within the Division.

6.02 Briefing and coaching sessions with Divisional management teams continue to be delivered by the HR team.

6.03 The number of staff with completed appraisals within the last twelve months at the end of October was 68%. The Women and Children division continues to demonstrate significant improvement, albeit still behind trajectory.

6.04 Improvements in the number of completed appraisals have been achieved in all Divisions except Facilities and Estates. A detailed action plan has been developed and managers have been reminded that failure to adhere to the recovery plan will lead to pay progression being withheld.

6.05 Attendance at statutory and mandatory training has improved again this month across all categories. This currently averages at 81% compared to 75% last month.

7.00 WORKFORCE SKILLS AND DEVELOPMENT

7.01 The number of staff who attended training in October has increased in all categories, averaging at an increase of 6.09% since the end of September. The rate of attendance across all statutory and mandatory courses is now 81.14%. Charges for DNA (non attendees on courses) were introduced on 1 November and it is anticipated that this will have a significant impact on the current rate.

Additional Annual Clinical Updates and Patient Handling courses have also been booked for the remainder of 2011 to ensure there are no waiting lists for any statutory and mandatory training.

7.02 The Learning and Development Unit has organised a series of bite-sized (2 hours) Leadership Master classes, to be delivered by NHS Elect. These master classes will be aimed at band 7 and above and will start in December. Sessions currently advertised are as follows:
Influencing, Relationship Management and Conflict Resolution; Improving Customer Care in your Department/Directorate; Project Management and Internal Consulting Skills; Fundamentals of NHS Finance and Contracting; NHS Policy and Legal Briefing.

8.00 COMMUNICATIONS AND ENGAGEMENT

8.01 Proactive publicity this month has included coverage of the investment in Worthing Hospital (Outpatients, wards, paediatric A&E and theatres), the Trust's employee of the month for October, Catrina Gooderham, Alcohol Liaison Nurse who appeared on several local radio stations including BBC Sussex and staff who received their NVQ, Diplomas and Apprenticeships featured in several local newspapers.

Internal and external communication support was also very effective during the recent power cut with press releases on the birth of a baby at Worthing at 11 minutes past 11 on 11th November 2011 gaining national media coverage.

8.02 The developers of the Smoothie shakes (Ashling ward) designed to help patients take in vital calories and vitamins and previous employee of the month winners, have been short listed for a Portsmouth News 'We Care' award.

8.03 A maternity brochure has been produced for mums-to-be providing them with information about the Worthing maternity unit. This compliments the existing St Richard's brochure and will be circulated via midwives and GP surgeries.

8.04 Engagement activities include support for a series of information sessions for members interested in becoming governors as well as the publication of the autumn edition of the Trust's stakeholder magazine, In Touch.

9.00 FUNDRAISING

9.01 The lottery continues to attract new players from the general public and the players total circa 900 with slight fluctuations. Road shows are now planned in Worthing and St Richard's to sign up new players from the public and we continue to work with payroll in launching this as a payroll payment.

9.02 Legacy marketing is a key area of development and our new leaflets are regularly sent to all solicitors in our area. In the New Year we will be organising a solicitors' information evening and will book this with relevant board members to co-ordinate attendance.

9.03 Since the last board report we have held two successful events. The Christmas Fair was a great success and early calculations show an increase from last year both in attendance and income. The Pink and Purple ball was well attended and money is still being sent in for auction items. A total will be included in the next Board report.

A performance of Handel's Messiah is taking place on the 11 December at Arundel Cathedral to raise funds for the Cath Lab Appeal. Tickets can be obtained from 01243-831799.

10.0 STRATEGY AND PLANNING

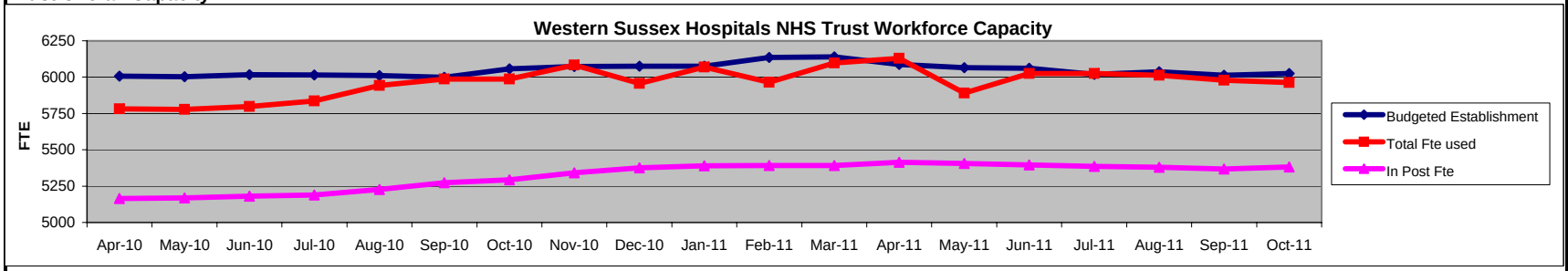
10.01 A further workshop was held with Divisional leadership teams and the Executive to refine key strategic developments to inform the annual plan.

10.02 Work is underway with Divisions to develop the first cut annual plan by January.

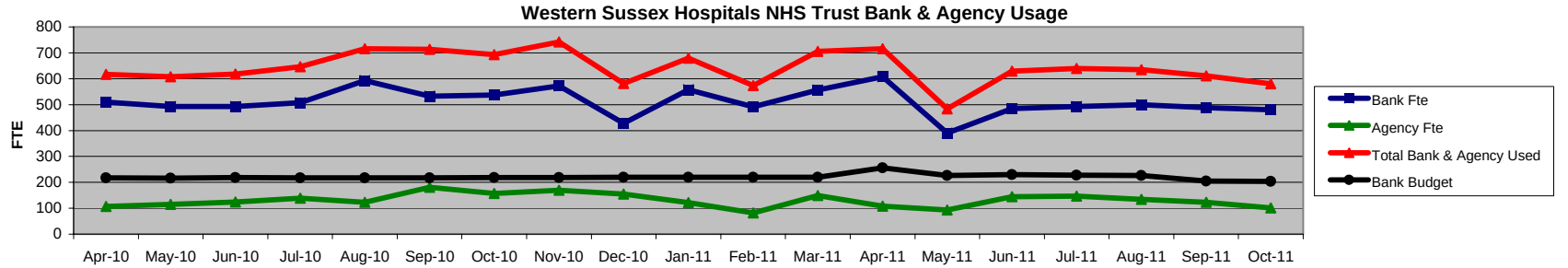
Trust Workforce Scorecard as at 31st October 2011

Workforce Capacity

Trust Overall Capacity



		Actual					Substantive	% Temp	
	Budget	Substantive	Bank	Agency	Total Used	Variance	Staff %	Staff used	% Capacity
Medicine	1537.00	1385.53	161.64	50.12	1597.28	60.28	**90.14%**	**13.78%**	**103.92%**
Surgery	1362.60	1215.60	92.57	21.92	1330.09	-32.51	**89.21%**	**8.40%**	**97.61%**
Women & Children	657.58	619.92	32.22	10.44	662.58	5.00	**94.27%**	**6.49%**	**100.76%**
Core	1143.23	1099.95	35.30	2.04	1137.29	-5.94	**96.21%**	**3.27%**	**99.48%**
Facilities & Estates	714.76	502.32	135.36	4.68	642.35	-72.41	**70.28%**	**19.59%**	**89.87%**
Corporate	609.48	558.35	22.71	11.67	592.73	-16.75	**91.61%**	**5.64%**	**97.25%**
Trust Total	**6024.65**	**5381.66**	**479.80**	**100.86**	**5962.33**	**-62.32**	**89.33%**	**9.64%**	**98.97%**



% of Total workforce Used - Agency Staff used by Group												
	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Medical & Dental	7.72%	7.71%	6.85%	4.72%	8.45%	6.59%	6.21%	6.77%	6.48%	6.51%	6.03%	5.84%
Qual. Nurses & Midwives	4.31%	3.91%	2.85%	0.84%	2.77%	2.00%	1.76%	2.41%	2.66%	3.17%	2.62%	2.25%
Qualified Scientists	3.58%	2.63%	2.63%	2.54%	4.10%	4.36%	1.20%	5.41%	5.36%	1.85%	0.61%	0.00%
Qualified AHP's	1.11%	1.05%	0.84%	1.20%	0.67%	0.00%	0.46%	0.28%	1.20%	0.53%	0.47%	0.44%
HCA's & Support Staff	0.80%	0.66%	0.45%	0.90%	1.15%	0.44%	0.41%	0.67%	0.64%	0.62%	0.37%	0.29%
Managers & Snr Mgrs	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Administration & Estates	0.75%	0.62%	0.34%	0.77%	0.58%	0.85%	0.72%	2.96%	2.45%	1.52%	2.30%	1.20%
Others	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	**2.78%**	**2.59%**	**2.01%**	**1.37%**	**2.44%**	**1.76%**	**1.59%**	**2.40%**	**2.43%**	**2.25%**	**2.05%**	**1.69%**

Workforce Resourcing
Trust Overall Turnover

	Vacancy Factor		Turnover				
	Substantive	Total Workforce Used	Cumulative Turnover Target	Cumulative Turnover Actual	Permanent staff YTD Leavers	Permanent staff YTD Joiners	Ethnicity
Medicine	**9.86%**	**-3.92%**	11.00%	**7.93%**	89	49	22.67%
Surgery	**10.79%**	**2.39%**	11.00%	**6.70%**	63	43	26.89%
Women & Children	**5.73%**	**-0.76%**	11.00%	**7.49%**	34	16	14.67%
Core	**3.79%**	**0.52%**	11.00%	**8.83%**	77	50	16.92%
Facilities & Estates	**29.72%**	**10.13%**	11.00%	**9.60%**	36	7	20.34%
Corporate	**8.39%**	**2.75%**	11.00%	**8.02%**	30	22	7.02%
Trust Total	**10.67%**	**1.03%**	**11.00%**	**7.95%**	**329**	**187**	**19.69%**

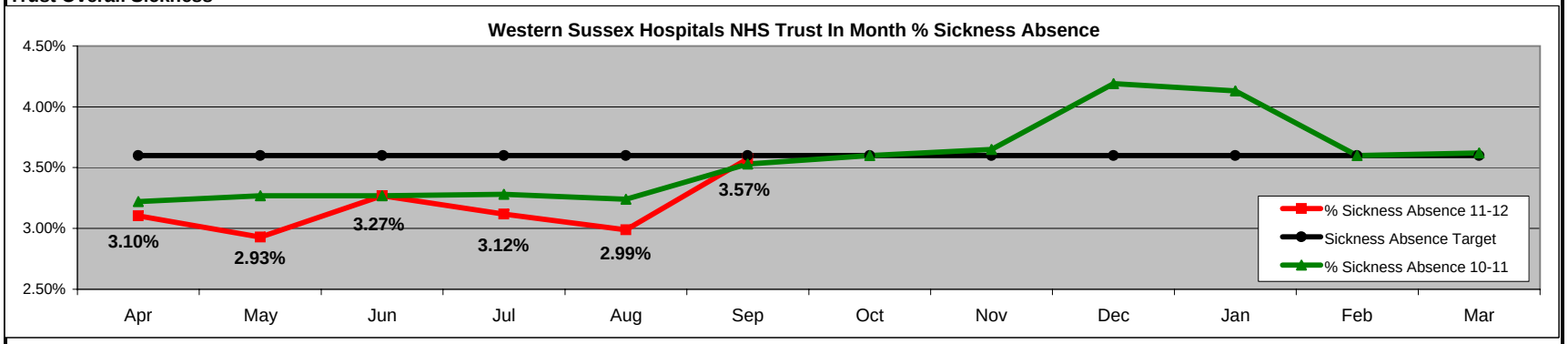
Leavers by Staff Group (Heads)

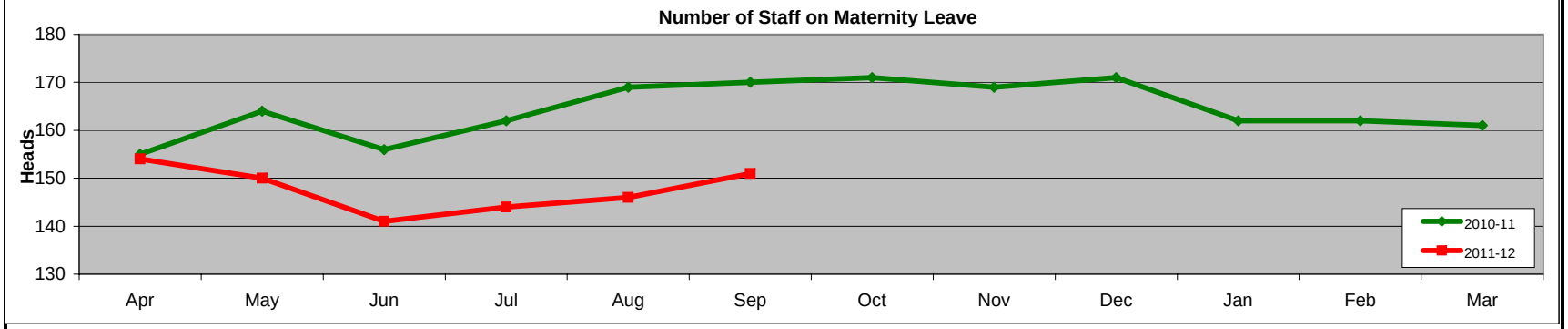
	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
Medical & Dental	0	2	2	1	1	1	3	1	2	4	2	2
Qual. Nurses & Midwives	9	9	16	11	11	13	10	13	8	16	16	11
Qualified Scientists	0	1	0	2	0	0	0	1	0	3	3	0
Qualified AHP's	4	7	5	2	1	5	9	5	7	2	7	1
HCA's & Support Staff	10	6	5	8	11	8	11	10	15	10	15	14
Managers & Snr Mgrs	0	1	0	1	0	1	1	0	0	2	2	0
Administration & Estates	13	11	17	2	18	6	20	16	18	10	17	7
Others	0	0	0	0	0	0	0	0	0	0	1	0
Total	**36**	**37**	**45**	**27**	**42**	**34**	**54**	**46**	**50**	**47**	**63**	**35**

Reasons for Leaving

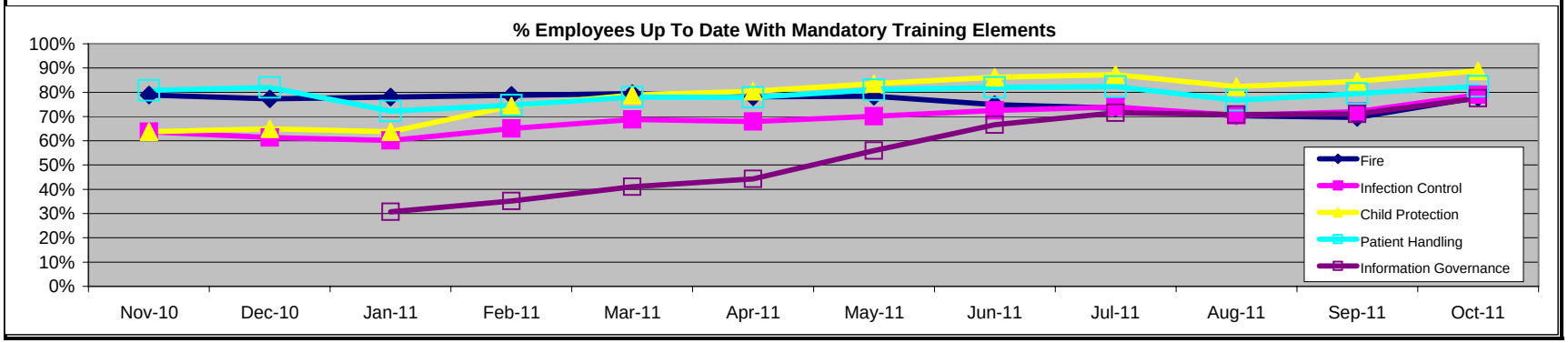
	Relocation	Promotion	Work Life Balance	Health	Retirement	Redundancy	Dismissal	Other/Not Known	**Total Leavers YTD**	**Total Leavers 10-11**
Medical & Dental	1	1	0	0	6	0	0	7	15	20
Qual. Nurses & Midwives	18	4	9	1	20	0	1	34	87	132
Qualified Scientists	2	2	1	0	0	0	0	2	7	8
Qualified AHP's	6	8	6	2	7	0	0	7	36	49
HCA's & Support Staff	10	3	17	7	18	0	0	28	83	122
Managers & Snr Mgrs	0	1	0	0	5	0	0	0	6	8
Administration & Estates	3	10	16	2	35	3	0	25	94	133
Others	0	0	0	0	1	0	0	0	1	0
Total	**40**	**29**	**49**	**12**	**92**	**3**	**1**	**103**	**329**	**472**
% 11-12	**12.16%**	**8.81%**	**14.89%**	**3.65%**	**27.96%**	**0.91%**	**0.30%**	**31.31%**		
% 10-11	**15.68%**	**13.35%**	**16.10%**	**5.72%**	**22.88%**	**1.91%**	**3.60%**	**20.76%**		

