EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING IN PUBLIC

A meeting of East Sussex Healthcare NHS Trust Board will be held on Tuesday, 24th January 2017, commencing at 09:30 in the Oak Room, Hastings Centre, Hastings

AGENDA			Lead:	Time:
1.	a) Chair's opening remarks b) Apologies for absence c) Monthly award winner(s)		Chair	0930 - 1045
2.	Intrapreneur - Amy Collis/Debra East	A		
3.	Quality Walks	B	Chair	
4.	Declarations of interests		Chair	
5.	Minutes of the Trust Board Meeting in public held on 14th December 2016	C	Chair	
6.	Matters arising	D		
7.	Chief Executive's Report	E	CEO	
8.	Board Committees Feedback	F	Comm Chairs	
9.	Board Assurance Framework	G	DCA	

QUALITY, SAFETY AND PERFORMANCE

					Time:
10.	ESHT 2020 Improvement Programme	Assurance	H	CEO/DN	1045 - 1200
11.	Integrated Performance Report Month 9 (December) 1. Performance (including plan and recovery trajectories for statutory targets) 2. Finance 3. Workforce	Assurance	I	DN/MD COO HRD DF	
12.	Financial Special Measures Update	Assurance	J	DF	

STRATEGY

					Time:
13.	Annual Plan and Budget 2017-18	Assurance	K	DF	1200 - 1215
14.	Business Planning 2017-19	Assurance	L	DS	

GOVERNANCE AND ASSURANCE

					Time:
15.	Board sub-committee minutes: a) Finance & Investment Committee b) People and Organisational Development Committee	Assurance	M	Comm Chairs	1215

ITEMS FOR INFORMATION

				Time:
16.	Questions from members of the public (15 minutes maximum)		Chair	1215 - 1230
17.	Date of Next Meeting: Tuesday 21st March 2017, Cooden Beach Hotel		Chair	

David Clayton-Smith

Chairman

20th December 2016

Key:	
Chair	Trust Chairman
CEO	Chief Executive
COO	Chief Operating Officer
DCA	Director of Corporate Affairs
DS	Director of Strategy
DF	Director of Finance
DN	Director of Nursing
HRD	Director of Human Resources
MD	Medical Director

Quality Walks November - December 2016

Meeting information:			
Date of Meeting:	24th January 2017	Agenda Item:	3B
Meeting:	Trust Board	Reporting Officer:	Alice Webster

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☐
Staff	☒	Regulation (CQC, NHSi/CCG)	☐
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:	.....		

Have any risks been identified ☐ *(Please highlight these in the narrative below)*	On the risk register?

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

15 services/departments received visits as part of the Quality Walk programme by the Executive Team between 1st November and 31st December. The Chief Executive also visited a number of departments and staff groups in addition to the formal programme. A summary of the observations and findings noted are detailed in the attached report. There were no major risks or issues identified.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board are asked to note the report.

Introduction
Quality Walks are carried out by Board members and can be either planned or on an ad hoc basis. They are intended to provide an opportunity to observe and review care being delivered, listen to feedback from patient's, visitors and staff and afford assurance to the Board of the quality of care across the services and locations throughout the Trust.. The process enables areas of excellence to be acknowledged, risks to be identified and allow staff the opportunity to meet and discuss issues with members of the Board. Consideration is currently given to the following themes: communication and engagement; incidents and risks; fundamental safety issues.

Analysis of Key Issues and Discussion Points Raised by the Report
15 services/departments were visited as part of the Quality Walk programme by the Executive Team between 1st November and 31st December as detailed below. The Chief Executive also visited several departments and staff groups in addition to the formal programme.

Date	Time	Service	Site	Visit by
8.11.16	10am	Murray Ward and Day Unit	Conquest	Miranda Kavanagh
8.11.16	11am	Berwick Ward	EDGH	Jackie Churchward-Cardiff
8.11.16	12pm	Mirlees Ward	Conquest	Miranda Kavanagh
8.11.16	2pm	Clinical Admin Inpatient Booking Team	Conquest	Miranda Kavanagh
8.11.16	2pm	Jevington Ward	EDGH	Jackie Churchward-Cardiff
9.11.16	10-12am	CCU	EDGH	Alice Webster
9.11.16	pm	Rheumatology team meeting	EDGH/Conquest	Jonathan Reid
1.12.16	9am	Pathology	EDGH	Monica Green
5.12.16	12pm	Community Nursing Team	Bexhill	Miranda Kavanagh
5.12.16	1.30pm	Speech & Language Therapy	Bexhill	Miranda Kavanagh
6.12.16	10am	A&E	Conquest	Jackie Churchward-Cardiff
12.12.16	5pm	Housekeeping - evening visit	EDGH	Catherine Ashton
15.12.16	1.30pm	Health Records	Apex Way, Hailsham	Jackie Churchward-Cardiff
21.12.16	11am	Outpatients D, E	EDGH	Sue Bernhauser
22.12.16	3.5pm	Sexual Health Station Plaza	Hastings	Alice Webster

All of these visits with the exception of one were pre-arranged and the Ward or Unit Manager notified in advance to expect the visit, other adhoc visits may also have taken place.

At the time of writing feedback had been received relating to 11 of the visits to individual services or departments, copies of which have been passed on to the relevant managers for information.

Summary of Observations and Findings

Communication and engagement
Implementation of the 'Safety Huddles' continues, which staff have noted as having a positive impact on coordinated care, and improved discharge planning. In the Maternity Unit it was noted that communication and engagement with staff has improved markedly during this year, and staff felt that they were listened to and involved.

Some of the evening housekeeping staff were visited and it was observed that they were enthusiastic about their jobs, the team leader was visible and supportive and new staff were paired up with experienced staff.

Emergency department staff reported that communication with other agencies in order to transfer or discharge patients could be very time consuming and in some cases overly bureaucratic. They felt that due to multiple points of access to community services this could have an impact on managing efficient admission avoidance.

In the pathology department the new 'managed service' has now been implemented with new machines and working practices across the department and the staff were positive about the changes despite a few initial teething problems.

Incidents and risks
Lack of adequate storage space was noted in several areas and staff reported issues with a lack of environmental repairs and minor works however it was noted that in the emergency department there are plans in place to address these.

In the emergency department staff stated that patients are frequently attending the unit because they cannot access GP services in a timely manner putting more pressure on an already very busy service.

Fundamental safety issues
There was a concern identified in one area as to how new or inexperienced staff were appropriately supervised as the nurse in charge often had responsibility for several patients of their own and was therefore unable to provide as much support as they would like to newly qualified staff. Some staff also felt that often they were often moved to assist in other areas despite having a heavy workload and busy ward.

In the community it was reported that the tablets and software are not always reliable, they freeze on occasions and do not allow mobile transmission of revisions to patient notes, which could have safety implications

Other Issues
The Clinical Administrative Team reported that the process for booking operations outsourced to private providers is not as efficient as the NHS system and the team does not always receive information in a timely way to prevent breaches which can compromise performance.

A visit to the new enhanced storage facility for medical records underlined the mammoth task that has been undertaken by staff during 2016, providing a vastly improved environment for the management and migration of records housing between 6-700,000 folders. The commitment and flexibility displayed by staff which contributed to the success of the project was noted.

In the community new services implemented include a crisis response service whereby the sub-acutely ill are supported in their homes for 72 hours, thus avoiding the need for a hospital admission. Many new staff have been recruited for this service but some vacancies remain.

The emergency department reported that their current IT system can hinder progress as there is a lack of integration and flexibility between discrete systems, this adds to workload stresses and administrative burden.

Patient feedback
It was noted that in one area there is a lack of a suitable waiting facility which impacts on issues of privacy and dignity. This has also been highlighted by NHS Choices and the Family and Friends Test however patients could not fault the care.

In the Maternity Unit several mothers and their families without exception went out of their way to praise the staff and the quality of care, and had no issues at all with their experience.

In one of the medical wards some patients stated that sleep could be difficult in the bays if other patients were noisy but appreciated the quiet rest period that was implemented during the day.

Patients and relatives commented that they felt safe and well informed about their care and that staff were well trained and knowledgeable and that doctors and nurses worked as a good team, however they felt that agency nurses were not as effective as they were often unfamiliar with the ward/care plan and it seemed the permanent staff seemed to have to do all the work.

Risks and Implications

Any risks identified are acted upon and escalated to the risk register as appropriate. Any actions identified at a Quality Walk are agreed at the time and noted who will be responsible for taking forward the action.

EAST SUSSEX HEALTHCARE NHS TRUST

TRUST BOARD MEETING

Minutes of a meeting of the Trust Board held in public on Wednesday, 14th December 2016 at 10:45 in the St Mary's Boardroom, EDGH.

Present:
Mr David Clayton-Smith, Chairman
Mr Barry Nealon, Vice Chairman
Mrs Sue Bernhauser, Non-Executive Director
Mrs Jackie Churchward-Cardiff, Non-Executive Director
Ms Miranda Kavanagh, Non-Executive Director
Mr Mike Stevens, Non-Executive Director
Miss Catherine Ashton, Director of Strategy
Dr Adrian Bull, Chief Executive
Mrs Joanne Chadwick-Bell, Chief Operating Officer
Ms Monica Green, Director of Human Resources
Mr Jonathan Reid, Director of Finance
Mrs Alice Webster, Director of Nursing
Dr David Walker, Medical Director
Mrs Lynette Wells, Director of Corporate Affairs

In attendance:
Ms Stacey Beard, Project SEARCH Co-ordinator (for item 117/2016)
Miss Jan Humber, Joint Staff Committee Chairman
Mr Tony Humphries, Operational Property Manager (for item 131/2016)
Mrs Jeanette Williams, Staff Engagement & Wellbeing Programme Lead (for item 117/2016)
Mr Pete Palmer, Assistant Company Secretary (minutes)

116/2016 **Welcome and Apologies for Absence**

a) Chair's Opening Remarks

Mr Clayton-Smith welcomed everyone to the meeting of the Trust Board held in public, noting that it was Mrs Chadwick-Bell's first Trust Board meeting in public.

He advised that Dr Herne would shortly be moving to a new role within the NHS and thanked her for her help during her time at the Trust.

b) Apologies for Absence

Mr Clayton-Smith reported that apologies for absence had been received from:

Ms Sally Herne, Improvement Director

c) Monthly Award Winners

Mr Clayton-Smith reported that the monthly award winners for September were the Elective Admissions Teams at Conquest and EDGH, who were nominated for the hard work they undertook in supporting planned surgical admissions, ensuring that patients receive treatment in a timely manner.

He reported that October's winner was Dr Danielle Vidler, a doctor in the A&E Department at the Conquest. She was nominated for delivering medical treatment in a well led, compassionate and timely fashion, involving the whole team and providing training to more junior colleagues whenever she could.

November's winners were Rebecca Ayling, CT Superintendent and the CT Radiography Team at EDGH. They were nominated for their flexible and helpful approach which ensured that patients were scanned as quickly and appropriately as possible. They had recently been nationally recognised, with EDGH having been rated the best in the country for providing a CT brain scan within one hour for stroke patients.

Ms Ayling thanked her outstanding supportive team, saying that the award was testament to their dedication and hard work.

117/2016 **Project SEARCH Update**

Mrs Williams introduced Project SEARCH, explaining that it was a collaborative project between the college, county council and ESHT. She said that the organisations met as a partnership on a quarterly basis in order to strengthen the project, and explained that it was now in its third year and looking to continue to expand. ESHT was one of 21 NHS organisations involved in the project and the only one in the South East.

Ms Beard reported that the project had seen 100% employment success from their 2015/16 intake. She said that seven young people had been employed directly by the Trust from 2014/15's project, noting that opportunities for sustainable employment were vital to the project.

She explained that the Project SEARCH team offered continued support and education for young people following their completion of the project, as well as offering support to wards and departments who participated. A graduation and award ceremony was held for those completing the project. Ms Beard said that the project's focus during 2016/17 would be on increasing employer engagement and in evolving marketing and recruitment to the project.

Mr Clayton-Smith noted that ESHT was the biggest employer in East Sussex. He said that the hospitals belonged to the residents of East Sussex and explained the need to continue to provide support for residents of East Sussex who needed it whenever possible.

The Board noted the update on Project SEARCH

118/2016 **Feedback from Quality Walks**

Ms Ashton reported that she had recently spent time with Michele Clements, General Manager for facilities and had visited a number of wards where she saw evening meals being prepared and served. The Trust used a Steamplicity system which offered over 20 daily meal options to patients which were individually cooked and then reheated on the wards by housekeeping staff. She explained that fresh food was a very important factor in aiding patients' recovery.

Ms Ashton reported that a recent recruitment campaign for housekeeping staff had been successful. She had found staff to be cheerful and enthusiastic, enjoying the work they were doing, and patients were very complimentary about the service being provided. She said that the areas she had visited had been clean and that she had witnessed deep cleaning. However, some areas looked tired as the Trust had been unable to decant patients during the previous year in order to refurbish wards due to bed pressures.

Dr Bull explained that the Quality Walk programme had been initiated during a period when it had been important for Board members to be visible within the organisation. He suggested that the programme should be reviewed to ensure that the Walks were not seen as quality inspections, and that informal visits around the Trust also took place. He noted that a 'walking in your shoes' programme had been instigated and said that he was delighted by the increase in visibility of members of the Board throughout the organisation.

Mrs Churchward-Cardiff noted the value of staff being able to directly provide feedback to members of the Board. Miss Humber explained that staff really appreciated the Quality Walks and felt that they greatly increased Board visibility. Dr Bull explained that he wanted to increase the level of engagement within the organisation, and to ensure that visits were done as effectively as possible. Miss Green agreed to provide a verbal update on Quality Walks at the next Board meeting. **MG**

The Board noted the feedback on quality walks.

119/2016 **Declarations of Interest**

In accordance with the Trust's Standing Orders that directors should formally disclose any interests in items of business at the meeting, the Chairman noted that no potential conflicts of interest had been declared.

Mr Clayton-Smith advised that he was Chairman of the East Sussex Better Together (ESBT) programme board and also chaired the clinical leader's forum which ensured that clinicians were engaged in developing services for the future. He explained that he did not expect any conflict of interest to arise from these positions.

Mr Reid noted that he had recently become a governor with Sussex Downs College with whom the Trust had a number of transactional relationships.

120/2016 **Minutes and Matters Arising**

a) Minutes

The minutes of the Trust Board meeting held on 12th October 2016 were considered and were agreed as an accurate account of the discussions held.

The minutes were signed by the Chair and would be lodged in the Register of Minutes.

b) Matters Arising

103/2016 ESHT 2020 Improvement Programme

Dr Bull explained that green ratings were given to actions that were on track, and expected to be delivered on time even if they were missing current targets. He noted that the rating would change to blue once actions were completed and considered to be embedded.

104/2016 Integrated Performance Reports

Dr Bull reported that the Integrated Performance Report now separated hospital and community acquired pressure sores.

111/2016 Safeguarding Annual Report

Mrs Bernhauser confirmed that the Annual Report had been approved by the Quality and Safety Committee.

121/2016 **Chief Executive's Report**

Dr Bull reported that the General Medical Council (GMC) carried out an annual survey of doctors in training and that the Trust had received a disappointing result from the survey conducted in May and June 2016. The GMC and Health Education England had carried out a formal inspection of the Trust on December 5th and 6th 2016, following the concerns raised in the survey. He noted that there had been the potential for junior doctors to be taken away from the organisation if the teaching environment had not been considered to be satisfactory.

Dr Bull explained that following the visit the Trust had received verbal feedback which had been generally very positive, and that the GMC had found the organisation to be different to the one presented in the survey results. Junior doctors were generally very happy to be trained within the Trust, and no concerns about bullying or culture had been found by the inspection team.

Dr Bull reported that an isolated issue concerning rotas for CT doctors had been found, which would be addressed, and an immediate action concerning the non-cardiac chest pain pathway had resolved following the inspection. The inspectors had found the Trust to be giving much more corporate recognition and time in providing support to the junior doctors, and the formal report would be circulated as soon as it was received.

Dr Bull thanked Healthwatch for the terrific support they provided to the Trust and noted that they had recently undertaken two reviews within the ESHT. They had reviewed dementia care on dementia friendly wards on both main sites and had held a second 24 hour 'Round the Clock' review of urgent care.

He explained that the mortality programme was progressing well, and had been approved by NHSI. Mortality ratings were reducing and he was confident that the next reported Summary Hospital-level Mortality Indicator (SHMI), due in late December, would continue this trend.

Dr Bull explained that a programme of recruitment had been started for a significant number of roles within Community teams. The new staff would provide support to patients being discharged from hospital who would not otherwise have the support they needed to go home.

He reported that a significant number of FY doctors had signed new contracts, and two working time guardians had been appointed. Dr Bull reported that the new contract had already had an impact on the provision of emergency cover in A&E which had a concomitant impact on performance.

Dr Bull reported that 46% of staff had completed the annual staff survey, an improvement of 6% on 2015, and believed to be ahead of the average for peer organisations.

He explained that work was being undertaken with the CCG and social services to relieve the pressure on beds felt by the organisation, noting that the Trust had around 200 patients in hospital who would benefit from being treated in a non-acute environment. Work was taking place to increase capacity within the healthcare system in order to provide more support for those patients, and successfully resolving the issue would have positive ramifications for improved performance throughout the organisation.

The Board noted the Chief Executive's Report.

122/2016 **Board Committees Feedback**

i) Audit Committee

Mr Stevens reported that the Audit Committee had reviewed the Board Assurance Framework and found it to accurately reflect the concerns of the organisation. He explained that clinical audit was still a concern, and that Dr Walker was working to enhance critical appraisal of audits to eliminate unnecessary audits and to lower abandonment levels.

Mr Clayton-Smith asked whether the issues with clinical audit were due to a lack of capacity and Mr Stevens replied that staff sometimes started audits for educational purposes and would then either leave the Trust, or begin new projects without completing the initial audit. He said that as a

Trust too many audits were carried out and this could have a detrimental impact on the standard.

Mr Stevens noted that the Committee had received an approved a report on Registration Authority Compliance within the Trust.

Mr Stevens noted that the Trust had appointed Grant Thornton as external auditors from 1st April 2017.

The Board noted the Audit Committee report.

ii) Finance and Investment Committee

Mr Nealon reported that the Finance and Investment Committee's Terms of Reference had been updated to include an enhanced relationship with the Audit Committee.

He noted that the Trust was going through a period of extraordinary structural change and that this effected financial planning in both the short and medium terms. Increases in the number of patients attending the Trust alongside changes to patient pathways had also effected the Trust's financial performance. Mr Nealon explained that he had been impressed by the speed and quality of the Trust's response to being placed into Financial Special Measures, noting that many of the measures had already been in place but had been given fresh impetus under the process. He explained that the Trust was very conscious that the quality of services could not be affected by any changes made, and that the F&I Committee were scrutinising a robust programme of implementation to ensure that predicted outcomes were met.

The Board noted the Finance and Investment Committee report, and approved the revised Terms of Reference.

iii) Quality and Safety Committee

Mrs Bernhauser reported that the Q&S Committee was now receiving real assurance that the organisation was effectively accessing learning arising from Serious Incidents and Never Events, and thanked Mrs Webster and Ashley Parrott for their work. She noted the importance of ensuring that information was shared across the Committees, and explained that Non-Executives and Executives sat on a number of Committees to ensure that this took place.

The Board noted the Quality and Safety Committee report.

Mr Clayton-Smith asked for the Board to receive an update on the Trust's IT strategy. It was agreed to add this to the agenda of an upcoming meeting. **JR**

123/2016 **Board Assurance Framework**

Mrs Wells highlighted that three areas within the BAF had been rated as red.

- Reconfiguration of A&E departments
- Mortality indices
- The Trust's financial position

There were no proposals to remove any areas or change the rating of any items and she advised that the issues with patient transport had been discussed in detail at the Q&S Committee.

Dr Bull reported that South Central Ambulance would take over the contract for patient transport services from Coperforma from 1st April 2017. He explained that this decision had been reviewed by both HOSC and the CCG and that incentives had been built into the remaining period of Coperforma's contract to encourage no reduction in performance.

The Board confirmed that the main inherent/residual risks and gaps in assurance or controls had been identified in the Board Assurance Framework and actions were appropriate to manage the risks.

QUALITY, SAFETY AND PERFORMANCE

124/2016 **ESHT 2020 Improvement Programme**

Mrs Webster presented a highlight report outlining progress made on the Trust's 2020 Improvement Programme. She explained that eight of the projects had been moved to business as usual and noted that a new End Of Life Care project had commenced. She reported that four main projects were now being focussed on:

- Urgent and Emergency Care Improvement Project
- Mortality and Morbidity Assurance Project
- End of Life Care Project
- Exemplar Ward Project

Mrs Churchward-Cardiff asked why the milestone for Programme Gateway Assurance assigned to NHS digital had been rated as red and Mrs Webster explained that this had been due to a lack of capacity. She noted that internal assurance was felt to be sufficient to remove the risk from the 2020 programme in the future.

She updated that the Urgent and Emergency Care Improvement Project remained rated as red, explaining that discussions had taken place about whether milestones were correct for the project. She said that these would be realigned if necessary in order to ensure that any improvements were sustainable.

Mr Clayton-Smith asked whether the Trust's use of temporary staff had an impact upon the delivery of robust sustainable change. Mrs Webster replied that impact had been felt from the use of temporary staff not only on wards, but also within the Project Management team. She said that interim positions had now been filled on a permanent basis and hoped that this would lead to sustainable change within the organisation.

The Board noted the report updating the Trust's progress on the 2020 Improvement Programme.

125/2016 **Integrated Performance Reports – October 2016 (Month 7)**

Dr Bull explained that the biggest concerns contained within the IPR were with access and delivery, noting that the Trust had a number of programmes in place to support these. He reported the significant progress made in recruiting permanent staff during 2016 in order to address issues with temporary staffing, noting that the Trust still had concerns about medical recruitment in some specialities. He reported that the Trust was not achieving the 4 hour A&E constitutional standard which reflected the pressure that the entire system was under. Work was being undertaken by services from the front end of the Trust through to Community teams in order to achieve the target measure.

In response to a question from Mr Clayton-Smith, Mrs Chadwick-Bell explained that diagnostics targets would not be met in November, but were expected to return to normal for December. She reported that the Trust was not meeting the 62 day cancer target, although the rate of 82.5% was greatly improved from previously. She said that work was being undertaken to investigate the reasons why patients were breaching targets.

Mrs Chadwick-Bell reported that no surgical elective patients had been cancelled due to capacity reasons for a number of weeks. She reported that the Trust had entered a pilot programme where a Trust in the North of England would undertake diagnostic work on ESHT's waiting list to identify where improvements could be made. Mrs Chadwick-Bell reported that more senior input would be given at waiting list meetings in order to drive the improvement process.

She explained that she hoped an improvement in RTT times would be realised by January and February 2017, although noted that trajectories did not forecast that the Trust would achieve its RTT target until December 2017.

Mrs Chadwick-Bell reported that an urgent care programme was in place to look at patient flow, capacity, the A&E departments and the Trust's medical model. Attendances to the A&E departments were rising but admissions to the Trust were not going up in line with this.

She reported that the Trust had instituted Frailty services and Emergency Nurse Practitioner services in A&E, and that streaming was in place to allow patients to be redirected to appropriate services and specialities rather than having to wait for a long period in the A&E department. Dr Walker noted that vacant senior doctor posts had led to gaps in recent on call rotas, but that the Trust employed two senior junior doctors who were ready to become consultants and hoped that they would stay with the Trust.

She explained that the SAFER scheme was being piloted on six wards in the Trust and would be rolled out throughout the organisation during 2017. Under the SAFER scheme, patients were given an expected discharge date upon admission which had already seen a reduction in the average length of stay on the six pilot wards from just over seven days to just over five.

Mrs Chadwick-Bell reported that a Clinical Lead for A&E would be recruited, driving improved clinical engagement within the department and the Trust. She said that special measures funding had been received in order to recruit improvement leads on both main sites, who would provide focussed support to A&E and to improving patient pathways through the Trust.

Mrs Churchward-Cardiff reported that when she had recently visited the A&E department at the Conquest it had been extremely busy, noting that staff had been providing an excellent service despite the number of patients. She said that it was important to recognise that the issues experienced in A&E were the result of problems throughout the Healthcare system, and not just within that department. Mrs Webster reported that during Healthwatch's recent visit to A&E they had spoken to patients, and 60-70% of those asked had said that they would have sought alternative sources of treatment if they had been available. She said that Healthwatch would be raising this issue within their report. Dr Bull reported that a system wide A&E delivery board had been established to look at ways of increasing primary care alternatives for patients.

Ms Green reported that temporary workforce expenditure had reduced, and that there had been a reduction in the number of vacancies during October, and that since April the Trust's vacancy rate had reduced from almost 10% to 7.4%. She noted that an organisational development strategy and a leadership and talent strategy were being developed.

Mr Clayton-Smith asked why sickness rates had increased, and Ms Green explained that this was due to seasonal fluctuations and that the annual sickness rate had continued to reduce.

The Board noted the Performance, Workforce and Finance Reports for October 2016.

126/2016 **Financial Recovery Plan & Action Plan**

Mr Reid reported that the Trust had been given a thirty day period in which to produce and submit a Financial Recovery Plan (FRP) in response to being place into Financial Special Measures (FSM). He explained that the Trust had been assigned an Independent Financial Improvement Director as part of FSM.

Mr Reid reported that the FRP been drawn together from actions that were already in place within the Trust. He noted that the Trust's financial target for 2016/17 was very challenging and explained that the Trust had made recovery plans to bridge the £16million gap in funding that had been identified as at month 6. The plans focussed on saving money in two areas:

- £6million from improved financial management and appropriate collection of income.
- £10million from improving five key workstreams – data quality and clinical networks, elective pathways, non-pay, workforce, patient flow.

Mr Clayton-Smith noted that the FRP focussed on making efficiency savings within the organisation and did not include any proposals for significant changes to services. Mr Reid explained that all savings were reviewed by Mrs Webster and Dr Walker to ensure that they would not have an adverse impact on clinical quality. Dr Bull reported that actions had already been taken to manage spending within the organisation, including reducing the number of staff who could authorise expenditure. He explained that an appeal mechanism had been introduced for any clinical issues that might arise as a result of the changes. He noted that no freeze on recruitment had been introduced, and work was underway to speed up recruitment processes where possible.

Dr Bull reported that a Finance and Sustainability Committee had been established to maintain oversight of the FRP and project management support had been put in place. The plan had been discussed with each clinical division and work was underway to ensure that divisional financial plans for 2017/18 would complement the FRP.

The Board ratified the Trust's Financial Recovery Plan.

127/2016 **Junior Doctor's Contract Update**

Miss Green reported that the new contract for junior doctors had been introduced at the end of August 2016. It included a new working pattern and terms of service, and introduced a work schedule which incorporated both the role of educational supervisors and the learning outcomes doctors should expect from working within the Trust. She reported that Guardians of Safe Working Hours had been appointed on both main sites to ensure that doctors didn't work beyond their expected hours.

Miss Green reported that a limited number of staff had signed on to the new contract in October with a greater number signing in December. There had been issues in the A&E department where the new contract, had led to a reduction in the number of hours worked by junior doctors. She explained that negotiations had taken place with existing doctors to see if they would be willing to work additional hours.

Dr Bull explained that the Trust had recognised for some time that the introduction of the new junior doctors' contracts would incur additional costs, and that this cost had been incorporated into the Trust's financial plans for the future.

Mr Clayton-Smith asked how the junior doctors had reacted to the imposition of the new contract and Dr Walker replied that he felt that they were disillusioned with both the government and with medicine. He explained that he, Dr Bull and the Guardians of Safe Working Hours had met with the junior doctors to discuss their concerns.

The Board noted the Junior Doctors' Contract Update

STRATEGY

128/2016 **Quality Account Timetable 2017**

Mrs Webster explained that it was a mandatory requirement for the Trust to produce a Quality Account and publish this by 30 June. She presented the timetable and noted that all resources needed to meet the timetable were in place.

The Board noted the Quality Account Timetable 2017

129/2016 **Developing a New Model for Accountable Care**

Ms Ashton explained that the Trust's plans for the delivery of safe and sustainable health services into the future were linked intrinsically to East Sussex Better Together (ESBT). Changes had already been realised via ESBT, but it was recognised that a fundamentally different approach to working was needed in the current healthcare climate.

She explained that a decision had been reached, using national and international evidence bases, that the local healthcare system would move towards becoming an Accountable Care Organisation (ACO) in 2017 in order to provide an integrated programme of commissioning and efficiency in East Sussex. The organisations involved in providing and commissioning accountable care in East Sussex would no longer be separate organisations, but would work as a single organisation that would be responsible for the delivery of all health and social care services. Ms Ashton explained that work would continue on establishing this commissioner/provider alliance during a test bed year of 2017/18, where decisions about the most effective organisational arrangements would be made and tested.

Dr Bull explained that the premise behind forming an ACO was that at a strategic commissioning board level a commitment was made to pool budgets to look at health care needs as a whole. The ESBT management team would be altered in order to manage the combined resources of social services, primary and secondary healthcare within one organisation. He explained that this would be done on a shadow level during the first year and, if it delivered during the test bed year, would subsequently result in a substantive arrangement.

Mr Clayton-Smith reported that there were already signs of closer working between organisations on operational and managerial levels, explaining that a large challenge to the process would be in managing organisational and governance challenges that would appear. He said that he felt that it was worth the massive effort it would take to form the ACO in order to deliver the best possible care for the people of East Sussex. He said that the Board was being asked, alongside their counterparts at the Council and the CCG, for their approval to continue to work in collaboration with the aim that by July 2017 there would be a clear idea of what the new organisation would look like and what the challenges would be.

In response to a question from Mr Nealon, Ms Ashton explained that within the new structure the aim was to minimise the gap between commissioners and providers so that both were involved in decisions about what services were provided and how they were provided. ESHT would be a key partner in the ACO, and would be in a position to subcontract work in a way that couldn't currently be done. All resources would sit under the ACO who could then design more efficient and effective pathways through the whole system.

Ms Kavanagh noted that the reasons for changing healthcare in East Sussex were excellent, but cautioned against underestimating how hard it would be to accomplish. She said that difficult issues about governance would have to be considered during the process, and decisions and trade-offs about shared resources would have to be made. Dr Bull explained that the timescale of one year was intentionally ambitious, and was the earliest that the work could be completed.

Mr Stevens asked how governance would work from an Audit Committee perspective, and Dr Bull explained that the expectation was that there would continue to be Non-Executive Director and Councillor input into strategic discussions within the ACO. He noted that audit functions currently sat within individual organisations, and that these and other governance issues would be explored in detail as process continued.

Mrs Churchward-Cardiff said that she fully supported the proposal, asking what role the Clinical Leadership Forum would take. Mr Clayton-Smith explained that there had been two meetings of the Clinical Leadership Forum and that it was seen as a forum to enable clinicians from primary and secondary healthcare to work together develop better

services for patients. Dr Walker added that the group were trying to resolve issues that existed between primary and secondary care, including setting up a facility for primary care doctors to receive advice from secondary care doctors in order to speed up processes for patients and stop them having to unnecessarily come in to hospital. Improved links between clinical and social care were also being explored.