Workforce Efficiency
Trust Overall Sickness





	Sickness		Maternity		Appraisals		Training				
	2011/12 Cumulative Sickness Ceiling	Cumulative Sickness Actual (as at 30/9/11) (>Target red; less than target-0.1% = green)	Maternity % (as at 30/9/11)	Maternity Heads (as at 30/9/11)	Divisional Target	Appraisal Actual (>90% green; 80-90% amber; <80% red)	Fire Training	Infection Control Training	Manual Handling/Back Awareness Training	Child Protection/Safeguarding Children	Information Governance
Medicine	3.30%	**3.44%**	2.47%	44	95%	**64%**	77.94%	77.81%	83.47%	87.57%	73.09%
Surgery	3.89%	**3.51%**	1.78%	30	95%	**68%**	75.66%	76.08%	80.25%	84.28%	73.57%
Women & Children	3.30%	**2.62%**	2.53%	22	95%	**83%**	64.72%	66.83%	66.46%	88.07%	64.60%
Core	3.00%	**2.52%**	2.89%	38	95%	**66%**	86.53%	87.34%	90.08%	95.71%	87.93%
Facilities & Estates	3.81%	**4.13%**	0.83%	7	95%	**61%**	78.43%	85.20%	87.72%	87.56%	87.72%
Corporate	2.65%	**2.66%**	1.29%	10	95%	**71%**	80.36%	80.06%	84.11%	89.36%	82.46%
Trust Cumulative Total	**3.60%**	**3.16%**	**2.42%**	**151**	**95%**	**68%**	**77.87%**	**78.97%**	**82.48%**	**88.78%**	**77.61%**



WESTERN SUSSEX HOSPITALS NHS TRUST

To: Board

Date of Meeting: 24 November 2011 Agenda Item: 10

Title:
Equality and Diversity Update
Responsible Executive Director
Denise Farmer, Director of OD and Leadership
Prepared by
Natalie Mowbray, Workforce manager
Status
Disclosable
Summary of Proposal
This report seeks to update the Trust Board on the various actions and plans and describe the key focus areas over the coming 6 month period, prior to publication of the full workforce and patient E&D statistics in January 2012
Implications for Quality of Care
Employing a workforce reflective of the population served supports delivery of good patient care.
Financial Implications
n/a
Human Resource Implications
As described
Recommendation
The Board is asked to NOTE the report
Consultation
Diversity Matters Group
Appendices
N/A

This report can be made available in other formats and in other languages. To discuss your requirements please contact Graham Lawrence, Company Secretary, on graham.lawrence@wsht.nhs.uk or 01903 285288.

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board Date: 24 November 2011

From: Natalie Mowbray, Workforce Manager Agenda Item: 10

FOR INFORMATION

EQUALITY AND DIVERSITY UPDATE

1.00 INTRODUCTION

1.01 The Trust has various methods for monitoring equality and diversity (E&D) within the organization. Firstly there is a published single equality scheme with progress updated on a yearly basis. The National Staff Survey covers questions on E&D, as well as regular training sessions for staff and published action plans.

1.02 An annual E&D report to the Trust Board is due in October, however as we are due to present the full E&D workforce and patient statistics in January 2012, this report seeks to update the Trust Board on the various actions and plans and describe the key focus areas over the coming 6 month period.

2.00 CURRENT STAFF PROFILE

2.01 Back in April 2010, a Single Equality Scheme was developed and published in the Trust and this included details for our workforce against that of the population (taken form the 2001 census). Updated below is the picture for our staff as at 30th September 2011, against that in April 2010 and against the census data. This data is for ethnicity, age and gender as this is what was published in 2010.

2.01 Staff in Post and Local Population Ethnicity Data

Ethnicity	% 2001 census	WSHT Staff (April 2010)	WSHT Staff (September 2011)
White	98	5227 – 83%	5266 – 83%
Asian	0.6%	374 – 6%	408 – 6.5%
Black	0.2%	109 – 2%	100 – 1.5%
Mixed Race or Other Ethnic Groups	0.7%	130 – 2%	279 – 4.5%
Ethnicity Not Disclosed		430 – 7%	295 – 4.5%

Our statistics show that our staff is representative of the community that we serve according to the 2001 census data, both in April 2010 and September 2011. The ethnic split of our workforce has not really changed in that time apart from the percentage of mixed race or other ethnic groups has increased. We are mindful that demographics have changed in the last 9 years and are looking forward to be able to compare our staff data with more up to date census results from the 2011 census, soon. The Trust is constantly striving to ensure a diverse mix of people within our workforce by emphasizing the importance of this on our E&D training and by analysing various measures in detail within ethnicity (leavers, recruitment, disciplinary action taken etc) on a regular basis.

2.02 Staff in Post and Local Population Age Data

People Aged	% 2001 census	WSHT Staff (April 2010)	WSHT Staff (Sep 2011)
Under 20	22%	70 – 1.1%	12 – 0.18%
20 - 64	54%	6126 – 97.7%	6237 - 98.25%
65+	23%	74 – 1.2%	99 – 1.55%

As would be largely expected, the majority of Trust staff employed are between the ages of 20 and 64. It is interesting to note however that the number of under 20 year olds has decreased since April 2010 and it is hoped that with the active promotion of apprenticeship courses, this figure will rise again. In addition, it is also apparent that the number and percentage of staff over 65 has increased in the past 18 months and we may expect this to continue to rise with the recent abolishment of the default retirement age.

2.03 Staff in Post by Gender and Population by Gender

Staff Gender Split (April 2010)	Total Staff (April 2010)	Full Time (April 2010)	Part Time (April 2010)	% of Total Workforce (April 2010)	Comparison against Population (April 2010)
Male	1330	1116	214	21%	47%
Female	4940	2408	2532	79%	53%
Total	6270	3524	2746	100%	
Staff Gender Split (September 2011)	Total Staff (September 2011)	Full Time (September 2011)	Part Time (September 2011)	% of Total Workforce (Sep 2011)	Comparison against Population (Sep 2011)
Male	1387	1169	218	21%	47%
Female	4961	2479	2482	79%	53%
Total	6348	3648	2700	100%	

The Trust employs a predominately female workforce and is over representative of the community served, but this is perhaps understandable in view of the healthcare setting that we operate within. Again, we have a much higher percentage of female staff working part time to male staff, and this figure has stayed fairly static from April 2010 to September 2011. We must ensure that we continue to work closely with local academic organisations to dispel the stereotypical image of professions within the NHS in the hope that we can improve upon the ratios in our workforce and become more representative of the community. In addition the Trust has flexible working policies in place to satisfy itself that access to flexible working is fair and equitable, regardless of gender.

2.03 The remaining protected characteristics are:

- Religion or belief
- Disability
- Pregnancy or Maternity
- Sexual Orientation
- Gender Reassignment
- Marriage/civil partnership

Data is collected for staff on all of these areas apart from gender reassignment and further data for these protected characteristics will be reported in the Annual Equality and Diversity Monitoring Report and presented to the Trust Board in January 2012.

3.0 UPDATE ON ACTION PLAN FOR EQUALITY & DIVERSITY

3.01 In May 2011, an action plan for E&D was presented to the Diversity Matters Group and this is updated and progress explained once a quarter. The key achievements against this action plan to date have been:

3.02 Training – There is a requirement for staff to attend E&D training every 3 tears. All training materials have been revised and amended, training is now being provided online through ESR, at Trust induction, at Doctors induction and professional updates, on the Management Development Programme, through divisional meetings and division specific training sessions and at regular E&D training events ran once per month on all 3 sites. So far, within the last year 1914 staff have been trained on E&D, which with a total staff of 6348 headcount, means we are nearly on target at 1/3 of our staff trained.

3.03 Re-establishment of Diversity Matters Group and specific forums – the strategic group Diversity Matters (DMG) chaired by the Chief Executive has been re-established and meets on a quarterly basis. In addition, the Black and Minority Ethnic (BME) Forum and the Disability Forum have both been meeting on a regular basis and have clear action plans and measurable goals to be working towards. Key objectives are identified for these groups, mainly as a result of analysing workforce statistics and also by members discussing their own experiences and difficulties at work.

3.04 Monitoring statistics – Regular workforce statistics are presented to the DMG for discussion in order to highlight any areas for concern or action. These have been developed over the past few months into a new look "Annual Equality and Diversity Monitoring Report", which seeks to answer specific questions in relation to the workforce and E&D and now the patients we have treated and E&D. Much work has and still is going into the development of this report and there is a legal obligation to publish this data by 31st January 2012. Therefore this report will be presented to the Trust Board for agreement in January 2012, once it has been presented to December 2011's DMG.

3.05 Equality Objectives – The Equality Delivery System is a framework for gathering evidence and engaging with our local community to assess ourselves against 18 outcomes for E&D and then translate this into 4 or 5 key objectives in this field. This will take over form our single equality scheme and is in direct correlation with lots of work the Trust is already giving high priority to, in terms of the patient experience. Equality objectives must be published by April 2012.

4.0 TOP PRIORITES AND DEADLINES FOR THE COMING 6 MONTHS

4.01 Although much work has taken place over the past year on achieving the priorities and actions identified in the Trust's Single Equality Scheme, the Equality Act has been introduced and has brought with it some differing responsibilities for the organization. In addition to this, there are some parts of our original action points that we are still to fulfill:

4.02 Equality Impact Assessments (EIA) – These are being completed and published on a regular basis for all written policies within the Trust. However, awareness to be raised around the need for EIA's on other Trust documents such as consultations, business plans or proposals and for changing or introducing services. One barrier to completion has been the length of the EIA form and therefore a shortened form has been drafted and will be rolled out, along with training and awareness sessions from January 2012.

4.03 Annual Equality and Diversity Monitoring Report – The format and questions for this report have been drafted, however there is still further work to be completed in populating and analysing the data, as well as working on gathering enough information for patient data. Once this report has been finalized, the communications team will need to be involved in advising where and how to publish the information by 31st January 2012.

4.04 Equality Objectives – over the coming 6 months, key stakeholders and community groups need to be engaged to being consulting and discussing the Trusts performance over the 18 outcomes detailed in the Equality Delivery System. Many of these outcomes will be around areas the Trust is already focused on, mainly in relation to the patient experience, however, from this objectives must be written and agreed by all

stakeholders, before being published (again externally with the support of communications) by 6th April 2012.

4.05 Continuing work towards Action plan and against objectives – additional actions and areas will arise once objectives are written and as and when issues are identified. Further work on the staff E&D training will take place, by looking at the quality of the ESR on-line package and establishing whether or not an internal on-line package can replace it.

5.0 NEXT STEPS

The Annual Equality and Diversity Monitoring Report will be presented to the Trust Board on Thursday 26th January 2012.

The Equality Objectives for the organization will be presented to the Trust Board on Thursday 29th March 2012.

A further update on Equality and Diversity for the Trust will be presented to the Trust Board in October 2012.

Natalie Mowbray
Workforce Manager – Equalities and Partnership

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board (Public)

Date of Meeting: 24th November 2011 Agenda Item: 11

Title
Financial Performance Report (Month 7)
Responsible Executive Director
Spencer Prosser, Director of Finance
Prepared by
Chris Nevell, Assistant Director of Finance
Status
Public
Summary of Proposal
Not applicable
Implications for Quality of Care
Not applicable
Link to Strategic Objectives/Board Assurance Framework
G2: Achieve our target financial performance for 2011/12 and build a sustainable financial position
Financial Implications
Financial Performance Report
Human Resource Implications
Not applicable
Recommendation
The Board is asked to note the financial performance report for October 2011
Communication and Consultation
Not applicable
Appendices
None

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board (Public) Date: 24th November 2011

From: Spencer Prosser, Director of Finance Agenda Item: 11

FOR INFORMATION

Financial Performance Report

1 Introduction

1.1 The Board is presented with the Trust's Financial Performance for October 2011.

2 Summary

2.1 A surplus of £713k has been achieved in-month, which is a favourable variance of £366k against plan. The year to date surplus is £1.715m against a planned outturn of £5.224m.

2.2 The financial position as at 31st October 2011 is shown below:

	Annual Budget £000s	In Month Budget £000s	In Month Actual £000s	In Month Variance £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s
Operations							
Core Services	(43,005)	(3,599)	(3,603)	(4)	(24,988)	(25,242)	(255)
Medicine	(69,575)	(5,820)	(6,075)	(254)	(40,397)	(43,402)	(3,005)
Surgery	(73,970)	(6,135)	(6,427)	(292)	(43,067)	(45,065)	(1,998)
Women and Children	(35,137)	(2,946)	(2,985)	(39)	(20,245)	(20,655)	(410)
Performance & Access	(2,592)	(219)	(186)	33	(1,492)	(1,250)	243
Operations Total	**(224,279)**	**(18,719)**	**(19,275)**	**(556)**	**(130,189)**	**(135,613)**	**(5,424)**
Corporate Total	**229,503**	**19,066**	**19,988**	**922**	**133,263**	**137,328**	**4,065**
Trust Total	**5,224**	**347**	**713**	**366**	**3,074**	**1,715**	**(1,360)**

2.3 The Trust's performance against the financial risk rating metrics used by Monitor is as follows:

	Year to Date Actual		Forecast Out-turn	
	Actual	Rating	Forecast	Rating
EBITDA Margin	7.0%	3	7.6%	3
EBITDA % Achieved	93.7%	4	99.3%	4
Return on Assets	5.5%	4	6.2%	5
I&E Surplus Margin	1.2%	3	1.3%	3
Liquidity Ratio	17 days	3	11 days	2
Weighted Average		**3.3**		**3.3**
Overall Risk Rating		**3**		**3**

The liquidity ratio includes an estimated Working Capital Facility of 30 days

2.4 The in-month performance remains at an overall risk rating for the year to date of 3, in line with the forecast outturn.

3 Recommendation

3.1 The Board is asked to note the financial performance report for October 2011.

4 Financial Performance

4.1 The table below shows the income and expenditure account for October 2011.

	Annual Budget £000s	In Month Budget £000s	In Month Actual £000s	In Month Variance £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s
Income							
Income from Activities	316,015	28,733	27,931	(802)	182,204	182,066	(138)
Other Income for Patient Care	8,591	701	747	46	5,028	4,604	(423)
Education Training and Research	18,321	1,562	1,620	58	10,644	10,772	128
Other Operating Income	22,202	1,510	578	(932)	12,233	13,861	1,628
Total Income	**365,129**	**32,506**	**30,875**	**(1,630)**	**210,109**	**211,304**	**1,195**
Pay							
Medical Staff	(62,984)	(5,314)	(5,129)	185	(36,507)	(35,469)	1,037
Nursing Staff	(86,739)	(7,218)	(7,339)	(121)	(50,442)	(51,010)	(568)
Professions Allied to Medicine	(15,727)	(1,318)	(1,241)	77	(9,134)	(8,713)	421
Professional and Technical Staff	(16,840)	(1,410)	(1,374)	36	(9,769)	(9,507)	262
Admin and Managerial Staff	(32,454)	(2,706)	(2,762)	(56)	(18,962)	(18,554)	408
Estates Staff	(15,789)	(1,318)	(1,184)	134	(9,187)	(8,555)	632
Agency Staff	(102)	(9)	(786)	(777)	(60)	(6,563)	(6,503)
Other Pay Costs	(3,035)	(3,063)	1	3,064	(3,039)	6	3,045
Total Pay Costs	**(233,669)**	**(22,354)**	**(19,813)**	**2,541**	**(137,098)**	**(138,364)**	**(1,266)**
Non-Pay							
Drugs	(21,765)	(2,082)	(2,122)	(40)	(12,691)	(13,575)	(884)
Clinical Supplies and Services	(32,523)	(2,701)	(2,854)	(153)	(18,998)	(19,726)	(729)
General Supplies and Services	(3,547)	(296)	(293)	2	(2,071)	(2,180)	(109)
Establishment Expenses	(6,420)	(526)	(456)	70	(3,740)	(3,198)	542
Premises Costs	(13,102)	(1,089)	(1,197)	(108)	(7,505)	(7,229)	276
Services from NHS Bodies	(11,152)	(944)	(1,026)	(83)	(6,517)	(7,086)	(568)
Services from Non NHS Providers	(572)	(48)	(39)	8	(334)	(285)	48
Other Operating Costs	(14,895)	(698)	(928)	(230)	(5,811)	(5,667)	144
Total Non-Pay Costs	**(103,976)**	**(8,383)**	**(8,917)**	**(533)**	**(57,667)**	**(58,947)**	**(1,280)**
EBITDA	**27,484**	**1,768**	**2,145**	**378**	**15,344**	**13,992**	**(1,352)**
Non Operating Items							
Depreciation and Amortisation	(14,124)	(744)	(745)	()	(7,912)	(7,913)	(1)
Profit/(Loss) on Disposal						8	8
Impairment							
Finance Costs	(1,219)	(100)	(111)	(11)	(322)	(333)	(11)
Interest Receivable	32	3	2	()	19	15	(4)
Public Dividend Capital Dividend	(6,950)	(579)	(579)		(4,054)	(4,054)	()
Total Non-Operating Items	**(22,260)**	**(1,421)**	**(1,432)**	**(11)**	**(12,270)**	**(12,278)**	**(8)**
Net Surplus/(Deficit)	**5,224**	**347**	**713**	**366**	**3,074**	**1,715**	**(1,360)**

5 Statement of Financial Position and Cash

5.1 The Statement of Financial Position is shown below.

	In Month			Year to Date			Forecast Out-turn
	Opening Balance £000s	Closing Balance £000s	Movement £000s	Opening Balance £000s	Closing Balance £000s	Movement £000s	£000s
Non-Current Assets							
Property, Plant and Equipment	240,134	241,293	1,159	239,410	241,293	1,883	253,199
Intangible Fixed Assets	1,205	1,452	247	1,858	1,452	(406)	1,858
Trade and Other Receivables	552	552		552	552	()	552
Total Non-Current Assets	**241,891**	**243,297**	**1,406**	**241,820**	**243,297**	**1,477**	**255,609**
Current Assets							
Inventories	4,845	5,096	251	4,491	5,096	605	4,491
Trade and Other Receivables	19,669	17,755	(1,915)	24,781	17,755	(7,026)	18,781
Cash and Cash Equivalents	5,286	10,529	5,243	2,326	10,529	8,203	2,341
Total Current Asssets	**29,800**	**33,380**	**3,580**	**31,598**	**33,380**	**1,782**	**25,613**
Current Liabilities							
Trade and Other Payables	(32,800)	(37,207)	(4,408)	(38,325)	(37,207)	1,116	(32,227)
Working Capital Loan	(2,704)	(2,704)		(4,020)	(2,704)	1,316	(4,020)
Capital Investment Loan	(322)	(321)	1	(82)	(321)	(239)	(625)
Borrowings	(220)	(195)	26	(445)	(195)	250	(445)
Provisions for Liabilities and Charges	(882)	(852)	30	(1,172)	(852)	320	(1,217)
Total Current Liabilities	**(36,928)**	**(41,280)**	**(4,351)**	**(44,044)**	**(41,280)**	**2,762**	**(38,534)**
Net Current Assets Liabilities	**(7,128)**	**(7,900)**	**(771)**	**(12,446)**	**(7,900)**	**4,544**	**(12,921)**
Non Current Liabilities							
Working Capital Loan	(8,453)	(8,453)		(8,488)	(8,453)	35	(4,467)
Capital Investment Loan	(7,424)	(7,424)		(1,927)	(7,424)	(5,497)	(14,744)
Borrowings	(2,637)	(2,637)		(3,007)	(2,637)	370	(2,439)
Provisions for Liabilities and Charges	(2,221)	(2,222)	(1)	(2,420)	(2,222)	198	(2,120)
Total Non Current Liabilities	**(20,735)**	**(20,736)**	**(1)**	**(15,842)**	**(20,736)**	**(4,894)**	**(23,770)**
Net Assets	**214,028**	**214,662**	**633**	**213,532**	**214,662**	**1,128**	**218,918**
Taxpayers' Equity							
Public Dividend Capital	237,382	237,382		237,383	237,382	(1)	237,383
Retained Earnings	(48,634)	(47,921)	713	(49,639)	(47,921)	1,715	(44,439)
Revaluation Reserve	13,670	13,670		13,670	13,670		13,670
Donated Assets Reserve	11,610	11,530	(80)	12,117	11,530	(587)	12,304
Total Taxpayers's Equity	**214,028**	**214,662**	**633**	**213,532**	**214,662**	**1,128**	**218,918**

5.2 The Better Payment Practice Code measurement of NHS invoices is slightly better than previous month. Results for the year to date are 42.0% (September: 38.9 %) by volume and 38.0%% (September: 35.5%) by value. Non-NHS results are near static. The target of 95% is still being achieved using the invoice volume measure.

	Year to Date Actual	
	By volume %	By value %
Non-NHS invoices	95.3	91.7
NHS invoices	42.0	38.0

5.3 The capital position as at the end of October is as follows :

	Original Budget £000s	Revised Budget £000s	In Month Plan £000s	In Month Actual £000s	In Month Variance £000s	Year to Date Plan £000s	Year to Date Actual £000s	Year to Date Variance £000s
Medical Equipment								
- General	1,798	1,798	200	74	(126)	1,598	1,212	(386)
- Imaging	1,510	1,510	200	0	(200)	1,310	0	(1,310)
	3,308	**3,308**	**400**	**74**	74	**2,908**	**1,212**	(1,696)
Information and Technology	**1,380**	**1,380**	**84**	77	(7)	968	360	(608)
Service Developments								
A&E - Paediatric & Office	1,500	1,500	165	10	(155)	1,155	853	(302)
Maternity	350	300	35	(66)	(101)	175	88	(87)
Laminar Flow theatres	2,800	2,800	280	484	204	1,400	1,227	(173)
Service Improvement/Other	650	50	42	(17)	(59)	294	44	(250)
VAT reclaims	(500)	(500)	(40)	0	40	(280)	(414)	(134)
	4,650	**4,150**	**482**	**411**	(71)	**2,744**	**1,798**	(946)
Refurbishment Schemes								
West Wing	750	390	0	18	18	750	96	(654)
Lifts	250	250	0	0	0	125	0	(125)
Outpatients	1,000	1,000	100	20	(80)	700	47	(653)
High risk/backlog	150	150	0	19	19	150	123	(27)
Catering	450	450	0	(26)	(26)	450	11	(439)
	2,600	**2,240**	**100**	**31**	(69)	**2,175**	**278**	(1,897)
Service Developments OPD		1,080						
Minor Works and Other Schemes	1,230	1,010	165	0	(165)	911	18	(893)
Capital Programme	**13,168**	**13,168**	**1,231**	**593**	(238)	**9,706**	**3,665**	(6,041)
Redesign for Quality -Phase 1	5,823	5,823	748	1,557	809	4,588	5,717	1,129
Cath Lab		470	0	0	0	0	0	0
Breast Unit		7,779	965	0	(965)	2,424	4	(2,420)
Total Capital Programme	**18,991**	**27,240**	**2,944**	**2,150**	(394)	**16,718**	**9,387**	(7,331)

Notes

The credit balances in month for Maternity, Service Improvements and catering relates mainly to a retrospective reduction in the retentions held.

Western Sussex Hospitals NHS
NHS Trust

To: Trust Board

Date of Meeting: 24th November 2011 Agenda Item: 12

Title
Sustainable Development Management Plan
Responsible Executive Director
Spencer Prosser, Director of Finance
Prepared by
Adrian Coombs, Head of Capital and Development
Status
Not confidential
Summary of Proposal
To ensure that the Trust has a Board approved Sustainable Development Management Plan and to support the creation of a Sustainable Development Strategy Group which will be responsible for establishing sustainability initiatives and delivering approved workstreams and outcomes.
Implications for Quality of Care
Initiates a review of sustainable thinking, as required by the NHS Sustainable Development Unit, with benefits to patient care, and the built environment.
Link to Strategic Objectives/Board Assurance Framework
Theme G, Trust annual plan, “We Care about Sustainability”
Financial Implications
Review of each sustainability initiative will be subject to financial appraisal, including analysis of return on investment linked to most advantageous carbon and energy reduction outcomes. Each initiative will be reported in accordance with a board approved framework.
Human Resource Implications
For the Trust to own and operate the plan it is essential that senior management input into the Sustainable Development Strategy Group is secured and maintained. Other resources may also be required to facilitate the collection of accurate baseline data through surveys, sub metering and service monitoring initiatives.
Recommendation
The Board is requested to approve the Sustainable Development Management Plan and support the establishment of a Sustainable Development Strategy Group.
Communication and Consultation
Plan developed in association with ‘Think Carbon’ Ltd, external advisors and circulated internally within the Facilities and Estates function.
Appendices
Sustainable development Management Plan (52 pages)

Western Sussex Hospitals NHS
NHS Trust

Sustainable Health,

Low Carbon

Western Sussex Hospitals NHS Trust Sustainable Development Management Plan 2011

List of Terms

SDMP - Sustainable Development Management Plan. Key document which describes the Trust's programme and measures to reduce greenhouse gas emissions and associated costs.

CO_2e - Carbon Dioxide equivalent describes how much global warming a given type and amount of greenhouse gas may cause, using the functionally equivalent amount or concentration of carbon dioxide (CO2) as the reference. For detailed information please refer to Appendix II Emissions Baseline Assessment.

Greenhouse Gas Greenhouse gas (sometimes abbreviated GHG) is a gas in an atmosphere that absorbs and emits radiation within the thermal infrared range. This process is the fundamental cause of the greenhouse effect. The primary greenhouse gases in the Earth's atmosphere are water vapour, carbon dioxide, methane, nitrous oxide, and ozone.

Emissions Baseline This is the footprint of emissions activities for the Trust, which consists of emissions from building energy, transport, water and waste. Baselines enable the Trust to measure performance in emissions reduction. For detailed information please refer to Appendix II Emissions Baseline Assessment.

Carbon Management Programme The Trust's programme to reduce greenhouse gas emissions, which is measurable and ongoing (multi-year).

Floor area (m^2) - A key measure used in NHS estates data management for comparison purposes.

Scope 1 (Direct emissions): Activities owned or controlled by your organisation that release emissions straight into the atmosphere. They are direct emissions. Examples of scope 1 emissions include emissions from combustion in owned or controlled boilers, furnaces, vehicles; emissions from chemical production in owned or controlled process equipment.

Scope 2 (Energy indirect): Emissions being released into the atmosphere associated with your consumption of purchased electricity, heat, steam and cooling. These are indirect emissions that are a consequence of your organisation’s activities but which occur at sources you do not own or control.

Scope 3 (Other indirect): Emissions that are a consequence of your actions, which occur at sources which you do not own or control and which are not classed as scope 2 emissions. Examples of scope 3 emissions are business travel by means not owned or controlled by your organisation, waste disposal, or purchased materials or fuels

Water and Waste Emissions Water and Waste Emissions are part of the baseline year of emissions from the Trust's financial year of 2007/8, which is the year used by the NHS 'Saving Carbon - Improving Health' national programme and target for all Trusts.

1. Executive Summary:

1.1 Introduction

The UK's Climate Change Act (2008) sets legally binding targets to reduce carbon emissions e.g. 80% reduction by 2050 compared to 1990 levels. More recently the NHS has set a revised short term target of a 10% reduction by 2015 in emissions from a baseline year of 2007/8 'Saving Carbon Improving Health (2009)' The UK government strategy document 'Equity and Excellence: Liberating the NHS White paper (July 2010) requires the 'use of new technologies, energy efficiency and more sustainable forms of delivery to achieve carbon reduction',.

A board approved Sustainable Development Management Plan (SDMP) will assist the organisation in clarifying objectives on sustainability and set out a plan of action to achieve the carbon reduction targets set by Government and the NHS.

The baseline for Trust Co2 emissions is over 2007/8 financial years and totals **15,733** tonnes of CO_2E. [1] The absolute change between 2007 and 2010 (the last complete year of data) in the Trust's use of building energy, waste and water is an extra **6590** TCO_2e which represents an increase of 42% between 2007/8 and 2010.

The Sustainable Development Management Plan (SDMP) outlines the responsibility for sustainable development and identifies opportunities that can assist in reversing this upwards trend in emissions and, in addition, achieve the target of a 10% reduction in CO2 emissions by 2015 from the baseline year of 2007/8:

- Emissions Baseline 2007/8 **15,733** TCO_2e
- A 10% reduction target equates to a target emissions maximum of **14,160** TCOe by 2015
- Actual recorded emissions at 2009/10 are **21,449** TCO_2e
- To reverse this upward trend and achieve the 10% target means a reduction of emissions of **7289** TCO_2e over 4 years (a 33% reduction) or a reduction of 8.25% per annum to 2015.

The Trust has made good progress to date to reduce energy costs with staff engagement and specific energy reduction projects across the three hospitals: Worthing, St Richards and Southlands.

Appendix VII section two details twenty eight projects which have been evaluated by the Trust's Energy Manager as feasible across the three hospitals. £5,584,250 is required to be invested achieving an anticipated cost saving in annual operating costs of £938,910.

The Facilities and Estates team continue to take forward initiatives that will reduce energy consumption and carbon emission. Currently four projects are being undertaken (Oct 2011) which will result in anticpated carbon emissions reductions of 112.86 TCO_2e - which represents 1.5% of the required reduction (7289 TCO_2e) identified above.

[1] NHS 'Saving Carbon Improving Health' target, a 10% reduction by 2015 in emissions from a baseline year of 2007/8 emissions.

1/ Worthing Hospital: East Wing (No5 & No6) and West Wing plant-rooms. Insulate bare pipes and exposed valves, calorifiers etc. Projected CO2 saving of 10.07 tonnes per annum.
2/ Southlands Hospital: Main, No19, No41 and No42 plant-rooms. Insulate bare pipes and exposed valves, calorifiers etc. Projected CO2 saving of 16.64 tonnes per annum.
3/ St Richard's Hospital: Pathology Lab plant-room, Laundry and Roof plant, Insulate bare pipes and exposed valves, calorifiers etc. Projected CO2 saving of 5.34 tonnes per annum.
4/ Worthing Hospital, the provision of controls to chillers plant, reducing operation to controlled timeframes/temperature ranges. Projected CO2 saving of 80 tonnes per annum.

The SDMP is also a key part of the Trust's Annual Plan 2011-12 Strategic Theme G "We care about Sustainability'.[2]

The plan describes:

- The Carbon Management Programme process
- Understanding and measuring our baseline emissions
- The projects identified to help achieve our target to reduce emissions
- The financial implications
- How carbon management and sustainable development will be embedded within the organisation
- How the wider themes of sustainable development can be developed

1.2 Risks

The risks of not implementing the carbon reduction plan is that our CO2 emissions increase, with resulting financial implications and possible reputational damage. The Carbon Reduction Commitment (CRC) Energy Efficiency Scheme applies to all WSHT and will result in a requirement to purchase 'allowances' at the rate of £12.00 per tonne of carbon emitted. This equates to £514,776 in the first year (two years worth of allowances (2010/11 and 2011/12). In subsequent years WSHT will need to buy allowances, thus the reductions in carbon emissions will need to occur, otherwise financial expenditure will increase.

1.2 Finance / resource implications

From carbon reduction projects which are undertaken at Worthing Hospital, this plan identifies that there is potentially a £22,500 reduction in energy, travel, waste and water costs per annum. Further investigation of existing and proposed carbon reduction projects will be undertaken during the current financial year. Capital expenditure is required to make an anticipated net saving after 5 years, mainly in revenue savings. At this level £5,584,250 of resource are identified.