Mrs Bernhauser noted that other models had been considered, and that it was important to ensure that learning from these was also considered in decision making processes. She explained that the process would not be easy, noting the importance of ensuring that staff were involved in the Trust's journey to becoming an ACO at the earliest stage.

The Trust Board supported the continuation of work to become an Accountable Care Organisation.

130/2016 **Trust Fire Safety Policy**

Mr Humphries explained that the Fire Safety Policy had been updated in order to comply with revised fire safety legislation and Department of Health policy. The policy was reviewed every two years and then approved by the Health and Safety Committee and Policy Group. He explained that minor changes had been made to the policy due to changes to organisational structures, and that updates to Board responsibilities had been made.

Mr Stevens noted that the Audit Committee had reviewed the Annual Fire Report, and that this had included information about work that was required in order to comply with requests from the Fire Service that weren't included within the Fire Safety Policy. Mr Humphries explained that the two documents looked at different aspects of Fire Safety, and Mrs Webster explained that the Health and Safety Committee received an update on fire safety and the state and condition of the Trust's estate at each meeting. She said that the Trust had agreed a programme for improvement with the Fire Service.

Ms Kavanagh asked about fire mandatory training levels within the Trust, as these were reported as being at 86% and seemed to be relatively static. Ms Green explained that the Trust had a programme of training with the aim of achieving 100% compliance. Managers were responsible for ensuring that staff attended the course. She explained that all staff undertook the training upon induction, and the gap in training was largely due to staff not doing their yearly up date in a timely fashion.

The Board approved the Revised Trust Fire Safety Policy.

131/2016 **Review of Corporate Governance Documents**

Mrs Wells reported that an annual review of three core corporate governance documents, the Standing Financial Instructions, the Scheme of Delegation and the Standing Orders, had been undertaken. She said that none of the changes that were being suggested were significant, with most relating to minor changes due to organisations referenced no

longer existing or referencing matters that were out of date.

She noted that the changes had been reviewed and were recommended by the Audit Committee.

The Board approved the proposed changes to the Trust's Corporate Governance Documents.

132/2016 **Board Sub Committee Minutes**

Audit Committee

The Board noted the Audit Committee Minutes.

Finance and Investment Committee

The Board noted the Finance and Investment Committee Minutes.

People and Organisational Development Committee

The Board noted the People and Organisational Development Committee Minutes.

Quality and Safety Committee

The Board noted the Quality and Safety Committee Minutes,

ITEMS FOR INFORMATION

133/2016 **Meeting Dates and Planner for 2017**
Mr Clayton-Smith explained that during 2016 the Trust had held Board meetings in private prior to meeting in public. He explained that this had often led to not having enough time to fully discuss matters, or too much time assigned to private meetings and as a result meetings in public would be held at 0930, prior to meetings in private during 2017.

134/2016 **Questions from Members of the Public**

CCG Funding
Mr Smart thanked the Board for the good work they were doing on behalf of local residents. He said that he had been shocked when he had seen financial plans from the CCG proposing a reduction in funding for the Trust by over 40% from 2016 to 2017, and asked if Board members were aware of the proposal.

Dr Bull explained that the Trust were discussing the proposal with the CCG, noting that the Trust was broadly in agreement with the CCG that additional money would need to be spent to support patients in their own homes, but were not in agreement about the speed of change to funding that was being proposed. Mr Reid reported that a collaborative discussion would be taking place in a shared financial forum through

ESBT in order to resolve the issues and that the Finance and Investment Committee would approve any plans before they were finalised.

Patient Transport
Mrs Walke recognised that the Trust had made a significant contribution in improving the issues that had arisen with the change of provider, noting that the public were aware and grateful for what had been done.

ESBT
Mrs Walke explained that she felt that ESBT plans should cover all of East Sussex. Dr Bull agreed that a whole county approach to ESBT would be desirable, explaining that discussions were taking place with High Weald, Lewes Havens CCG, and that a Board to Board meeting would be taking place in January. He explained that work would continue to try to improve services across the county as part of the ACO.

Maternity
Mrs Walke said that she hoped that the ACO's vision of maternity services would be for the Trust to provide services throughout East Sussex. Dr Bull replied that this was being considered, and noted that maternity services continued to be provided in Eastbourne with an obstetrics and gynaecology consultant based at EDGH.

Overseas Visitors
Mr Hardwick asked whether the Trust recovered costs from treating overseas visitors. Dr Bull replied that the Trust had a small team who tracked and billed overseas users of services and ensured that they were appropriately charged. Mr Clayton-Smith noted that charges were also made to CCGs in other areas in this country when patients visited the Trust.

Mr Reid explained that the Trust recovered 100% of their costs from EU residents through a central process, but that for non-EU patients there was an unrecoverable percentage of costs which was approved by the Audit Committee. He noted that the cost of chasing money was often greater than money recovered, and agreed to provide figures for the next Board meeting. **JR**

PA Consultancy
In response to a question from Mr Campbell, Mr Reid explained that the Trust had agreed, in conjunction with NHSI, that it needed support when placed into FSM. He said that the Trust had worked successfully with PA Consultancy in the past in achieving efficiency savings and NHSI had approved working with them again.

He explained that a list of deliverables had been agreed with PA Consultancy and NHSI and that these were tracked on a weekly basis with 6 of the 7 agreed components having already been delivered. Mr Reid reported that PA Consultancy had already identified deliverable savings ten times in excess of their fees. Dr Bull reported that NHSI had noted that ESHT had spent less than half than other trusts had done on

similar interventions.

Improvement Programmes
In response to a query from Mr Campbell, Dr Bull noted that as far as the Trust was concerned the STP/ESBT/ACO initiatives all overlapped to a great extent and plans for each were aligned. He explained that all of the initiatives included within the Financial Recovery Plan had been developed by the Trust prior to being placed in Financial Special Measures. Mr Clayton-Smith noted that the FRP was a short term operational plan that made adjustments to operations and efficiencies to ensure that they would work into the long term.

ACO Timetable
Mr Campbell asked whether the proposed timetable for the ACO was achievable, and Dr Bull replied that it was intentionally ambitious. He said that he was very clear that the proposed model of collaborative working across NHS services has best opportunity of success, and in meeting the funding gap that existed over the next five years.

Mr Campbell said that he felt that the ACO was an example of managing by committee in extremis as he couldn't see that anyone was identified within the proposed ACO structure. Dr Bull explained that he would be leading the ACO's Alliance Executive Board, noting that Mr Campbell was correct about leads for other Committees not yet having been identified. Mr Clayton-Smith commented that the structure showed how the ACO would be formed, rather than providing detail of the ACO.

Patient Transport between Sites
Mr Campbell asked whether any update was available on the potential for provision of transport between EDGH and the Conquest Hospital. Dr Bull reported that work had been commissioned to look at the viability of providing a service, including surveys of patients and visitors to the Trust. He explained that the evidence collected showed that there was no viable option for the Trust to provide a service between the hospitals.

135/2016 **Date of Next Meeting**

Tuesday, 24th January 2017, in the Oak Room, Hastings Centre

Signed ……

Position ……..

Date ……

East Sussex Healthcare NHS Trust

Progress against Action Items from East Sussex Healthcare NHS Trust 14th December 2016 Trust Board Meeting

Agenda item	Action	Lead	Progress
118/2016 – Quality Walks	Verbal Update on refreshed Quality Walks programme to be provided.	Monica Green	On Agenda
122/2016 iii)- Quality and Safety Committee	Trust Digital Strategy to be added to agenda of future meeting.	Jonathan Reid	Added to agenda for May 2017
134/2016 – Questions from members of the public	Figures regarding cost of recovering non-EU patient debt to be provided.	Jonathan Reid	

Chief Executive's Report

Meeting information:			
Date of Meeting:	24th January 2017	Agenda Item:	7E
Meeting:	Trust Board	Reporting Officer:	Dr Adrian Bull

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☐	Equality, diversity and human rights	☐
Staff	☐	Regulation (CQC, NHSi/CCG)	☐
		Legal frameworks (NHS Constitution/HSE)	☐
Other stakeholders please state:			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The purpose of this report is to provide the Board with a summary update from the CEO's perspective.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

None.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to note the contents of the report and receive the update.

1. Introduction

In the lead up to Christmas and New Year a number of steps were taken to prepare the organisation by focusing on patient discharges and continuing to work with social services and CCGs on increasing social care capacity in the community. Despite this, pressures on our emergency departments and inpatient beds remained very high. There was a good system-wide collaboration in response but performance against the four hour standard declined. There will be an after action review of the period to identify key learnings and actions for the next peak period. One key underlying issue is that the level of medical staffing at both consultant and middle grade levels remains low. Preparations are well in hand for the 'back to green' week commencing Monday 9th January. Throughout this period, however, elective throughput was maintained.

PBR contracts have been signed with our host CCGs. There remains a difference between ESHT and the CCGs in the indicative forecast of acute activity for 17/18. This issue is being addressed in conjunction with NHSI and NHSE.

2. People, Leadership and Culture

2.1 Operational HR

Workforce Change

Radiography consultation launched 7 day working and moving to a shift system which will address the difficulties of providing 24/7 cover for interventional radiology.

83 Soft FM staff in community facilities TUPE'd to NHS Property Services with effect from 1st December.

73 FY1 and FY2 Junior Doctors commenced on the new contracts as of 7th December 2016.

Recruitment

ESBT Integrated Care Roles – 15 out of 80 recruited to the new role. Role is being advertised using social media and other local mediums to attract candidates. Band 5 Nurse posts to be advertised.

End to end recruitment process mapping completed for Band 5 nurses in order to review time to hire, and cost to hire. Mapping of medical recruitment process, and internal process to be carried out in January.

Head-hunter activity continues with additional companies engaged. CVs forwarded as received to the divisions. Focus areas remain Stroke, Histopathology, Haematology, Paediatrics, Radiology and Frailty.

Overseas Nurse recruitment continues with 7 Spanish and Portuguese nurses due to start January 11th 2017 following recruitment campaign in November.

2.2 Staff Engagement and Wellbeing

Nominations for the Trust Staff Annual Awards to be launched in January 2017.

Management Essentials training and induction programme commencing in January 2017. This will be a mandatory workshop for all leaders to clarify the Trust's core expectations of them in terms of team leadership and management. It will reinforce the work that we are doing to improve staff engagement.

New 6 month secondment for 6 Healthcare Assistants. Doctors' Assistant post to support Junior Doctors commenced 3rd January 2017 supporting Mrs Scarlett McNally.

There are 29 apprenticeships in progress since April 2016. The levy comes into place in April 2017. The Apprenticeship Policy has been updated in light of National changes and will be reviewed by the apprentice steering group in January and then by the Educational Steering Group.

There was a significant improvement in the Trust's response rate to the national staff survey. Initial figures suggest that there has also been good improvement in the levels of staff engagement and satisfaction, although there remains a need for yet further improvement.

3. Finance and Capital

The financial recovery plan PIDs were completed by 30th December and signed off. The month 9 position is being assessed at the time of writing.

4. Corporate Affairs

We have completed the tender for the redevelopment of the Trust website and are planning for it to be operational by Easter. The new site will be more user friendly and easier to update.

5. Strategy

The East Surrey and Sussex STP is now published and available on our intranet. ESHT continue to be involved in all appropriate work streams with a specific focus our local ESBT plans and the emerging Accountable Care model. We are working closely with commissioners and other providers to develop integrated care pathways across all specialties and we are receiving additional specialist support from NHS Elect to ensure that we incorporate recognised improvement methodology in our process of pathway redesign.

East Sussex Healthcare NHS Trust

People & Organisational Development (POD) Committee

1. Introduction

Since the Board last met a POD Committee meeting was held on 15th December 2016. A summary of the items discussed at the meeting is set out below.

2. Updates from Committee Sub-groups

The Committee received a verbal update from each of the sub-groups; Engagement & OD Group, Education Steering Group, Workforce Resourcing Group and HR Quality & Standards Group. The Committee requested to receive a summary report from each of the sub-groups for future meetings.

3. OD, Leadership & Culture

The Committee received a verbal update on the OD Strategy and Leadership and Development & Talent Management Strategy. Both had been updated to include links with the strategic work being undertaken via East Sussex Better Together (ESBT), Sustainability Transformation Plan (STP) and the Accountable Care Organisation (ACO). Both strategies would be agreed by the Executive Team and would then be forwarded to Committee members for virtual approval before being presented at Trust Board in March 2017.

4. Q2 Staff FFT results

The Committee received an update on a presentation from Cometrica, the company responsible for the Staff FFT process. The presentation detailed response rates for the Trust which compared favourably with the national average, although further work would be required to increase the rates. A key recommendation was to consider providing the Staff FFT and Staff Survey electronically and this would be further explored. The Committee discussed staff surgery/open door sessions being held regularly for staff to answer any general queries and help build trust.

5. Junior Doctors Contract Implementation

The Committee received the paper on the Junior Doctors Contract implementation which had been presented at the Trust Board meeting on 14 December 2016.

6. Apprenticeships and Integrated Education

The Committee received an update on the apprenticeship levy being introduced in early 2017. Apprenticeships would be open for existing staff to undertake training via this route and a targeted approach would be made to recruit new staff as apprentices.

An Integrated Education business case had been drafted and would be presented to the Education Steering Group in early 2017 for approval. An integrated education group would be established from January 2017 to oversee the implementation of this work.

7. HR Quality Metrics

The Committee received the HR Quality Metrics report which detailed the traditional HR metrics used by the Trust. The report highlighted an improvement in staff sickness and staff turnover rates over the past two years.

The Committee considered whether workforce metrics could be added into the Floor to Board dashboard to highlight particular areas of the Trust where there were problems or areas of good practice. It was agreed the Director of HR would further discuss this with the Director of Nursing and provide an update at the next meeting.

8. Committee Dates 2017

The Committee noted the dates for 2017 and agreed how these would inform the Trust Board meetings.

Approved minutes of the meeting held in September 2016 are attached for the Board's information.

Miranda Kavanagh
Chair of POD Committee

10th January 2017

Board Assurance Framework

Meeting information:			
Date of Meeting:	24 January 2017	Agenda Item:	9G
Meeting:	Trust Board	Reporting Officer:	Lynette Wells, Director of Corporate Affairs

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	.....		
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register? N/A	

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

Attached is the updated Board Assurance Framework (BAF). There are 3 areas rated red:

2.1.2 Emergency department reconfiguration/patient flow
3.3.1 Patient transport
4.1.1 Finance

There are no new additions to the BAF.
There is a proposal to move from amber to green:
3.3.2 Outpatient administration and reception as effective controls and assurances are now in place.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Audit Committee – 19th January 2017
Quality and Safety Committee – 18th January 2017

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Trust Board is asked to review and note the revised Board Assurance Framework and consider whether the main inherent/residual risks have been identified and that actions are appropriate to manage the risks. The Board is requested to agree that the gap in control related to outpatient's administration be moved from amber to green.

Assurance Framework - Key

RAG RATING:

Effective controls definitely in place and Board satisfied that appropriate assurances are available.
Effective controls thought to be in place but assurance are uncertain and/or possibly insufficient.
Effective controls may not be in place and/or appropriate assurances are not available to the Board

Status:

▲	Assurance levels increased
▼	Assurance levels reduced
◄►	No change

Key:	
Chief Executive	CEO
Chief Operating Officer	COO
Director of Nursing	DN
Director of Finance	DF
Director of Human Resources	HRD
Director of Strategy	DS
Medical Director	MD
Director of Corporate Affairs	DCA
Committee:	
Finance and Investment Committee	F&I
Quality and Standards Committee	Q&S
Audit Committee	AC
Senior Leaders Forum	SLF
People and Organisational Development Committee	POD

C indicated Gap in control
A indicates Gap in assurance

	Strategic Objectives:
1.	Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients.
2.	All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.
3.	We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.
4.	We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.
5.	We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.
	Risks:
1.1	We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies.
2.1	We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.
2.2	There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.
3.1	We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.
3.2	We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.
3.3	We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners
4.1	We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.
4.2	In running a significant deficit budget we are unable to invest in delivering and improving quality of care and patient outcomes. This could compromise our ability to invest in our ability to make investment in infrastructure and service improvement.
4.3	We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan
4.4	We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.
5.1	We are unable to effectively recruit our workforce and to positively engage with staff at all levels.
5.2	If we fail to effect cultural change we will be unable to lead improvements in organisational capability and staff morale.

Strategic Objective 1: Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients	
Risk 1.1 We are unable to demonstrate continuous and sustained improvement in patient safety and the quality of care we provide which could impact on our registration and compliance with regulatory bodies	
Key controls	Effective risk management processes in place; reviewed locally and at Board sub committees. Review and responding to internal and external reviews, national guidance and best practice. Feedback and implementation of action following "quality walks" and assurance visits. Reinforcement of required standards of patient documentation and review of policies and procedures Accountability agreed and known eg HN, ward matrons, clinical leads. Annual review of Committee structure and terms of reference Effective processes in place to manage and monitor safe staffing levels PMO function supporting quality improvement programme iFIT introduced to track and monitor health records EDM implementation plan being developed Comprehensive quality improvement plan in place with forward trajectory of progress against actions.
Positive assurances	Internal audit reports on governance systems and processes Weekly audits/peer reviews eg observations of practice Monthly reviews of data with each CU 'Quality walks' programme in place and forms part of Board objectives External visits register outcomes and actions reviewed by Quality and Standards Committee Financial Reporting in line with statutory requirements and Audit Committee independently meets with auditors Deep dives into QIP areas such as staff engagement, mortality and medicines management

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/milestone**	**RAG**	**Lead**	**Monitoring Group**
1.1.1	A	Quality improvement programme required to ensure trust is compliant with CQC fundamental standards.	March CQC inspection reports published Sept 15, trust in special measures. Quality Improvement plan developed Improvement Director working with the Trust. Mar-16 In depth review of all warning notice actions by exec team . QIP monitored by stakeholders, medicines management and incident deep dive took place Mar-16. May-16 to Sept-16 2020 Quality Improvement Priorities agreed and key metrics developed to support compliance and monitoring. Commenced preparation for Autumn CQC inspection. Mock inspection took place end June, further mock planned end of July. Continued monitoring of QIP and preparation for CQC inspection. Nov-16 CQC inspection took place October - draft report expect Dec 16. Continuing with quality improvement priorities eg end of life care and optimising patient pathways. Jan-17 Draft report expected this month	end Jan-17	◄►	DN	Q&S SLF

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
1.1.2	C	In order to deliver an effective service, there is a requirement to improve controls in Health Records; to encompass systems and processes, storage capacity and quality of case note folders.	Oct-15 - Dec15 iFIT embedding with rolling improvement programme. Mitigating actions continue and extended to provide daily information re availability of notes. New escalation procedure for missing notes. Centralisation of Health Records and records management structure reviewed. Ongoing programme of work to support effective delivery of health records service monitored by SLF. Consultation taking place re health records structure. Mar 16 - Significant reduction in missing notes, positive feedback from clinicians.. Storage remains challenging but is being addressed through the development of an off-site facility. Repairs continue but ultimate solution is the EDM programme. May-16 Marked improvement in the availability of records. Progressing offsite record storage Sept-16 New centralised storage facility open, 4 month transition plan to this facility. Short term rise in incidents regarding temporary notes due to the transition period which is monitored daily/reported weekly. Clear escalation processes in place to avoid impact on patient care. Issues regarding tracking of files outside of Health Records is being challenged and positive engagement encouraged. EDM preparation ongoing. Nov-16 Final stages of reconfiguration underway. Further staff consultation taking place. Some delays due to estates work and other operational pressures (18 week recovery plan). Significant improvement in non-availability of records, currently at 2.6% but not back to target of less than 1%. Now accelerating input into EDM preparation; identifying concern's/risks associated with this based on learning from other Trusts. In all other cases Health Records resources was underestimated and with ESHT we have the additional issue of 'change fatigue' Mitigations will be developed. Jan-17 Non availability currently averaging 2.08% (Dec 16). This includes additional 18 week RTT activity in Ophthalmology and Gynaecology. Storage capacity now resolved however quality of records will remain an issue until the roll out of EDM.. 'Go live' of first specialty delayed until February 17 by Project Board	end Mar-17	◄►	COO	Q&S SLF

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.	
Risk 2.1 We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.	
Key controls	Robust monitoring of performance and any necessary contingency plans. Including: Monthly performance meeting with clinical units Clear ownership of individual targets/priorities Daily performance reports Effective communication channels with commissioners and stakeholders Healthcare Associated Infection (HCAI) monitoring and Root Cause Analysis Single Sex Accommodation (SSA) processes and monitoring Regular audit of cleaning standards Business Continuity and Major Incident Plans Reviewing and responding to national reports and guidance Cleaning controls in place and hand hygiene audited. Bare below the elbow policy in place Monthly audit of national cleaning standards Root Cause Analysis undertaken for all IC outbreaks and SIs and shared learning through governance structure Cancer metric monitoring tool developed and trajectories for delivery identified, part of Trust Board performance report.
Positive assurances	Integrated performance report that links performance to Board agreed outcomes, aims and objectives. Exception reporting on areas requiring Board/high level review Dr Foster/CHKS HSMR/SHMI/RAMI data Performance delivery plan in place Accreditation and peer review visits Level two of Information Governance Toolkit External/Internal Audit reports and opinion Patient Safety Thermometer Cancer - all tumour groups implementing actions following peer review of IOG compliance. Consistent achievement of 2WW and 31 day cancer metrics

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
2.1.1	C	Effective controls required to support the delivery of cancer metrics and ability to respond to demand and patient choice.	IST review to supplement work with KSS Cancer network on pathway management. Focused work to improve 2ww performance position. Mar-16 - Achieved 2WW breast symptomatic in Jan and both standards in Feb. In addition, TDA support provided 2 days per week to focus on sustainability and 62 day achievement. May-16 Ongoing review and strengthened processes supporting improved performance against cancer metrics. 2WW achieved Feb/Mar, breast symptomatic not achieved Mar, 62 days improving. Jul-16 Achieved 2 week wait and 31 day standard for last quarter. Clinically led Cancer Partnership Board commenced June . Cancer Action Plan providing continued improvements such as the reduction on 2 week wait triage delays. Sept-16 Continued achievement of 2WW and 31 day standards. Number of actions in place to support progress in 62 day achievement. Nov-16 Continued achievement of 2WW and 31 day; 62 days 79.5% against trajectory target of 80.5% Nurse Advisor commenced October to support all cancer pathways and targets. Collaborative piece of work with CCG re 2WW criteria to ensure compliance with guidance and appropriately targeted referrals. Cancer Services and Specialist Medicine are working on a bid to the CCGs for specialist endobronchial ultrasound local provision Jan-17 Compliance with 2WW and 31 day. 62 days off trajectory at 72.^% Continuing to embed actions outlined above.	end-Mar 17	◄►	COO	SLF

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
2.1.2	C	Emergency departments require reconfiguration to support effective patient assessment-treatment time and subsequent discharge to other specialist/bed areas. CQC report identified privacy and dignity issues. ED has impact on patient flow, use of gateway areas, ambulatory care and adherence to pathways of care.	Meet SECAMB monthly to review on going issues and joint working to resolve. Action plan and escalation process in place Capital bid with TDA for review to support expansion; outcome awaited, planning permission being sought in advance. Dec-15 Capital bid to be considered by ITFF at end of Feb. Mar-16 AHSN developing proposal to support the Trust with patient flow in A&E areas which will have a positive impact on privacy and dignity. Risk remains red as reconfiguration still required. May-16 Finance application being redeveloped for submission to ITFF to support capital plans. Jul-16 Trust prioritising reconfigurations from own capital programme to support effective patient pathways and address privacy and dignity issues. Finance application being redeveloped for ITFF. Sept-16 Urgent Care Programme Board established. Multi-disciplinary summit being planned to further support improved patient flow. Nov-16 Number of improvements being implemented in A&E although some not fully introduced due to staffing and space concerns, particularly at Conquest site. Principles of Medical Model approved by Urgent Care Board and SAFER bundle pilot of 6 wards commenced in October with aim of improving patient flow by discharging patients earlier in the day to enable patients to be “pulled” from A&E, CDU and AMUs earlier in the day. Jan-17 Continued pressure on Urgent Care and Patient Pathway. Urgent Care Improvement Plan ion place and monitored weekly against the 9 improvement areas to ensure the anticipated impact is being realised. Streaming has led to an improvement in the number of breaches. New clinical lead for EDs appointed. Daily Opex call in place to discuss system wide issues.	end-Mar 17	◄►	COO	SLF
2.1.3	A	Assurance is required that there are effective systems in place to minimise infection control incidents and share learning throughout the organisation.	Mar-16 External assurance visits via CCG, TDA and External DIPC, Head of Estates and IC Lead. Awaiting report immediate action required in 2 out of 6 areas following one visit. Nothing further identified in remaining CCG assurance visits. Control dashboard being developed and planned to be part of the accountability review meetings. Single comprehensive action plan and annual programme of work being developed for April 2016. Assurance moved from Green to Amber. May-Sep16 Bare below the elbows policy implemented in all clinical and ward areas. Increased compliance with national cleaning specification standards. Further work required to ensure BBE policy is embedded. Increased numbers of C Diff on EDGH site being closely monitored with support from CCG and NHS Imp. Talent work working with the Infection control team to manage the cultural change element of the embedding IC into practice. Increased monitoring of compliance by the IPCT & Hand hygiene peer audits undertaken. Trends from lessons learned from CDI RCAs monitored and discussed at relevant meeting for shared learning. Re-audit of MRSA compliance demonstrated slight improvement. Further work required to improve compliance. Nov-16 Workshops to support IPC strategy through staff engagement commencing Nov 16. Fifteen IPC policies have been update for 16/17 with updates being shared through the Infection Control link facilitators programme for dissemination. Bed space cleaning process re-introduced to provide improved assurance of cleanliness of the patients bed space. IPC team have worked closely with Maternity wards to improve cleanliness issues raised. Shared lessons learned from C diff post infection reviews continue to be shared through various channels. Focus required on improving compliance with the Trust's antimicrobial policy and nursing equipment cleanliness. Jan-17: email from Medical Director and DIPC sent to all Consultants sharing lessons learned from Post Infection Reviews and highlighting the need for improved compliance with the antimicrobial policy. Last lapse in care that caused harm to the patient due to non-compliance with antimicrobial prescribing was in Sept 16. The rates of >72 hours CDI cases have reduced during Qtr 3 as the Trust was within its limit with 8 cases against a limit of 10. Peer hand hygiene audits undertaken in Dec saw an improved score of 81% compared to 72.6% in Sept. We received our first Trust apportioned case of MRSA Bacteraemia in Dec from a patient on MacDonald ward. Post Infection Review in progress.	end Mar-17	◄►	DN	Q&S

Strategic Objective 2: We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.

Risk 2.1 Continued - We are unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in poor patient experience, adverse reputational impact, loss of market share and financial penalties.