1.4 Statutory/regulatory/legal implications

At present the statutory/regulatory/legal implication requires the Trust's full participation of Defra's Carbon Reduction Commitment Energy Efficiency Scheme - a

[2] Western Sussex Hospitals Annual Plan 2011-2012.

carbon tax priced at £12 a tonne of CO2e. The scheme has a series of financial penalties for incorrect returns/ non-compliance and so forth. The Trusts' CRC annual emissions are 21,449 tonnes. The Trust's anticipated direct cost of purchasing CRC Energy Efficiency allowances is £514,776 for two years worth of emissions tonnes (42,898 tonnes),[3] in financial year 2011/2012.

1.5 Working with stakeholders
In developing this plan, a number of staff from different staff groupings have been involved. The plan also outlines a communications plan with staff around raising awareness of carbon issues.

1.6 Action Required
The Board are asked approve this plan

1.7 Assurance
The plan outlines at a high level how the Carbon Management projects will be implemented and how performance against the target will be monitored. Further annual updates to the board are proposed.

Our vision is that Western Sussex Hospitals Trust will:
• show local leadership in carbon reduction
• be prepared for, and reduce, the health effects of climate change
We have set ourselves a target to reduce CO_2 emissions from our operations by 10% by 2014/15 from 2008/09 levels as well as working with working with partners to reduce carbon emissions in the community.
Take opportunities to link the Trust's services with our carbon reduction agenda and ensuring we continue to protect the population the Trust serves against the health effects of climate change

2. Building Energy, Water and Waste Trust Carbon Footprint
The data below is compiled from Estates Return Information Collection (ERIC) data and the East of England Public Health Observatory (EPHO).[4] For information on carbon footprints and Greenhouse Gas Protocol (GHG) please refer to Appendix II Emissions Baseline Assessment.

2.1 Building energy use emissions
The Trust is a medium sized acute Trust.

- Emissions Baseline 2007/8 15,733 TCO_2e
- 10% reduction target equates to emissions of 14,160 by 2015
- Actual emissions 2009/10 21,449 TCO_2e
- To reverse this upward trend and achieve the 10% target means a reduction of emissions of 7289 TCO_2e over 4 years (a 33% reduction) or a reduction of 8.25% per annum to 2015.

For further information see section 7.2

[3] Information from Jeremy Way, based on Trust CRC Emissions
[4] http://www.erpho.org.uk/viewResource.aspx?id=21509

2.2 Changes to Building Energy Use Emissions

The following estates projects and proposed building developments have or will alter emissions from building energy use. It is recommended that consideration of sustainable engineering and building solutions and the additional impact on energy consumption is borne in mind during design development and that the recommendations be noted for those schemes already in place.[5]

Worthing Hospital
New Air Handling Unit (AHU) for CDU AHU has provided increased air changes and introduced full cooling to the area. Recommendation:- Runs 24/7, add controls.
Endoscopy processing Diabetes centre relocated to Homefield. New AHU installed for processing area to provide elevated air changes and pressure regime. Heating and cooling now provided to the area. Runs 24/7. Additional washers, duplex RO plant, water softeners etc. Recommendation:- add controls.
Portakabins in use on site Full electric heating system of > 30kW load. User control of time schedules Recommendation:- add controls, consider alternative heating medium.
Increased operating hours of C Block AHU to 24/7 for CSSD. Recommendation:- add controls.
ITU AHU New large AHU installed on roof for refurbished unit. Air pressure regime and cooling. Runs 24/7 User control of temperature setpoints Recommendation:- add controls.
Mortuary AHU Uprated air handling plant installed for pressure regime. Cooling also. Part year effect 2007/8
2nd Floor Washington Suite New Floor fitted out. Includes air handling plant for board rooms. No cooling but runs at night for 'free' cooling effect South Wing Kitchen and Restaurant 2 new AHU's I cassette split cooling unit, users control switching Recommendation:- add controls.
East Wing chillers 3 new increased capacity central plant chillers Recommendation:- add controls.
Becket and Burlington Wards AHU 2 New wards (50 beds in total) with forced ventilation and cooling
Main entrance expansion Plant uprated and running hours extended Recommendation:- add controls.
Installation of water coolers throughout the hospital Maintenance £12,500, electricity cost £15,000 pa.
Installation of milk coolers in ward areas (20) Electricity cost £2000
North Wing Path lab cooling Ad hoc installation of split cooling units. 2 or 3 new units installed by department. User control of time scheduling Recommendation:- add controls from BMS

Southlands Hospital

[5] Project Information from Jerry Way Energy Manager.

Installation of water coolers throughout the hospital Maintenance £12,500, electricity cost £15,000 pa.
Theatres 3 and 4 chiller New chiller hired upon failure of existing unit and then purchased outright. No time programme control or insulation fitted to connection pipework. Recommendation:- add controls, add insulation

St Richards Hospital

New X Ray room

2.3 Waste and Water emissions

	2007/08 Water and Sewage (tCO2e)	2007/08 Waste and Recycling (tCO2e)	2007/08 Waste and Water **total** (tCO2e)
2007/08	301	-599	-298
2008/09	304	7	312
2009/10	365	105	470
	Absolute change Water and Sewage (tCO2e)	Absolute change Waste and Recycling (tCO2e)	Absolute change Waste and Water total (tCO2e)
	64	704	769
	Change Water and Sewage (tCO2e)	Change Waste and Recycling (tCO2e)	Change Waste and Water total (tCO2e)
	21%	118%	258%

Building Energy Use, Waste and Water Emissions Absolute Change 2007-2010

Absolute change Building energy use, Waste and Water total (tCO2e)	6590
Change Building energy use, waste and water total	42%

From the above figures, our baseline emissions for financial year 2007/8 (the baseline year) for Building Energy Use, Waste and Water Emissions is **15,733** tonnes of CO2e. It is recommended that more work be done on other categories of emissions including staff mileage (ghg scope 3) for2007/8 to give a complete carbon emissions baseline in the near future.

A 10% reduction on the above baseline figure of 15,733 equates to a reduction of 1573.3 TCO2e by 2015. As can be seen from the above figures, the change in emissions from 2007 to 2010 is a 42% increase, so it is recommended that carbon reduction projects during 2011/2012 are targeted at quick wins to start reversing this trend of year on year increase.

It is also recommended that further analysis be undertaken to determine carbon reduction cost savings cumulatively over the 5 years if our emissions are reduced by 10% by 2015.

Four current projects have been identified which will reduce our carbon emissions by 112.86 TCO2e per annum, this equates to 1.5% of our 10% target reduction in emissions over the five years.

All capital investments for projects will need to be subject to the Trust capital criteria and evaluated by the Sustainable Development Strategy Group.
The plan describes how projects will be implemented, ensuring that progress against the plan is fed into the performance and governance structures within the Trust.

3. The Carbon Management Programme process

In developing this plan, a number of staff from different staff groupings have been involved including significant input from both the Capital, Facilities and Estates Management teams. The Trust is currently engaged in steps 1, 2 and 3. This plan provides a structural action plan for realising carbon saving and embedding carbon management into the Trust's day-to-day business. In identifying potential schemes to reduce carbon, the Trust is considering a broad range of possible actions including direct emissions reduction projects.

4. Sustainable Development - Contexts.
Below are the cases for action or contexts for the Trust's Sustainable Development Management Plan.

4.1 Climate change as a threat to health

In the UK [6], increases in deaths, disability and injury as a result of climate change are likely to occur from:

• extremes of heat and cold;
• floods and storms, including health hazards from chemical and sewage pollution;
• food poisoning;
• respiratory problems from the damaging effects of surface ozone during the summer and mould growth in housing;
• skin cancer and cataracts;
• Insect-borne disease from increases in flies and fleas (although malaria outbreaks are likely to be rare).

These effects are already starting to appear. In 2003, the major heat wave in Europe caused more than 23,000 premature deaths, including almost 11,500 in France alone.

The global impact of climate change will *indirectly* affect the UK [7] with:

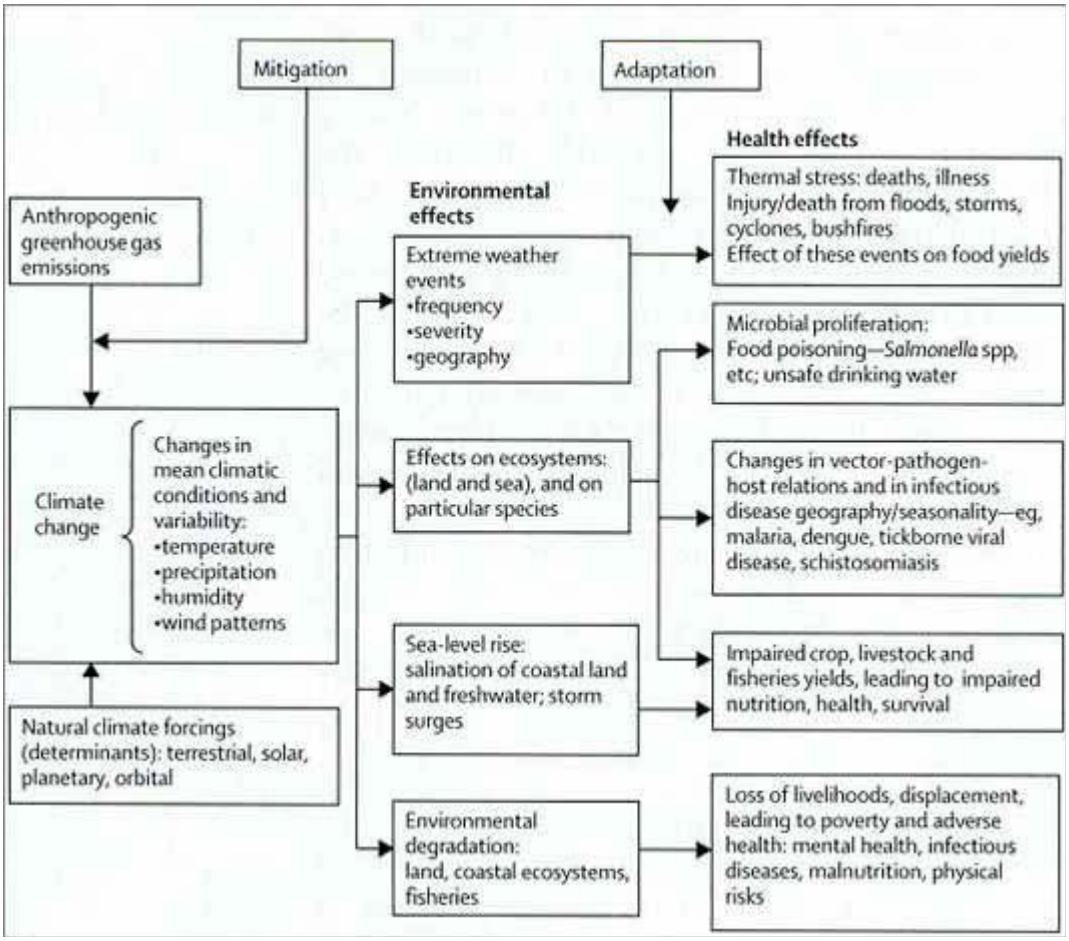
• crop failures causing food insecurity through rising food prices and possibly food shortages;
• armed conflict over water, land and food supplies, and major flooding, leading to mass migration, creating potentially huge numbers of displaced people.

[6] Department of Health and Health Protection Agency (2007). Health Effects of Climate Change in the UK. An Update of the Department of Health Report 2001/02. Available from: www.dh.gov.uk

[7] Faculty of Public Health (2008) Sustaining a Healthy Future: Taking action on Climate Change. Available from: www.fph.org.uk

Figure 1: Schematic summary of main pathways by which climate change affects population health

Source: McMichael AJ, Woodruff RE & Hales S (2006) Climate change and human health: present and future risks. The Lancet
367: 859-869



4.2 National (NHS) Context

Climate Change Act 2008
The UK's Climate Change Act (2008) sets legally binding targets to reduce carbon emissions of 34% by 2020 and 80% by 2050 compared to 1990 levels. All organisations will need to demonstrate how this is being measured, monitored and managed. There is also an Adaptation requirement in the Act. All bodies should be considering the risks associated with climate change and are required to refer to the Defra guidance on this when reporting to the Secretary Of State.

This Act has cross party support, and the public sector is expected to lead the way towards meeting the targets.

NHS Saving Carbon, Improving Health
The national strategy on reducing carbon within the NHS ('Saving Carbon, Improving Health'[8]) was launched by the NHS Sustainable Development Unit in January 2009. It outlines the case for the NHS taking a lead in carbon reduction, given that it is the biggest employer in Europe, that there are real health threats from climate change and that reducing carbon emissions saves the NHS money and is cost-effective.

It states that every NHS organisation should have a carbon reduction board approved policy as well as setting a 10% reduction target in the total NHS carbon footprint on 2007/8 levels by 2015. As this baseline looked at total NHS emissions (including those indirectly attributable to the NHS), NHS organisations are free to set more ambitious targets, in order to help achieve the 10% reduction.

Equity and Excellence: Liberating the NHS
The UK Government has also outlined its strategy for the NHS in the 'Equity and Excellence: Liberating the NHS' White Paper (July 2010). Section 5.17 outlines the government's intended focus on improving quality and efficiency by service redesign, increased self-care, the use of new technologies, energy efficiency and more sustainable forms of delivery to achieve carbon reduction:

> 5.17 "…Further efficiencies can, and need to, be made from improving energy efficiency and developing more sustainable forms of delivery across the NHS, for example through working with the Carbon Trust and similar bodies on carbon reduction programmes that reduce energy consumption and expenditure." [9]

The UK's sustainable development strategy is also outlined in several key documents: 'Securing the Future' (2005), the Department of Health's 'Taking the Long Term View' (2008) and 'The UK Low Carbon Transition Plan' (2009).

As the largest public sector organisation in the UK, the NHS is legally obliged to act in accordance with these objectives.

[8] http://www.sdu.nhs.uk/documents/publications/UPDATE_NHS_Carbon_Reduction_Strategy_%28web%29.pdf
[9] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Audit Commission Requirements
The Audit Commission assesses all NHS organisations on their use of resources and requires evidence that systems are in place to:
• understand and quantify the use of natural resources
• manage performance to reduce impact on the environment
• manage environmental risks

The Key lines of Enquiry (KLOE 3.1) assesses how the Trust:
• understands and can quantify its use of natural resources and can identify the main influencing factors;
• manages performance to reduce its impact on the environment; and
• manages the environmental risks it faces, working effectively with partners.

Display Energy Certificate (DEC)
As of 1 October 2008 there is a legal requirement for all public sector buildings with a total useful floor area of over 1,000m2, to show a Display Energy Certificate (DEC) in a prominent place, clearly visible to the public.

The Department of Health (DH) Climate Change Plan
The DH Climate Change Plan (March 2010) is a public statement of intent which sets out the department's commitment to a set of time-specific actions to help the UK both mitigate and adapt to climate change. [10]
The NHS Statement on Internal Control (SIC) is an annual reporting requirement for most Trusts (except Foundation Trusts) that accompanies the end of year accounts. In 2009/10 there is a new requirement for organisations to include mandatory disclosures on climate change adaptation. This is to demonstrate that risk assessments have been undertaken and delivery plans are in place in accordance with the requirements of the Climate Change Act and the Civil Contingencies Act. [11]

Monitor (Independent Regulator of NHS Foundation Trusts)
The Trust is due to become a Foundation Trust in early 2012 consequently the Trust will be required to include a section entitled, 'Sustainability/Climate Change' in its annual report and accounts. The section will include: a) Commentary b) Summary of performance – non-financial and financial; and c) Future priorities and targets. The details of this requirement are outlined in Section 7.75 of Monitor's 'NHS Foundation Trust Annual Reporting Manual' 2009-10 (April 2010) [12]

Health Technical Memorandum (HTM) 07-07: Sustainable Health and Social Care Buildings DoH 2009.
This Memorandum addresses sustainable development within health and social care facilities by looking at the main issues that should be addressed throughout a building's life – highlighting recommended actions, commitments and responsibilities at every stage.[13]

[10] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114995.pdf
[11] http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_111781
[12] http://www.monitor-nhsft.gov.uk/sites/default/files/Annual%20Reporting%20Manual%202009-10_2.pdf
[13] http://www.corporatecitizen.nhs.uk/resources.php/241/health-technical-memorandum-07-07-sustainable-health-and-social-care-buildings

4.3 U.K. Legislation

Carbon Reduction Commitment (CRC) Energy Efficiency Scheme
The CRC scheme is designed to improve energy efficiency, save organisations money on fuel bills and also reduce carbon emissions. It will also drive changes in behaviour and infrastructure and generate corporate awareness of emissions. Participating trusts will have to report their baseline energy use and their carbon emissions.

This scheme applies to all organisations whose annual half hourly metered electricity use is above 6,000 MWh. The Trust has registered as a participant in the CRC Energy Efficiency Scheme.
Key points are allowances must be purchased at £12 a tonne of CO2e for the Trust's CRC emissions, this cost is calculated on current carbon emission levels e.g. 42,861.84 tonnes, totalling £514,776 for *two years* worth of allowances (2010/11 and 2011/2012). The first CRC report was required by July 29th 2011 (submitted within deadline). To smooth the introduction of the scheme and to help ease the upfront costs, organisations reported on emissions in the first year (2010/11).

The scheme is mandatory and according to Government figures will save participants (public as well as private sector) a total of £1billion per year by 2020.

Phase 1 — The three year 'Introductory Phase' starts in April 2010. An unlimited number of allowances will be available at a fixed price of £12/tCO2. From 2012 participants will annually have to purchase allowances, monitor energy use, report emissions and surrender allowances.

Phase 2 — From 2013 Government will cap the number of allowances available each year and all allowances will be auctioned. The cap will be set taking into account advice from the Committee on Climate Change.

4.4 Local Context

The Strategic Health Authority (SHA) NHS South East Coast
NHS South East Coast has been encouraging its staff and colleagues around the region to use environmentally friendly ways to hold meetings and training sessions. Using telephone and video conferencing, WebEx and Skype has made savings for the NHS and the environment.

Other measures include

- Recycling paper and toner cartridges.
- Photocopiers automatically go to ‘sleep’ mode when not in use, and increased staff awareness resulting in a dramatic reduction in the amount of paper used by asking people to think twice before printing and copying.
- Evaluation of technologies such as PC Power Management, a system that will shut down computers that are left switched on outside standard office hours.

Local Government and Public Involvement in Health Act 2007
Local Government and Public Involvement in Health Act 2007 [14] The Act places a "duty to co-operate" on named Local Strategic Partnership (LSP)partners and provides a definition of local improvement targets to improve the quality of life of residents in the responsible authorities area. The Trust is a member of the LSP.

West Sussex Local Strategic Partnership
West Sussex Local Strategic Partnership (LSP) has created a West Sussex Sustainable Communities Strategy. The LSP also has Local Area Agreement (LAA) targets to reduce community CO_2 emissions (National Indicator (NI) 186. These community emissions include emissions from NHS organisations. The Trust, through its staff, family and friends of staff and it's local suppliers can play an important role in reducing these community emissions.

Trust Annual Plan
The Trust's strategy for the next five years is set out in the Integrated Business Plan 2011-2016, which was completed in April 2011. The Trust's annual business plan summarises corporate objectives and goals for 2011/2012 and how the Trust aims to achieve them. The Trust's vision is simple - we care. The Trust's seven strategic themes show how we aim to deliver to the highest possible level in the areas that we care about. Strategic Theme G. is 'We care about sustainability: Ensure the sustainability of our organisation by continuing to meet our national targets and financial performance by investing in appropriate infrastructure and capacity.' This SDMP is a key document in achieving strategic theme G.

5. SDMP Objectives
This SDMP plan progresses significantly the scope of the Trust's low carbon management programme. The SDMP will seek to include in the Trust's low carbon management programme the following objectives and aspirations:

1. Compliance with all relevant legislation and regulatory requirements.
2. Inclusion of climate change in the organisation's risk register. This includes both climate change mitigation and adaptation risks as well as the associated financial risks.
3. Consideration of both mitigation and adaptation (including links to emergency preparedness) strategies for each objective.
4. Evaluation of how carbon emissions in each of the 10 following areas are to be measured, monitored and reported.
   1/ Energy and carbon management
   Agree energy saving and carbon reduction targets, in line with the NHS carbon reduction targets.
   2/ Procurement and food
   Encourage the use of local suppliers and businesses in procurement.
   Include sustainability terms in both new and existing supplier contracts.
   Work with suppliers to encourage a culture of life cycle costing and environmental awareness in procurement options.[15]
   3/ Low carbon travel, transport and access

14
http://www.legislation.gov.uk/ukpga/2007/28/pdfs/ukpga_20070028_en.pdf?view=interweave
15 http://www.sdu.nhs.uk/publications-resources/23/Procuring-for-Carbon-Reduction-P4CR--new-version/

a) There will be an emphasis on providing low carbon models of care rather than just low carbon travel options. Measures the Trust is beginning to focus on include: preventive care, providing care in (or closer to) the home, telemedicine and videoconferencing instead of face-to-face meetings,
b) Where travel is necessary, the Trust is implementing an active travel plan at Worthing Hospital - this may include new initiatives e.g. flat rate for business mileage, regardless of the transport option.[16]
NHS SDU Knowledge Briefing 1: 'What does a NHS Active Travel Plan look like?' [17]
4/ Water
a) Develop and implement biodiversity, water and chemical management strategies.
b) Integrate systems for efficient use of water into building developments at the design stage including in Trust redevelopments to the BREEAM standard.
5/ Waste
a) Reduce, reuse, recycle.
b) Establish opportunities for recycling and reuse of waste - the Trust is seeking to monitor the quantity and cost of all waste and strive to use this data, to set targets and to reduce absolute amounts over time.[18] A key strategy is 'Waste Strategy for England' Defra 2007. [19]
6/ Designing the built environment
a) The Trust will endeavour to ensure that all buildings have a significantly lower carbon impact, not just in construction but also in their lifetime use and in their decommissioning. In their design, new builds should encourage a broader approach to sustainability, including transport and delivery of services. New buildings and substantial refurbishment projects shall seek to achieve BREEAM Healthcare XB standard 'excellent' or a minimum of 'very good'. [20]
b) Produce plans and ideas for increased green space in the hospital grounds, both in new and existing buildings.
c) All new buildings and refurbishments should be designed to withstand significant climate change and weather extremes.
7/ Organisational and workforce development
a) The Trust will create an active communications strategy to raise awareness about sustainability at every level of the organisation. This should include staff, visitors and patients who visit/use NHS facilities.
b) Promote the development of leadership competencies to deliver carbon reduction.[21]
8/ Role of partnerships and networks

[16] http://sustainablehealthcare.org.uk/green-nephrology-programme
[17] http://www.sdu.nhs.uk/documents/publications/Activetravel2011.pdf
[18] http://www.wrap.org.uk/downloads/4725_NHS_clients.6f0cf260.9184.pdf
[19] http://archive.defra.gov.uk/environment/waste/strategy/strategy07/documents/waste07-strategy.pdf
[20] http://www.breeam.org/page.jsp?id=114
[21] http://www.sdu.nhs.uk/publications-resources/6/General-Staff-Awareness-Pack-/
http://www.sdu.nhs.uk/publications-resources/4/Fit-for-the-Future-/
http://www.sdu.nhs.uk/publications-resources/7/Board-Leadership-Programme-/
http://sap.greenerhealthcare.org/

a) Identify and work effectively in partnership with all relevant stakeholders on this agenda.
b) The NHS should be an exemplar low carbon, sustainable organisation to other sectors and other health systems.
9/ Governance
The Trust will sign up to the Good Corporate Citizenship Assessment Model during this Financial Year[22]. Carbon reduction and sustainable development will be established as a corporate responsibility of the organisation. The Sustainable Development Strategy Group (SDSG) will be accountable to the Board for the implementation of the SDMP and the associated Action Plan.
Regarding implementation, the SDSG is looking at regular reports to the Board prior to Board meetings, to update on progress and agree points for discussion for the meeting agenda.
It is intended that progress will be reviewed at least annually. At a minimum, SDSG will report progress in the organisation's annual report (and in the accompanying Statement on Internal Control), which, as a publicly available document, will maintain public accountability.
10/ Finance
a) The Trust will develop carbon literacy and embed carbon reduction in its financial mechanisms. [23]
b) As stated in 'National Context' the Trust is taking advantage of energy efficiency initiatives, such as the CRC Energy Efficiency Scheme.
c) The Trust will be involved in local and regional economic forums in order to play a role in developing a sustainable and resilient health economy.

6. SDMP Operational arrangements
The Trust is progressing with the following SDMP operational arrangements:

1/ A Board lead for sustainability- Company Secretary Mr Graham Lawrence.
2/ Establishment of a Sustainable Development Strategy Group to oversee the implementation of the SDMP and report its progress to the board. [24]

6.1 Sustainable Development Strategy Group (SDSG)
The SDSG is responsible to the Trust Board for the delivery of plans designed to reduce the carbon emission of the Trust to meet nationally set targets.
The aims and objectives of the SDSG are:

To develop a strategy to meet national and international requirements to reduce the emission of carbon arising directly or indirectly from the activities of the Trust.
To develop a sustainable management action plan, identify actions required to reduce carbon emissions and the resources needed to deliver the reduction.
To establish an operating framework within the Trust that is intended to deliver the outcomes of the management action plan.

[22] http://www.corporatecitizen.nhs.uk/
[23] http://www.sdu.nhs.uk/documents/publications/Savemoney1.1.pdf
[24] Please refer to the 'Terms of Reference' document.

Membership [25] Title/Function	
Director - Corporate division	Co. Sec, Mr Graham Lawrence
Director of Facilities and Estates	Paul Hatcher
Deputy Director of Facilities and Estates	Janet Coverdale
Head of Capital and Development	Adrian Coombs
Environment and Waste Manager	Katrina Rankin
Director of Nursing	Cathy Stone
Non Executive Director	Martin Phillips
Energy Manager	Jeremy Way
IT	Simon Sturgeon
Purchasing	Andrew Boxall
Finance	Chris Nevell
Human Resources	Denise Farmer
Communications	Jonathan Keeble

The SDSG will meet three times a year to review progress against targets and to receive progress reports from the delivery units.

6.2 Implementation:

• The SDSG will decide on an overarching sustainable development mission statement, which would be ratified by the board and used as a guiding principle for the organisation. This will be done in consultation with staff and any other interested bodies.

• The SDSG will be responsible for the development and implementation of an Action plan.

• The Action Plan should list specific, measurable actions, for every objective in the SDMP. For each action, there will be an implementation plan, a timeframe for delivery, a person responsible for delivery, and monitoring and reporting mechanisms.

6.3 Targets

Western Sussex Hospitals Trust is on a journey to reduce CO_2 emissions from operations by 10% by 2014/15 from 2007/8 levels.

To fully assess the implications of delivering the Carbon Management Plan it is recommended that two scenarios are determined and analysed:

• Business as Usual (BAU). This scenario would be based on the Trust taking no action to reduce carbon emissions between 2011 to 2014/15. The BAU should take into account increases in consumption per annum for energy, waste, water and transport. Price assumptions for travel have remained the same due to paying under Agenda for Change pay and conditions. Assumptions on price increases will be part of the BAU scenario.

• Reduced Emissions. The second scenario is for the Trust to meet its 10% emissions reduction target 2014/15 from 2007/8 baseline. Using BAU and target reduction scenarios will enable the Trust to determine the accumulated savings and costs for the carbon reduction programme. The Marginal Abatement Cost (MAC) Curve appendix shows anticipated carbon reduction projects costs and savings for medium sized Acute Trusts.

[25] A couple of posts remaining to be confirmed during July 2011.

As well as the target for reducing our emissions, within the next 12 months the Trust will:
• Establish management and performance monitoring structures to ensure the Carbon Management Plan is delivered.
• Improve carbon related data quality across areas agreed by the Strategy Group to allow more effective energy management.
• Deliver the identified "Quick Wins" including launching staff awareness campaigns.
• Undertake and resource scoping surveys across areas agreed by the Strategy Group to quantify opportunity and inform future carbon reduction initiatives.
• Propose and agree a finance strategy to enable delivery of the programme.

7. Emissions baseline and projections

7.1 Scope

The baseline year for the Trust carbon footprint is financial year 2007/8. Baseline data was calculated using:

- Estates Return Information Collection (ERIC) Data for owned buildings and Eastern Region Public Health Observatory (ERPHO) methodology[26]

For the Trust's baseline assessment, the following emissions are included:

- Building energy
- Waste produced by buildings and operations
- Water used in buildings and operations

7.2 Building energy use emissions

The figures below are an aggregate figure for the Trust's 3 hospitals: St Richard's Hospital, Chichester, Southlands Hospital in Shoreham-by-Sea and Worthing Hospital.

Please refer to Appendix II Emissions Baseline Assessment for information on 'scopes'

	2007/08 Scope 1 (MWh)	2007/08 Scope 2 (MWh)	2007/08 Scope 1 (tCO2e)	2007/08 Scope 2 (tCO2e)	2007/08 Total (tCO2e)	2007/08 Floor area (m2)	notes
2007/08	34999	17516	6483	9548	16031	143366	Base year
2008/09	45230	22216	8382	12110	20491	147816	
2009/10	48838	23494	9046	12806	21853	148452	
	Absolute change in Scope 1 (MWh)	Absolute change in Scope 2 (MWh)	Absolute change in Scope 1 (tCO2e)	Absolute change in Scope 2 (tCO2e)	Absolute change in Total (tCO2e)	Absolute change in Floor area (m2)	
	2285	449	420	245	664	1185	
	Change in Scope 1 (MWh)	Change in Scope 2 (MWh)	Change in Scope 1 (tCO2e)	Change in Scope 2 (tCO2e)	Change in Total (tCO2e)	Change in Floor area (m2)	
	40%	34%	40%	34%	36%	4%	

[26] http://www.erpho.org.uk/viewResource.aspx?id=21509

7.3 Waste and Water

The total CO_2 emissions due to waste and water across the estate are detailed below.

	2007/08 Water and Sewage (tCO2e)	2007/08 Waste and Recycling (tCO2e)	2007/08 Waste and Water total (tCO2e)
2007/08	301	-599	-298
2008/09	304	7	312
2009/10	365	105	470

From 2008/9 to 2009/10 there is a 150% increase in emissions.

It is recommended that further work is done on including this data in the baseline year 2007/8:
Lease cars business miles - Electronic Staff Record (ESR)

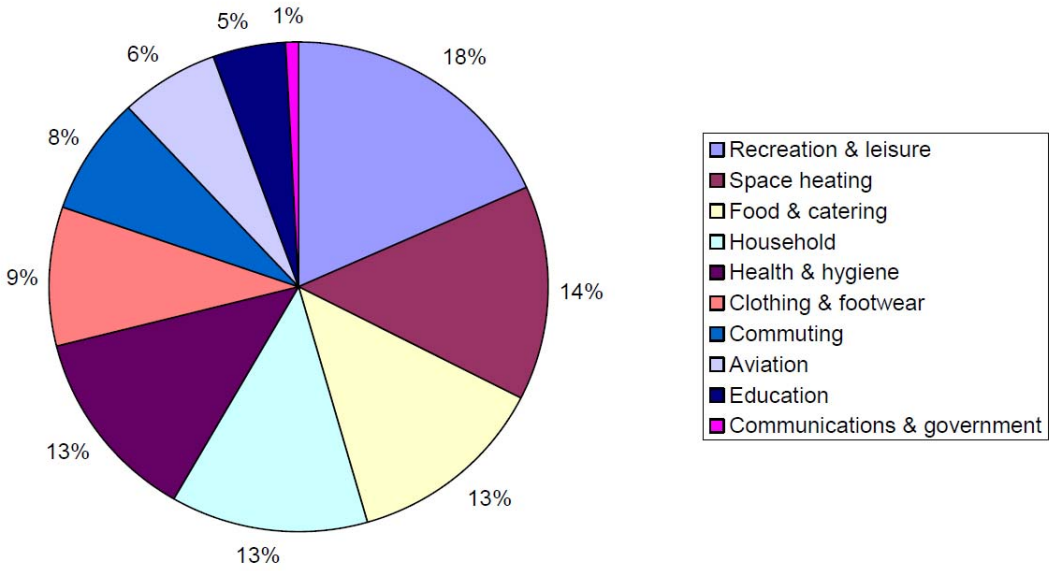
- Organisation owned business travel including excess mileage (ESR)
- Carbon emissions by transport type

7.4 Extended Baseline

The Trust engages in several emissions activities which the Trust *does not* have (much) direct (operational) control over. These activities potentially include staff commuting, procurement and ultimately, emissions from the population whom the Trust serves. It is very difficult to get accurate data for all of these areas for the purposes of this report, but it is important to realise what effect the Trust can have on the wider community. This extended baseline is not part of the Trust's target on reducing emissions, but fits with the Trust's vision of being a local leader in carbon reduction.