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
2.1.4	A	Mortality levels above expected range and assurance is required that there are robust mechanisms in place to understand the metrics and implement best practice.	Action plan developed. Identified top 10 drivers for elevated indices and reviewing pathways for cause in these groups. Internal mortality summit May 2016. Mortality Overview Group in place and additional governance review of deaths using data from the Bereavement Office. Peer review and support being accessed. May-16 Weekly review of deaths undertaken by consultant and senior coder. Work underway to understand further co-morbidity profile of our patients. A number of clinical pathway reviews in place to reduce risks eg colitis, deteriorating patient, gastroenterology. Jul-16 Mortality Improvement project expanded to incorporate AKI, Pneumonia, Sepsis. Sept-16 Full time project manager now in post. Plans in development following scope prioritisation. New Medical Director to review programme. SHMI reduced from 114 to 111 now within the normal range. Nov-16 Extensive mortality project developed to address issues. Groups established to review sepsis, VTE, pneumonia and COPD. Sepsis project being rolled out. Lead for AKI being sought as previous one recently stepped down. Consultant mortality review rates improving, with provision of clinical governance support. Mortality review data at individual consultant level to be discussed in appraisals. Independent mortality reviews performed weekly for last 6 months – project completed, report awaited (due shortly). Jan-17 Report or independent review received and being reviewed; no deficiencies in care identified, but note taking poor across the organisation. SHMI remains 111, preliminary data from RAMI suggests risk adjusted mortality is falling towards national mean. Due to delayed reporting of SHMI it will take a while for this to be reflected. Still no AKI lead - advertised for nurse lead to take project forward.	end Mar-17	◄► Oct-16	MD	Q&S
2.1.5	C	Effective controls are required to ensure children requiring an appointment with a community consultant paediatrician are seen in a timely manner.	Feb-15 to Oct-15 Action plan implemented and waiting list backlog cleared. Patient Tracking List developed and activity being monitored. Dec-15 Business Case (BC) and PTL considered Dec. Further updates to the BC and PTL will be reviewed at Jan meeting. Mar-16 CCG reviewed community paediatric business case, negotiations taking place. Following approval of business case substantive recruitment will take place to reduce the reliance on locums. Date moved to Sept to recognise recruitment timeframe. May-16 – Implementation timeframe of the recruitment plan is currently worked up. This will allow the service to build a recovery trajectory to reduce the waiting time and list size. Jul-16 Wait time to be seen reduced to 6 months for initial community paediatrician assessment. Active recruitment for CDC coordinator and 2 substantive consultant posts. 2 locum consultants start 4th July. Further part time locum consultant starting Aug. Sept-16 Locums in place. Difficulties in division of acute and community patients undertaking validation exercise, moving to Systm one which will support this. Nov-16 Work ongoing as outlined above - no further update. Jan-17 Recruiting to 4 substantive posts interviews mid January, good field of candidates. Validation process in place and waiting list continuously monitored. Community paeds will be fully utilising Systm One by April.	end Mar-17	◄►	COO	SLF Q&S
2.1.6	C	Effective controls are required to ensure increasing numbers of young people being admitted to acute medical wards with mental health and deliberate self harm diagnoses are assessed and treated appropriately.	Aug-15 Training requested from mental health team at CAMHS for ward nurses to ensure a competent and confident workforce. Mental health nurse requested via TWS to special the young people Reviewing options for cohorting mental health young people. Liaising with SPT and commissioners re purchasing adequate tier 4 beds. Oct-15-Mar 16 Creating amenity beds and liaising with SPT on a case by case basis for CAMHS patients. Joint working with SPT, CAMHS recruiting assessor to support appropriate pathway for these young people. Continued working with CAMHS and SPT to develop pathway. May-16 A& E Liaison Nurse appointed to Conquest, equivalent being recruited to DGH. HoN requested in-reach pathway from CAMHS for these pts and daily ward visit. HoN attending urgent help/crisis meeting care and attending CAMHS transformation board to raise profile of young people in crisis with commissioners and gain adequate investment for this cohort. Jul-16 Out of hours urgent help service increased weekend capacity from 2 to 4 staff. Business case submitted to CCG to increase workforce to meet the need of CYP in crisis. Awaiting decision. Meeting to be held 8th July to review the A& E Liaison Nurse at Conquest role. Training requested from mental health team at CAMHS for ward nurses. Sept-16 Improving system CAMHs Liaison nurse available every day. Some inappropriate admissions still but these are individually reviewed. Nov-16 Awaiting CAMHs Liaison nurse appointment for west of county. HoN meeting with SPFT and commissioners to discuss inequity of service provision for CYP admitted to children's ward who are resident in west of county, i.e delays in assessments and telephone assessment Jan-17 Situation being reviewed and monitored. GM meeting with CAMHs.	end Jan-17	◄►	COO	SLF Q&S

Risk 2.2 There is a lack of leadership capability and capacity to lead on-going performance improvement and build a high performing organisation.	
Key controls	Clinical Unit Structure and governance process provide ownership and accountability to Clinical Units Clinicians engaged with clinical strategy and lead on implementation Job planning aligned to Trust aims and objectives Membership of SLF involves Clinical Unit leads Appraisal and revalidation process Implementation of Organisational Development Strategy and Workforce Strategy National Leadership and First Line Managers Programmes Staff engagement programme Regular leadership meetings Succession Planning Mandatory training passport and e-assessments to support competency based local training Additional mandatory sessions and bespoke training on request
Positive assurances	Effective governance structure in place Evidence based assurance process to test cases for change in place and developed in clinical strategy Clinical engagement events taking place Clinical Forum being developed Clinical Units fully involved in developing business plans Training and support for those clinicians taking part in consultation and reconfiguration. Outcome of monitoring of safety and performance of reconfigured services to identify unintended consequences Personal Development Plans in place Significant and sustained improvement in appraisal and mandatory training rates

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
2.2.1	A	Assurance is required that robust controls are in place in relation to mandatory training and appraisals are effective and evidenced by improved compliance in these two areas.	Appraisal process and paperwork redesigned along with a development programme for Appraisers. New L&D manager started Feb and key objectives to review mandatory training, develop competency work and identify further efficiencies. Rating moved from amber to green Mar-16 Review being undertaken to address compliance and quality of appraisal. New appraisal policy in place and additional support offered to staff with this process. Jan-17 Mandatory training compliance trust wide exceptions are safeguarding children level 3 is at 82.59% (urgent care is 55.93%); Safeguarding children level 2 is at 83%; information governance 84.9% (74.5% in urgent care). Appraisals currently at 79.2% lowest for a year. Training is being offered for any staff new to appraising staff, or who want a refresher.	end Mar-17	◄► Mar-16	HRD	POD SLF
2.2.2	A	The Trust needs to develop and support its clinical leadership to empower them to lead quality improvement in order to realise the ambition of becoming an outstanding organisation by 2020.	Jul-16 Reviewing medical leadership roles to ensure they are appropriately resourced. Faculty of Medical Leadership Programme in place. CEO leading regular meetings with consultant body. Medical education team continue to work with junior doctors to improve engagement and enhanced support. New Medical Director appointment (subject to central approval) Revision and reappointment of all key medical role job descriptions: CU Lead; Speciality Lead; Chairs of Clinical Boards (urgent care, elective, cancer); Chairs and ToR of key Medical Clinical Governance sub committees. Sept-16 New Medical Director in post, progressing appointments of Chiefs and deputies. Nov-16 Consultant meeting 3rd Nov with CEO, MD, FD. Faculty of Medical Leadership and management training for newly appointed medical leaders 8th and 9th November. Appointments made for Divisions of Medicine and Surgery/Anaesthetics/Diagnostics, but no appointment as yet for W+C. Chairs of Urgent Care and Elective Care Boards have been made. Jan-17 Final FMLM training end of Jan. All Chiefs now appointed, including Women's and Children. Specialist leads advertised.	end Mar-17	◄►	MD	POD

Strategic Objective 3: We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.	
Risk 3.1 We are unable to develop and maintain collaborative relationships based on shared aims, objectives and timescales with partner organisations resulting in an impact on our ability to operate efficiently and effectively within the local health economy.	
Risk 3.2 We are unable to define our strategic intentions, service plans and configuration in an Integrated Business Plan that ensures sustainable services and future viability.	
Key controls	Develop effective relationships with commissioners and regulators Proactive engagement in STP and ESBT Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work. Relationship with and reporting to HOSC Programme of meetings with key partners and stakeholders Develop and embed key strategies that underpin the Integrated Business Plan (IBP) Clinical Strategy, Workforce Strategy, IT Strategy, Estates Strategy and Organisational Development Strategy Effective business planning process
Positive assurances	Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Monthly performance and senior management meetings with CCG and TDA. Working with clinical commissioning exec via East Sussex Better Together and Challenged Health Economy to identify priorities/strategic aims. Board to Board meetings with stakeholders. Membership of local Health Economy Boards and working groups Two year integrated business plan in place Stakeholder engagement in developing plans Service delivery model in place Refreshing clinical strategy to ensure continued sustainable model of care in place

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
3.2.1	A	Assurance is required that the Trust will be able to develop a five year integrated business plan aligned to the Challenged Health Economy work.	Challenged Health Economy and Better Together Work on-going. Trust developing clinical strategy. Dec-15 ESBT work continues. Board to Board meeting with Eastbourne, Hastings and Rother CCG took place Dec15. Mar-16 SPT footprint agreed. Trust to work with stakeholders to develop strategic plans. Board Seminar planned April 16. May-16 Trust fully engaged with SPT and ESBT programmes. Trust strategy being developed and "stakes in the ground" identified. Priority specialities for clinical strategy development identified and specific work commenced Jul-16 Continuing to work closely with commissioners on aligning ESBT plans with the emerging clinical strategy. Multiple integrated strategic planning workstreams underway and recruiting to better support the planning process. Sept-16 STP for Sussex and East Surrey now incorporates placed based care (ESBT) as one of its key elements. We continue to work proactively with commissioners and other providers to ensure that opportunities to deliver efficiencies at scale and pace are maximised. This includes working across STP boundaries. ESHT CEO is now joint SRO with CCG and ESCC leaders in the emerging Accountable Care Organisation Steering Group which will develop the delivery mechanism by which the challenged health economy issues will be tackled. Nov-16 STP has been submitted which includes 5 year plans reflecting the ESBT position. ESHT has been fully involved in developing these draft plans and they will be considered at November Board Seminar. Jan-17 STP now published and available on Trust website. ESHT continue to be involved in all appropriate work streams with a specific focus our local ESBT plans and the emerging Accountable Care model.	end Dec 16	◄►	DS	F&I SLF

Strategic Objective 3: We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.	
Risk 3.3 We are unable to demonstrate that we are improving outcomes and experience for our patients and as a result we may not be the provider of choice for our local population or commissioners.	
Key controls	Development of communications strategy Governance processes support and evidence organisational learning when things go wrong Quality Governance Framework and quality dashboard. Risk assessments Complaint and incident monitoring and shared learning Robust complaints process in place that supports early local resolution External, internal and clinical audit programmes in place Equality strategy and equality impact assessments
Positive assurances	Integrated performance report that links performance to Board agreed outcomes, aims and objectives. Board receives clear perspective on all aspect of organisation performance and progress towards achieving Trust objectives. Friends and Family feedback and national benchmarking Healthwatch reviews, PLACE audits and patient surveys Dr Foster/CHKS/HSMR/SHMI/RAMI data Audit opinion and reports and external reviews eg Royal College reviews Quality framework in place and priorities agreed, for Quality Account, CQUINs

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
3.3.1	A	Assurance is required that patient transport services will be improved to minimise any detrimental impact on patient care and experience.	Incidents logged, issues escalated to SECAMB /CCG. Service spec reviewed by commissioner; Trust engaging with process. Apr-15 Inpatients - Trust has access to additional vehicles via Elite. Issue remains with outpatients. . Oct-15 Tender for service to be awarded end Oct with April implementation date. Will work with CCG and new provider to support improvement. Mar-16 - May16 Following handover to new provider there have been significant service problems impacting on patient care and experience. In addition there has been an increase in DNA rates and loss of procedure time due to failure to collect patients and late arrivals. There is an operational group in place, monitoring of incidents and this has been escalated both internally and externally. All Trust in Sussex are experiencing the same issues and there is a CEO summit w/c 31.5.16 Jul-16 Some improvement on inward bound journeys but still subject to weekly monitoring across Sussex both at operational and strategic level. Independent review of procurement and transition underway by TIAA. Sept-16 Number of incidents regarding transport have reduced but additional dedicated vehicles are still required. Significant adverse publicity continues and is causing ongoing concern to patients. SI has been raised by CCG. Formal investigation into level of harm is being led by CCG. Overall lack of confidence in stability and sustainability of the service Nov-16 Continue to retain dedicated vehicles to maintain patient discharges. Patient Safety report in final stages and will be going to NHS England prior to circulation. Significant changes in contractual arrangements have been agreed and specialist team established by CCG to oversee transition to new provider. Situation at present is reasonably stable and performance metrics indicate performance in line of exceeding national average. Jan-17 Service stable, additional vehicles maintained but now managed through Coperforma. Preparatory work for transition underway.	end Jan-17	◄► May-16	COO	SLF

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
3.3.2	C	A number of concerns have been identified following the centralisation of reception and outpatient services on the two acute sites. Shortage of staff in appointment and admissions booking teams Further controls are required to support delivery of an efficient service and good patient experience.	Review instigated to support implementation of focussed actions. Feb-15 Central team in place and systems being monitored. Considering developing specialist teams to support areas with complex processes. Apr-15 -Dec15 Close liaison between service managers and booking team. Increased working space/ essential equipment. Monitoring of performance via dashboard. Reviewed processes to minimise short notice clinic cancellation and ensure appropriate clinical assessment of affected patients. New call management system introduced to address technical and resource issues in appointments centre/provide enhanced service Review of 700+ letter templates underway to improve patient communication. SOPs and specialty booking rules agreed and implemented. March 16 – 80% referrals registered within 48hrs of receipt, scanned on to e searcher to minimise paper referrals going missing. First specialty about to go live with e referral system, continued roll out through 16/17. Staff capacity/demand remains an issue and is being addressed through business planning. Planning to develop some self- service check in facilities in 16/17 May-16 Business Case for Clinic Manager and Self-Serve check in underway with PMO and IT. New structure with additional resources for OP booking to support retention of staff due for implementation by end of July 16. Informal staff engagement underway. Jul-16 Progressing with new structure but will require formal consultation to extend operational hours, improving access for patients, which is primary cause of complaints. Clinic Manager business case to be submitted to BDG in July. Sept-16 Consultation with staff and additional recruitment completed, training underway and new structure will be in place by Oct/Nov 16.Clinic Manager Case approved but is subject to PAS hardware and software upgrades. Project expected to start Nov-16 for implementation by Spring 17. Nov-16 Consultation complete, final stages of recruitment. Specialty based 'pods' in early stages of development, good feedback to date. Ongoing training in relation to Access Policy and Clinic Manager Case approved but is subject to PAS hardware and software upgrades. Self Check in kiosks ordered and will be introduced alongside reception redesign, retaining face to face contact for those who require it. Significant 'data cleansing' of waiting list in Urology had identified a major area of work across the Trust to support effective utilisation. Jan-17 The team is now able to support services more effectively as demonstrated by the management of referrals, gradual implementation of eRS and new structure. Independent audit (TIAA draft) demonstrates a reasonable level of assurance. Trust is now moving into an improvement programme that supports the overall outpatient pathway. The main area of concern that remains is Cardiology which is under-resourced for the activity. A business case has been prepared for this.	end Mar-17	▲ Jan-17	COO	SLF Q&S

Strategic Objective 4: We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.							
Risk 4.1 We are unable to adapt our capacity in response to commissioning intentions, resulting in our services becoming unsustainable.							
Key controls			Clinical strategy development informed by commissioning intentions, with involvement of CCGs and stakeholders QIPP delivery managed through Trust governance structures aligned to clinical strategy. Participation in Clinical Networks, Clinical Leaders Group and Sussex Cluster work Modelling of impact of service changes and consequences Monthly monitoring of income and expenditure Accountability reviews in place				
Positive assurances			Trust participates in Sussex wide networks e.g. stroke, cardio, pathology. Written reports to SLF on progress with QIPP targets to ensure improvements in patient outcomes are planned and co-ordinated. Performance reviewed weekly by CLT and considered at Board level. Evidence that actions agreed and monitored. Decrease in medical admissions at CQ continued and new practice being developed at EDGH (medical input is key)				
Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
4.1.1	C	Require evidence to ensure achievement of the 2016/17 Financial Plan and prevent crystallisation of risks as follows: activity and income targets are not achieved; contractual fines and penalties are levied; activity, capacity and unplanned cost pressures arise; the CIP plan is not delivered;	PBR contract in place. Activity and delivery of CIPs regularly managed and monitored. Monthly accountability reviews in place and remedial action undertaken where necessary. Timely reporting of finance/activity/workforce performance in place. Regular reviews by BPSG, CLT, SLF, Finance & Investment Committee and Board. May-16 – Month 1 performance £0.5m adverse to plan. CIP plan for month achieved. Income broadly in line with plan; non-elective over performance offsetting elective shortfall arising from doctors' strike. Fines and penalties incurred – Trust will discuss with commissioners reinvestment of these. Pay costs in line with plan with a significant reduction in agency costs. Capacity cost pressures incurred – Trust will recover some of these through Tariff while premium cost of delivery to be discussed with commissioners. Integrated performance meetings in place, chaired by the CEO; continuing oversight by F&I Committee; Efficiency Improvement Group driving financial improvement, including opportunities from Lord Carter review. Jul-16 - Month 2 performance remains adverse to plan, although CIP plan for the month achieved and agency spend reducing. Income is slightly behind plan, but elective activity both behind plan and incurring 'send away' costs. Emergency activity ahead of plan, but associated costs also above plan. Recovery plan for elective and emergency activity under development for Improvement Board (Jul-16) and discussion with CCG. Fines and Penalties risk reduced due to agreement on S&F funding and refreshed control total, but increased CIP target. DoF refreshing CIP development and implementation process, and reviewing detail of temporary staffing spend plans. Risk will require consistent monitoring over remainder of financial year. Sept-16 - Month 4 remains adverse to financial plan, after an improvement in Month 3 stemming from a full formal close-down and opportunity review. Key pressures remain agency spend, CIP delivery and cost of operational pressures. Financial Recovery Plan developed and shared with Trust Finance and Investment Committee, and with Executive Directors. New Financial Improvement and Sustainability Committee being formed to ensure Executive leadership and oversight of both strategic and operational finance. Additional capacity secured within finance team, including short-term ad hoc cost-limited consulting support on temporary resourcing. The level of risk remains significant, but the Trust is developing a measured and coherent response to the key issues. Nov-16 Trust variance to plan improved from Month 5 to 6, but Trust was £2.3m adverse to operational plan and £4.9m adverse to plan after STF funding lost is taken into account. The Trust continues to forecast delivery of the plan, but the level of risk within the financial position remains significant, monitored through the Finance and Investment Committee on behalf of the Trust Board. The Trust was, as a result of its in-year in financial performance, placed in Financial Special Measures by NHS Improvement in October 2016. This is a new control and support regime, which requires the Trust to agree a financial recovery plan within 30 days, present this to NHS Improvement and then review jointly the implementation and delivery of the plan over the remainder of the financial year. The Trust has secured additional external support from professional advisors to work alongside the Trust staff and the Board in the development of the Financial Recovery Plan for 2016/17. The recovery plan will be reviewed at the forthcoming Board Seminar and by a special additional meeting of the F&I Committee in November 2016. Jan-17 Financial Recovery Plan developed and presented to Board, F&I and NHSI in Nov/Dec and is tracking performance on a monthly basis. A strengthened PMO and a series of additional 'grip and control' measures have been put in place.	Commenced and on-going review and monitoring to end Mar-17	◄►	DF	F&I

Risk 4.2 In running a significant deficit budget we are unable to invest in delivering and improving quality of care and patient outcomes. This could compromise our ability to invest in our ability to make investment in infrastructure and service improvement.
Risk 4.3: We are unable to effectively align our finance, estate and IM&T infrastructure to effectively support our mission and strategic plan.

Key controls	Development of Integrated Business Plan and underpinning strategies Six Facet Estate Survey Capital funding programme and development control plan Monitoring by F&I Committee Essential work prioritised within Estates, IT and medical equipment plans
Positive assurances	Draft assessment of current estate alignment to PAPs produced Essential work prioritised with Estates, IT and medical equipment plans. Significant investment in estate infrastructure, IT and medical equipment required over and above that included in the Clinical Strategy FBC. Capital Approvals Group meet monthly to review capital requirements and allocate resource accordingly. Trust achieved its CRL in 2015/16

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
4.2.1	A	Assurance is required that the Trust has the necessary investment required for estate infrastructure, IT and medical equipment over and above that included in the Clinical Strategy FBC. Available capital resource is limited to that internally generated through depreciation which is not currently adequate for need. As a result there is a significant overplanning margin over the 5 year planning period and a risk that essential works may not be affordable.	May-16 – Capital programme has been submitted to NHSI as part of the 2016/17 business planning submission. The Trust Board will undertake a further review the capital programme with a view to ensuring that priorities for spend are correct within the limited funds available, including any urgent elements from the Estates Strategy. The Board will also look at medium term priorities to help shape a business case to the Department of Health for a capital loan to support requirements over and above 'core' capital funding. Jul-16 - 5 year capital plan agreed by FIC, reviewed in Board Seminar. Discussions with NHSI re submission of capital bid, with £5m initial amount included in refreshed submitted plan. DoF reviewing internal capacity to develop FBC for submission in Q£ for £35m, and interim bid, in partnership with DoN, in Q2. Finance and Estates teams reviewing alternative sources for finance for discussion in September 2016 FIC. Sep-16 - Additional support secured for development of £35m overarching capital bid and in-year initial bids for £5m to support delivery of financial plan. Capital Review Group taking forward bid development and prioritisation process, the management of in-year expenditure, and the exploration of alternative sources of financing. Initial LTFM includes refreshed capital requirements and being refined to support submission of bid pipelines. Nov-16 There are two risks reflected on the operational risk register. First, the in-year capital plan has a component of overplanning to allow for flexibility in the deployment of the budgets. This is being actively managed within the Capital Review Group, and a prioritised list of schemes has been agreed to ensure that the Trust does not overspend, but continues to develop and maintain the infrastructure. Second, the Trust continues to develop a programme of business cases within the overarching £35m 'minimum ask' baseline case. This is reflected in the STP financial plan, as well as the Trust's own forward programme. As the Trust moves through the financial special measures regime, the forward plan for the capital programme will be clarified in advance of the next iteration of the Trust's long-term financial plan. Jan-17 Capital Review Group continues to closely monitor capital expenditure in year to ensure that over planning does not lead to overspend. The Trust continues to review its capital budget. In developing business cases to address the systematic shortfall in capital the Trust has begun exploring alternative means of financing including lease and hire purchase. Two business cases have been submitted to NHSI for capital loans in respect of ambulatory care and work continues on a series of further cases.	On-going review and monitoring to end Mar-17	◄►	DF	F&I

Risk 4.4 We are unable to respond to external factors and influences and still meet our organisational goals and deliver sustainability.	
Key controls	Horizon scanning by Executive team, Board and Business Planning team. Board seminars and development programme Robust governance arrangements to support Board assurance and decision making. Trust is member of FTN network Review of national reports
Positive assurances	Policy documents and Board reporting reflect external policy Strategic development plans reflect external policy. Board seminar programme in place Business planning team established Clear process for handling tenders/gathering business intelligence and mobilisation or demobilisation of resources

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
4.4.1	A	In order to retain and develop services the trust requires the capacity and capability to effectively respond to tenders. Specialist skills are required to support Any Qualified Provider and tendering exercises by commissioners.	Oct-15 Portfolio moved to DF and being reviewed. Dec 15 - additional external resource has been commissioned by the Trust for a limited period with a specific objective of knowledge transfer. Mar-16 as above Trust successful in Sexual Health Tender. May-16 Business planning team dispersed to support other projects, support required for tendering exercises will form part of portfolio of Director of Strategy. Assurance level moved from Green to Amber. Jul-16 - Trust recruiting for Business Development team, with specific focus on building support for tender planning and submission. DoF reviewing with DoS the forward Commercial Strategy for Trust, including alignment with Clinical Strategy development. Sep-16 - appointments made within Business Development Team, and substantive Director of Strategy, Innovation and Planning appointed with key leadership role. Five year financial plan in first iteration, including commercial strategy, and DoF/DoS working on first iteration of Commercial Strategy, within addition support secured for development work and pending MSK procurement. Nov-16 Additional support secured to complete MSK tender. AD Planning and Business Development joins 5th Dec. Key objective in the first month is to develop an agreed process for how we mobilise to respond to tenders and identify what additional support we might require and have a ready supply of contacts who can be approached to provide specialist support such as bid writers. Jan-17 Draft process developed that ensures appropriate decision making and governance in place for tenders. Will be shared with exec team on 17th Jan for agreement. Collating register of companies/ individuals who have the specialist skills to support the tender process eg: bid writers,	end Mar-17	◀▶ May-16	DS	SLF

Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.

Risk 5.1 We are unable to effectively recruit our workforce and to positively engage with staff at all levels.

Key controls	Workforce strategy approved Jun-15 - aligns workforce plans with strategic direction and other delivery plans; - ensures a link between workforce planning and quality measures Recruitment and Retention Strategy approved Jun-15 with planned ongoing monitoring Workforce metrics reviewed as part of the Integrated scorecard and alongside quality and performance data (plans to include vacancies) Rolling recruitment programme Monthly vacancy report and weekly recruitment report to CLT Nursing establishment and skill mix review undertaken and monitored by Board TRAC recruitment tool in place
Positive assurances	Training and resources for staff development Workforce planning aligned to strategic development and support Workforce assurance quarterly meetings with CCGs Implementing Values Based Recruitment and supported training programme Success with some 'hard to recruit to' posts Well functioning Temporary Workforce Service. Full participation in HEKSS Education commissioning process.

Gaps in Control (C) or Assurance (A):			Actions:	Date/ milestone	RAG	Lead	Monitoring Group
5.1.1	C	Assurance required that the Trust is able to appoint to "hard to recruit specialties" and effectively manage vacancies. There are future staff shortages in some areas due to an ageing workforce and changes in education provision and national shortages in some specialties e.g. cardiac physiologists, ODPs and anaesthetic staff.	May-16 to Sept 16 Recruitment hotspots identified. Task and finish groups with CUs to develop a recruitment and retention strategy. Use of head hunters to identify suitable candidates. Developing Trust competence and pay grade for junior doctors which will be an extension to the current specialty doctor posts. Reviewing impact of change to funding of nurse training from Sept 17 where pre and post reg training will be funded through student loans. Working with headhunters to attract candidates. Overseas nurses commenced and vacancy fill rate is on target. HCA up to establishment and focus bank recruitment to reduce agency usage. New marketing materials available. Launched use of social media to advertise posts. Participating in NHS Employers Retention programmer. Nov-16 - Urgent care remain key risk area with 50% vacancy fill factor for consultants; 77% for non-consultants. Planned Workshop with CU's postponed to Feb 2017. Meetings with GM's and CU Chiefs to discuss needs are being arranged. Continued focus on overseas recruitment for registered nursing; visits to Philippines and Portugal confirmed for November. Non registered nursing vacancies – continued decline since high point of June this year. Campaign for 100 HCA's (B2 and 3) to start Jan 2017 for integrated service commenced 31st October. Jan-17 Following increases in the establishment and sustained recruitment, substantive workforce numbers have continued to increase, from 5684 ftes to 5949 ftes (April to November). 80 offers made to overseas nurse, due to start Mar-17, able to work as RGN's by July 2017. Currently working on introduction of a number of new roles to address recruitment issues Project to introduce Doctors Assistants to support Junior Doctors, 6 starting Jan-17. Impact of this role will be evaluated and a business case developed to roll out across the Trust. In discussions with Brighton University to establish Physicians Associate role, expect to have work placements for these posts starting Aug-17 and appointable from Aug-18. As part of ESBT working to introduce GP Fellowship role. Part of this will be to undertake some working hours in the acute sector in emergency medicine, rheumatology and dermatology. Skill-mix review being undertaken with nursing to consider the role of Nurse Associate within the Trust.	end Mar-17	◄►	HRD	SLF
5.1.3	C	Assurance is required that the Trust has effective controls in place to maintain sufficient staffing levels in A&E; recruitment difficulties in consultant, middle grade and nursing. Deanery short falls in fill rate for junior positions.	Aug-15 Business continuity plans in place to cover short term difficulties. Overseas recruitment taking place. Longer term review of staff model planned. Dec-15 Discussion taking place with commissioners as part of East Sussex Better Together. Mar-16 Recruitment taking place however short falls in staffing remains. Mitigating actions such as use of long term locums Jul-16 Working with ESBT to develop GP triages in A&E. Post currently in recruitment process. Sep-16 Successful recruited consultant and specialist A&E registrars. Number of vacancies in registered nurses in MAU being actively monitored and mitigating actions in place. Nov-16 Skype interview arranged for A&E. CVs requested from Head-Hunters. Discussions with CCG ref GP/Acute rotational posts. First cohort will not be until August 2017. Jan-17 No further update linked to actions in 5.1.1	end Mar-17	◄►	COO	SLF

Strategic Objective 5: All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.	
Risk 5.2 If we fail to effect cultural change we will be unable to lead improvements in organisational capability and staff morale.	
Key controls	Leading for Success Programme Leadership meetings Listening in Action Programme Clinically led structure of Clinical Units Feedback and implementation of action following Quality Walks. Organisation values and behaviours developed by staff and being embedded Staff Engagement Plan developed OD Strategy and Workstreams in place
Positive assurances	Clinical engagement events taking place Clinical Forum being developed Clinical Units fully involved in developing business plans Embedding organisation values across the organisation - Values & Behaviours Implementation Plan Staff Engagement Action Plan Leadership Conversations National Leadership programmes Surveys conducted - Staff Survey/Staff FFT/GMC Survey Staff events and forums - "Unsung Heroes"

Gaps in Control (C) or Assurance (A):			**Actions:**	**Date/ milestone**	**RAG**	**Lead**	**Monitoring Group**
5.2.1	A	The CQC staff surveys provide insufficient assurance in some areas that staff are satisfied, engaged and would recommend the organisation to others.	Sept-16 Recent Staff FFT had the highest response rate since 2014 and a significant increase in the number of staff who would recommend ESHT as a place for treatment and as a place to work . Most recent pulse survey that focused on communication between managers and staff demonstrated improvement. Focusing specific pieces of work on areas where pulse survey's show low levels of staff engagement despite considerable effort from the leadership teams. Nov-16 - Current National staff survey is live and aiming to increase response rate compared to previous years that has been static at 42%. A communication campaign to raise awareness of the importance of completing the survey is underway . Actions include – letter from CEO, poster campaign encouraging teams to take a break to complete the survey, clinical units/directorates sharing actions taken since the last staff survey, regular updates on the response rates to the survey published on the intranet. All managers asked to follow up with their teams, regular tweets about survey. Ongoing work to increase engagement includes ESHT Vine, new staff forums for Junior doctors, Clinical Orderlies, BME and LGBT staff. Unsung Hero celebration week was a great success with over 400 staff attending during the week. Jan-16 Number of events involving staff in the development of their services are currently underway – Radiology services are currently holding a number of stakeholder events to support development of a robust Radiology Strategy. Clinical administration leaders are half way through their leadership programme Positive Feedback from participants positive. All managers will be required to attend the Management Essentials programme, commencing Jan which will outline expectations of them especially in terms of communicating and involving their staff. Further work is being carried out in bringing values to life through the development of a behavioural framework which outlines the behaviours we expect to see /not see linked to each value Annual national staff survey now closed. Response rate has increased to 46% Staff wellbeing team currently advertising Health Checks for staff aged between 40-70. Department is continuing to run a number of interventions linked to wellbeing including emotional reliance training, Pilates and Healthy weights. The team continue to visit different departments to look how they can support staff in the workplace. Clinical Units continue to try to improve engagement in their area	end Apr-17	◄►	HRD	POD SLF

ESHT 2020 Improvement Programme

Meeting information:			
Date of Meeting:	24th January 2017	Agenda Item:	10H
Meeting:	Trust Board	Reporting Officer:	Alice Webster

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	.....		
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register?	

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

The purpose of this report is to update on progress in achieving the recommendations made by the Care Quality Commission (CQC) following their visits in September 2014 and March 2015. The aim of the programme is to ensure the Trust is able to respond to the recommendations made in the reports and make any improvements required in order to ensure compliance is met with the Regulations (2014) of the Health and Social Care Act 2008. This report provides an update on the following aspects in relation to the progress of the improvement Plan:

1. **Programme Highlights and Milestones**
   This defines the highlights and milestone progress of the programme
2. **Project Highlights, Milestones and KPIs**
   For each projects in the programme this shows the highlights, milestones and KPIs where appropriate.
3. **Key activities and Significant Risks**
   Risks that potentially seriously threaten the progress of the Improvement Programme
4. **Improvements**
   Updates on improvement initiatives

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Quality and Safety Committee 18th January 2017
Improvement Sub-Committee 10th January 2017

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to review and note the progress in implementing the ESHT 2020 improvement plan.

East Sussex Healthcare NHS
NHS Trust

24th January 2017

ESHT TRUST BOARD REPORT

ESHT 2020 Improvement Programme Update

Introduction

The purpose of this report is to update on progress in achieving the recommendations made by the Care Quality Commission (CQC) following their visits in September 2014 and March 2015. The aim of the ESHT 2020 Improvement programme is to ensure the Trust is able to respond to the recommendations made in the reports and make any improvements required in order to ensure compliance is met with the Regulations (2014) of the Health and Social Care Act 2008. The initial goal for the Trust of being rated “Good” during 2017 is subject to the latest CQC inspection report but the implications of being in Financial Special Measures may threaten this goal as well as A&E target performance, medical staffing and patient flow problems.

ESHT 2020 Improvement programme Status

This report provides an update on the following aspects from the last two months:

1. Programme Highlights and Milestones

2. Project Highlights, Milestones and KPIs

3. Programme next key activities and Significant Risks

4. Improvements

Programme Highlights: The main focus since the last report to the Committee has been the progression of the projects that are currently delivering improvements. The current status of the programme is:
Key highlights are:

- ESHT 2020 Improvement Programme Sub-Committee chaired by Dr. Adrian Bull has met in December, and continues to meet, monthly embedding the governance to ensure challenge to projects and continual improvement at ESHT.
- Eight Projects have been delivered and transferred into business as usual.
- A new End of Life Care project has been set up to focus on supporting the expansion of improvements required following the CQC visit. Workshop to review variation in care was held on 6th December
- Four main projects are now the key focus, Urgent & Emergency Care Improvement Project, Mortality and Morbidity Assurance Project, End of Life Care Project, Exemplar Ward Project and a new project agreed to focus on patient driven improvements in 2017, Expert Patient. Elective Care Board and associated improvement project to be initiated.

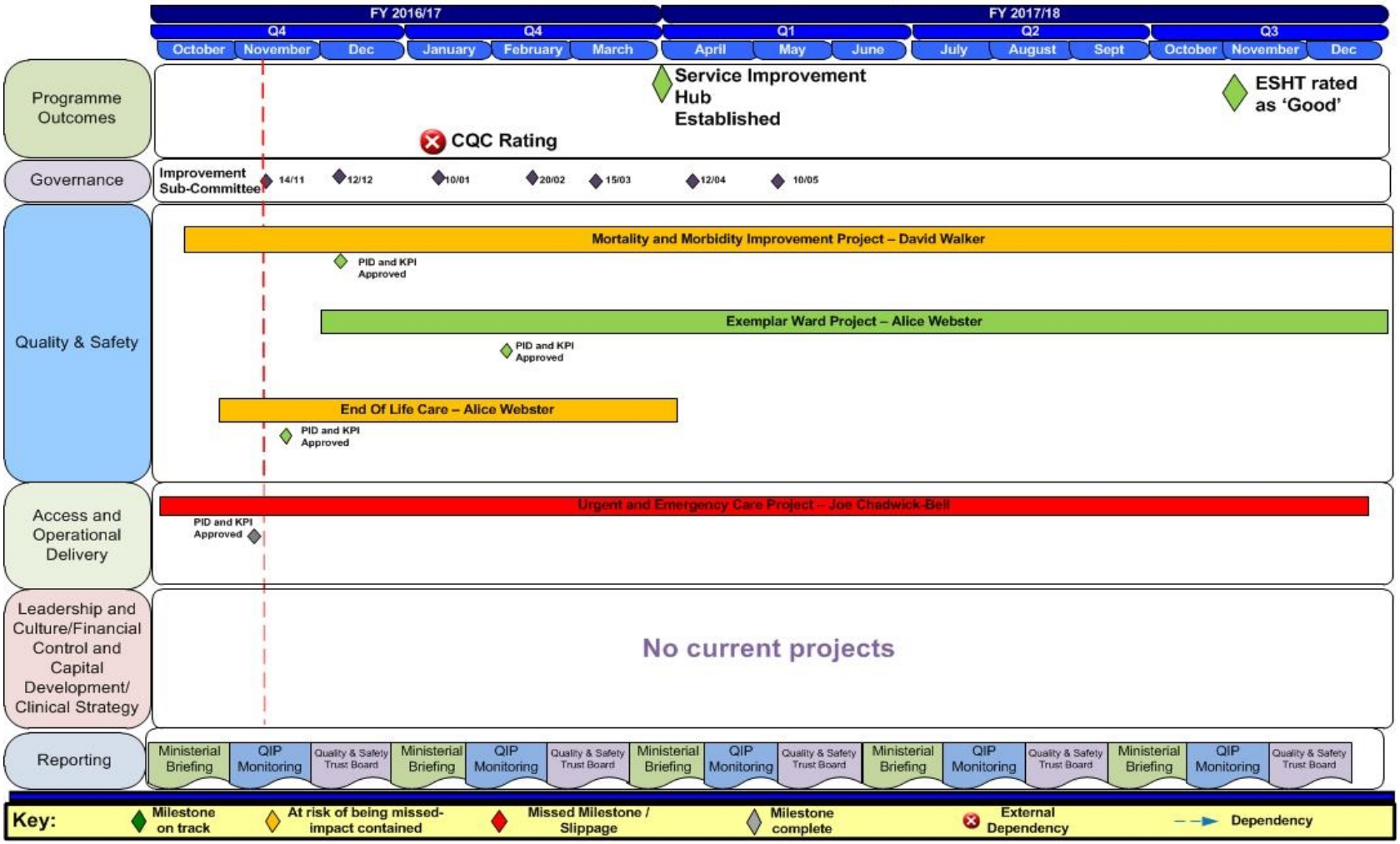
East Sussex Healthcare NHS Trust

Programme Highlights

- ☐ New Project Manager for Mortality and Morbidity Project started 4th January.
- ☐ Improvement Forum held their first meeting, staff interested in embedding improvement skills at ESHT. Two schemes running by PMO, radiology diagnostics and patient communication
- ☐ NHS Elect Service Improvement Programme Commenced
- ☐ Elective Care Board initiated and resources to support to be identified
- ☐ Discussions held with St. Georges and Brighton NHS Trusts to learn from their mortality review processes

Milestone Name	Forecast Completion Date	Responsible	RAG	Comments
SRO - Alice Webster				
Delivering The Capabilities - PROJECT DOSSIER				
Mortality and Morbidity Project Complete	31-Mar-18	David Walker	A	Progress being made but expected to increase pace now new PM is in post and funding provided for CAP, AECOPD and AKI Nurse lead for 12 months..
Urgent and Emergency Care project Complete	31-Mar-17	Joanne Chadwick-Bell	R	The 4 hour waiting standard is not being met and progress in delivery of improvements through the workstreams is slow. The 4 hour waiting standard has also been impacted by the reduction in availability of care home places which has increased the number of MFFD patients reducing bed availability for non-elective patients.
Ward Improvement project Complete	31-Dec-17	Alice Webster	A	Ward Improvement Facilitator appointed.
End Of Life Care Complete	31-Mar-17	David Walker	A	The PID has been approved, one work-stream is starting, and others planned to commence January. Some uncertainty in team membership may create delay in progressing actions.

ESHT 2020 High Level Programme Plan



Mortality and Morbidity Project

1.0 Project Summary

The aim of the East Sussex Healthcare Trust (ESHT) regarding Mortality and Morbidity is to have:

- **Zero avoidable deaths**
- **Harm Free Care**

The Project will ensure changes and improvements in clinical practice, governance and operational management are well co-ordinated, progress is monitored and reported to provide maximum contribution to the achievement of our Mortality and Morbidity aim.

On closure of the Project, all operational and support teams will have embedded the requisite governance requirements into their "business as usual" activities.

The changes and improvements that constitute the Project currently have multifarious sources, including the Care Quality Commission's (CQC) findings, set out in the 2015 inspection reports.

2.0 Project Status

AMBER	The key mortality indicator (SHMI) has come within range, the scope of the Project is nearing finalisation, with clear direction from the Executive Lead, a baseline of the "as is" stocktake has been completed and a set of immediate actions and measures in place. **Project Manager started 6th January. AKI Nurse Lead assigned but clinical lead not yet assigned.**

Mortality and Morbidity Assurance Project

Project Highlights: The main focus since the last report to the Committee has been the progression of activities and the expansion of this project to identify all activities and KPIs. Logic Models created for one workstream and other sin progress. Key highlights are:

- Project Manager appointed starts 4th January 2017
- Funding approved from NHS Imp. For AKI Nurse Lead and Clinical Auditor for CAP and AECOPD
- Case notes review definition in progress for CAP and AECOPD to inform improvements.
- COPD now feeding data to the EQ. CAP no longer and EQ.
- VTE Fatal RCAs complete with one potential theme of reassessment. Junior Doctors are now involved in an audit of re-assessments to raise clinical awareness of ensuring timely re-assessment and prescribing. VTE Non-Fatal RCAs will provide full and final recommendations in January
- Review of UTI cases with primary cause of death indicate this was an initial diagnosis but not the cause of death.
- NHS Improvement Head of Quality met with David Walker and Lesley Walton to review progress. The review resulted in recognition of the improvements and confirmation that further activities planned fully endorsed.
- Early indications are hinting that following improved depth of coding by doctors is further impacting a declining trend of RAMI.
- MRG group re-established and meetings now scheduled for 2017 but attendance needs to be improved.
- Coding now part of Junior Doctor Induction training however it has been identified that extended induction and re-enforcement for senior clinicians maybe required to ensure sustainable quality health records to ensure accurate coding.
- Paper published by the Department of Health indicates Medical Examiner role will be mandated by late 2018. Respiratory agreed in principle to trial peer mortality reviews.
- Logic Model for Governance created.

Mortality and Morbidity Assurance Project

A	MORTALITY AND MORBIDITY PROJECT	Due Date	Target	Latest Metric	Six-Month Trend
	Improve the Process and Governance of Mortality and Morbidity (IP 53)				
	Increase number of Mortality Meetings held per month to review deaths across the Trust	31-Dec-16	26	14	
	Increase percentage of Mortality Cases reviewed within one months of death	31-Oct-17	90%	60%	
	Increase percentage of Mortality Cases reviewed within three months of death	31-Mar-17	95%	67%	
	Increase Percentage of Code E Deaths Reviewed as Serious Incidents	31-Mar-17	100%	100%	
	ERQ data for specific conditions being uploaded to ERQ programme	31-Mar-17	3	2	n/a
	% of Dr completed health record training within rolling year	31-Mar-17	90%	Data from Dec	
	Reduction in number of care episodes coded without health record available per month	31-Aug-18	100%	Data from Dec	
	Number of complaints due to the cause of death being changed	31-Mar-17	0	Data Source tbc	
	% of coded Cs reviewed at Mortality Review Group	31-Mar-17	100%	100%	
	Percentage of coded Ds that have has an internal investigation	31-Mar-17	100%	100%	
	SHMI within UCL and LCL consistency	31-Mar-17	Within UCL/LCL	111	
	RAMI within UCL and LCL consistency	31-Mar-17	Within UCL/LCL	92	
	HSMR within UCL and LCL consistency	31-Mar-17	Within UCL/LCL	97	
	Audit compliance with VTE Guidance (IP 37)				
	Increase Rate of VTE Assessments undertaken within 24h of admission	31-Dec-16	95%	95.8%	
	Percentage of Fatal PE RCAs undertaken within 3 months	31-Mar-17	98%	100%	
	Percentage of backlog Fatal PE RCAS completed	31-Dec-16	100%	100%	n/a
	Percentage of CHKS identified Non-Fatal RCAs undertaken within 3 months	31-Mar-17	98%	0%	
	Percentage of CHKs Non-Fatal PE RCAS	31-Dec-16	100%	100%	
	Number of preventable CHKs Non-Fatal PEs	31-Mar-17	0	2	
	Number of preventable Fatal PEs	31-Mar-17	0	2	
	VTE monthly audits on wards covered by Pharmacists embedded	31-Mar-17	100%	50%	n/a
	EQ Sepsis				
	Increase sepsis Screening Compliance	31-Mar-17	100%	5%	First Measure
	Increase Antibiotics prescribed and administered within 1 hour of red flag sepsis pathway trigged	31-Mar-17	100%	38%	First Measure
	Increase Antibiotics reviewed within 72 hours	31-Mar-17	100%	75%	First Measure
	Increase Oxygen administrered within 1 hour of red flag sepsis pathway trigged	31-Mar-17	100%	50%	First Measure
	Increase Blood cultures taken within 1 hour of red flag sepsis pathway trigged	31-Mar-17	100%	25%	First Measure
	Increase Intravenous fluids administered within 1 hour of red flag sepsis pathway trigged	31-Mar-17	100%	38%	First Measure
	Increase Serum lactate's tested within 1 hour of red flag sepsis pathway triggered	31-Mar-17	100%	63%	First Measure
	Increase Urine Output monitored hourly once red flag sepsis pathway triggered	31-Mar-17	100%	50%	First Measure
	increase in MET/SET calls per ward patients red flag sepsis pathway	31-Mar-17	100%	Data from Dec	
	reduction in preventable hospital acquired sepsis deaths	31-Mar-17	0	Data from Dec	
	reduction in sepsis admissions to Critical Care	31-Mar-17	Monitoring	Data from Dec	
	Sepsis audit embedded within ESHT	31-Mar-17	100%	0%	
	reduction of sepsis as 1a Cause of Death	31-Mar-17	Monitoring	17	
	EQ AKI				
	AKI risk assessment completed before surgery	AKI Lead to specify when appointed			
	AKI assessment by measuring serum creatinine wth acute illness or/and chronic kidney disease	AKI Lead to specify when appointed			
	Percentage of Fatal AKI RCAs undertaken within 3 months	AKI Lead to specify when appointed			
	Percentage of Non-Fatal AKI RCAs undertaken within 3 months	AKI Lead to specify when appointed			
	Number of preventable Fatal AKI	AKI Lead to specify when appointed			
	CAP				
	Blood cultures obtained before 1st antibiotic administration	31-Mar-17	95%	Data Source tbc	
	Chest X-ray within 4 hours of hospital arrival	31-Mar-17	95%	Data Source tbc	
	Initial antibiotic received within 4 hours of hospital arrival	31-Mar-17	95%	Data Source tbc	
	Appropriate initial antibiotic regimen received in adherence to local antibiotic guidelines	31-Mar-17	100%	Data Source tbc	
	Oxygenation assessment within 1 hour of admission	31-Mar-17	95%	Data Source tbc	
	Respiratory failure recognised within 1 hour	31-Mar-17	95%	Data Source tbc	
	Oxygenation appropriately prescribed	31-Mar-17	95%	Data Source tbc	
	CURB-65Score documented within 4 hours of admission	31-Mar-17	95%	Data Source tbc	
	Percentage of Fatal CAP RCAs undertaken within 1 month	31-Mar-17	100%	Data Source tbc	
	Number of preventable Fatal CAP	31-Mar-17	0	Data Source tbc	
	Number of in-patients admitted to ITU with serious Sepsis following an initial diagnosis of CAP	31-Mar-17	Monitoring	Data Source tbc	
	EQ AECOPD				
	Correct diagnosis of AECOPD confirmed	31-Mar-17	95%	Data Source tbc	
	Respiratory Level 2 Beds	01-Apr-17	Monitoring	Data Source tbc	
	Oxygen Assessment and target range prescribed within 30 minutes	02-Apr-17	95%	Data Source tbc	
	Recognise and respond to respiratory acidosis within 1 hour of admission	03-Apr-17	95%	Data Source tbc	
	Medication (Steroids and nebulisers) to be administered within 4 hours of admission	04-Apr-17	95%	Data Source tbc	
	Number of front Line staff trained in respiratory admission bundle	05-Apr-17	Monitoring	Data Source tbc	
	Review by Respiratory team to take place within 24 hours of admission	06-Apr-17	95%	Data Source tbc	
	Junior and senior doctors trained in how to write up AECOPD patient treatment	07-Apr-17	Monitoring	Data Source tbc	
	Number of on-floor Snap-train AECOPD sessions	08-Apr-17	Monitoring	Data Source tbc	
	Number of AECOPD Training Sessions held	09-Apr-17	Monitoring	Data Source tbc	
	Number of preventable Fatal AECOPD (low risk)	10-Apr-17	0	Data Source tbc	

Urgent and Emergency Care Project

1. Project Summary

The aim of the project is to ensure that patients on the urgent and emergency care pathway are treated in the right place at the right time first time by the right staff in order to:

- Ensure patient safety
- Improve patient experience
- Improve clinical outcomes
- Address staff concerns

The project is being delivered through 5 workstreams – A&E improvements, revised medical model, discharge planning, capacity planning and governance arrangements.

2. Project Status

Red	The 4 hour waiting standard is not being met and progress in delivery of improvements through the workstreams is slow. The 4 hour waiting standard has also been impacted by the reduction in availability of care home places which has increased the number of MFFD patients reducing bed availability for non-elective patients.

East Sussex Healthcare NHS Trust

Urgent and Emergency Care Project

Project Highlights: The main focus since the last report to the Committee has been the progression of activities and the transition of the patient flow project to BAU and the launch of this project to focus the improvements needed in urgent and emergency care. Key highlights are:

- KPIs fully developed
- UEC dashboard signed off at December UEC Board to enable monitoring of Urgent Care
- Emergency Care Improvement Programme (ECIP) review completed and report submitted to CEO
- performance against the workstream activities e.g. medical and surgical outliers
- Improvement Lead at Conquest commenced in post to support implementation of improvements in A&E
- SAFER bundle pilot extended as variable adoption in pilot wards requiring investigation and standardisation prior to further roll-out
- All adult inpatient wards (excluding maternity) giving patients Expected Date of Discharge (EDD) within 14 hours of admission
- Ward Improvement Facilitator recruited and will support roll-out of SAFER bundle as part of Ward Improvement project
- Review of ‘stranded patients’ undertaken with wards, Adult Social Care and CCGs to expedite discharges

R	URGENT & EMERGENCY CARE FLOW PROJECT	Due Date	Target	Latest Metric	Six-Month Trend
	Trust				
	4 hour waiting performance (all)	31-Mar-17	95.0%	82.4%	
	Accident & Emergency				
	4 hour waiting performance (minors)	31-Jan-17	95.0%	92.0%	
	4 hour waiting performance (majors)	31-Jan-17	95.0%	69.7%	
	Time to Initial Assessment (% within 15 minutes)	31-Jan-17	95.0%	92.1%	
	% of ambulance conveyances triaged within 30 minutes	31-Jan-17	100.0%	95.3%	
	Time to treatment A (% within 60 minutes)	31-Jan-17	80.0%	43.5%	
	Time to treatment B (% within 120 minutes)	31-Jan-17	100.0%	73.6%	
	% of CDU patients with LOS <12 hours	31-Jan-17	95.0%		
	Medical Model				
	% of AMU patients with LOS <72 hours	31-Mar-17	95.0%		
	Number of direct admissions from GPs to AMU	31-Mar-17	TBC	197	
	Number of direct admissions from GPs to wards	31-Mar-17	TBC	276	
	% zero length stay admissions (ambulatory care wards)	31-Mar-17	TBC	35.2%	
	Medical outliers (average per day)	31-Mar-17	TBC	67	
	Surgical outliers (average per day)	31-Mar-17	TBC	16	
	Orthopaedic outliers (average per day)	31-Mar-17	TBC	1	
	NEL Average length of stay	31-Mar-17	TBC		
	Discharge Planning				
	% of discharges admitted to Discharge Lounge by midday	30-Apr-17	40.0%	32.5%	
	% of patients with EDD linked to CDD within 14hrs of admission to ward	31-Dec-16	50.0%		
	% of patients with EDD linked to CDD within 14hrs of admission to ward	28-Feb-17	75.0%		
	% of patients with LOS >7 days	30-Apr-17	TBC		
	Delayed transfers of care	31-Mar-17	3.5%	7.6%	

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End of Life Care Project

1. Project Summary

Following CQC inspection, leadership, variation in practice and dynamics between specialist palliative care teams were raised as issues.

The aim of the East Sussex Healthcare Trust (ESHT) regarding End of Life Care is that:

- Adults, approaching end of life have access to consistent care that meets national best practice standards.
- Reduce unwarranted variation in care delivery across ESHT for people approaching end of life and/or requiring specialist palliative care.

The Project will ensure changes and improvements in clinical practice, governance and operational management are well co-ordinated; progress is monitored and reported to provide maximum contribution to the achievement of our 'high quality end of life care aims'.

2. Project Status

Amber	The PID has been approved, one work-stream is starting, and others planned to commence January. Some uncertainty in team membership may create delay in progressing actions.

End of Life Care Project

Project Highlights: The main focus since the last report to the Committee has been the integration of current improvements into a project to include the new issues raised by the CQC.. Key highlights are:

- PID approved 28/12/2016
- EoLC team facilitated away day held. Agreed actions to follow up and individuals to take forward.
- First draft KPI's, logic model and milestones.
- Continued scoping of required activities
- Plan for implementation of the Last Days/Hours of Life Personal Care Plan developed. Meridian audit of implementation prepared.
- Approval for funding of consultant training- advanced communications and recognition of dying.

Next Programme Activities

Continue to progress projects to deliver the project milestones. Key activities are:

- Communications plan for 'socialisation' of 4hr waiting time standard to be implemented
- Decision to be made on where ECIP support to be provided elsewhere in UEC project
- Improvement Lead at EDGH to commence in post mid January to support implementation of improvements in A&E
- Consultation paper to be written for change in nursing rotas to match activity within A&Es
- A&E "floor walkers" commence to support Enhanced Co-ordinator role
- Planning meeting to decide roll out of medical model to be held
- SAFER bundle pilot extended
- ECIP support to be provided to Jevington ward to undertake full Contract to be agreed with Hospices to provide additional beds
- Present overview of project to the EoLC Clinical Reference Group 5th January
- Establish medical leadership for EoLC
- 8 wards reporting weekly on implementation of care plan the Last Days/Hours of Life Personal Care Plan
- Follow up away day for EoLC to further develop team – to include chaplaincy
- Workshop to be held in January to further inform longer term aims for mortality governance reviews e.g. changing the model, reviews within 1 month.
- Visits to Western Sussex and Brighton to further inform mortality governance review improvements.
- Elective Care Project initiated

Significant Programme Risks:

- Risks to improvements due to staff recruitment of key senior clinical roles within Medical and Dental impacting service and capacity to lead on improvements
- Use of temporary staff impacts the delivery of robust sustainable change.
- Clinical Leadership affected by Job Plan, PA time.
- Financial Special Measures may impact priority of improvements and threaten objective of ‘Good’ rating in 2017.
- Operational pressures impacting on staff capacity to work on improvements

Theme of the week continues to further inform and embed improvements.
Examples:

East Sussex Healthcare NHS
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Theme of the week

Appraisals

Did you know that research has found a strong link between effective appraisals and lower patient mortality[1]?

And that's not all – when done properly, appraisals also help you to feel valued, listened to and so more engaged in what you do and how you do it.

Earlier this year, our Appraisal process and policy were updated. The key changes were:

- revised templates that have been designed to be more user-friendly
- sickness and increments no longer part of the process
- the performance rating scale has changed from a three point to a four point scale
- greater emphasis on defining effective work objectives and their link with the ESHT 2020 strategic objectives
- demonstration of the Trust values will be rated.

The Learning and Development department is here to help if you have any queries. Appraisal training is available and includes a guide to the new paperwork and tips on how to conduct an appraisal effectively, as well as how to prepare for your own appraisal to help you get the best out of it. Learning and Development can also help with ideas on how to engage staff with low motivation, as well as how to give – and receive – constructive feedback.

The Appraisal Policy is available on the extranet, together with the template forms, guidance and frequently asked questions.

Appraisal myth-buster

Myth: Appraisals don't mean anything and don't make a difference
Yes they do! Done effectively, appraisals "have the strongest association with lower patient mortality"[1] because it means that staff have positive goals and good working relationships with their managers and this links directly to their job satisfaction.

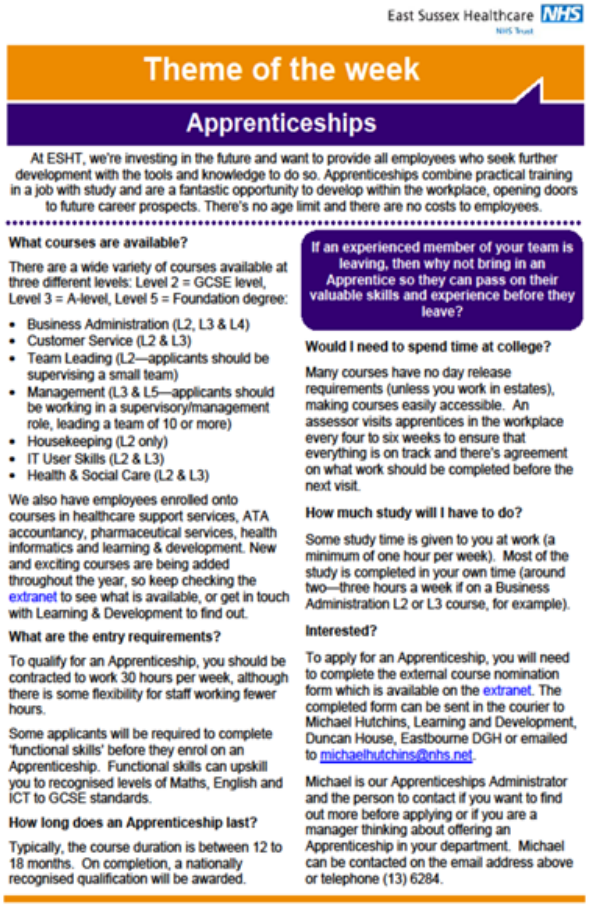
Myth: An appraisal is a meeting once a year
A good working relationship with your manager means you are having regular discussions about how things are going, so really they are on-going. The annual appraisal meeting is just the opportunity to record the discussion.

Myth: Work objectives are all about training
The objectives might help define training but that is not all they're about. Defining helpful work objectives is the key to helping staff feel proud of what they do and so feel a greater sense of job satisfaction. This means focusing on something you agree together that will enhance the way the job is done and then identifying if there is any training that would enable the objective to be achieved effectively.

Myth: I haven't been trained so I can't conduct an appraisal
False! We recommend appraisal training for all appraisers but it's not mandatory. Contact Jenny Lloyd-Lyons in Learning and Development for guidance before you start an appraisal, and book onto an appraisal training course if you would like to find out how to make the most of appraisals. Jenny can be contacted on ext. (13) 6210 or jenny.lloydlyons@nhs.net

Thanks to everyone who completed our recent Appraisal satisfaction survey looking at the quality of appraisals. We are currently waiting to receive the final report and will be using the findings to identify areas for improvement.

[1]"Effective Human Resource Management & Lower Patient Mortality" by Carol Borrill and Michael West (2003), Aston Business School



East Sussex Healthcare NHS
NHS Trust

Theme of the week

Apprenticeships

At ESHT, we're investing in the future and want to provide all employees who seek further development with the tools and knowledge to do so. Apprenticeships combine practical training in a job with study and are a fantastic opportunity to develop within the workplace, opening doors to future career prospects. There's no age limit and there are no costs to employees.

What courses are available?

There are a wide variety of courses available at three different levels: Level 2 = GCSE level, Level 3 = A-level, Level 5 = Foundation degree:

- Business Administration (L2, L3 & L4)
- Customer Service (L2 & L3)
- Team Leading (L2—applicants should be supervising a small team)
- Management (L3 & L5—applicants should be working in a supervisory/management role, leading a team of 10 or more)
- Housekeeping (L2 only)
- IT User Skills (L2 & L3)
- Health & Social Care (L2 & L3)

We also have employees enrolled onto courses in healthcare support services, ATA accountancy, pharmaceutical services, health informatics and learning & development. New and exciting courses are being added throughout the year, so keep checking the extranet to see what is available, or get in touch with Learning & Development to find out.

What are the entry requirements?

To qualify for an Apprenticeship, you should be contracted to work 30 hours per week, although there is some flexibility for staff working fewer hours.

Some applicants will be required to complete 'functional skills' before they enrol on an Apprenticeship. Functional skills can upskill you to recognised levels of Maths, English and ICT to GCSE standards.

How long does an Apprenticeship last?

Typically, the course duration is between 12 to 18 months. On completion, a nationally recognised qualification will be awarded.

If an experienced member of your team is leaving, then why not bring in an Apprentice so they can pass on their valuable skills and experience before they leave?

Would I need to spend time at college?

Many courses have no day release requirements (unless you work in estates), making courses easily accessible. An assessor visits apprentices in the workplace every four to six weeks to ensure that everything is on track and there's agreement on what work should be completed before the next visit.

How much study will I have to do?

Some study time is given to you at work (a minimum of one hour per week). Most of the study is completed in your own time (around two—three hours a week if on a Business Administration L2 or L3 course, for example).

Interested?

To apply for an Apprenticeship, you will need to complete the external course nomination form which is available on the extranet. The completed form can be sent in the courier to Michael Hutchins, Learning and Development, Duncan House, Eastbourne DGH or emailed to michaelhutchins@nhs.net.

Michael is our Apprenticeships Administrator and the person to contact if you want to find out more before applying or if you are a manager thinking about offering an Apprenticeship in your department. Michael can be contacted on the email address above or telephone (13) 6284.

East Sussex Healthcare NHS

Theme of the week

Sepsis

In September, we held a 'Sock it to Sepsis' week to raise awareness of Sepsis and to launch a new screening tool on our acute sites. Whilst Sepsis can't be prevented, evidence shows that recognising the early symptoms and starting treatment quickly can save lives. Using the screening tool will improve patient outcomes, which is why it is so important that we continue our campaign to raise awareness of Sepsis.

Sepsis (previously known as septicaemia) is a life threatening condition where the body's response to an infection injures its own tissues and organs. It leads to shock, multiple organ failure and death, claiming 44,000 lives in the UK each year (more than breast, bowel and prostate cancer combined).

We need to do all we can to reduce the number of deaths caused by Sepsis. Not only will using the screening tool help us to save lives and improve patient outcomes but Sepsis is also now a CQUIN. This means there is money available to us if we meet our targets around screening, the use of IV antibiotics and subsequent review and so all clinical staff have a part to play in helping us to achieve this.

The screening tool has been rolled-out to the acute wards and work with our Emergency Departments is underway. Roll-out to paediatrics, maternity and community will follow.

Think Sepsis!

NEWS of 5 or above → Screen for Sepsis using tool

Could this be due to an infection?
YES ↓ NO → Low Risk Sepsis

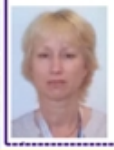
Is a Red Flag present?
YES ↓ NO → Any Amber Flags?
YES ↓ NO → Low Risk Sepsis

RED FLAG SEPSIS
Time critical, immediate action required

Any Amber Flags? YES ↓ Follow Amber Flag Protocol

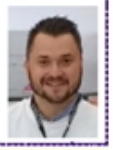
Look out for handy pocket-sized cards which summarise the above and the actions that should be taken within the hour (known as the Sepsis 6), coming out to you soon.

For more information or training, contact:



Janice Byrne,
Lead Sepsis Nurse:
janice.byrne1@nhs.net

Dr Petr Vondras,
Clinical Lead:
petr.vondras@nhs.net



East Sussex Healthcare NHS

Theme of the week

Using interpreters

All our interpreting services are now provided by Capita Translation and Interpreting. Information on how to access their services is available on the extranet.

Use of telephone interpreting

There is a common misconception that using telephone interpreting compromises the quality of patient care. This is not always the case as there are times when telephone interpreting can improve the quality of care delivered. For example, some patients spend avoidable time in our Emergency Departments waiting for a face to face interpreter, when they could have moved more quickly through the system with the use of telephone interpreting.

Telephone interpreting is available 24/7, 365 days a year and is very simple to use with no booking required. All that's needed is the PIN for the specialty and the site, and a telephone with a loudspeaker (or two handsets). You will be connected to a professionally qualified interpreter in less than a minute, though this can be longer for rarer languages.

Situations for face to face interpreting

There are some circumstances where telephone interpreting cannot be used and a face to face interpreter must be instructed:

- Where a conversation is likely to last longer than 30 minutes (the actual conversation, not the time the patient is accessing a service)
- If there is a child involved
- The patient lacks capacity (this includes recovery from an anaesthetic) or you need to determine capacity
- Breaking bad news
- Delivering complex information
- Sign language is the language being used.

Use of face to face interpreting

Face to face interpreters are available 24/7, 365 days a year and can be booked using the online portal or on the telephone. If you need to book an emergency interpreter please call Capita to ensure this is actioned immediately.

Booking a face to face interpreter on the day/ day before needed can result in an interpreter being unavailable, they must be booked as soon as you know they are required. This increases the chance of getting an interpreter for the time and date requested. All interpreters are freelance and work for other organisations so it may be necessary to move the appointment to ensure an interpreter is available, just as we did with our previous suppliers.

Would telephone interpreting be more appropriate for my patient?