The average carbon footprint for an individual in the UK is 10.64 tonnes of CO_2 per year. A breakdown of the carbon emissions which make-up this overall total is presented in the figure below:[27]

Average components of an individual's personal carbon footprint



8. Carbon Management Projects

The following section sets out the Trust planned carbon reduction projects to deliver the carbon reduction target. A significant proportion of carbon emissions are generated from the building estate. In line with this, most of the projects identified involve improving building energy efficiency. Further costs and savings will be estimated and refined during the programme. It is anticipated that more projects will be identified as the staff awareness programme is implemented.

There is a risk that some projects may not be fulfilled due to the reduction in Trust costs expected from all NHS Trusts over the next 3 years as per the 'Department of Health Annual Operating Framework'.

[27] http://www.carbontrust.co.uk/Pages/Default.aspx

Year	Projects Worthing Hospital	(Estimated) Savings/ £ or CO2e
2008/9	Installed full digital controls including inverter drives for fans and oxygen trim on all 4 East Wing energy centre boilers	
	Installed full digital controls including inverter drives for fans and oxygen trim on all 4 East Wing energy centre boilers	
	Installed inverter drives to 3 main East Wing heating circulation pumps.	£7500 p.a.
2010	Replaced old reciprocating main chiller compressors (East Wing) with energy efficient units and checked hydraulic balance of main chilled water circuits	
2010	Fitted new automatic doors on stores entrance, East Wing and basement service corridor North Wing. This prevented the 'wind tunnel effect' that was losing heat during the winter months	
2011	New OPD/Ward block (Due for completion 24 December 2011). Two storey Outpatients and ward block is being constructed to achieve 'BREEAM excellent' rating	
Other planned works (2011)		
	Worthing Hospital East Wing (No5 & No6) and West Wing plant rooms. Insulate bare pipes and exposed valves, calorifiers	£10,000 p.a. 10.07 TCO2e p.a.
	Southlands Hospital Main, No19, No41 and No42 plant rooms. Insulate bare pipes and exposed valves, calorifiers	£14,000 p.a. 16.64 TCO2e p.a.
	East Wing Chilled water system. Proposal under development to improve control and reduce energy consumption.	£15,000 p.a. 80.00 TCO2 e p.a.
	St Richard's Hospital Path Lab plant room, Laundry and Roof plant, Insulate bare pipes and exposed valves, calorifiers	£5,000 p.a. 5.34 TCO2e p.a.

8.1 Benefits / savings quantified

	2010	2011	2012	2013	2014	2015
Annual cost saving	7500	44000				
Annual CO2 saving		112.05				
% of target achieved		1.5				

8.2 Un-quantified benefits:

- Improved reputation as a good corporate citizen by taking responsibility for its impact on the environment.
- Financial efficiencies allowing increased investment in energy saving projects and patient care.
- Creating a better environment for staff and patients.
- Accurate assessment of performance and CO_2 emission reductions to demonstrate compliance with existing and future NHS strategy and legislation.
- Positive staff engagement and motivation.
- Encourage staff, patients and the wider community to live healthier, low carbon lifestyles.

8.3 Financial costs and sources of funding

It is recommended that one of the action plans undertaken for SDSG review are the financial costs and sources of funding from 2011 to 2015.

Cost information may include the following categories:

Annual costs:	Total costs	Committed annual revenue	Unallocated annual capital
Total annual capital cost	Committed funding:	Total funded	Unallocated annual revenue
Total annual revenue cost	Committed annual capital	Unallocated funding	Total unfunded

Financial costs and funding are currently being established. The Trust board are, by ratifying this document, behind this initiative and capital commitments are starting to be identified. All capital investments will be subject to the Trust capital criteria, the Trust's capital evaluation process and approved business cases where appropriate. All other funding sources will be pursued wherever opportunities are identified (e.g. Salix / Carbon Trust, Financial Services Loans, gain share schemes etc.).

8.4 Score against Good Corporate Citizen Model

The GCC Model is an online resource designed to help NHS organisations become good corporate citizens. It supports the Department of Health's contribution to the UK Sustainable Development Strategy, 'Securing the Future', signed by all government departments in 2005. Please refer to Appendix I for further details on the GCC Model.

The Trust is currently progressing through the GCC Model and will review it's score in Q4 of the current financial year.

9. Corporate Strategy

The Trust is beginning to actively embed CO2 saving across the Trust activities. The SDMP is a key part of the Trust's Annual Plan 2011-12 Strategic Theme G "We care about Sustainability'.

Most of our procurement is through national NHS procurement who internally have their own sustainable procurement policy. We are also including clauses within the contracts with our largest suppliers around carbon reduction and aspire to develop this.

This SDMP will be reviewed by the Board for approval during year 2011. This document will be valid for three years from date of ratification and be subject to annual review by the SDSG.

9.1 Responsibility

The Trust needs to be clear that saving CO_2 is everyone's job and everyone's responsibility. The projects undertaken, and those due to be completed from 2011 to 2012, highlight a number of buildings schemes which will reduce emissions. However in addition, for success it is vital that all staff are engaged.

As part of our plan, we will set up a network of 'sustainability champions'. These are people who are interested in the subject area, and volunteer to help reduce emissions within the sites where they work. They will receive training on carbon reduction and will disseminate communications to staff via notice boards and individually. They will highlight areas for concern, which will be escalated to the Sustainable Development Strategy Group, which may result in new projects being worked up and implemented.

We are also planning to record business travel usage and telephone conferencing by directorate so that savings can be monitored and good practice recognised. It is anticipated that different directorates will be able to contribute in different ways.

9.2 Data Management

Being able to measure the progress and benefits achieved is crucial. The existing baseline represents a reliable assessment of most emissions from the Trust scope in 2007/2008. It is recommended that improvements in data management are investigated for example additional information such as 'employee commuting' data and quarterly reporting of data to the Sustainable Development Strategy Group (SDSG).

Data on the Trust performance will be reported three times a year to the Directors and communicated to staff during team meetings to raise awareness. Performance will also be reported in the Trust annual Report. The Trust will use the national ERIC returns database to assess how the Trust performs compared to other similar organisations.

9.3 Communication and Training

Western Sussex Hospitals Trust will seek to effectively engage with staff in order to support the objectives of the Carbon Reduction programme - ensuring everyone is aware.

The Energy manager, in conjunction with communications staff, will drive this forward.

They will begin to:

Develop regular targeted staff communications to highlight key initiatives i.e. teleconferencing, switch offs, cycle scheme etc

• Develop an intranet page dedicated to carbon management initiatives

• Develop a visual presence for carbon management messages in staff workplaces i.e. posters, leaflets, stickers etc

• Use both a top down (via the Chairman) and bottom up (via staff side committees) approach to engage staff

• Support the 'sustainability champions' initiative through communications

• Celebrate key milestones both internally and externally in carbon management projects i.e. launching the staff survey

It is recommended that SDSG review a timetable for the Communications Plan.

9.4 Policy Alignment

The Trust is building the need to consider carbon emissions reduction into the business case templates for projects.

Human Resources are represented in the Sustainable Development Strategy Group so that changes to policies affected staff can be fed through the appropriate policy review groups.

9.5 The wide community

The Trust will endeavour to:

1/ Show local leadership in carbon reduction.

2/ Be prepared for and reduce, the health effects of climate change.

3/ Work with partners to reduce carbon emissions in the community.

4/ Engage in the sustainability partnerships with the local authorities specifically the Local Strategic Partnership (LSP).

5/ Support changes in staff knowledge and behaviours around carbon reduction to apply at work and back in their homes and communities.

6/ Highlight and disseminate good practice in organisations across our health economy.

7/ Include awareness of carbon in the development of patient pathways.

8/ Take opportunities to link health improvement initiatives in our communities to the carbon reduction agenda and vice versa e.g. active travel, healthy weight active lives strategy, physical activity.

9/ Ensure we continue to protect the population against the health effects of climate change:

Ensure emergency preparedness (e.g. heat wave plan, flood plan, weather extremes).

Review services provided in view of new health threats as they arise.

Tailoring health promotion activity to new threats (e.g. skin cancer awareness).

10 Programme Management of the Plan

Accountability and governance are crucial to ensure that this plan is implemented and performance is monitored.

10.1 Sustainable Development Strategy Group

A Sustainable Development Strategy Group will be created. It's remit is to manage, further develop and implement the SDMP for the Trust.
The Sustainable Development Strategy Group will be directly accountable to the Board and will be lead by the Head of Capital and Development.

10.2 The Carbon Management Implementation team

The Sustainable Development Strategy Group will create a Carbon Management Implementation Team who will be identified as project leads for carbon reduction. The Teams purpose will be to deliver the projects outlined in the plan and to identify and develop new projects as they arise. It is anticipated that the Team will meet every two months and will report into the Sustainable Development Strategy Group. It is anticipated that the Team will be led by the Head of Capital and Development.

10.3 Succession planning for key roles

Currently the Head of Capital and Development is Project Sponsor for the whole sustainability agenda. In terms of the project management of the development of the carbon plan, the role will be shared across Estates, Finance and Public Health, with regular meetings. This means that there will be a shared understanding of the issues across different directorates and individuals, should a gap in project management in delivery develop. This way of working will enable the team to cross cover each other.

10.4 Ongoing stakeholder management

There will be continued engagement with Facilities and Estates, Capital and Development, HR and other directorates through representation on the Sustainable Development Strategy Group. A communications strategy will be developed which will keep key stakeholders involved – especially by the use of identified energy champions.
There will continue to be regular Board updates and Director briefings, three times a year.

10.5 Annual Progress review

Progress against the overall carbon reduction target will be reported to the Board on an annual basis. More frequent reporting of the SDMP will be via the Sustainable Development Strategy Group.

Appendix 1 The NHS Good Corporate Citizenship Assessment Model

The NHS Good Corporate Citizenship (GCC) Assessment Model (www.corporatecitizen.nhs.uk) was developed by the Sustainable Development Commission and the Department of Health, and was launched in 2006 and revised in 2009.
The GCC Model is an online resource designed to help NHS organisations become good corporate citizens. It supports the Department of Health's contribution to the UK Sustainable Development Strategy, 'Securing the Future', signed by all government departments in 2005.
In the NHS, good corporate citizenship is synonymous with sustainable development objectives. Both mean using NHS organisations' corporate powers and resources in ways that benefit rather than damage the social, economic and environmental conditions in which we live. How the NHS behaves - as an employer, a purchaser of goods and services, a manager of transport, energy, waste and water, a landholder and commissioner of building work and as an influential neighbour in many communities - can make a significant difference to people's health and to the well being of society, the economy and the environment. By operating as good corporate citizens, NHS organisations can benefit from a healthier local population, improved staff morale and faster patient recovery rates. They may also make significant financial savings.
The GCC Model contains information on sustainability divided into six areas: transport, procurement, facilities management, employment & skills, community engagement and new buildings. The site includes case studies, resources, a networking facility, communications materials and a self-assessment test covering all of these areas. Each area of the self-assessment test contains a range of questions to help users assess their contribution to sustainability.
Within each area, there are several questions for which a score of between 0 and 9 can be given. This allows a benchmark to be generated, so that registered organisations can monitor their progress over time and compare themselves with other organisations.

Transport - Sustainable transport is about encouraging walking, cycling and the use of public transport and making sure that pollution and CO_2 emissions are minimised. Organisations can manage transport issues in ways that benefit communities, support local economies and help protect the environment.

Procurement - Sustainable procurement means purchasing goods and services in a way that maximises positive benefits and minimises negative impacts on society, the economy and the environment throughout the full lifecycle of the product.

Facilities Management - Sustainable facilities management is about minimising impacts on the environment and supporting the local community and economy. This often results in saving money that can be used to deliver better health care. The NHS has a considerable ecological footprint. It produces 600,000 tonnes of waste - over 1% of all domestic waste produced in the UK - and consumes 50 billion litres of water a year. Energy used by the health sector produces about 3.5m tonnes of CO_2 a year.

Employment and skills - The Improving Working Lives standard taken up by the NHS goes a long way towards ensuring that NHS organisations operate as good corporate citizens. Sound, sustainable Human Resources practices help improve the mental and physical health of employees and have considerable knock-on effects for employees' friends and family. Providing career development opportunities,

managing appropriate work-life balance, offering childcare facilities and a pleasant work environment and promoting employee's health, all contribute.
Community engagement - As a good corporate citizen, an NHS organisation, active within the local community and engaging in local planning decisions through processes such as Local Strategic Partnerships, will be contributing to a healthy community, social cohesion, regeneration and tackling health inequalities. Regular and accessible engagement with the public through the involvement of local organisations, Public and Patient Involvement Forums and other stakeholders in decision making and delivery, will help ensure services are patient led.

New buildings - A sustainable building is designed to reduce waste, energy and resources, thereby saving money, reducing negative environmental impacts and benefiting health. The built environment is an important factor in patient care and good design is essential to help ensure that patients, staff and visitors are afforded appropriate facilities.

Further information on the benefits of Good Corporate Citizenship:
1. Improving health and tackling health inequalities - NHS organisations can improve population health and well-being by encouraging and supporting healthier, more sustainable lifestyles and investing their resources in ways that benefit the local economy, community and environment, particularly in disadvantaged areas. This could include helping more local suppliers win NHS contracts, or introducing a travel plan to reduce car use.

2. Financial and care gains - Energy and water saving measures and good waste management can lower running costs and curtail the increasing cost of landfill tax. Simple steps such as recycling cardboard could result in savings across the NHS. If 10% of energy costs could be saved the annual NHS energy bill could be reduced by over £31 million.

3. Patient outcomes - As good corporate citizens, NHS organisations can improve the patient experience, helping to speed up patient recovery rates, reduce expenditure on drugs and manage demand.

4. Employee and patient satisfaction - Elements of good corporate citizenship such as recruiting local people, encouraging appropriate work life balance, offering a pleasant work environment and promoting employees' health can improve staff retention, increase productivity and contribute to population health. Being an environmentally and socially responsible organisation may also help to attract staff.

5. Good Governance - More generally, identifying and managing longer-term social and environmental changes and risks contributes to good governance and is consistent with a future focus on sustainable development. NHS organisations can engage with local communities and stakeholders to ensure they anticipate and adapt to changing needs and expectations.

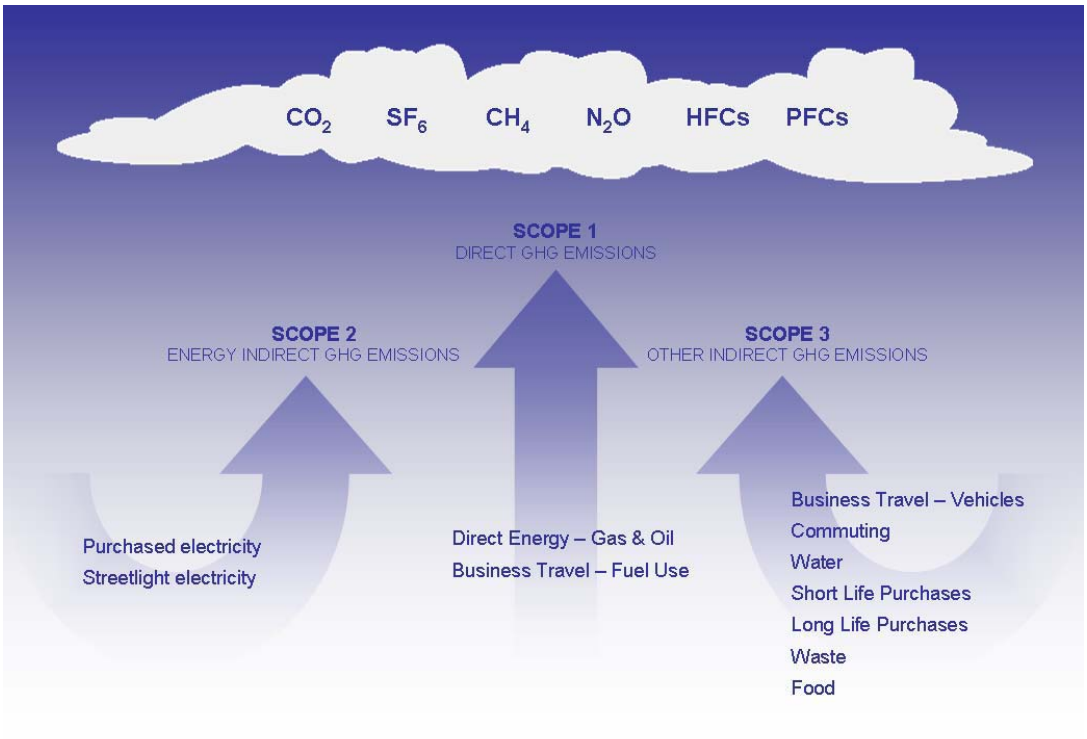
Appendix II Emissions Baseline Assessment

The carbon baseline emission figures are calculated using the Green House Gas Protocol (GHG), [28] as this is the most widely accepted approach is to identify and categorize emissions-releasing activities into three groups (known as scopes). The three scopes are:

Scope 1 (Direct emissions): Activities owned or controlled by your organisation that release emissions straight into the atmosphere. They are direct emissions. Examples of scope 1 emissions include emissions from combustion in owned or controlled boilers, furnaces, vehicles; emissions from chemical production in owned or controlled process equipment.

Scope 2 (Energy indirect): Emissions being released into the atmosphere associated with your consumption of purchased electricity, heat, steam and cooling. These are indirect emissions that are a consequence of your organisation's activities but which occur at sources you do not own or control.

Scope 3 (Other indirect): Emissions that are a consequence of your actions, which occur at sources which you do not own or control and which are not classed as scope 2 emissions. Examples of scope 3 emissions are business travel by means not owned or controlled by your organisation, waste disposal, or purchased materials or fuels. [29]



[28] The Greenhouse Gas Protocol (GHG Protocol) is the most widely used international accounting tool for government and business leaders to understand, quantify, and manage greenhouse gas emissions.
[29] *GHG Protocol Corporate Standard* Available at: http://www.ghgprotocol.org/

Appendix III Ongoing Stakeholder Management Plan

It is recommended that the Trust undertake a stakeholder communications plan for the carbon reduction strategy. Below is a suggested plan from the Carbon Trust.

Individual or Group	Influence	Reduction	Their interest or issues	Means of Communication
Trust Board	H	L	National targets FT status application Corporate responsibility	Continued to be briefed by Project Sponsor
Director - Corporate division - Co. Sec, Mr Graham Lawrence	H	L	Successful delivery of Carbon Management Plan	On SDSG
Adrian Coombs Project Sponsor	H	M	Successful delivery of Carbon Management Plan. Preparation and issue of Carbon Management Plan Acquisition of new leased or owned properties in accordance with the requirements of the Estate Strategy	On SDSG
Finance - Chris Nevell	H	H	Reduction cost/budgets Under pressure to remain financially robust Overview of trusts activities to ensure compliance with current legislation. Efficient and effective use of capital development finances in projects identified within the programme	On SDSG
Director of Facilities and Estates	H	H	Lead on estates and facilities. Overall responsibility for reduction of carbon footprint for Trust.	Sustainable Development Strategy Group linked with Carbon Management Team
Deputy Director of Facilities and Estates - Janet Coverdale	H	H	Efficient maintenance and energy efficiency of building services	Sustainable Development Strategy Group linked with Carbon Management Team
Environment and Waste Manager Katrina Rankin	H	H	Successful delivery of Carbon Management Plan. Key aspects of reduce, reuse recycle initiatives	On SDSG
Energy Manager Jeremy Way	M	H	Successful Trust participation of the CRC Energy Efficiency Scheme Efficient maintenance and energy efficiency of building services	On SDSG
Human Resources - Denise Farmer	H	M	Identification of Green Champions, cascade of staff initiatives with Communications and Staff Incentives	On SDSG
Director of Nursing Cathy	H	M	Cascade of staff initiatives with Communications - operational	On SDSG

Stone			initiatives	
Jonathan Keeble Communications	M	L	Effective publicity throughout the Trust of the Carbon Management Programme	On SDSG

Individual or Group	Influence	Reduction	Their interest or issues	Means of Communication
IT - Simon Sturgeon	H	M	Trusts use of telephony and IT equipment and its efficient use	Carbon Management Team Member
Purchasing - Andrew Boxall	H	M	Low carbon footprint of supply chain partners	On SDSG
Utility Suppliers	L	M	Potential for delivering low carbon future	Green contracts
Staff	M	M	Delivery of quality health care whilst minimising their impact on CO_2 emissions	To be kept informed via Communications Dept poster, PC screen savers etc
Patients	L	L	How the service they receive will be affected by reduction of the carbon footprint	To be kept informed via Communications Dept
Visitors	L	L	How the service they receive will be affected by reduction of the carbon footprint	To be kept informed via Communications Dept

Appendix IV Risk Register

It is recommended that the Trust finalises the risk register during 2011.

	Description	Impact	Probability	Mitigating Actions	Status
1	SDSG has insufficient time and resource causing the programme to slip	H	M	To develop a robust Project Plan and to seek support whenever necessary	To be re-assessed
2	Limited carbon reduction opportunities developed from staff and partner/stakeholder events	**M**	**M**	Opportunities events held on several fronts to attract ideas from Staff, partners and stakeholders	To be organised
3	Carbon Reduction Opportunities do not produce sufficient targets	**H**	**M**	Key work of SDSG	Ongoing progress
4	Some Data not available for baseline assessment	**M**	**H**	All current data sources to be accessed. Some estimation e.g. transport, procurement etc may be necessary	Detailed work to be undertaken on procurement plus travel staff business miles / commuting and patient/visitor travel.
5	Insufficient investment from The Trust	**H**	**M**	SDSG to develop / authorise and prioritise carbon reduction projects commit with resource implications	No anticipated issues
6	Insufficient Investment from Government	**M**	**H**	Government may not provide further capital for carbon reduction scheme	Ongoing
7	Sponsors and	**H**	**L**	Board	In progress

	Description	Impact	Probability	Mitigating Actions	Status
	Board not supportive of plan and action			Approved SDM	
8	Staff – do nothing i.e. several measures e.g. 'housekeeping' issues rely on staff to contribute	**H**	**M**	Trust to run variety of staff awareness and education events	In progress
9	Failure of Stakeholders and Partners to meet our targets	**M**	**M**	Trust to fully engage all Partners and Stakeholders in whole process	To be assessed
10	Building Regulation Increase	**M**	**M**	All construction works agreed with Capital and Development	Ongoing consultation per scheme
11	Local Planning Conditions and Approach	**M**	**M**	All construction works discussed and agreed with Capital and Development	Ongoing consultation per scheme

It is recommended that the Sustainable Development Strategy Group manage their respective risks and issues detailed from the log above.

	Appendix V Carbon Management Matrix - CONTINUES ON NEXT PAGE						
	POLICY	**RESPONSIBILITY**	**DATA MANAGEMENT**	**COMMUNICATION & TRAINING**	**FINANCE & INVESTMENT**	**PROCUREMENT**	**MONITORING & EVALUATION**
5 Best	• SMART Targets signed off • Action plan contains clear goals & regular progress reviews • Strategy launched internally & to community	• Carbon Management (CM) is **full**-time responsibility of a **few** people • CM integrated in responsibilities of **senior** managers • VC support • Part of **all** job descriptions	• **Quarterly collation of CO_2 emissions for all sources** • **Data externally verified** • **M&T in place for:** o **Buildings** o **Waste**	• All staff given formalised CM: o Induction o Training Plan o Communications • CM matters **regularly** communicated to: o External community, including patients o Key partners	• **Granular** & **effective** financing mechanisms for CM projects • **Finance representation on CM Team** • **Robust** task management mechanism • **Ring-fenced fund** for carbon reduction initiatives	• Sustainability comprehensive ly integrated in **tendering** criteria • Whole life costing • Area-wide procurement	• Senior management review CM process • Core team regularly reviews CM progress • Published externally on website • Visible board level review
4	• SMART Targets **developed but not** implemented	• CM is **full**-time responsibility of an **individual** • CM integrated in to responsibilities of department **managers**, not all staff	• **Annual** collation of CO_2 emissions for: o Buildings o Transport o waste • Data **internally** reviewed	• All staff given CM: o **Induction** o Communications • CM communicated to: o External community o Key partners	• Regular financing for CM projects • **Some** external financing • **Sufficient** task management mechanism	• Environmental demands incorporated in tendering • **Joint procuring** between NHS Trusts or with LAs.	• **Core** team **regularly** reviews CM progress: o Actions o Profile & Targets o New opportunities quantification
3	• **Draft policy** • **Climate Change reference**	• CM is part-time responsibility of a few people • CM responsibility of department champions	• **Collation** of CO_2 emissions for limited scope i.e. buildings only	• **Environmental** / **energy** group(s) give ad hoc: o Training o Communications	• **Ad hoc financing for CM projects** • **Limited task management** • **No allocated resource**	• **Whole life** costing occasionally employed • Some **pooling** of environmental expertise	• CM team review aspects including: o **Policies / Strategies** o Targets o Action Plans

Carbon Management Matrix

	POLICY	RESPONSIBILITY	DATA MANAGEMENT	COMMUNICATION & TRAINING	FINANCE & INVESTMENT	PROCUREMENT	MONITORING & EVALUATION
2	• No policy • Climate Change **aspiration**	• **CM is part-time responsibility of an individual** • **No departmental champions**	• **No CO_2** emissions data compiled • Energy data compiled on a regular basis	• Regular poster/awareness campaigns • **Staff** given ad hoc CM: o Communications	• Ad hoc financing for CM **related** projects • Limited task coordination **resources**	• **Green criteria occasionally considered** • **Products considered in isolation**	• **Ad hoc reviews of CM actions progress**
1 **Worst**	• No policy • **No** Climate Change reference	• No CM responsibility designation	• Not compiled: o CO_2 emissions • Estimated billing	• **No communication or training**	• No internal financing or funding for CM related projects	• No Green consideration • No life cycle costing	• No CM monitoring

Appendix VI Definition of Projects

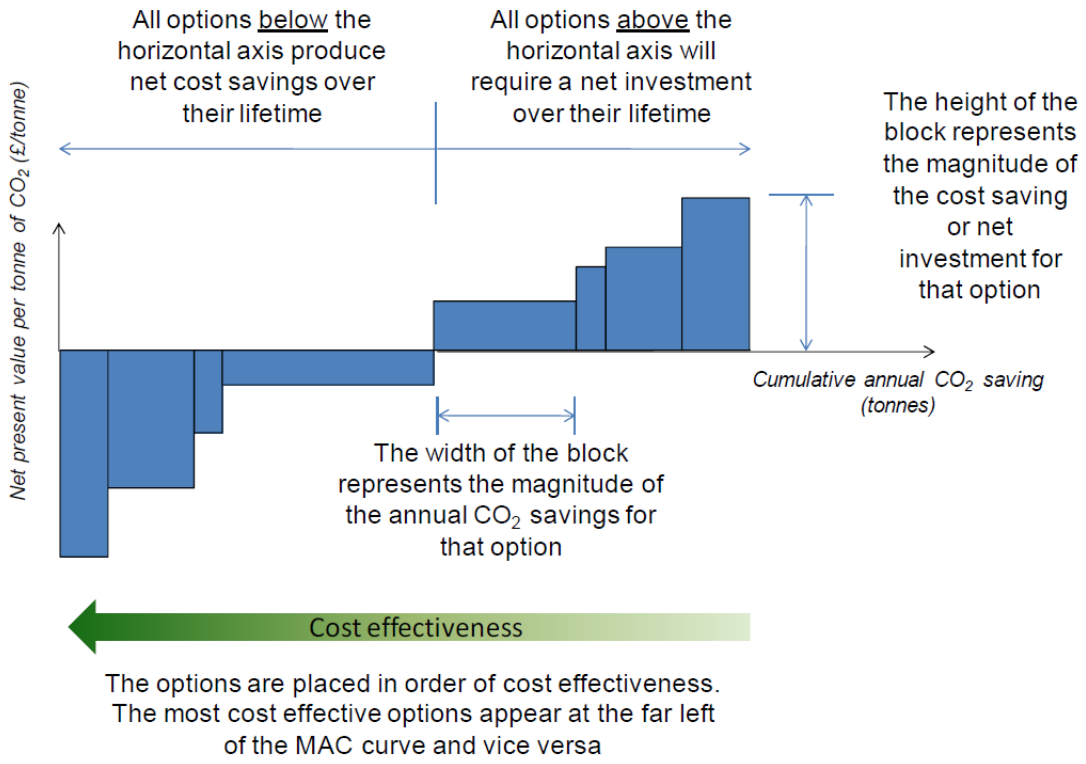
Below is an *example* of a complete projects definition form- it is recommended that all carbon reduction projects are evaluated using a similar format.

Project: Reference:	Worthing Hospital East Wing Chilled water system.
Owner (person)	Capital PM
Department	Estates
Description	Proposal under development to improve control and reduce energy consumption.
Benefits	• Financial savings: £15,000 per annum. • Payback period in progress • CO_2 Emissions reduction in progress • Percentage of target: in progress
Funding	• *Project* cost: in progress. • *Operational costs*: NIL • *Source of funding:* Annual capital
Resources	Competitive tender. In house project management.
Ensuring Success	Once complete.
Measuring Success	Reduction in power consumption and carbon emmissions.
Timing	• Milestones / key dates o start date: tbc o completion date: tbc
Notes	

Appendix VII A NHS Marginal Abatement Cost Curve

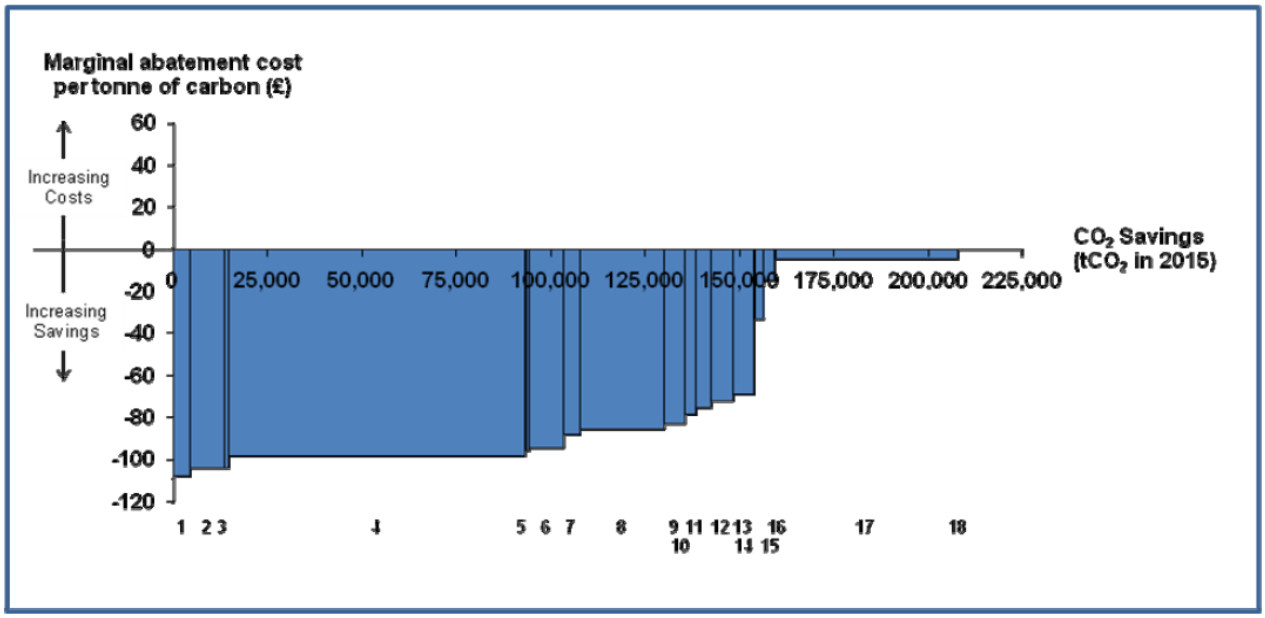
A Marginal Abatement Cost (MAC) Curve is a powerful tool to collate and illustrate data. It can be used to indicate, win-wins where cutting carbon saves money and where the most cost efficient and largest CO2 savings can be made. [30]