Please consider whether your patient is suitable for telephone interpreting before making a booking. Each year, we spend over £100,00 on face to face interpreters for 15 minute appointments. Not only will using telephone interpreting appropriately improve patient care and avoid unnecessary delays to appointments, treatment and discharge, it will also help us to make financial savings.

For help and support

If your department does not have access to a suitable phone or you require further support in using the interpreting system, please contact Danii Clark on (14) 8353 or email Danielle.clark11@nhs.net

Information about booking interpreters, together with guidance on telephone interpreting, is available on the extranet.

Integrated Performance Report – Month 8 (November 2016)

Meeting information:			
Date of Meeting:	24th January 2017	Agenda Item:	11I
Meeting:	Trust Board	Reporting Officers:	Executive Directors

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:	.....		

Have any risks been identified ☐ *(Please highlight these in the narrative below)*	On the risk register?

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

There are four key performance areas which have agreed trajectories in place for performance over the 2016/17 financial year. These areas are strongly managed by NHSI and the CCGs and, in addition to measuring that we are providing high quality patient care, they are reputationally and financially important to the Trust.

These are: A&E (4 hours), RTT (18 week incomplete), Diagnostics (6 weeks), Cancer (62 days).

The Trust failed to reach the trajectory for all four areas in October (September for cancer as this is reported one month in arrears), although for Diagnostics this was marginal and the constitutional standard was delivered.

October	A&E	RTT	Diagnostics	Cancer
Trajectory	91.42%	92.3%	0.89%	81.9%
Actual	82.5%	85.6%	1.6%	82.5%

The Trust's financial plan, agreed with NHSI, has a £31.3m deficit control total, adjusted from the original plan of £48m through an increase in the efficiency challenge of £6m and additional funding from the Department of Health of £10.4m.

Financial performance in month 8 was £2.1m worse than plan, increasing the cumulative adverse variance to just under £8.0m. Key drivers for the adverse variance are as previously reported; , a shortfall on STF funding, the non-delivery of agency cost reductions, increased costs for the treatment of urgent and planned care patients above plan, and a shortfall in the delivery of cost improvement scheme savings. The Trust has developed a Financial Recovery Plan (FRP) as part of Financial

Special Measures (FSM), with support from NHS Improvement and PA Consulting, and is forecasting delivery of the full year planned deficit of £31.3m.

Stronger financial controls have been introduced as part of the FSM programme, including vacancy controls, 'no payment without purchase order' (NPWP) and a weekly review of non-pay spending requests.

Cash flow is extremely tight and monthly applications are being made to NHSI against an additional working capital facility of up to £5.8m, as agreed by the Finance & Investment Committee. In addition, a case has been made to NHSI for exceptional working capital based on the Trust's high level of aged creditors.

The capital programme remains under close and regular scrutiny to ensure that the Trust stays within its CRL and that planned capital expenditure is affordable in view of current constraints on cash. A funding bid is being developed for investment in ambulatory care services against limited central capital funding, as advised by NHSI.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Executive Director Meeting: 20/12/16
Finance Committee: 21/12/16

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

To review the report in full and note Trust Performance.

East Sussex Healthcare NHS
NHS Trust

Month 8 – November 2016

TRUST INTEGRATED PERFORMANCE REPORT

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East Sussex Healthcare NHS
NHS Trust

Contents

East Sussex Healthcare NHS
NHS Trust

November 2016

Key Issues

- **Three four of the key trajectories (A&E, RTT and Diagnostics) failed to meet the planned level of performance and are under the national targets.**
- **Cancer 62 Days met the trajectory but was short of the national target**
- **FFT response rates remain low but have seen improvements in inpatients**
- **The Trust's overall RAG rating under the revised NHSI criteria is red in month 8**

Key Risks

- **Delivery against the agreed trajectories for improvement against the 4 key constitutional standards**
- **Delivery against the agreed financial plan**

Safety & Quality: Legal actions from unintentional harm to patients would normally be covered by negligence, an area of English tort (civil) law, providing the remedy of compensation. Case law is extensive. Criminal action could be pursued if investigation judged intentional harm and remedies will vary according to severity.
Staff safety: The Health and Safety at Work Act etc 1974 June apply in respect of employee health and safety or non clinical risk to patients (usually reported under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995).

The Care Quality Commission (CQC) regulates Safety & Quality and quality of care and the CQC register and therefore license care services under the Health and Social Care Act 2009 and associated regulations. The health and safety executive regulates compliance with health and safety law. A raft of other regulators deal with safety of medicines, medical devices and other aspects.

Action: The board are asked to note and accept this report.

Quality and Safety

QUALITY AND SAFETY

1. Indicators
2. Serious Incidents, Never Events and Incidents
3. Friends and Family Test
4. Complaints
5. Mortality
6. Safer Staffing

East Sussex Healthcare NHS
NHS Trust

Indicators

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	This Yr	Last Yr	Var	
Total patients safety incidents reported	M	924	916	956	978	1054	1078	1012	1499	1799	1787	1396	1241	880	41.0%	10866	7094	34.7%	
% Patient safety incidents with no harm or near miss	70.0%	65.6%	67.0%	70.8%	67.8%	64.4%	66.9%	72.5%	84.1%	86.5%	84.5%	82.7%	80.3%	67.6%	12.7%	79.3%	66.5%	12.8%	
% Patient safety incidents causing severe harm or death	0	0.4%	0.2%	0.1%	0.7%	0.2%	0.2%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.3%	-0.2%	
Total Non-ESHT patients safety incidents reported	M	73	122	110	84	319	243	148	168	145	164	136	129	104	24.0%	1452	932	35.8%	
No of never events reported	0	1	0	0	0	1	0	0	0	0	0	0	0	3	-3	1	3	-2	
No of serious incidents reported	M	15	7	6	14	7	0	3	8	9	4	3	6	12	-6	40	82	-42	
No of moderate incidents reported	M	1	1	2	2	6	6	11	3	9	8	9	9	0		61	3	95.1%	
Total Falls per 1000 beddays	7	7.3	6.7	6.8	6.1	6.0	6.0	6.0	6.3	6.3	6.2	6.4	5.0	5.8	-0.8	6.0	6.6	-0.6	
Total falls reported	M	181	183	178	169	152	149	144	152	156	153	160	124	140	-11.4%	1190	1270	-6.7%	
No of falls no harm	M	122	119	122	118	97	101	99	109	116	92	115	80	97	-17.5%	809	821	-1.5%	
No of falls minor/moderate	M	59	64	56	51	55	48	45	43	40	60	45	44	43	2.3%	380	445	17.1%	
No of falls major/catastrophic	M	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	4	-3	
Falls Assessment Compliance	M					92.2%	93.9%	89.6%	91.4%	92.5%	85.2%	90.3%	85.6%			90.5%			
No of pressure ulcers grade 3 & 4 (trust acquired)	R	8	9	7	5	6	5	2	2	5	0	5	5	5	-1	29	44	-15	
No of pressure ulcers grade 2 (trust acquired)	R	53	53	54	73	62	45	51	32	46	53	54	57	51	6	400	464	0	
Pressure Ulcer Assessment Compliance	M					93.4%	86.0%	87.5%	92.0%	86.7%	94.0%	91.2%	95.8%			90.5%			
No of medication administration incidents	M	29	18	23	17	29	25	16	32	24	31	33	28	19	0	218	166	0	
Medication errors causing severe harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

East Sussex Healthcare NHS
NHS Trust

Indicators

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	This Yr	Last Yr	Var	
Observations completed on time (per protocol)	M	75.8%	76.3%	76.9%	76.8%	79.7%	80.7%	83.4%	82.5%	84.2%	83.2%	81.2%	82.1%	73.5%	8.6%	82.2%	69.8%	12.4%	
No of Cardiac Arrest calls		0	0	0	0	0	0	0	0	0	4	0	0	0		4	0	1	
No of MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	-4	
No of CDI cases	4	3	4	3	5	2	7	7	2	6	3	4	2	5	-3	33	33	0	
No of MSSA cases	M	1	0	2	1	2	0	2	1	0	4	1	1	0	1	11	3	8	
Safety thermometer overall score	92.0%	94.6%	95.3%	93.0%	94.0%	93.0%	93.6%	94.0%	95.4%	93.0%	95.0%	93.3%	93.6%	94.1%	-0.5%	6.1%	6.3%	-0.2%	
% of VTE risk assessments completed	95.0%	96.7%	96.5%	95.8%	94.8%	95.2%	97.9%	98.1%	97.9%	96.8%	97.0%	95.3%	96.9%	96.7%	0.2%	96.9%	96.3%	0.6%	
Emergency C-Section rate	9.0%	12.4%	16.0%	17.9%	12.8%	15.4%	13.4%	14.5%	12.6%	11.9%	17.4%	14.6%	16.0%	0.144	1.6%	14.4%	15.3%	-1.0%	
Mixed sex accomodation breaches	0	3	27	29	0	0	0	0	0	0	0	0	0	16	-16	0	71	-71	
Inpatient FFT Response rate	45.0%	12.87%	28.99%	13.15%	13.30%	14.01%	13.94%	16.97%	17.31%	14.89%	14.00%	21.37%	27.60%			17.5%			
Inpatient FFT Score (% positive)	96.0%	97.79%	97.00%	96.48%	95.51%	98.26%	97.29%	96.70%	96.75%	96.13%	96.61%	97.02%	97.07%			17.5%			
A&E FFT Response rate	22.0%	8.40%	7.69%	5.98%	6.98%	7.91%	6.40%	8.40%	7.69%	5.98%	6.98%	7.91%	6.40%			87.5%			
A&E FFT Score (% positive)	88.0%	84.11%	82.00%	81.91%	81.73%	82.80%	84.57%	84.11%	82.00%	81.91%	81.73%	82.80%	84.57%			87.5%			
Maternity FFT Response rate	45.0%	21.93%	27.84%	20.05%	24.22%	29.19%	11.59%	33.21%	25.25%	29.03%	30.25%	26.70%	46.40%	0	46.4%	29.3%	28.7%	0.6%	
Maternity FFT Score (% positive)	96.0%	95.76%	94.23%	89.76%	92.93%	90.21%	92.45%	93.72%	96.65%	92.86%	94.84%	96.08%	92.57%	0	92.6%	94.2%	96.6%	-2.5%	
No of complaints reported	R	42	41	56	55	75	55	58	46	56	53	53	54	47	14.9%	450	509	13.1%	
All ward moves	M	2308	2254	2316	2331	2304	2345	2265	2314	2304	2282	2216	2208	2377	-7.1%	18238	18329	-0.5%	
Night ward moves	M	475	462	461	512	470	435	409	416	445	399	373	410	411	-0.2%	3357	3555	-5.9%	
Crude Mortality Rate	M	2.0%	2.1%	1.8%	2.3%	2.0%	1.7%	1.5%	1.4%	1.4%	1.4%	1.9%	1.5%	1.9%	-0.4%	1.6%	1.7%	-0.1%	
HSMR (CHKS)	100	110	102	106	97	112	100	98											
SHMI (CHKS)	100	83	77	80	75	85	72	74	64										

Note: SHMI shown is month by month index score and not rolling 12 months.

East Sussex Healthcare NHS Trust

Quality Overview

There were 6 serious incidents reported as occurring in November

No new Never Events have been reported.

Infection control reported no incidents of MRSA in November but there was 1 MSSA and 2 reported cases of CDIFF

The emergency caesarean remains above the target level.

No overnight mixed sex accommodation breaches were reported

FFT inpatient response rate continued to improve in November following review of the system.

There were 5 grade 3 and 4 Pressure Ulcers this month:

- 3 x grade 3's – Benson Ward, Seaford 3 and Rye hospital
- 2 x grade 4's – both acquired in patients home

We are doing an in depth review on the 4 highest wards with PU in Dec and January with the wards and the PU lead for the trust. This is part of the improvement scheme.

2. Serious Incidents and Never Events

Of the 6 new serious incidents reported in November two related to treatment delays, two were related to VTE and the others related to infection control and a maternity incident.

There are currently 42 serious incidents within the system.

Following the recent “close the loop” review the outstanding actions and recommendations are being followed through to ensure robust learning and embedded changes as a result of serious incidents and never events.

East Sussex Healthcare NHS Trust

Incidents

The steep increase in incidents (per 1000 bed days) reported previously has now decreased.

- Approximately 80% of all patient safety incidents are in the “no harm/near miss category”

3. FFT

Improvements have been seen in the inpatient and maternity response rates. A review and visit to the lowest wards to discuss the process and demonstrate the rich feedback it provides, and reconfiguring the data and reporting to ensure inpatient areas do not include areas where there is out -patient activity. Further work is on-going to improve with a league table shared with wards/departments, ensuring they use the data collected . The postcard system has begun in A&E and this is hoped to have a positive impact. The team are working with Information Management to develop automation.

4. Complaints

The revised complaint handling procedure was officially launched by the Chief Executive on 30 November 2016

54 new complaints were received in November

The complaints backlog has increased slightly since August data. The number overdue is now at 32 in November (69 in March 2016) and there are 136 open complaints.

100% of all complaints reported in November were acknowledged within 3 working days. There were 13 re-opened cases in November where the complainant did not feel all original concerns were answered.

In November, we received two contacts from the PHSO; one of the contacts was an initial enquiry, whilst the other was notification that they would be investigating one of the complaints they had received.

Key themes / trends from complaints in November are:

- Overall standard of care
- Lack of confidence in the delivery of care
- Lack of communication (verbal and written) specifically in Urgent Care and Surgery
- Missed diagnosis in Urgent Care and Surgery
- Delay/access to treatment
- Appointment issues mainly in Surgery and Specialist Medicine
- Verbal information for family and relatives

East Sussex Healthcare NHS
NHS Trust

5. Mortality

The latest SHMI was released in December. The Trust remains at 1.11 and is currently within the EXPECTED range.

Quality Improvement Programme continues to be undertake targetted work on Mortality and Morbidity including VTE and Sepsis.

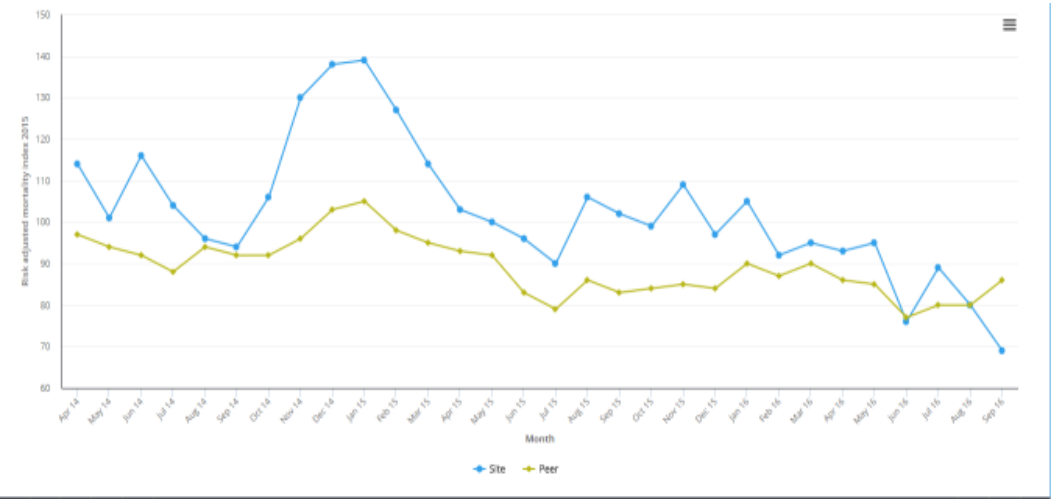
SHMI for the period July 2015 to June 2016 has just been published and remains at 1.11. The Trust is currently within the EXPECTED range.

October 2015 to September 2016 RAMI (rolling 12 months) is 92 compared to 113 for the same period last year (October 2014 to September 2015). This is down from 94 last month.

RAMI shows a September position of 69 compared to a peer value of 86. This has improved since the August position of 80 against a peer value of 80

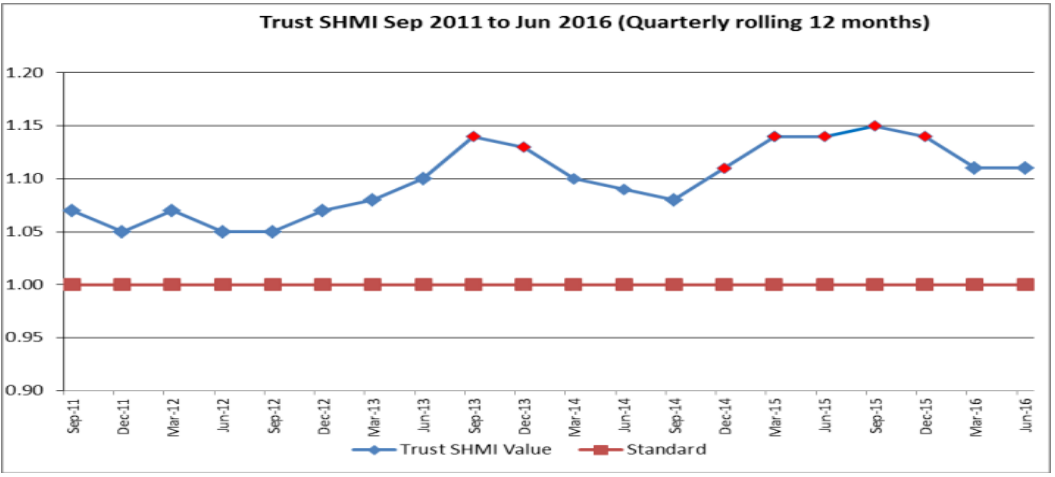
Crude mortality shows October 2015 to September 2016 at 1.85% compared to October 2014 to September 2015 of 1.88%

RAMI 2015



Main causes of death during November 2016	
Pneumonia	40
Sepsis	13
Respiratory failure	6
Congestive cardiac failure	5
Multi organ failure	4
Acute kidney injury	3

SHMI (Rolling 12 months)



Deaths reviewed within 3 months	Jun-16	Jul-16	Aug-16
TRUST	78%	71%	71%

6. Safer Staffing

	Day		Night	
Site Name	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
BEXHILL HOSPITAL	86.5%	116.6%	93.3%	133.9%
CONQUEST HOSPITAL	96.0%	108.0%	99.1%	109.6%
CROWBOROUGH BIRTHING CENTRE	0.0%	0.0%	0.0%	0.0%
EASTBOURNE DISTRICT GENERAL HOSPITAL	99.7%	107.5%	99.4%	112.9%
MASTER'S HOUSE	0.0%	0.0%	0.0%	0.0%

Access & Delivery

ACCESS AND DELIVERY

1. Indicators
2. Elective Care
3. Emergency Care
4. Cancer

East Sussex Healthcare NHS
NHS Trust

Indicators

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
A&E Performance (4 hour wait)	95.0%	85.6%	84.2%	84.8%	79.0%	83.9%	85.0%	83.2%	82.6%	79.5%	80.5%	78.1%	82.4%	88.4%	-6.0%	81.9%	90.5%	-8.6%	
A&E 12 Hour trolley waits	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	3	1	2	
A&E Unplanned re-attendance	5.0%	3.0%	3.0%	3.4%	3.0%	3.3%	3.3%	2.8%	3.0%	2.9%	3.0%	3.1%	3.0%	2.9%	0.0%	3.1%	3.1%	0.0%	
A&E Time to Initial Assessment (% Ambulance conveyan	M	95.0%	92.2%	92.1%	88.5%	94.3%	93.1%	90.7%	91.8%	90.1%	90.6%	89.6%	92.1%	96.0%	-3.9%	91.5%	95.9%	-4.4%	
A&E Time to Treatment (% within 60 Minutes)	M	49.6%	52.4%	48.1%	42.0%	47.0%	40.1%	36.6%	36.7%	36.7%	38.8%	39.5%	43.5%	53.9%	-10.3%	39.8%	50.4%	-10.6%	
A&E Left before seen	M	1.6%	2.1%	2.6%	2.7%	2.1%	2.2%	1.3%	1.4%	1.4%	1.2%	1.2%	1.5%	1.3%	0.2%	1.5%	1.8%	-0.3%	
Non Elective Conversion Rate	M	27.5%	27.5%	26.8%	24.8%	26.5%	24.6%	25.1%	23.5%	23.4%	23.1%	24.8%	26.5%	26.7%	-0.1%			#VALUE!	
A&E Cubicle Waiters (average number per day)	M	50	51	51	51	48	51	50	51	52	53	46	47	47	0	57	58	-1	
Number of zero LOS NEL Ambulatory admissions	R	600	564	631	555	656	610	594	562	521	403	519	502	601	-16.5%	4367	5703	-30.6%	
% Zero LOS NEL Ambulatory admissions	M	40.7%	40.8%	41.4%	37.9%	43.4%	40.5%	39.5%	38.4%	36.9%	31.4%	37.6%	35.3%	41.6%	-15.3%	38.0%	43.8%	-5.8%	
Total Non Elective Beddays	M	23146	25732	24170	25700	23644	22663	21629	21928	22984	22663	22876	22542	22360	0.8%	180929	174690	3.4%	
RTT Incomplete (%patients waiting over 18 weeks)	92.0%	92.1%	92.1%	92.2%	90.5%	90.2%	90.7%	89.5%	88.5%	87.5%	86.7%	85.7%	85.6%	92.8%	-7.2%	88.0%	93.7%	-5.7%	
RTT Backlog (number of patients waiting over 18 weeks)	M	2198	2273	2268	2823	2936	2931	3399	3791	4239	4534	4809	4714	2010	134.5%	229553	197740	13.9%	
RTT 52 Week waiters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RTT 35 week waiters	0	20	44	74	84	112	140	172	185	180	245	320	275	23	252	1629	59	1570	
Diagnostic performance (% patients waiting over 6 weeks	1.0%	2.0%	3.8%	2.4%	6.7%	2.9%	2.7%	2.6%	2.2%	3.0%	2.5%	0.9%	1.6%	1.0%	0.7%	97.7%	98.3%	-0.6%	

Indicators

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
Cancer 2WW standard	93.0%	91.9%	92.5%	94.9%	96.9%	96.0%	95.6%	96.5%	97.1%	97.3%	97.1%	97.2%		89.9%		96.7%	90.5%	6.2%	
Cancer 2WW standard (Breast Symptoms)	93.0%	90.0%	99.1%	93.0%	90.0%	93.2%	98.5%	96.9%	95.8%	95.8%	96.9%	97.2%		88.5%		96.4%	88.1%	8.3%	
Cancer 31 Day standard	96.0%	98.3%	96.9%	98.8%	99.3%	98.5%	99.4%	98.3%	97.7%	99.1%	98.8%	98.7%		97.4%		98.7%	97.4%	1.3%	
Cancer 31 Day subsequent drug treatment	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	0.0%	
Cancer 31 Day subsequent surgery	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%		100.0%		98.8%	100.0%	-1.2%	
Cancer 62 day urgent referral standard	85.0%	80.6%	73.0%	70.5%	79.4%	67.6%	68.3%	82.3%	75.3%	79.5%	72.6%	82.5%		75.4%		75.8%	74.8%	1.0%	
Cancer 62 day screening standard	90.0%	60.0%	33.3%	100.0%	42.9%	100.0%	66.7%	62.5%	100.0%	88.9%	85.7%	91.7%		54.5%		84.4%	81.3%	3.1%	
Urgent operations cancelled for a 2nd time	0	1	1	2	1	0	0	0	0	0	0	0	1	1	0	1	1	0	
Proportion of patients not re-booked within 28 days of las	0.0%	0.0%	0.0%	5.7%	6.6%	0.0%	0.0%	0.0%	2.4%	0.0%	3.8%	3.8%				1.6%	3.8%	-2.2%	
Delayed Transfer of Care	3.5%	7.5%	7.5%	10.8%	9.4%	5.3%	5.7%	7.0%	7.7%	8.0%	9.7%	9.7%	7.6%	7.9%	-0.3%	7.6%	6.9%	0.6%	
Outpatient appointment cancellations < 6 weeks	R	41	21	21	18	14	29	47	34	37	30	41	44	29	51.7%	276	270	2.2%	
Outpatient appointment cancellations > 6 weeks	R	1287	1064	1134	1554	1126	1018	1263	1411	1502	1275	1245	1233	977	26.2%	10073	9748	3.2%	
% Spending 90% time on Stroke Ward Monthly Monitorin	90.0%	89.6%	93.5%	98.0%	93.1%	100.0%	95.2%	90.9%	92.2%	93.9%	94.4%	92.3%	0.0%	89.6%	-89.6%	93.7%	89.6%	4.1%	
Stroke:% to Stroke Unit <4hrs Monthly Monitoring	88.0%	83.3%	80.0%	77.6%	77.6%	81.1%	76.2%	80.5%	76.5%	93.9%	83.3%	76.9%	100.0%	80.9%	19.1%	80.9%	79.9%	1.1%	
Stroke: % scanned <1hr of arrival Monthly Monitoring	95.0%	81.3%	84.8%	85.7%	84.5%	89.2%	78.6%	81.8%	86.3%	93.9%	88.9%	92.3%	100.0%	85.4%	14.6%	86.2%	79.3%	6.9%	
Stroke: % scanned <12hr of arrival Monthly Monitoring	99.0%	100.0%	100.0%	100.0%	96.6%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	2.1%	99.6%	97.8%	1.8%	

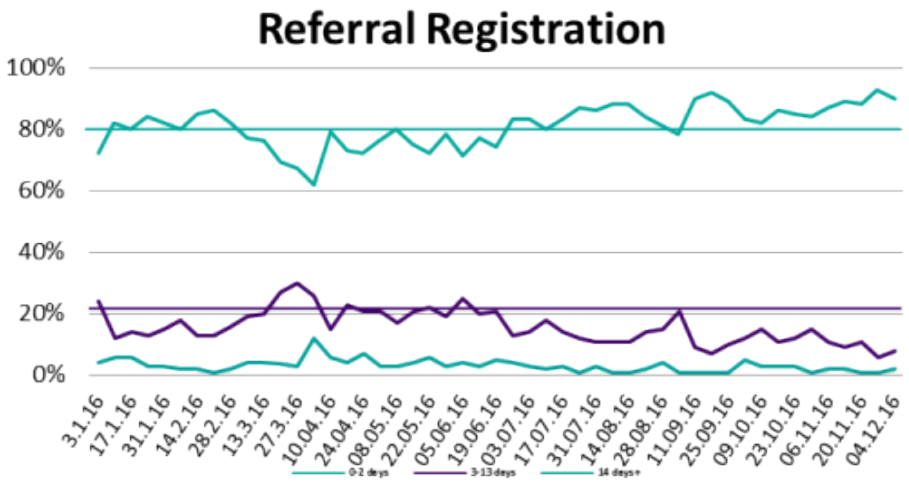
East Sussex Healthcare NHS Trust

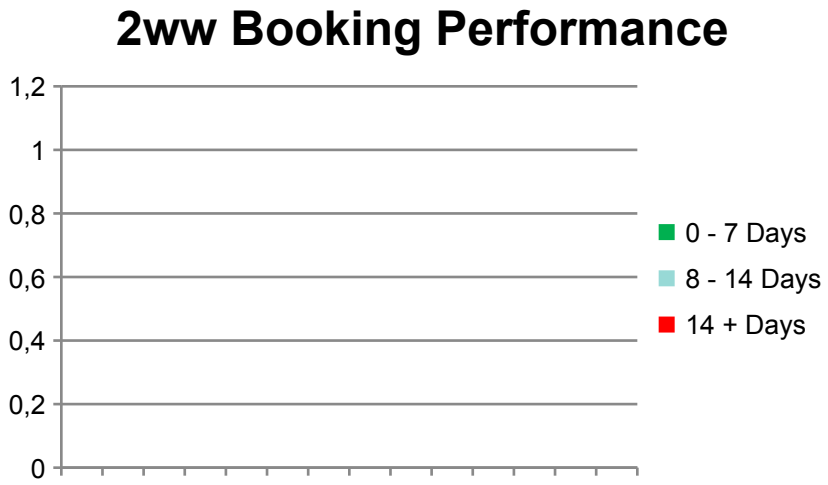
Access and Delivery overview

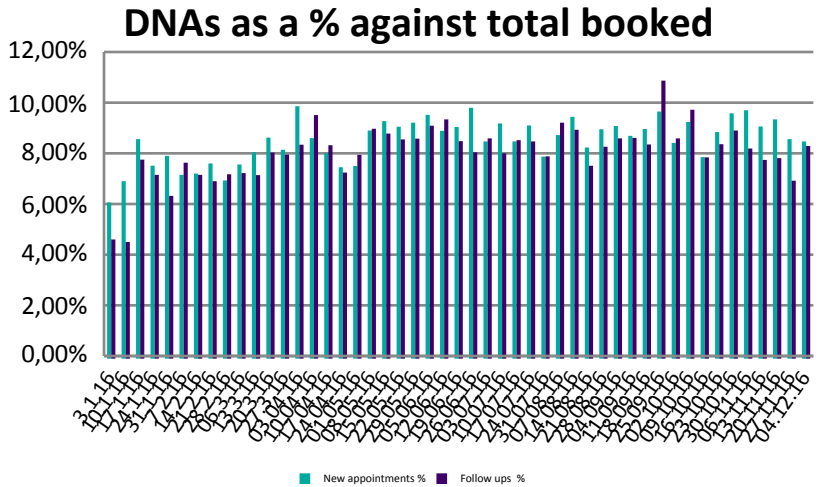
- The trust remains challenged against the key constitutional targets and trajectories
- A&E performance was 82.5% against the 95% standard
- RTT incompletes was 85.7% against the 92% standard
- Diagnostics achieved 2.6% against the 1% target
- Cancer 62 Days achieved 82.5% against the 85% standard (for September, one month in arrears)
- 2 urgent operations were cancelled for a second time
- Delayed transfers of care improved marginally to 7.6%
- A&E attendances remain high (6.1% higher than November 2015 and 4.9% higher year to date

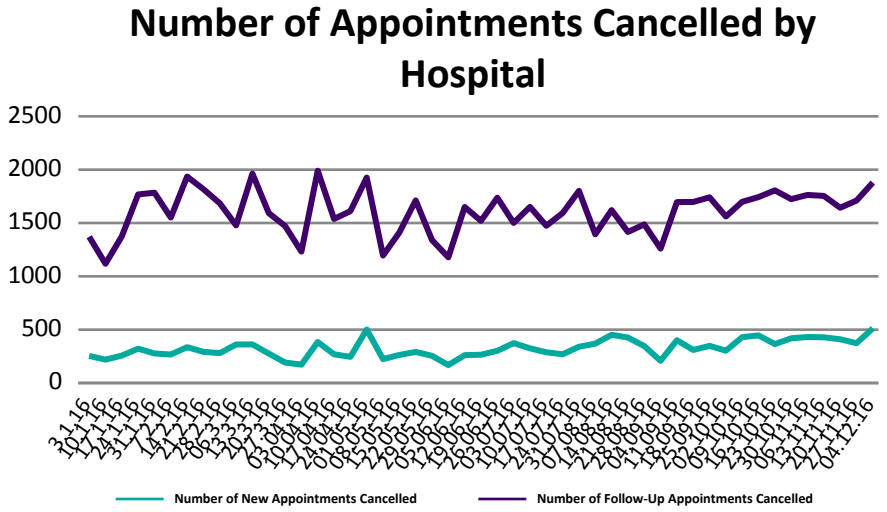
ELECTIVE CARE

Outpatients

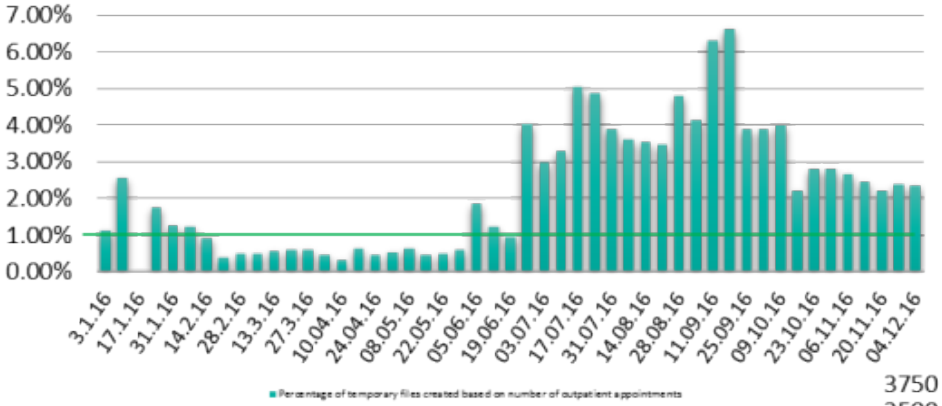








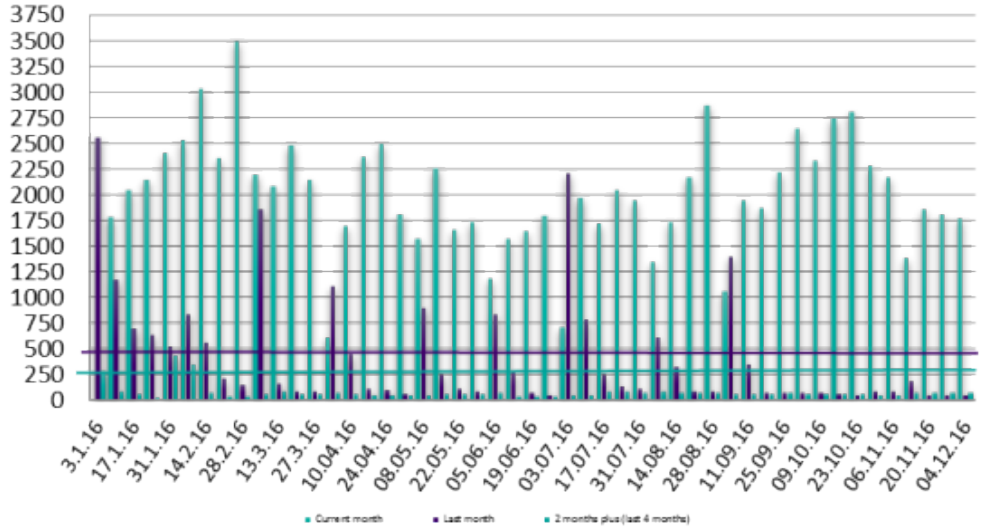
Percentage of temporary files created based on number of outpatient appointments



Temporary notes have decreased as anticipated following the prolonged transfer of notes and reduction in temporary staff.