How to interpret a MAC Curve



[30] A Marginal Abatement Cost Curve for NHS England
http://www.sdu.nhs.uk/documents/MACC_Final_SDU_and_AEA.pdf

1. MAC Curve for Small/Medium Acute Trusts Category



	Option	£/tCO2	CO2 savings (tCO2 in 2015)
1	Voltage optimisation	-108	4,417
2	1 degree C	-104	9,133
3	Improve the efficiency of chillers	-104	1,242
4	CHP installation	-98	78,615
5	Variable speed drives	-96	828
6	Improve lighting controls	-94	9,110
7	Building management system optimisation	-88	4,517
8	Energy awareness campaign	-86	22,077
9	Energy efficient lighting	-83	5,521
10	Improve Insulation to pipe work, and/in boiler house	-79	2,884
11	Improve heating controls	-75	4,110
12	Roof insulation	-72	5,769
13	Wall insulation	-69	5,769
14	Improve the efficiency of steam plant or hot water boiler plant	-65	0
15	Insulation - window glazing and draught proofing	-33	2,404
16	Wind turbine (80kW)	-15	3,075
17	Biomass boiler	-4	48,416
18	Solar hot water	48	0
Total annual CO_2 savings in 2015 – all measures			207,888

2/a. Carbon abatement options for Worthing Hospital [31]

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Energy efficient lighting	Use of energy saving lighting technology (e.g. high frequency lighting, LED lighting, low energy lighting).	£100,000	£36,000	7	2.7	0%	2%	50%
Improve lighting controls	Use of lighting controls to reduce lighting in areas that do not need to be fully lit at all times (e.g. passive infrared sensors, photoelectric/dimming controls, zonal switching).	£170,000	£55,000	22	3.1	0%	3%	55%
Energy awareness campaign	Energy awareness campaigns that target areas of energy wastage (e.g. encourage switch off lighting and equipment when not in use).	£18,500	£34,220	3	0.5	3%	3%	75%
1 degree C	Review heating set points and reduce by 1 degree Celsius wherever possible.	£0	£3000	3	0.0	0%	0%	40%
Biomass boiler	Installation of biomass boiler as an alternative fuel source to non-renewable fossil fuels.	£810,000	£78,680	17	10.3	53%	0%	20%
Improve the efficiency of	Opportunities to improve boiler efficiency for district heating systems (e.g. boiler or	£130,000	£0	17	4.3	3%	0%	25%

[31] The Trust owns three hospitals with (average floor area of the hospitals is 65,080m^2 per site). **Measures in black are illustrative and are from national guidance, measures in blue have been evaluated as being viable projects by the Trust's Energy Manager. Each line represents an individual workstream requiring detailed evaluation of the practicality, opportunity and validity of undertaking works together with a robust cost/benefit review.**

steam plant or hot water boiler plant	burner replacement, heat recovery systems like stack economisers, flash steam or condensate recovery, improving controls like applying TDS blow down on steam boilers. CHP Circuits PHE's etc.							

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Improve the efficiency of chillers	Implementation of measures that will operate a chiller at peak performance can save energy as well as maintenance costs (e.g. keeping condenser and evaporator tubes clean, pre-treating condensing water, fitting variable speed drives to chiller motors, modernising chiller control systems and possibly even replacing older plant)	£25,000	£13,799	22	1.8	0%	2%	15%
Building Management System optimisation	Installation of a computer-based control system that allows energy-using services to be centrally managed, notably heating, ventilation and air conditioning (HVAC) and sometimes lighting. Homefield MDCU System Conversions	£150,000	£49,212	22	3.0	2%	4%	15%
Improve HVAC controls	Improving a building or site's heating controls (e.g. fitting of thermostatic radiator valves (TRVs) to radiators, installing PIR occupancy sensors and other automatic timing controls, and	£50,000	£18,621	22	2.7	3%	0%	30%

	upgrading room thermostats). North Wing Pathology.							
Roof insulation	Replacing or installing insulation to loft or roof spaces, based on the U-values determined by the 2006 Building Regulations.	£120,000	£37,242	22	3.2	6%	0%	20%
Wall insulation	Replacing or installing insulation to external walls, based on the U-values determined by the 2006 Building Regulations.	£280,000	£74,000	22	3.8	6%	0%	20%

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Insulation - window glazing and draught proofing	Improving the U-value of external windows by replacement and implementing draught proofing measures, based on the U-values determined by the 2006 Building Regulations. North Wing	£150,000	£15,518	22	9.7	3%	0%	20%
Improve Insulation to pipe work, and/in boiler house	Insulating pipe work to the standards set out in BS 5422 (2001) on both heated and cooled pipe work and surfaces (including valves, flanges etc).	£40,000	£18,621	22	2.1	3%	0%	20%
Variable Speed Drives	Installation of VSDs to fan and pump motors.	£25,000	£9,200	10	2.7	0%	1%	15%
Voltage optimisation	Voltage optimisation (also known as 'voltage correction') to eliminate the discrepancy between supply voltage and	£60,000	£36,798	22	1.4	0%	4%	20%

	the optimum voltage needed by electrical equipment and reduce energy losses.							
CHP installation	Installation of a Combined heat and power (CHP) system that simultaneously generates usable heat and power (usually electricity) through a single process.	£1,028,528	£365,914	10	2.8	-36%	68%	53%*
Solar hot water	Installation of a 500 kW Solar Hot Water system.	£180,000	£6,725	25	26.8	1.2%	0%	28%
Wind turbine	Installation of a 250 kW stand alone wind turbine.	£135,000	£9,434	25	14.3	0%	1.0%	53%

2/b. Carbon abatement options for St Richards Hospital

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Energy efficient lighting	Use of energy saving lighting technology (e.g. high frequency lighting, LED lighting, low energy lighting).	£100,000	£36,000	7	2.7	0%	2%	50%
Improve lighting controls	Use of lighting controls to reduce lighting in areas that do not need to be fully lit at all times (e.g. passive infrared sensors, photoelectric/dimming controls, zonal switching).	£170,000	£55,000	22	3.1	0%	3%	55%
Energy awareness campaign	Energy awareness campaigns that target areas of energy wastage (e.g. encourage switch off lighting and equipment when not in use).	£18,500	£34,220	3	0.5	3%	3%	75%
1 degree C	Review heating set points and reduce by	Requires	£5000	3	0.0	5%	0%	40%

	1 degree Celsius wherever possible.	BMS						
Biomass boiler	Installation of biomass boiler as an alternative fuel source to non-renewable fossil fuels.	£1,660,000	£78,680	17	20	53%	0%	20%
Improve the efficiency of steam plant or hot water boiler plant	Opportunities to improve boiler efficiency for district heating systems (e.g. boiler or burner replacement, heat recovery systems like stack economisers, flash steam or condensate recovery, improving controls like applying TDS blow down on steam boilers.	£80,000	£18,621	17	4.3	3%	0%	25%

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Improve the efficiency of chillers	Implementation of measures that will operate a chiller at peak performance can save energy as well as maintenance costs (e.g. keeping condenser and evaporator tubes clean, pre-treating condensing water, fitting variable speed drives to chiller motors, modernising chiller control systems and possibly even replacing older plant). 81 TCO_2 saved	£50,000	£13,799	22	1.8	0%	2%	15%
Building Management System optimisation	Installation of a computer-based control system that allows energy-using services to be centrally managed, notably heating, ventilation and air conditioning (HVAC) and sometimes lighting.	£1,000,000	£75,000	22	3.0	2%	4%	15%

Improve heating controls	Improving a building or site's heating controls (e.g. fitting of thermostatic radiator valves (TRVs) to radiators, installing PIR occupancy sensors and other automatic timing controls, and upgrading room thermostats).	£150,000	£50,000	22	2.7	3%	0%	30%
Roof insulation	Replacing or installing insulation to loft or roof spaces, based on the U-values determined by the 2006 Building Regulations.	£240,000	£65,000	22	3.2	6%	0%	20%
Wall insulation	Replacing or installing insulation to external walls, based on the U-values determined by the 2006 Building Regulations.	£280,000	£74,000	22	3.8	6%	0%	20%

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Insulation - window glazing and draught proofing	Improving the U-value of external windows by replacement and implementing draught proofing measures, based on the U-values determined by the 2006 Building Regulations.	£150,000	£15,518	22	9.7	3%	0%	20%
Improve Insulation to pipe work, and/in boiler house	Insulating pipe work to the standards set out in BS 5422 (2001) on both heated and cooled pipe work and surfaces (including valves, flanges etc).	£40,000	£18,621	22	2.1	3%	0%	20%
Variable	Installation of VSDs to fan and pump	£50,000	£18,000	10	2.7	0%	1%	15%

speed drives	motors.							
Voltage optimisation	Voltage optimisation (also known as 'voltage correction') to eliminate the discrepancy between supply voltage and the optimum voltage needed by electrical equipment and reduce energy losses.	£60,000	£36,798	22	1.4	0%	4%	20%
CHP installation	Installation of a Combined heat and power (CHP) system that simultaneously generates usable heat and power (usually electricity) through a single process.	£1,028,528	£365,914	10	2.8	-36%	68%	53%*
Solar hot water	Installation of a 500 kW Solar Hot Water system.	£180,000	£6,725	25	26.8	1.2%	0%	28%
Wind turbine	Installation of a 250 kW stand alone wind turbine.	£135,000	£9,434	25	14.3	0%	1.0%	53%

2/c. Carbon abatement options for Southlands Hospital

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Energy efficient lighting	Use of energy saving lighting technology (e.g. high frequency lighting, LED lighting, low energy lighting).	£50,000	£18,399	7	2.7	0%	2%	50%
Improve lighting controls	Use of lighting controls to reduce lighting in areas that do not need to be fully lit at all times (e.g. passive infrared sensors, photoelectric/dimming controls, zonal	£42,500	£13,800	22	3.1	0%	3%	55%

	switching).							
Energy awareness campaign	Energy awareness campaigns that target areas of energy wastage (e.g. encourage switch off lighting and equipment when not in use).	£9,250	£17,100	3	0.5	3%	3%	75%
1 degree C	Review heating set points and reduce by 1 degree Celsius wherever possible.	£0	£0	3	0.0	5%	0%	40%
Biomass boiler	Installation of biomass boiler as an alternative fuel source to non-renewable fossil fuels.	£810,000	£78,680	17	10.3	53%	0%	20%
Improve the efficiency of steam plant or hot water boiler plant	Opportunities to improve boiler efficiency for district heating systems (e.g. boiler or burner replacement, heat recovery systems like stack economisers, flash steam or condensate recovery, improving controls like applying TDS blow down on steam boilers.	£80,000	£18,621	17	4.3	3%	0%	25%

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Improve the efficiency of chillers	Implementation of measures that will operate a chiller at peak performance can save energy as well as maintenance costs (e.g. keeping condenser and evaporator tubes clean, pre-treating condensing water, fitting variable speed drives to chiller motors, modernising chiller control systems and possibly even replacing	£10,000	£13,799	22	1.8	0%	2%	15%

	older plant). Theatre Chiller							
Building Management System optimisation	Installation of a computer-based control system that allows energy-using services to be centrally managed, notably heating, ventilation and air conditioning (HVAC) and sometimes lighting. Upgrade of obsolete Equipment	£150,000	£5000	22	3.0	2%	4%	15%
Improve heating controls	Improving a building or site's heating controls (e.g. fitting of thermostatic radiator valves (TRVs) to radiators, installing PIR occupancy sensors and other automatic timing controls, and upgrading room thermostats).	£50,000	£18,621	22	2.7	3%	0%	30%
Roof insulation	Replacing or installing insulation to loft or roof spaces, based on the U-values determined by the 2006 Building Regulations. Includes waterproof covering.	£180,000	£37,242	22	3.2	6%	0%	20%
Wall insulation	Replacing or installing insulation to external walls, based on the U-values determined by the 2006 Building Regulations.	£140,000	£37,242	22	3.8	6%	0%	20%

Name of measure	Description	Capital costs (£)	Savings in annual operating costs (£/yr)	Lifetime (years)	Payback times (years)	% Reduction in Carbon Baseline (Fossil fuels)	% Reduction in Carbon Baseline (Electricity)	Uptake rates (%)
Insulation - window glazing and draught	Improving the U-value of external windows by replacement and implementing draught proofing measures, based on the U-values	£300,000	£30,000	22	9.7	3%	0%	20%

proofing	determined by the 2006 Building Regulations.							
Improve Insulation to pipe work, and/in boiler house	Insulating pipe work to the standards set out in BS 5422 (2001) on both heated and cooled pipe work and surfaces (including valves, flanges etc).	£40,000	£18,621	22	2.1	3%	0%	20%
Variable speed drives	Installation of VSDs to fan and pump motors.	£10,000	£4,000	10	2.7	0%	1%	15%
Voltage optimisation	Voltage optimisation (also known as 'voltage correction') to eliminate the discrepancy between supply voltage and the optimum voltage needed by electrical equipment and reduce energy losses.	£25,000	£18,000	22	1.4	0%	4%	20%
CHP installation	Installation of a Combined heat and power (CHP) system that simultaneously generates usable heat and power (usually electricity) through a single process. Adjust depending on size of plant.	£1,028,528	£365,914	10	2.8	-36%	68%	53%*
Solar hot water	Installation of a 500 kW Solar Hot Water system.	£180,000	£6,725	25	26.8	1.2%	0%	28%
Wind turbine	Installation of a 250 kW stand alone wind turbine.	£135,000	£9,434	25	14.3	0%	1.0%	53%

3. Costs and carbon savings for Medium Acute Trusts category [32]

Name of measure	Net Present Value (£)		CO_2 savings (tonnes)		Cost-effectiveness (£/tCO_2)
	Capital costs	Operating costs	Annual	Lifetime	
Energy efficient lighting	25000.0	-56251.3	53.6	375.2	-0.8
Improve lighting controls	46750.0	-230226.6	88.4	1945.9	-0.9
Energy Awareness Campaign	13875.0	-68308.8	214.3	643.0	-0.8
1 degree C	0.0	-27717.8	88.7	266.0	-1.0
Improve the efficiency of steam plant or hot water boiler plant	0.0	0.0	0.0	0.0	N/A
Biomass Boiler	162000.0	-189127.9	470.1	7991.0	0.0
Improve the efficiency of chillers	3750.0	-31394.5	12.1	265.3	-1.0
Building Management System optimisation	22500.0	-106363.7	43.9	964.8	-0.8
Improve Heating controls	15000.0	-80492.6	39.9	877.9	-0.7
Roof insulation	24000.0	-112972.1	56.0	1232.1	-0.7
Wall insulation	28000.0	-112972.1	56.0	1232.1	-0.7
Insulation - window glazing and draught proofing	30000.0	-47071.7	23.3	513.4	-0.3

[32] In estimating the carbon savings potential it is important to take account of interactions and overlaps between measures. Interactions concern situations where the carbon savings from a measure are reduced because another measure has been installed previously. For example, savings from more efficient boilers are lower if the building insulation is improved first. Overlaps concern measures that can't be introduced because another (more cost-effective option) has already been adopted. For example, if a gas-fired combined heat and power (CHP) system has been installed then it wouldn't be cost-effective to introduce solar water heating subsequently.

	Net Present Value (£)		CO_2 savings (tonnes)		
Improve Insulation to pipe work, and/in boiler house	8000.0	-56486.0	28.0	616.1	-0.8
Variable Speed Drives	3750.0	-11476.4	8.0	80.4	-0.9
Voltage optimisation	7923.1	-111625.0	42.9	943.5	-1.0
CHP installation	402224.2	-1130580.5	763.3	7632.5	-0.9
Solar Hot Water	0.0	0.0	0.0	0.0	N/A
Wind turbine	72087.4	-83030.6	29.9	746.3	-0.1