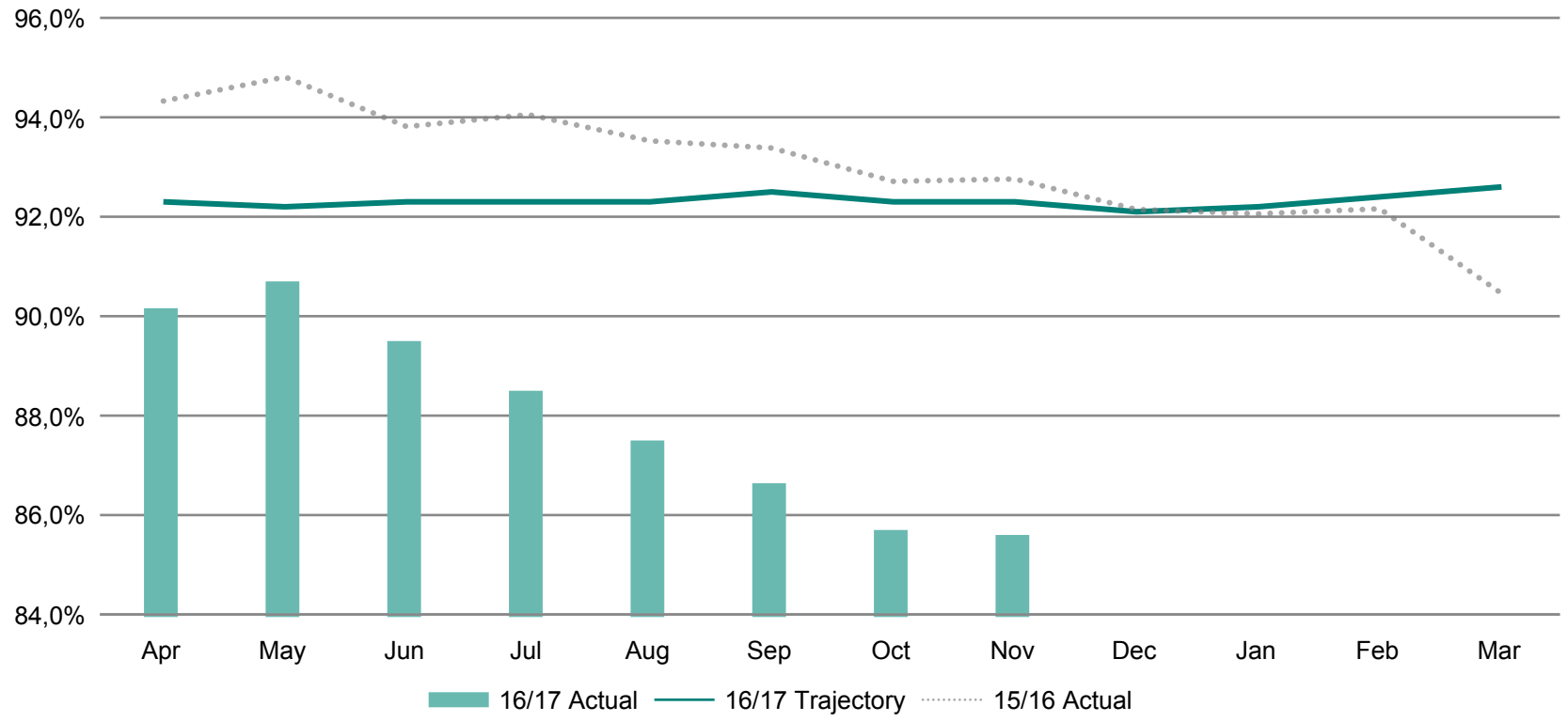
Incomplete cashing up is continuing to improve.

Incomplete cashing up



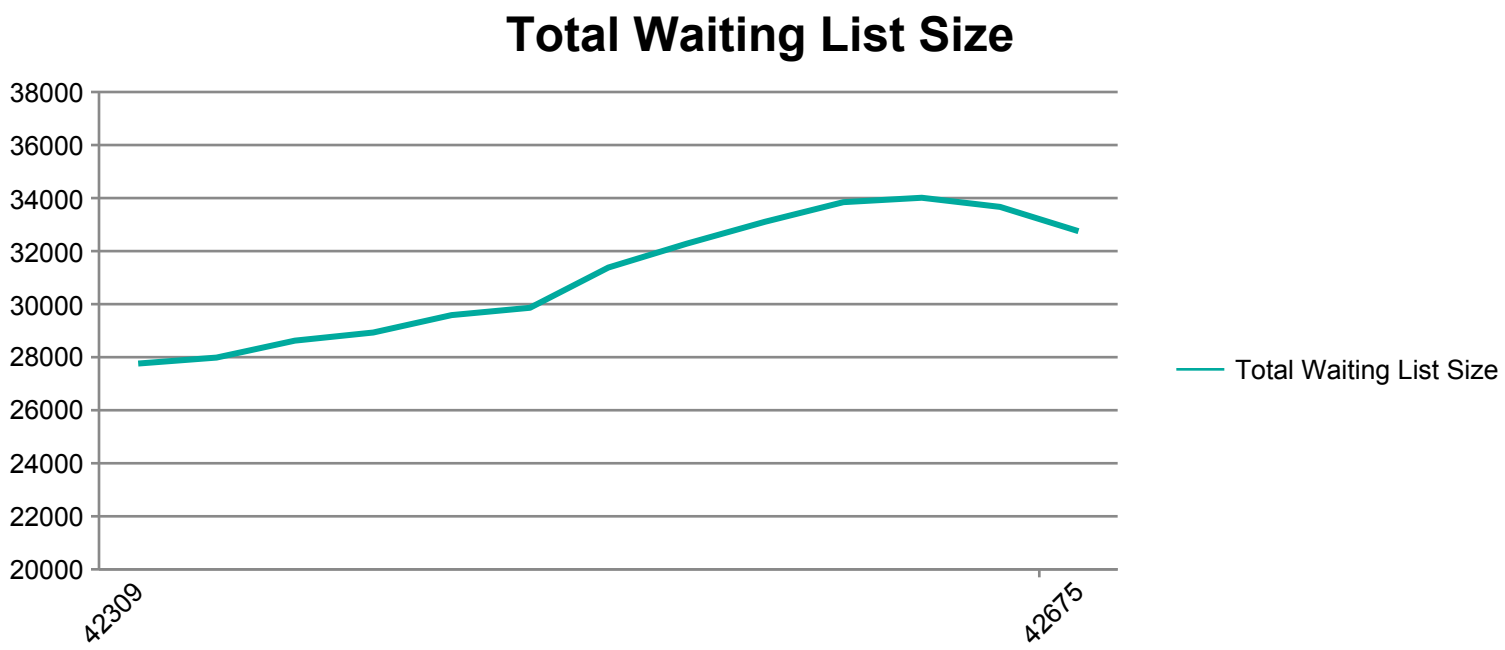
2. RTT

November performance was 85.6% against the trajectory of 92.3%. This represents a marginal decline in performance from October, but shows a slowing down of previous decreases.



Specialty	Breaches	NonBreaches	Total Cases	Performance	
General Surgery	446	3919	4365	89.78%	
Urology	282	2135	2417	88.33%	
Trauma & Orthopaedics	425	2154	2579	83.52%	
Ear, Nose & Throat (ENT)	649	2803	3452	81.20%	
Ophthalmology	621	3513	4134	84.98%	
Oral Surgery	138	1849	1987	93.05%	
Neurosurgery	1	0	1	0.00%	
Plastic Surgery					
Cardiothoracic Surgery					
General Medicine	2	40	42	95.24%	
Gastroenterology	329	1723	2052	83.97%	
Cardiology	77	1789	1866	95.87%	
Dermatology	3	805	808	99.63%	
Thoracic Medicine	108	521	629	82.83%	
Neurology	344	1129	1473	76.65%	
Rheumatology	16	322	338	95.27%	
Geriatric Medicine	3	375	378	99.21%	
Gynaecology	584	2060	2644	77.91%	
Other	686	2900	3586	80.87%	
Totals	**4714**	**28037**	**32751**	**85.61%**	

The total waiting list size has shown a reduction over the previous two months which reflect the progress being made in the action plans within the specialties.



RTT

The RTT position remains challenging but has held fairly stable against the October position during November.

Trust is currently projecting partial recovery to c88% by March '17 and full recovery to 92% by December '17. Recovery plans for full recovery still in development.

Revised weekly PTLs will begin in the new year with addition trustwide meetings also taking place. This will give enhanced support to the specialties to help delivery the required RTT performance.

Ophthalmology - An external provider has begun work with the Trust to reduce patient waits. The initial phase has concentrated on new outpatients and will run for 8 weeks. Delivery is currently on target and waiting list has reduced by approximately 1000 patients. It is anticipated that collaboration with this provider will continue to manage the patients through their full pathway.

Gynaecology – Delivery against Outpatient recovery by November has not been realised. The service have identified additional clinics up to the end of March to see a further 500 outpatients. 650 additional IP/DC are required for full recovery, the service have currently identified capacity for 100. The service are in discussion with the 18 Weeks Support company to help provide additional capacity.

Neurology – Capacity increased through appointment of consultant and use of locum. Recovery expected by late February

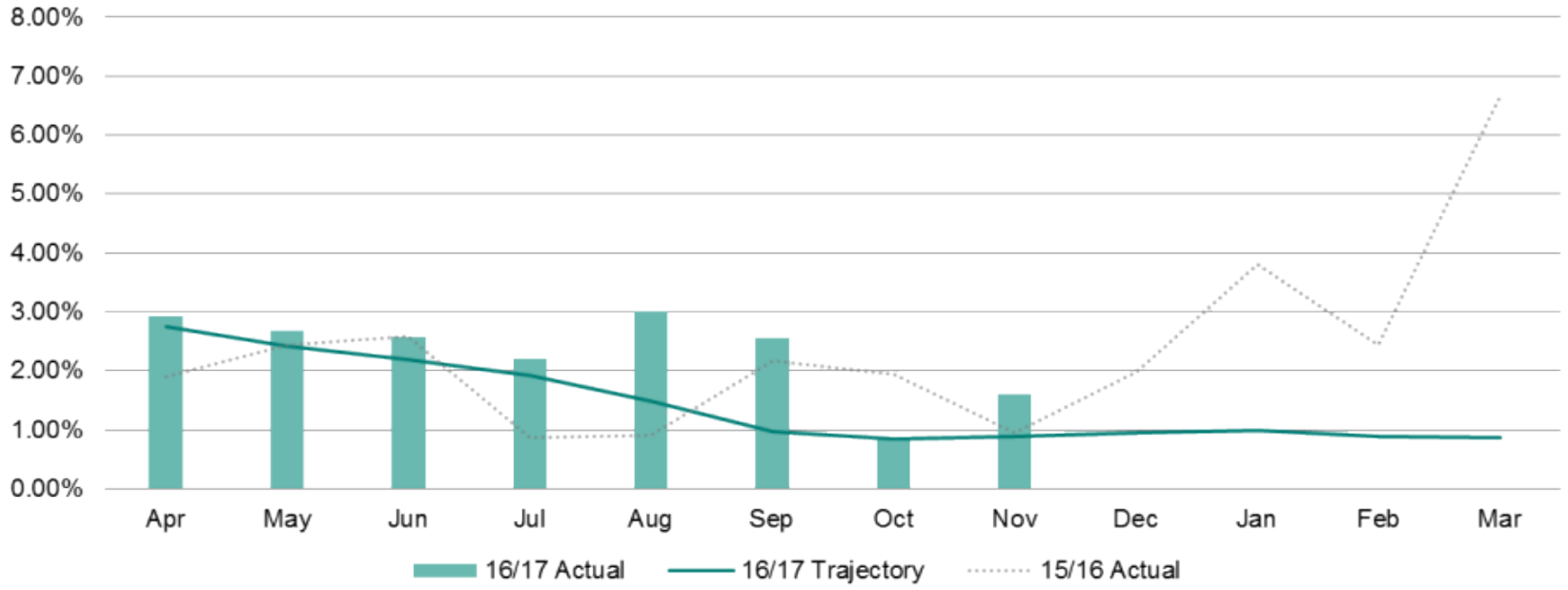
Gastroenterology and Thoracic Medicine waiting lists have grown and require further internal review to establish an appropriate recovery plan.

ENT, Surgery and Urology – Identifying and securing additional capacity for IP/DC continues to be a challenge both internally and through external providers. The Trust is beginning to scope capacity available from providers outside of area.

East Sussex Healthcare NHS Trust

Diagnostics

Diagnostics failed to meet the 1% standard with a performance of 1.6% in November. This exceeded the 0.89% trajectory. The breaches were predominantly due to radiology (ultrasound) vacancies throughout the month. Additional locum support has been brought in for December with a view to preventing further recurrence of the issues.



East Sussex Healthcare NHS
NHS Trust

EMERGENCY CARE

Sitrep November 2016/17

Conquest Hospital, Hastings

A&E Attend (Type 1)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases			Number	Number
4,406	1,730	1,395	1,471	1,395	734	83.3%	128	0

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	28				No Info	No Info

Eastbourne District General Hospital

A&E Attend (type 1)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases			Number	Number
4,583	1,464	2,271	1,184	2,271	849	81.5%	316	0

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	39				No Info	No Info

East Sussex Healthcare Trust

A&E Attend (Type 1, 2 and 3)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases			Number	Number
8,989	3,194	3,666	2,655	3,666	1,583	82.4%	444	0

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	67				No Info	No Info

Sitrep YTD M8 2016/17

Conquest Hospital, Hastings

A&E Attend (Type 1)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases				
39,560	14,942	12,143	12,313	12,143	7,868	80.1%	1,301	2

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	No Info				No Info	No Info

Eastbourne District General Hospital

A&E Attend (type 1)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases				
39,797	11,669	18,736	9,443	18,736	6,673	83.2%	1,753	2

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	No Info				No Info	No Info

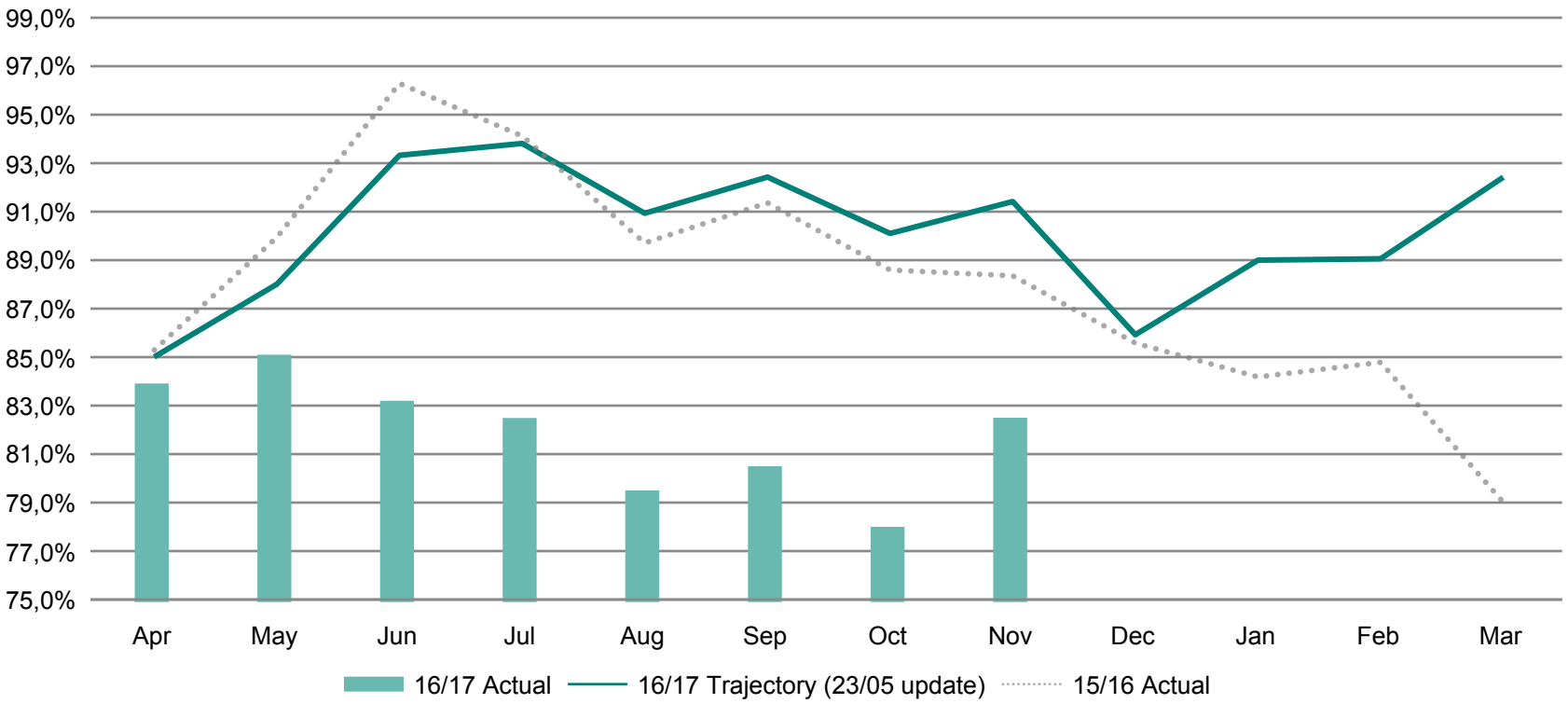
East Sussex Healthcare Trust

A&E Attend (Type 1, 2 and 3)	Admissions				Over 4 Hrs in A&E	% less than 4 Hrs	4-12 Hrs Trolley Waits	>12 Hrs Trolley Waits
	Emergency	Emergency Thru A&E	Ordinary	Day Cases				
79,357	26,611	30,879	21,756	30,879	14,541	81.7%	3,054	4

Total Beds (Adult G&A)	Occupied Beds Thursday	Medical Beds	Medical Outliers (avg per day)	Cancelled Surgery			Critical Beds Open	Critical Beds Occupied
				Elective	Urgent Elective	2nd Urgent Elective		
No Info	No Info	No Info	No Info				No Info	No Info

East Sussex Healthcare NHS Trust

A&E Trajectory

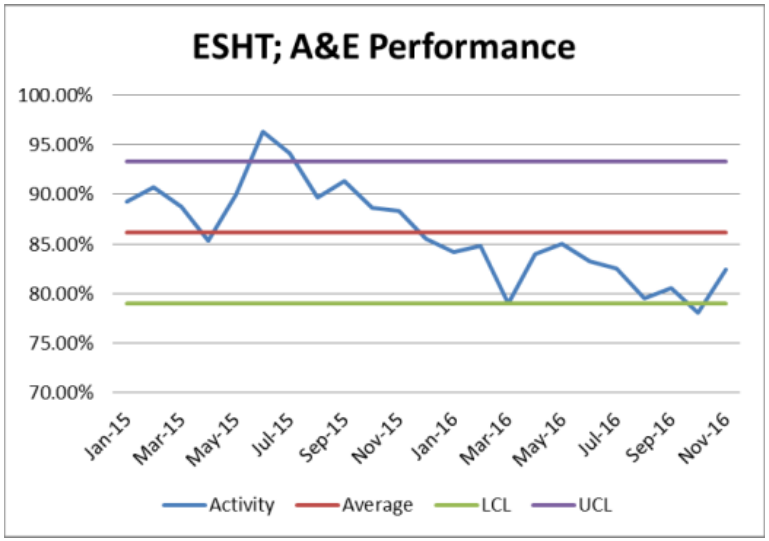


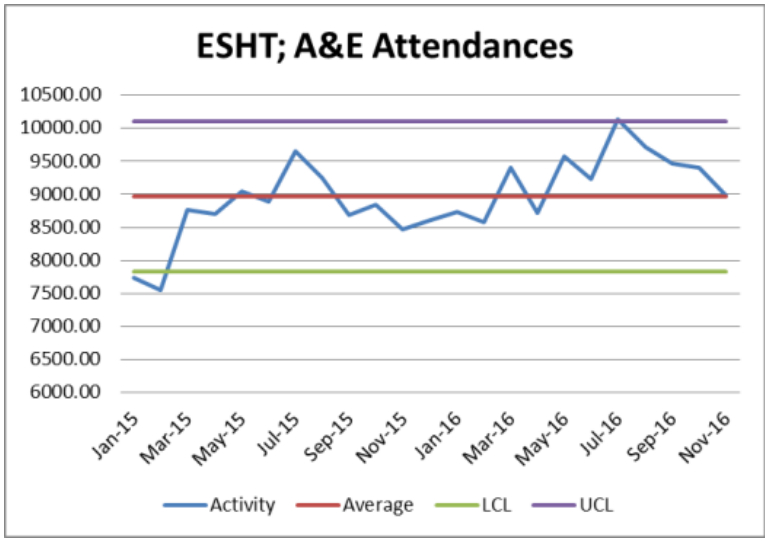
A&E

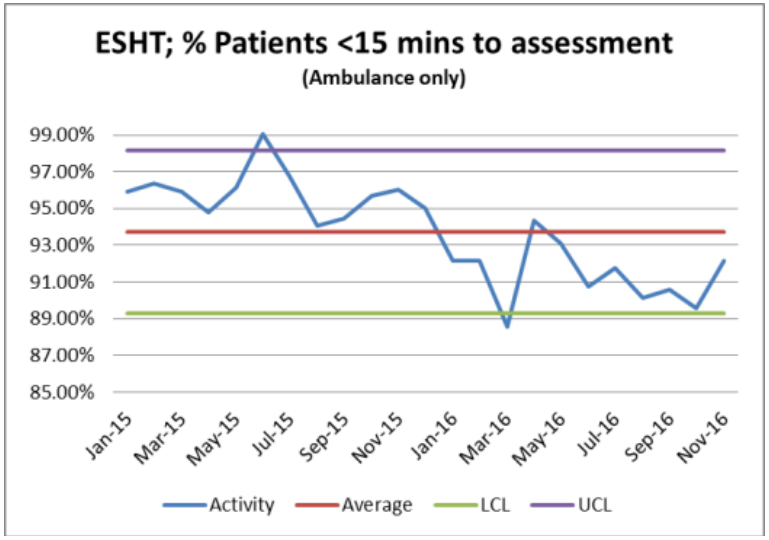
A&E performance showed an improvement in November

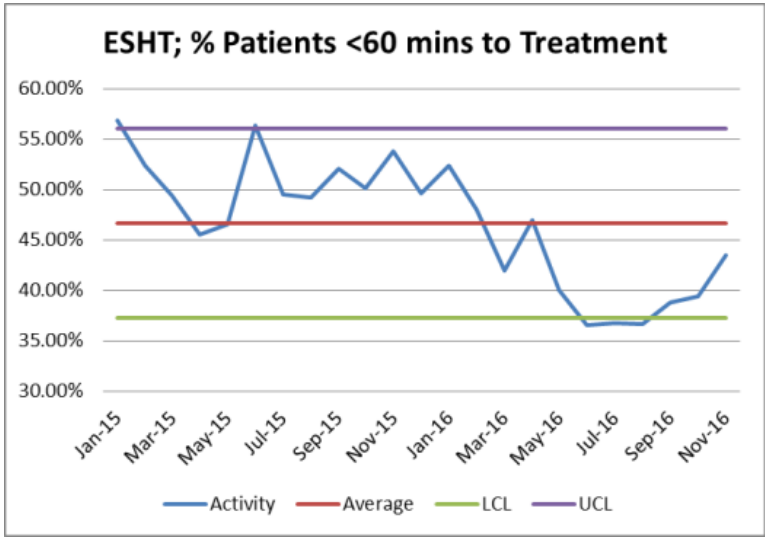
Attendances were remain on the increase across both sites by 4.9% on the year to date figure and 6% against the same month last year.

An A&E Improvement Plan is in place and monitored weekly against the 9 improvement areas to ensure the anticipated impact is being realised. Streaming in particularly has shown a marked improvement in the number of minors breaches.


ESHT; A&E Performance
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Activity
Average
LCL
UCL


ESHT; A&E Attendances
10500.00
10000.00
9500.00
9000.00
8500.00
8000.00
7500.00
7000.00
6500.00
6000.00
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Activity
Average
LCL
UCL


ESHT; % Patients <15 mins to assessment
(Ambulance only)
99.00%
97.00%
95.00%
93.00%
91.00%
89.00%
87.00%
85.00%
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Activity
Average
LCL
UCL


ESHT; % Patients <60 mins to Treatment
60.00%
55.00%
50.00%
45.00%
40.00%
35.00%
30.00%
Jan-15
Mar-15
May-15
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Activity
Average
LCL
UCL

Progress against the 5 key work streams continues

A&E Process Improvements :

- Streaming to medicine embedded, paediatrics coming on line although capacity and bed availability issues at EDGH
- An improvement lead appointed for each site to lead on evidence based initiatives to support patient flow through the departments

Revised Medical Model:

- Business cases for physical refurbishments required for AMUs being developed by estates team
- ECIP will support the Trust in right sizing the assessment areas

Patient Flow and discharge Planning

- All adult inpatient wards (excluding maternity) are giving EDDs to patients

Develop Right Size Capacity

- 13 beds are now available and in use at Hastings Court Nursing Home. This will progress to 19 as resources become available
- Negotiations ongoing with other nursing home/hospice providers

Strengthen Governance

- UEC Board meeting monthly
- ED Dashboard populated by BI

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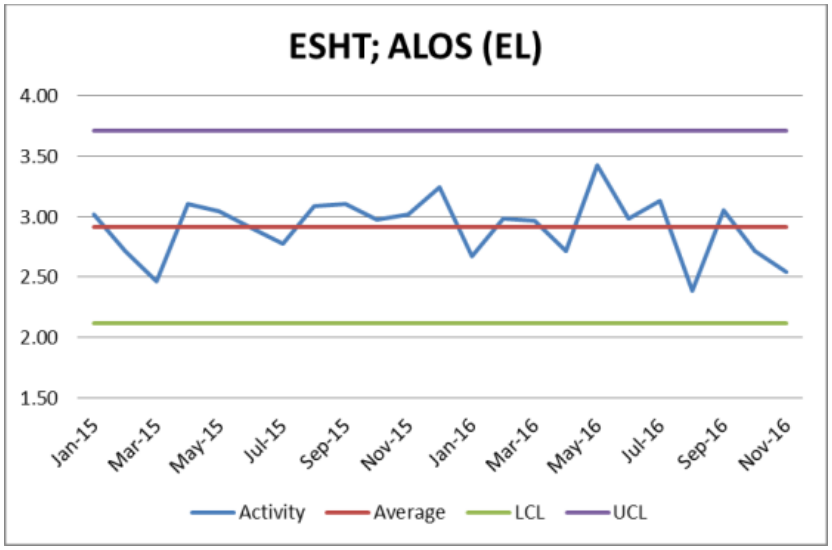
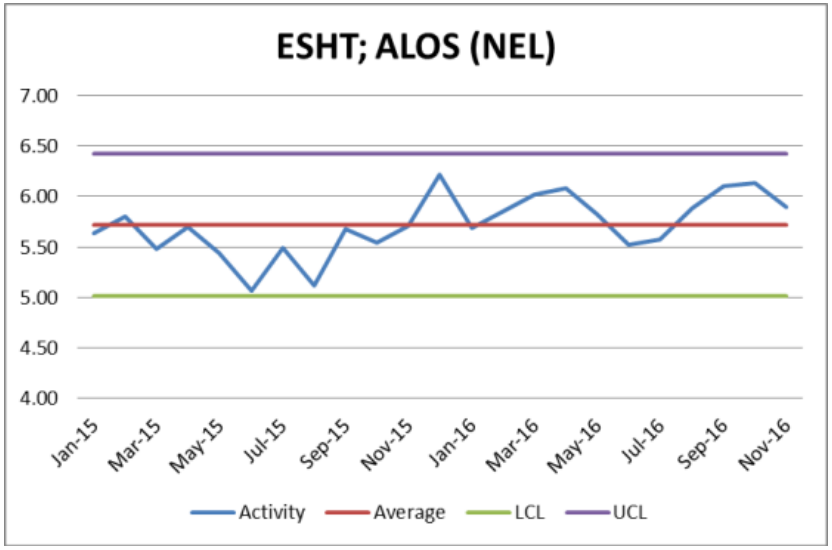
NHS Trust





A key challenge for us is that our lengths of stay have increased across the board and that we have too many patients who do not need an acute hospital bed. This is not solely due to external factors – there are a number of ways in which we can improve the situation and are working to do so, including:

- Increasing the successful support of community based teams such as frailty, crisis response, and HIT
- Piloting the 'SAFER' discharge bundle which will be rolled out across the wards
- Establishing a firm 'expected date of discharge' for all patients
- Conducting Board and Ward rounds by consultants on all wards earlier in the day to achieve earlier discharges
- Reinforcing our policy that patients cannot opt to stay in hospital beds if there are appropriate and safe places to which they can be discharged or transferred
- Working with social services and CCGs to increase the out-of-hospital care capacity

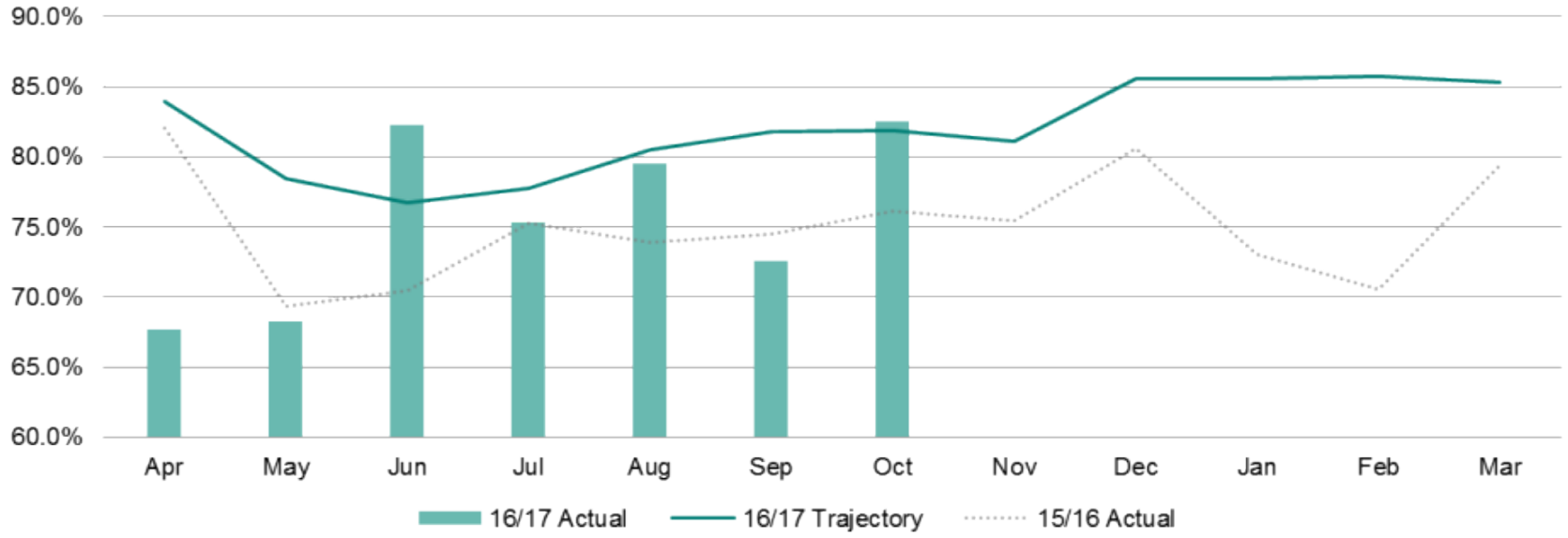
CANCER

CANCER

Achieved: 2 week wait

Achieved: 31 Day Standard

Did not achieve trajectory for 62 Day Standard but did achieve 82.5 against trajectory target of 81.9%



62 Days by tumour site

October 2016 2WW Ref to First Treatment 62 Days													
Site	Seen/Treated			On Target			Breaches			Compliance			Target
	Conq.	EDGH	All	Conq.	EDGH	All	Conq.	EDGH	All	Conq.	EDGH	All	
Breast Cancer	8.0	7.0	15.0	8.0	6.0	14.0	0.0	1.0	1.0	100 %	85.7 %	93.3 %	85 %
Colorectal	10.5	1.0	11.5	6.0	1.0	7.0	4.5	0.0	4.5	57.1 %	100 %	60.9 %	85 %
Gynaecology	1.5	1.5	3.0	0.0	1.5	1.5	1.5	0.0	1.5	0.0 %	100 %	50.0 %	85 %
Haematology	3.0	3.0	6.0	3.0	3.0	6.0	0.0	0.0	0.0	100 %	100 %	100 %	85 %
Head & Neck	0.5	0.0	0.5	0.5	0.0	0.5	0.0	0.0	0.0	100 %		100 %	85 %
Lung	5.5	5.5	11.0	5.0	4.0	9.0	0.5	1.5	2.0	90.9 %	72.7 %	81.8 %	85 %
Other	1.0	0.0	1.0	1.0	0.0	1.0	0.0	0.0	0.0	100 %		100 %	85 %
Skin	5.5	23.0	28.5	5.5	23.0	28.5	0.0	0.0	0.0	100 %	100 %	100 %	85 %
Upper GI	1.0	4.0	5.0	0.0	3.0	3.0	1.0	1.0	2.0	0.0 %	75.0 %	60.0 %	85 %
Urology	3.5	23.5	27.0	2.0	17.0	19.0	1.5	6.5	8.0	57.1 %	72.3 %	70.4 %	85 %
Total	40.0	68.5	108.5	31.0	58.5	89.5	9.0	10.0	19.0	77.5 %	85.4 %	82.5 %	85 %

Completed Actions

Waiting times for Endoscopy now improved with additional capacity opened. Consultant staffing remains an issue and Locums are currently being appointed with substantive posts being finalised.

Bid to NHSI successful; funding stream into CCG currently being confirmed in order to commence appointment and purchase process for Radiology PPCs, Order Comms Project Manager and MPMRI Fusion imaging. Shared MPMRI imaging and reporting between BSUH and ESHT in planning. The funding is to be released from the CCGs in January

New Prostate pathway being implemented by Clinical Unit and MDT. Initial improvements are now being noted in the diagnostic phase of the pathway in particular.

EBUS Business Case to Healthy Hastings is now completed and was submitted on 13th December

Planned Actions

Head & Neck Deep Dive to take place in December or January dependent upon clinical commitments.

Joint PTLs being set up with BSUH and Guys and St Thomas's to run weekly in order to replicate the scrutiny on 38 day transfers currently in place with MTW.

Collaborative working on NG12 continues with CCG partners. Additional scoping work underway for the straight to diagnostics element of the NG12. The forms are to go live in the new year.

Increased focus on 104 day breaches as part of Cancer PTL to reduce numbers of patients experiencing longer waits

Review of Oncology SLAs to ensure adequate capacity for ongoing increased demand.

Rotating dates of Cancer Partnership Board to facilitate GP Cancer Lead attendance to provide additional support to the Cancer Waiting Times agenda.

Finance & Capital

FINANCE

East Sussex Healthcare NHS
NHS Trust

1. Financial Indicators
2. Income and Expenditure
3. Financial Recovery Plan
4. Balance Sheet
5. Cash Flow
6. Receivables, Payables & Better Payment Practice Code Performance
7. Key Performance Indicators
8. Activity and Contracts
9. Clinical Units
10. Agency Expenditure
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12. Year on Year
13. Capital
14. Financial Risks

Financial Summary – November 2016

Key Issue	Summary	YTD
Overall RAG Rating	The Trust Development Authority (TDA) finance risk assessment criteria are shown in full on page 6. The Trust's overall RAG rating under the revised NHSI criteria is red in month 8.	R
Revised Plan	The Trust agreed a new financial plan with NHS Improvement on 29th November 2016. This is based on delivery of the agreed control total' of £31.3m. This is to be achieved by the Trust delivering further financial improvements of £16m.	R
Financial Summary	The Trust performance in month 8 was a run-rate deficit of £4.3m with an adverse variance against plan of £2.1m. Sustainability and Transformation Funding (STF) of £10.4m has been agreed for 2016/17 with £2.6m (for months 1 to 3) factored into the month 8 position. Year to date the deficit now stands at £32.8m which is £8.0m worse than plan. However we are on track in the month against the revised operational financial recovery plan	R
Income	Total income received during November was £0.9m above planned levels in spite of a 0.9m adverse variance for non -achievement of STF funding in the month. The year to date variance is now £6.3m above plan. Tariff-Excluded Drugs and Devices (TEDDs) income over-performed by £0.1m in month, over-performance now stands at £0.6m YTD. There is however, a corresponding overspend of £0.6m on TEDDs expenditure so therefore, this has a zero effect on the bottom line.	G
Expenditure	Operating Pay costs are above plan by £1.9m in month and are cumulatively £7.6m above plan. Operating Non Pay costs are £1.7m above plan in month and are £7.1m above plan cumulatively. Total costs are now £14.4m overspent year to date	R
CIP plans	The CIP plan for 2016/17 has been increased from £10.8m to £14.5m. CIP achievement year to date was £3.3m, £3.8m below the plan.	R
Forecast Outturn	The forecast outturn position is anticipated to be in line with the revised £31.3m deficit plan. There are significant risks associated with delivery of this position and the Trust is developing a financial recovery plan with oversight from executive directors, F&I and NHS Improvement.	G
Balance Sheet	DH loans have increased by £30.6m in year as a result of the draw down of the revolving working capital facility.	G
Cash Flow	The cash position of the Trust remains challenging as a result of the current year deficit and historic cash shortages. This continues to result in increasing creditor values and poor performance against the Better Payment Practice Code.	A
Capital Programme	The charge against the Capital Resource Limit (CRL) is £7.0m year to date. The current forecast over planning margin stands at £1.9m and this will be kept under review to ensure the Trust does not exceed its capital resource limit at 31st March 2017.	G

Income & Expenditure – November 2016

Headlines

• Total income in the month was £31.8m against a plan of £30.3m, a favourable variance of £1.5m. The YTD position is £6.3m above plan.

• Total costs in the month were £36.1m, this was £3.6m above plan. The YTD position is now £14.4m above plan.

• The £32.8m year to date deficit against plan was an adverse variance of £8.0m

• Cost improvement plans of £14.5m have been developed for 2016/17 with a YTD achievement of £3.3m.

• Operating pay costs in the month, including ad hoc costs, were £1.9m above plan and are now £7.6m above plan YTD.

• Operating Non Pay costs were £1.7m above plan in the month and are now £7.1m above plan YTD.

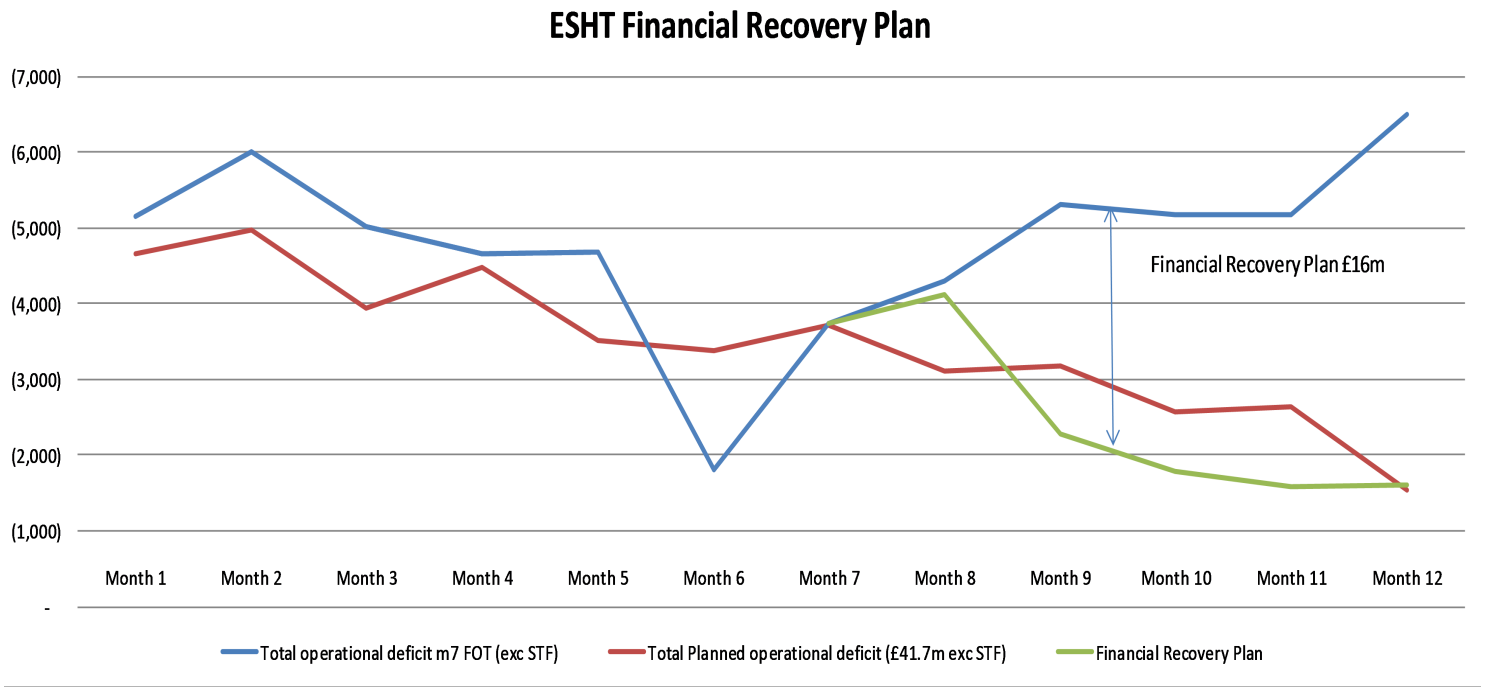
• A number of mid-year review adjustments have been made in the year to date position, including a £0.4m favourable stock adjustment and a release of accrual on community property rental costs.

£000s	In Mth Plan	In Mth Actual	Variance	YTD Plan	YTD Actual	Variance	Annual Plan
NHS Patient Income	23,860	25,417	1,557	190,546	197,532	6,986	286,487
Sustainability & Transformation Fund	867	0	-867	6,067	2,600	-3,467	10,400
Tariff-Excluded Drugs & Devices	2,608	2,708	100	20,867	21,465	598	31,300
Private Patient/ ICR	243	141	-102	1,946	1,728	-218	2,919
Trading Income	483	431	-52	3,870	3,357	-513	3,631
Other Non Clinical Income	2,218	3,084	866	18,199	21,088	2,889	29,148
Total Income	**30,279**	**31,781**	**1,502**	**241,495**	**247,770**	**6,275**	**363,885**
Pay Costs	-20,887	-22,797	-1,910	-171,471	-179,090	-7,619	-254,517
Non Pay Costs	-7,417	-8,991	-1,574	-61,117	-67,646	-6,529	-90,076
Tariff-Excluded Drugs & Devices	-2,608	-2,708	-100	-20,867	-21,465	-598	-31,300
Total Operating Costs	**-30,912**	**-34,496**	**-3,584**	**-253,455**	**-268,201**	**-14,746**	**-375,893**
Surplus/- Deficit from Operations	**-633**	**-2,715**	**-2,082**	**-11,960**	**-20,431**	**-8,471**	**-12,008**
P/L on Asset Disposal	0	0	0	0	0	0	0
Depreciation	-1,043	-984	59	-8,346	-8,260	86	-12,519
Impairment	0	0	0	0	0	0	0
PDC Dividend	-430	-510	-80	-3,441	-3,421	20	-5,162
Interest	-135	-136	-1	-1,074	-866	208	-1,611
Total Non Operating Costs	**-1,608**	**-1,630**	**-22**	**-12,861**	**-12,547**	**314**	**-19,292**
Total Costs	**-32,520**	**-36,126**	**-3,606**	**-266,316**	**-280,748**	**-14,432**	**-395,185**
Net Surplus/-Deficit	**-2,241**	**-4,345**	**-2,104**	**-24,821**	**-32,978**	**-8,157**	**-31,300**
Donated Asset/Impairment Adjustment	0	49	49	0	205	205	0
Adjusted Net Surplus/-Deficit	**-2,241**	**-4,296**	**-2,055**	**-24,821**	**-32,773**	**-7,952**	**-31,300**

Financial Recovery Plan – November 2016

Headlines

• Month 8 operational deficit reported £4.3m which is in line with the financial recovery plan submitted to NHSI in November.



Balance Sheet – November 2016

Headlines

• The forecast increase in non-current borrowings is in respect of the interim revolving working capital support facility (RWCF).

• The facility will be fully utilised in December 2016 and the Trust has agreed to an uncommitted loan of £5.8m, equivalent to the planned deficit for the remainder of the financial year.

• The reduction in the forecast retained earnings reserve is as a result of the planned deficit.

BALANCE SHEET £000s	Actual 31/03/16	Actual 30/11/16	Forecast 31/03/17
Non Current Assets			
Property plant and equipment	231,172	230,341	235,207
Intangilble Assets	1,650	1,815	2,130
Trade and other Receivables	1,193	1,436	1,193
	234,015	**233,592**	**238,530**
Current Assets			
Inventories	6,472	6,139	6,341
Trade receivables	8,397	8,556	9,685
Other receivables	8,787	9,833	18,004
Cash and cash equivalents	2,100	1,057	2,100
	25,756	**25,585**	**36,130**
Current Liabilities			
Trade payables	-13,571	-24,330	-29,417
Other payables	-26,259	-17,659	-16,569
DH Capital Investment Loan	-427	-427	-427
Provisions	-253	-375	-427
	-40,510	**-42,791**	**-46,840**
Non Current Liabilities			
DH Capital Investment Loan	-3,553	-3,339	-3,126
Borrowings - Revenue Support Facility	-35,218	-65,818	-72,296
Provisions	-2,709	-2,426	-2,900
	-41,480	**-71,583**	**-78,322**
Total Assets Employed	**177,781**	**144,803**	**149,498**
Financed by:			
Public Dividend Capital (PDC)	153,562	153,562	153,562
Revaluation Reserve	98,247	98,247	101,264
Retained Earnings Reserve	-74,028	-107,006	-105,328
Total Taxpayers' Equity	**177,781**	**144,803**	**149,498**

Cash Flow – November 2016

Headlines

- The cash position of the Trust remains extremely challenging. It is planned to meet the £2.1m balance at 31st March 2017 as required by the Department of Health. Based on current projections, this will involve extending supplier and BPPC payment terms.
- The Trust has access to a revolving working capital facility (RWCF) with DH of £31.3m. £30.6m has been drawn down to date.
- This RWCF is repayable in April 2020.
- The Trust Board have authorised additional loans to the value of £5.8m equivalent to the planned deficit for the remainder of the year.
- If the Trust is unable to deliver an increased level of cash in the remainder of the financial year, the level of trade & other payables will increase further and that could risk non-delivery of goods and services.

Cash Flow Statement April 2016 to March 2017

£000s	Nov Actual	YTD Actual	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast
Cash Flow from Operations						
Operating Surplus/(Deficit)	-3,699	-28,692	-1,769	-1,154	-1,230	8,317
Depreciation and Amortisation	984	8,261	1,048	1,048	1,048	990
Operating Surplus/(Deficit)	-2,715	-20,431	-721	-106	-182	9,307
Interest Paid	-137	-879	-180	-180	-180	-220
Dividend (Paid)/Refunded	0	-2,209	0	0	0	-2,922
Trade and Other Receivables	4,525	-1,754	1,000	1,200	1,200	655
Trade and Other Payables	-4,506	1,034	250	-1,200	-1,000	-6,239
Provisions Utilised	11	-162	-40	-40	-40	-191
Net Cash Inflow/(Outflow) from Operating Activities	**-2,822**	**-24,401**	**309**	**-326**	**-202**	**390**
Cash Flows from Investing Activities:						
Interest Received	1	13	3	2	3	7
Property, Plant and Equipment	-1,376	-7,040	-1,040	-1,315	-1,315	-1,739
Net Cash Inflow/(Outflow) from Investing Activities	**-1,375**	**-7,027**	**-1,037**	**-1,313**	**-1,312**	**-1,732**
Net Cash Inflow/(Outflow) before Financing	**-4,197**	**-31,428**	**-728**	**-1,639**	**-1,514**	**-1,342**
Revolving Working Capital Facility	2,241	30,599	701	0	0	0
New and repaid Loans	0	-214	1,619	1,704	1,781	461
Net Cash Inflow/(Outflow) from Financing Activities	2,241	30,385	2,320	1,704	1,781	461
Net Increase/(Decrease) in Cash	-1,956	-1,043	1,592	65	267	-881
Opening balance	3,013	2,100	1,057	2,649	2,714	2,981
Closing balance	1,057	1,057	2,649	2,714	2,981	2,100

Receivables, Payables & Better Payment Practice Code Performance – November 2016

Headlines

- The Better Payment Practice Code (BPPC) requires all NHS organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services.
- The target achievement of BPPC is 95%.
- The Aged Debt (over 90 days) KPI is measured as a percentage of the total level of debt. The target is for this to be no more than 5%.
- The current Aged Debt KPI is 19% at the end of November and key accounts are being reviewed.

Trade Receivables Aged Debt Analysis - Sales Ledger System Only	NHS Debt Outstanding		Non-NHS Debt Outstanding	
	Current Month £000s	Previous Month £000s	Current Month £000s	Previous Month £000s
0 - 30 Days	2,502	7,102	1,007	1,952
31 - 60 Days	1,281	567	1,559	587
61 -90 Days	174	312	412	253
91 - 120 Days	203	89	233	198
> 120 Days	784	879	401	246
Total	4,944	8,949	3,612	3,236

Trade Payables Aged Analysis - Purchase Ledger System Only	No of Invoices		Value Outstanding	
	Current Month	Previous Month	Current Month £000s	Previous Month £000s
0 - 30 Days	7,322	6,500	7,565	7,890
31 - 60 Days	7,711	9,032	9,535	9,891
61 -90 Days	2,889	4,212	4,215	4,595
91 - 120 Days	238	775	1,333	1,370
> 120 Days	1,254	1,249	1,682	1,518
Total	19,414	21,768	24,330	25,264

Better Payment Practice Code	Month Number of Invoices	Month By Value	YTD Number of Invoices	YTD By Value
Trade invoices paid within contract or 30 days of receipt	15.44%	27.71%	30.14%	39.19%
NHS invoices paid within contract or 30 days of receipt	32.88%	90.65%	31.22%	79.25%

Key Performance Indicators – November 2016

NHSI Finance Risk Assessment Criteria

• NHS Improvement (NHSI) has set out its reporting requirements in the Single Oversight Framework (SOF).

• The finance and use of resources metrics have been revised by NHSI and span three main areas:
-Financial sustainability
-Financial efficiency
-Financial controls

• A rating of 4 on any metric will mean that the best overall rating that can be achieved is a 3.

Finance and Use of Resources Metrics (UoR)

• The Trust has a liquidity ratio rating of 4, a capital servicing capacity ratio of 4, an I&E margin of 4, a distance from financial plan rating of 4 and an agency spend rating of 3. This results in an overall rating of 4.

Better Payment Practice Code (BPPC)

• YTD performance is below the BPPC target for both Trade invoices and NHS invoices paid by value due to the difficult cash position which is being managed by the Trust.

Finance and Use of Resources Metrics	YTD Actual	YTD Plan
Liquidity Ratio Rating	4	4
Capital Servicing Capacity Rating	4	4
I&E margin rating	4	4
Distance from Financial Plan Rating	4	
Agency Spend Rating	3	1
Overall Use of Resources Rating	4	4

Local Measures	YTD Actual	YTD Plan
BPPC – Trade invoices by value (%)	39	95
BPPC – NHS Invoices by value (%)	79	95

Activity & Contract Income – November 2016

Headlines

NHS Patient Income in the month was £0.8m above the TDA plan, increasing the cumulative favourable variance to £4.1m.

The following are the main variances in performance :-

•Electives (including Day cases) £2mill over-performance across multiple areas including Cardiology £536k, T&O £677k, Urology £304k, General Medicine £306k and Gastroenterology £279k with under performance in Maxillo-Facial -£121k, and Gynaecology -£117k.

•Non-Electives over-performing with £1.8m linked to General Medicine.

•Block Contracts under plan due to ESBT reduction in funding - offset by reduced spend

•STF funding shortfall of £4.3m

•Outpatient activity is over performing across multiple specialties, Rheumatology Urology being the most significant over plan.

Under the terms of the Sustainability and Transformation Funding (STF) no provision has been made for fines and penalties, other than £20k relating to MSSA breaches.

Activity	Current Month			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Day Cases	3,760	4,227	467	29,225	27,220	-2,005
Elective Inpatients	686	662	-24	5,333	5,325	-8
Emergency Inpatients	3,547	3,606	59	28,848	27,697	-1,151
Total Inpatients	**7,993**	**8,495**	**502**	**63,406**	**60,242**	**-3,164**
Excess Bed Days	2,170	1,697	-473	17,585	19,173	1,588
Total Excess Bed Days	**2,170**	**1,697**	**-473**	**17,585**	**19,173**	**1,588**
Consultant First Attendances	8,278	7,877	-401	64,337	65,532	1,195
Consultant Follow Ups	12,934	13,517	583	100,533	101,613	1,080
OP Procedures	4,719	5,209	490	36,679	37,144	465
Other Outpatients inc WA & Nurse Led	12,701	13,966	1,265	98,723	105,120	6,397
Community Specialist	180	178	-2	1,401	1,790	389
Total Outpatients	**38,812**	**40,747**	**1,935**	**301,673**	**311,199**	**9,526**
Chemotherapy Unbundled HRGs	645	494	-151	5,019	9,620	4,601
Antenatal Pathways	324	534	210	2,525	2,504	-21
Post-natal Pathways	299	274	-25	2,322	2,363	41
A&E Attendances (excluding type 2's)	9,171	9,174	3	74,586	76,456	1,870
ITU Bed Days	501	258	-243	4,073	3,945	-128
SCBU Bed Days	299	289	-10	2,431	2,196	-235
Cardiology - Direct Access	71	83	12	552	569	17
Radiology - Direct Access	5,345	5,564	219	41,550	44,505	2,955
Pathology - Direct Access	289,732	293,511	3,779	2,252,002	2,255,984	3,982
Therapies - Direct Access	2,662	2,853	191	20,688	23,970	3,282
Audiology	1,063	830	-233	8,256	5,387	-2,869
Midwifery	14	12	-2	105	74	-31

Income £000's	Current Month			YTD		
	Contract	Actual	Variance	Contract	Actual	Variance
Inpatients - Electives	4,289	4,723	434	33,332	35,311	1,979
Inpatients - Emergency	6,106	6,632	526	49,665	51,502	1,837
Excess Bed Days	479	374	-105	3,884	4,159	275
Outpatients	4,186	4,360	174	32,526	33,833	1,307
Other Acute based Activity	2,771	2,781	10	22,265	21,718	-547
Direct Access	808	859	51	6,284	6,688	404
Block Contract	5,381	4,886	-495	43,045	41,593	-1,452
Fines & Penalties	0	-10	-10	0	-20	-20
Other	225	191	-34	1,771	1,151	-620
CQUIN	481	621	140	3,841	4,197	356
Subtotal	24,726	25,417	691	196,613	200,132	3,519
Exclusions	2,609	2,708	99	20,867	21,465	598
GRAND TOTAL	**27,335**	**28,125**	**790**	**217,480**	**221,597**	**4,117**

Clinical Unit, Estates & Corporate Performance (budgets) – November 2016

Headlines

Pay

Total Pay reported an overspend of £1.9m against original plan in the month and £7.6m year to date, under delivery on pay CIP target at £2.2m year to date. Total agency spend in November was £2m and cumulative spend to £16.3m. A detailed action plan to reduce reliance on temporary workforce costs is underway as part of the financial recovery plan. This includes actively recruiting from overseas, improving the use of HealthRoster and implementing weekly Exec approval of agency.

Non pay

Total non pay recorded a £1.5m overspend in November and cumulatively £6m. Under delivery against non pay CIP target of £1.2m YTD.
Activity pressures including escalation beds and outsourcing activity to help with capacity pressures, have reported an overspend of £3m cumulatively. Tariff Exclusions were £0.6m overspent to date, offset by over delivery on income.

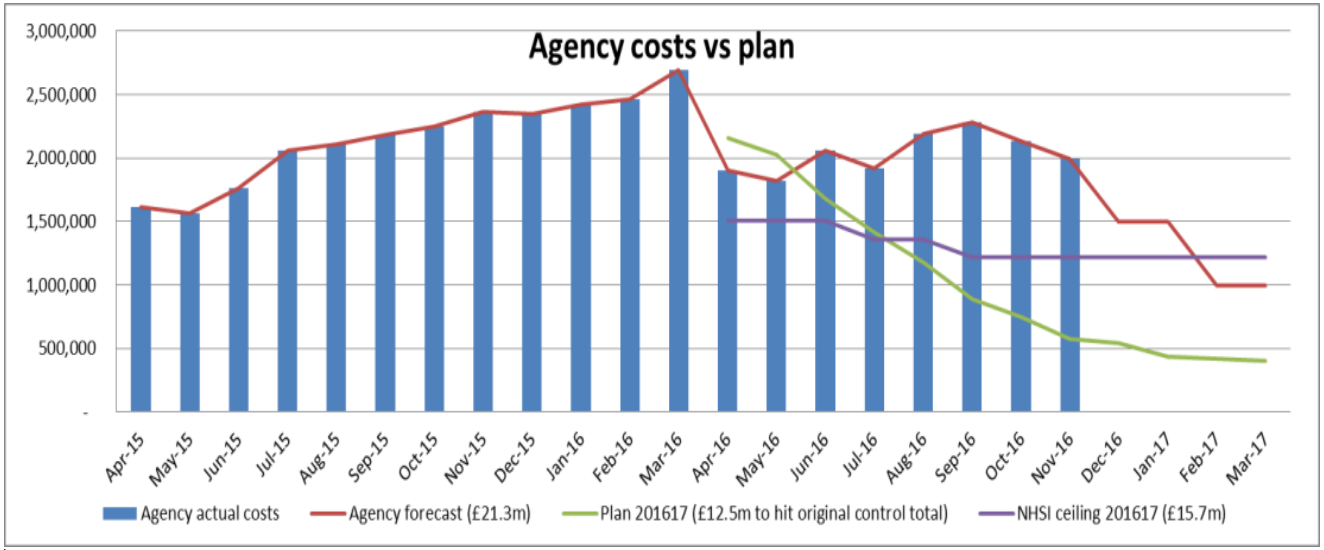
Income

Non-contract Income reported ahead of plan in the month by £0.4m and £2.1m over achieved YTD, despite under achievement on private patients and pharmacy manufacturing unit income.

Income & Expenditure Performance	In mth Plan £000's	In mth Actual £000's	Var £000's	YTD Plan £000's	YTD Actual £000's	Var £000's
Urgent Care	-957	-1,025	-68	-7,571	-7,951	-380
Medicine	-4,453	-5,324	-871	-36,860	-42,526	-5,666
Surgery, Anaesthetics & Diagnostics	-8,936	-10,137	-1,201	-72,812	-80,546	-7,734
Women's, Children's & Sexual Health	-2,792	-2,724	68	-20,696	-20,367	329
Out of Hospital Care	-3,186	-3,520	-334	-25,888	-26,741	-853
Tariff-Excluded Drugs & Devices	-2,608	-2,708	-100	-20,867	-21,465	-598
Total Clinical Units	**-22,932**	**-25,438**	**-2,506**	**-184,694**	**-199,596**	**-14,902**
Estates & Facilities	-1,955	-2,180	-225	-15,686	-16,783	-1,097
Corporate Services	-3,614	-3,721	-107	-28,682	-31,542	-2,860
Central Items	-1,045	-1,485	-440	-13,528	-9,016	4,512
Total Central Areas	**-6,614**	**-7,386**	**-772**	**-57,896**	**-57,341**	**555**
Contract Income	27,335	28,125	790	217,480	221,597	4,117
Non-contract Income	-30	354	384	289	2,362	2,073
Donated Asset/Impairment Adjustment	0	49	49	0	205	205
Adjusted Net Surplus/- Deficit	**-2,241**	**-4,296**	**-2,055**	**-24,821**	**-32,773**	**-7,952**

Workforce Plan FTE	Workforce Actual FTE	Pay Performance	In mth Plan £000's	In mth Actual £000's	Var £000's	YTD Plan £000's	YTD Actual £000's	Var £000's
226	231	Urgent Care	-906	-968	-62	-7,153	-7,434	-281
1,176	1,255	Medicine	-4,096	-4,715	-619	-33,058	-36,767	-3,709
1,803	1,879	Surgery, Anaes & Diagnostics	-6,997	-7,569	-572	-56,114	-59,573	-3,459
640	586	Women's, Children's & Sexual Health	-2,592	-2,445	147	-19,102	-18,643	459
918	908	Out of Hospital Care	-2,507	-2,758	-251	-20,325	-20,942	-617
4,762	**4,859**	**Total Clinical Units**	**-17,098**	**-18,455**	**-1,357**	**-135,752**	**-143,359**	**-7,607**
714	717	Estates & Facilities	-1,462	-1,487	-25	-11,625	-11,986	-361
1,046	1,022	Corporate Services	-2,965	-3,013	-48	-23,670	-23,815	-145
1,759	**1,738**	**Total Non-Clinical Divisions**	**-4,427**	**-4,500**	**-73**	**-35,295**	**-35,801**	**-506**
0	**0**	Central Items	638	158	-480	-424	70	494
6,522	**6,597**	**Total Pay Analysis**	**-20,887**	**-22,797**	**-1,910**	**-171,471**	**-179,090**	**-7,619**

Agency Expenditure – November 2016

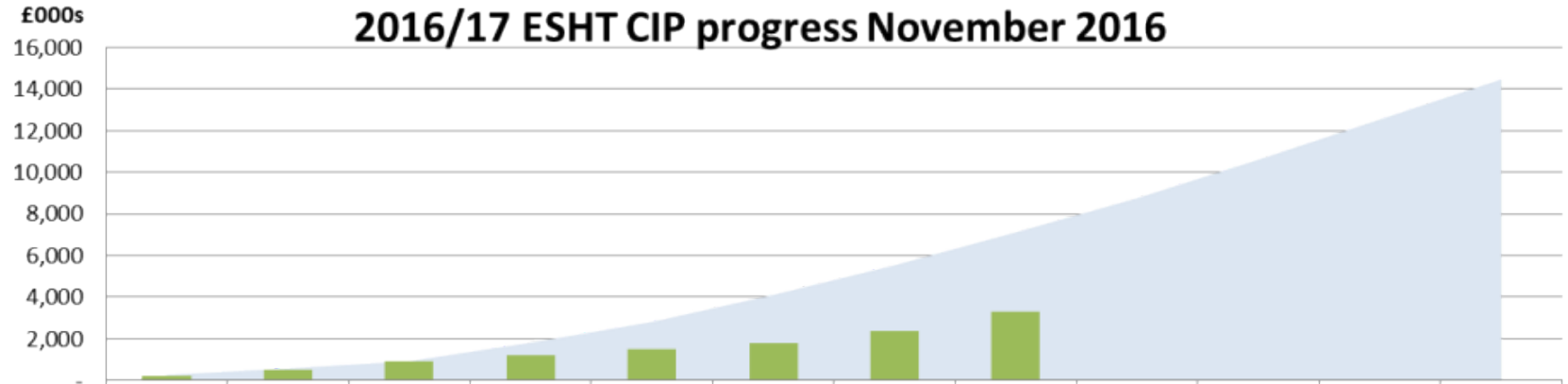


AGENCY STAFF SPEND BY STAFF GROUP (INCLUDING, AGENCY, LOCUM)	In month Actual £'000	In month Plan £'000	In month Variance £'000	Year to date Actual £'000	Year to date Plan £'000	Year to date Variance £'000
Total Pay Bill Agency and Locum Staff	**1,997**	**574**	1,423	**16,309**	**10,670**	5,639
Non Medical -Clinical Staff Agency	**785**	**404**	381	**7,956**	**6,699**	1,257
Registered Nurses	467	165	302	3,805	2,992	813
Qualified Scientific, Therapeutic and Technical Staff	138	49	89	2,504	1,211	1,293
HCA nursing	180	190	- 10	1,647	2,496	- 849
Non Medical- Non-Clinical Staff Agency	192	27	165	1,995	903	1,092
Medical and Dental Agency	**1,020**	**143**	**877**	**6,358**	**3,068**	**3,290**
Trainee Grades	462	92	370	3,113	1,859	1,254
Consultants	558	51	507	3,244	1,209	2,035

Headlines

- Planned agency spend as at month 8 was £10.7m, actual agency costs have exceeded this plan by £5.6m, with £16.3m spent on agency.
- Medical agency spend has totalled £6.4m month 1-8, £3.3m above plan, although locum and permanent medical spend reported £0.3m below plan. Recruitment to consultant vacancies and middle grades remains challenging and the majority of medical agency shifts are above the capped rates. The Trust has now implemented Direct Engagement which should see £100k saving per month based on current spend levels.
- HCA agency shifts continue on average 200 shifts per week to cover escalation beds, vacancies and special observation needs.
- Non clinical agency has reduced but shifts continue to exceed capped rates and £2m has been spent April-November covering vacancies in procurement, ancillary staff, clinical coding and contracting teams.
- Actions are in place to reduce reliance on agency spend as part of the trust's Financial Recovery plan.

Cost Improvement Programme – November 2016



	M1 Apr-16	M2 May-16	M3 Jun-16	M4 Jul-16	M5 Aug-16	M6 Sep-16	M7 Oct-16	M8 Nov-16	M9 Dec-16	M10 Jan-17	M11 Feb-17	M12 Mar-17
Plan	278	581	934	1,820	2,816	4,118	5,538	7,122	8,756	10,607	12,534	14,461
Actual	246	515	915	1,229	1,482	1,790	2,374	3,293				

Theme	YTD Plan £000	YTD Actual £000	YTD Var £000
Clinical services productivity	401	433	-32
Corporate, adminIstrative & estates	748	385	363
Direct engagement	336	187	149
IM&T schemes	240	-	240
Income generation	196	267	-71
Lord Carter	2,647	-	2,647
Medicines Management	104	340	-236
Procurement	1,135	843	292
Redesign	265	412	-147
Stretched target	1,050	427	623
Total	**7,122**	**3,293**	**3,829**

Clinical Unit	YTD Plan £000	YTD Actual £000	YTD Var £000
Estates & Facilities	554	209	345
Operational COO	229	88	141
Corporate	788	326	461
Specialist Medicine	974	118	856
Surgery	1,764	1,012	752
Urgent	220	8	211
Women's & Children's	564	429	135
Out of Hospital	1,136	450	686
Trustwide	894	651	242
Total	**7,122**	**3,293**	**3,829**

Year on Year Comparisons – November 2016

Headlines

- Total Inpatient activity to date is 5.6% lower than last year's level.
- Total outpatients are 4.5% higher than last year.
- Total A&E attendances are 5.9% higher than last year.
- Total income is £12.1m (5.1%) up on the same period last year.
- Total expenditure is £13.2m (4.9%) up on the same period last year.

Activity	2016/17 YTD Actual	2015/16 YTD Actual	Increase / Decrease Yr on Yr	% Increae / Decrease Yr on Yr
Day Cases	27,220	29,980	-2,760	-9.2%
Elective Inpatients	5,325	5500	-175	-3.2%
Emergency Inpatients	27,697	28,364	-667	-2.4%
Total Inpatients	**60,242**	**63,844**	**-3,602**	**-5.6%**
Elective Excess Bed Days	1,385	1,176	209	17.8%
Non elective Excess Bed Days	17,788	14,593	3,195	21.9%
Total Excess Bed Days	**19,173**	**15,769**	**3,404**	**21.6%**
Consultant First Attendances	65,532	63,199	2,333	3.7%
Consultant Follow Ups	101,613	99,216	2,397	2.4%
OP Procedures	37,144	35,862	1,282	3.6%
Other Outpatients (WA & Nurse Led)	105,120	98,154	6,966	7.1%
Community Specialist	1,790	1,314	476	36.2%
Total Outpatients	**311,199**	**297,745**	**13,454**	**4.5%**
Chemotherapy Unbundled HRGs	9,620	4,862	4,758	97.9%
Antenatal Pathways	2,504	2,438	66	2.7%
Post-natal Pathways	2,363	2,301	62	2.7%
A&E Attendances (excluding type 2's)	76,456	72,189	4,267	5.9%
ITU Bed Days	3,945	3,913	32	0.8%
SCBU Bed Days	2,196	2,559	-363	-14.2%
Cardiology - Direct Access	569	509	60	11.8%
Radiology - Direct Access	44,505	40,622	3,883	9.6%
Pathology - Direct Access	2,255,984	2,199,644	56,340	2.6%
Therapies - Direct Access	23,970	22,288	1,682	7.5%
Audiology	5,387	8,132	-2,745	-33.8%
Midwifery	74	97	-23	-23.7%

Income £000s	2016/17 YTD Actual	2015/16 YTD Actual	Increase / Decrease Yr on Yr	% Increase / Decrease Yr on Yr
NHS Patient Income	221,597	212,327	9,270	4.4%
Private Patient/ RTA	1,728	1,924	-196	-10.2%
Trading Income	3,357	3,782	-425	-11.2%
Other Non Clinical Income	21,088	17,637	3,451	19.6%
Total Income	**247,770**	**235,670**	**12,100**	**5.1%**
Pay Costs	-179,090	-171,071	-8,019	-4.7%
Non Pay Costs	-90,822	-82,906	-7,916	-9.5%
Other	1,711	1,200	511	
Total Direct Costs	-268,201	-252,777	-15,424	-6.1%
Surplus/-Deficit from Operations	**-20,431**	**-17,107**	**-3,324**	**-19.4%**
Profit/Loss on Asset Disposal	0	15	-15	
Depreciation	-8,260	-8,721	461	5.3%
Impairment	0	0	0	
PDC Dividend	-3,421	-5,435	2,014	37.1%
Interest	-866	-671	-195	-29.1%
Total Indirect Costs	-12,547	-14,812	2,265	15.3%
Total Costs	**-280,748**	**-267,589**	**-13,159**	**-4.9%**
Net Surplus/-Deficit	**-32,978**	**-31,919**	**-1,059**	**-3.3%**
Donated Asset / Other Adjustment	205	277	-72	26.0%
Normalised Net Surplus/-Deficit	**-32,773**	**-31,642**	**-1,131**	**-3.6%**

Capital Programme – November 2016

Headlines

Work is ongoing on a pipeline of business cases to be submitted to NHS Improvement (NHSI) in the current financial year, the intention being that these are then externally funded. However, the current £11.0m capital programme excludes the bid for additional capital resources while the ongoing business case work continues.

Year to Date performance:-
After 8 months of the financial year, capital expenditure has increased to £7.0m across a range of headings. Commitments currently entered into amount to £10.0m.

The over-planning margin has also moved to £1.9m following the approvals made during the month.

A review of forecast capital expenditure is continuing and this includes a review of the over-planning margin to ensure that the Trust does not exceed its capital resource limit at financial year end.

Capital Investment Programme £000s	2016/17 Capital Programme	Expenditure at Month 8
Capital Resources		
Depreciation	11,519	
Interest Bearing Capital Loan Application £5m. (Not currently approved by the NHSI.)	0	
League of Friends Support	1,000	
Capital Investment Loan Principal Repayment	-552	
Gross Capital Resource	11,967	
Less Donated Income	-1,000	
Capital Resource Limit (CRL)	**10,967**	-
Capital Investment		
Medical Equipment *	881	257
IT Systems	2,187	1,056
Electronic Document Management	948	481
Estates Strategy	1,600	856
Backlog Maintenance	2,285	724
Minor Capital Schemes	1,000	1,525
Pathology CLD	797	806
Vital Pac	338	161
Project Management	106	58
Brought Forward Commitments - Various	1,183	989
Sub Total	**11,325**	**6,913**
Donated Asset Purchases	1,000	429
Donated Asset Funding	-1,000	-380
Net Donated Assets	**0**	49
Sub Total Capital Schemes	**11,325**	**6,962**
Overplanning Margin (-) Underplanning (+)	-358	0
Net Capital Charge against the CRL	**10,967**	**6,962**

Financial Sustainability Risk Ratings – November 2016

Headlines

Use of Resource Metrics (UoR):-

- Liquidity Ratio (days)
  - Days of operating costs held in cash or cash equivalent forms.
- Capital Service Capacity Ratio (times)
  - The degree to which the organisation's generated income covers its financial obligations.
- Income and expenditure (I&E) Margin (%)
  - The degree to which the organisation is operating at a surplus/deficit.
- Distance from financial plan (%)
  - The YTD I&E surplus/deficit compared to plan.
- Agency spend (%)
  - The distance from the providers cap..
- The NHSI assigns ratings between 1 and 4 to each component of the UoR with 4 being the worst rating and 1 the best. The overall rating is the average of the five.
  - The liquidity ratio of -21 days is a rating of 4.
  - The capital servicing capacity ratio of -4.62 results in a rating of 4.
  - The I&E margin of -13.3% results in a rating of 4.
  - The distance from financial plan of 3.0% results in a rating of 4
  - Agency spend of £16.3m YTD is 52.8% above cap, a rating of 3.
  - As a result, the overall Trust rating is 4.

Liquidity Ratio (days) £000s	2015/16 Outturn	2016/17 YTD
Opening Current Assets	25,115	25,585
Opening Current Liabilities	-39,869	-42,791
Net Current Assets/Liabilities	-14,754	-17,206
Inventories	-6,472	-6,139
Adj Net Current Assets/Liabilities	**-21,226**	**-23,345**
Divided by:		
Total costs in year	383,768	268,201
Multiply by (days)	360	240
Liquidity Ratio	**-20**	**-21**

Capital Servicing Capacity (times) £000s	2015/16 Outturn Actual	2016/17 YTD Plan	2016/17 YTD Actual
Net Surplus / Deficit (-) After Tax	-47,759	-24,821	-32,978
Less:			
Donated Asset Income Adjustment	-947	-667	-427
Interest Expense	846	1,093	879
Profit/Loss on Sale of Assets	-29	0	0
Depreciation & Amortisation	12,664	8,346	8,260
Impairments	-411	0	0
PDC Dividend	6,940	3,441	3,421
Revenue Available for Debt Service	**-28,696**	**-12,608**	**-20,845**
Interest Expense	846	1,093	879
PDC Dividend	6,940	3,441	3,421
Temporary PDC repayment			
Working capital loan repayment	31,842	214	214
Capital loan repayment	335		
	39,963	4,748	4,514
Capital Serving Capacity	**-0.72**	**-2.66**	**-4.62**

Financial Efficiency £000s	2015/16 Outturn Actual	2016/17 YTD Plan	2016/17 YTD Actual	2016/17 YTD Variance
Normalised Net surplus/ deficit	-47,759	-24,821	-32,978	
Less fixed asset impairments/disposals	-440	0	0	
	-48,199	-24,821	-32,978	
Divided by:				
Total Income (excl donated assets)	-355,205	-240,828	-247,343	
I&E Margin	**-13.6%**	**-10.3%**	**-13.3%**	**-3.0%**

Sustainability and Strategy

SUSTAINABILITY

East Sussex Healthcare NHS Trust

1. STP
2. Developments

1. STP

The STP has now been published and is available to the public and Stakeholders.

A number of stakeholder engagement sessions are being organised by the STP working group

Our Board discussed the emerging ACO model and agreed that we should continue to work with our ESBT partners to develop a local fully integrated ACM across the ESBT footprint involving a test bed year in 2017/18

And to establish a commissioner provider alliance to manage the health and social care system collectively in 2017/18

2. Developments

We were invited to meet with commissioners to present our MSK bid with clarification questions , and we will be informed at the end of January if we are successful.

We have had very productive meetings with the GP federations in Eastbourne and Hastings and Rother and we continue to work closely with them to ensure a resilient primary care and to ensure that we are able to redesign key care pathways that will improve outcomes for patients and enable system wide efficiencies .

We are working closely with our ESBT colleagues to explore opportunities to consolidate a joined up approach in support functions to avoid duplication and waste of resources.

Leadership & Culture

LEADERSHIP & CULTURE

1. Workforce Executive Summary
2. Overview
3. Recruitment
4. Turnover
5. Workforce Expenditure
6. Absence
7. Mandatory Training
8. Engagement

East Sussex Healthcare NHS
NHS Trust

1. WORKFORCE EXECUTIVE SUMMARY – KEY POINTS

Actual workforce usage of staff in November was 6596.92 full time equivalents (ftes), 75.17 ftes above budgeted establishment.

Temporary staff expenditure was £3,624K in November (15.90% of total pay expenditure). This comprised £1,573K bank expenditure, £1,997K agency expenditure and £54K overtime. This is a reduction of £150K overall compared to October.

There were 507.66 fte vacancies (a vacancy factor of 8.01%). This was an increase of 2.95 fte vacancies compared to last month, but this is due to an increase in the budgeted establishment of 44.31 ftes.

Annual turnover was 9.53% which represents 516.14 fte leavers in the last year. This is a decrease of 0.34% compared to last month.

Monthly sickness was 4.47%, a reduction of 0.21% from October. The annual sickness rate was 4.37%, a reduction of 0.01%.

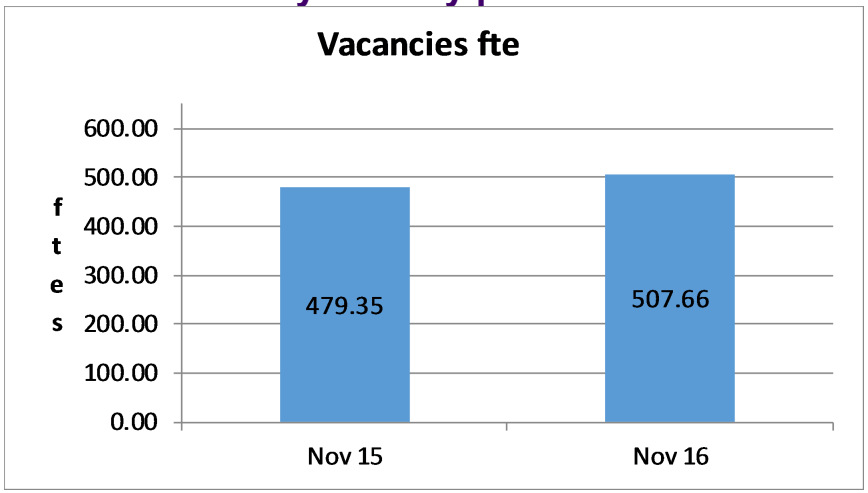
The overall mandatory training rate increased by 0.21% to 88.21%. Compliance rates increased for Fire, Information Governance, Health & Safety, Mental Capacity Act, Deprivation of Liberties and the Safeguarding Courses but were slightly lower for Induction, Moving & Handling and Infection Control.

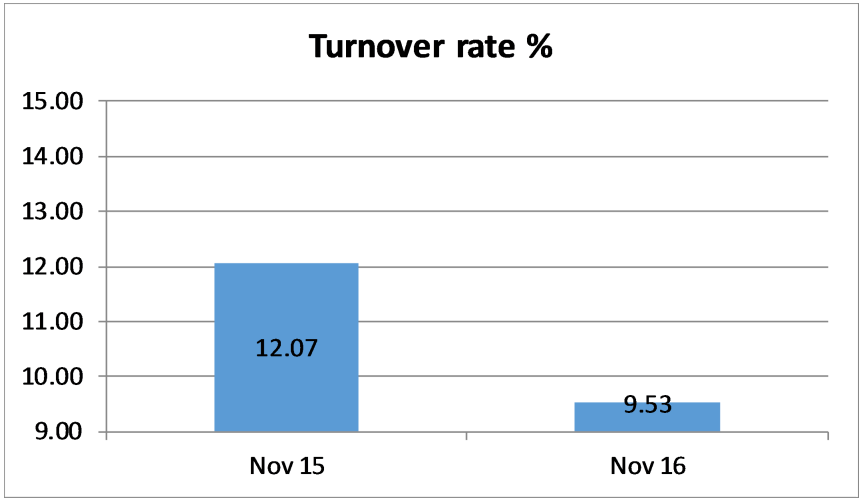
Appraisal compliance decreased by 2.40% to 79.21%

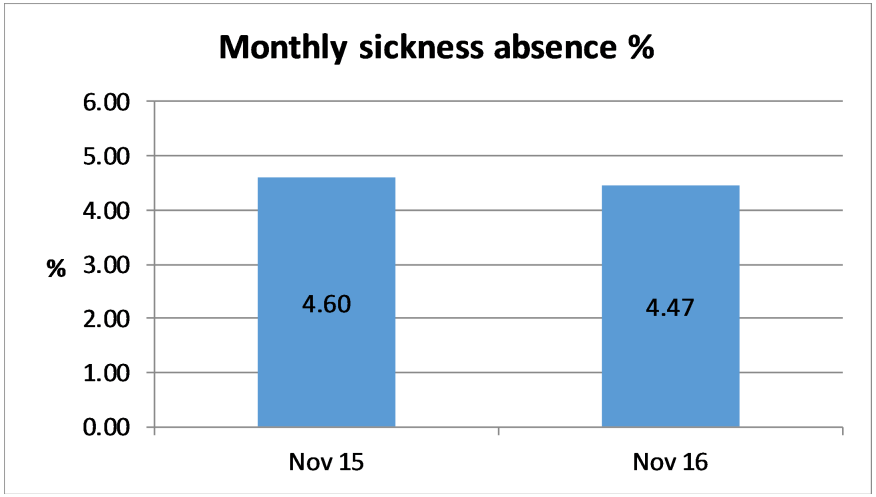
2. Overview

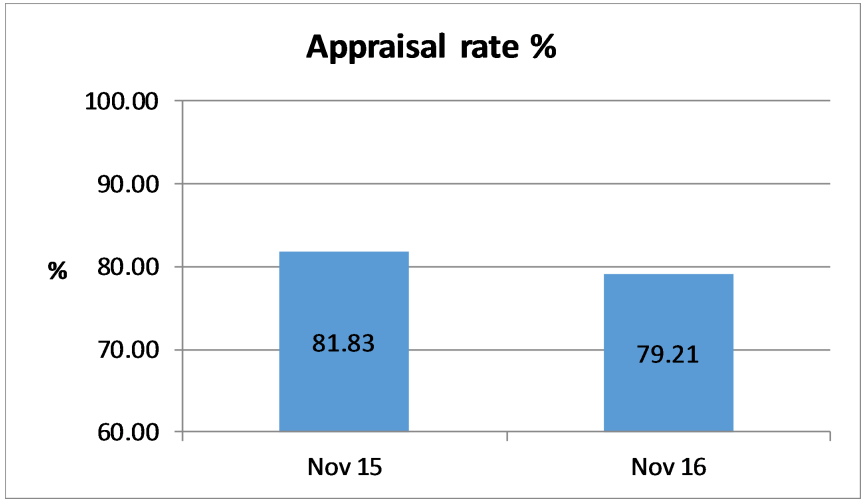
TRUST	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
WORKFORCE CAPACITY												
Budgeted fte	6059.16	6057.38	6057.36	6057.39	6368.93	6381.23	6437.07	6328.78	6394.73	6416.78	6477.44	6521.75
Total fte usage	6226.53	6282.89	6334.88	6492.33	6320.64	6340.02	6370.72	6380.32	6465.06	6516.26	6542.43	6596.92
Variance	-167.37	-225.51	-277.52	-434.94	48.29	41.21	66.35	-51.54	-70.33	-99.48	-64.99	-75.17
Permanent vacancies	479.90	464.71	422.43	342.18	606.76	579.45	611.23	564.18	496.62	517.21	504.71	507.66
Fill rate	91.87%	92.12%	92.84%	94.20%	90.17%	90.66%	90.23%	90.94%	92.01%	91.71%	91.99%	92.00%
Bank fte usage (as % total fte usage)	6.68%	6.27%	6.65%	6.58%	6.97%	6.23%	6.26%	6.40%	6.31%	7.42%	6.98%	7.23%
Agency fte usage (as % total fte usage)	6.45%	7.35%	7.06%	8.09%	5.29%	5.37%	5.49%	5.32%	5.71%	5.33%	5.14%	4.98%
WORKFORCE EFFICIENCY												
Annual sickness rate	4.61%	4.54%	4.53%	4.53%	4.50%	4.46%	4.42%	4.40%	4.39%	4.37%	4.38%	4.37%
Monthly sickness rate (%)	4.48%	4.45%	5.10%	4.79%	4.18%	3.94%	3.77%	4.08%	4.10%	4.01%	4.68%	4.47%
Turnover rate	11.97%	11.79%	11.28%	10.62%	10.25%	10.00%	10.03%	10.02%	9.76%	9.66%	9.87%	9.53%
TRAINING & APPRAISALS												
Appraisal rate	81.85%	83.34%	85.29%	87.26%	88.47%	89.68%	88.07%	85.77%	87.01%	83.14%	81.61%	79.21%
Fire	83.49%	83.96%	85.07%	85.31%	86.25%	87.01%	87.62%	86.91%	85.51%	86.28%	86.16%	86.27%
Moving & Handling	85.76%	86.93%	88.09%	88.25%	89.43%	89.57%	89.91%	90.58%	90.09%	90.99%	90.12%	89.75%
Induction	90.95%	91.97%	92.79%	93.83%	93.67%	94.69%	94.38%	94.50%	93.73%	94.09%	92.54%	92.05%
Infec Control	86.53%	86.99%	87.86%	87.37%	87.92%	88.40%	89.24%	88.97%	87.95%	89.01%	88.92%	88.63%
Info Gov	86.42%	86.81%	86.23%	85.49%	84.78%	84.48%	84.51%	83.86%	83.64%	84.79%	84.32%	84.96%
Health & Safety	83.67%	84.42%	85.35%	85.94%	86.74%	87.42%	87.95%	88.05%	87.75%	88.42%	88.83%	88.96%
MCA	93.36%	93.10%	93.40%	93.10%	93.92%	93.37%	94.13%	94.09%	93.83%	94.45%	94.68%	95.27%
DoLs	92.29%	92.78%	93.29%	93.81%	94.06%	95.35%	95.04%	95.68%	95.64%	95.64%	95.97%	96.61%
Safeguarding Vulnerable Adults	78.06%	78.28%	79.06%	79.71%	81.54%	81.37%	83.10%	83.82%	83.06%	83.90%	84.71%	85.86%
Safeguarding Children Level 2	80.75%	81.45%	82.46%	82.12%	83.25%	83.35%	82.93%	82.35%	82.43%	83.32%	83.40%	83.43%

1. Summary and key points for discussion









3. Recruitment

The medical vacancy rate has reduced by 0.80% to 10.97% (63.93 fte vacancies, down by 4.58 ftes), for registered nursing & midwives the rate has increased by 0.99% to 8.13% (164.20 fte vacancies, up by 22.26 ftes) though this can be accounted for by increases in the nursing & midwifery budgeted establishment, in particular the increase in the Health Visiting budget, whilst for unqualified nurses, the vacancy rate has reduced by 2.09% to 3.26% (27.29 ftes, down by 17.55 ftes)

Three more recruitment headhunter companies have been engaged to help address medical recruitment issues in Histopathology, Stroke, Haematology, A&E Paediatrics and Fragility. Skype interviews have been arranged for Stroke and A&E candidates with arrangements for Histopathology to be confirmed. The CVs have been forwarded to departments. Recruitment have been in contact with all departments to review vacancies, discuss recruitment specific plans and consider other options to cover vacancies

The qualified nurse recruitment programme continues with existing suppliers, Drake, for Philippines recruitment. Around 20 Nurses are still due to start between January to March 2017. The recruitment campaign with TTM for EU nurses, in Portugal and Spain, has resulted in 21 offers made with 7, who now have registration, due to start January to February 2017. A further visit to Philippines was undertaken in November with around 80 offers made. These nurses will be available due to start with the Trust in 9-12 months' time.

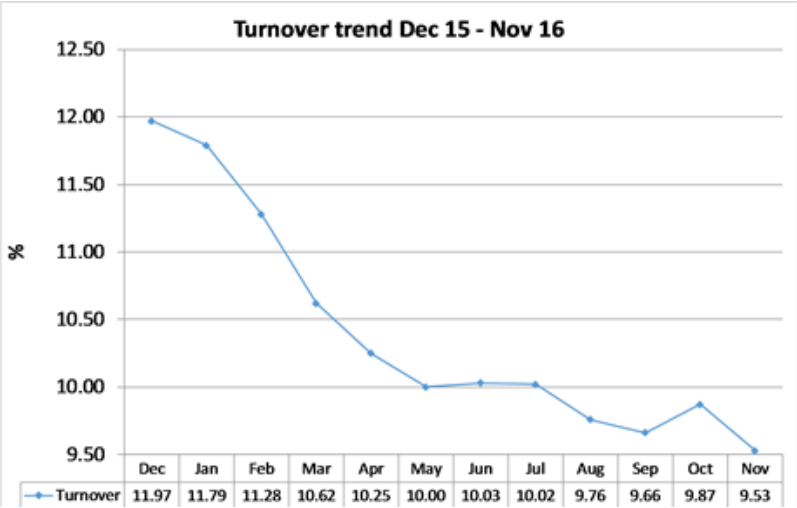
A recruitment campaign has commenced for 80 Integrated Support Workers for East Sussex Better Together. Social media and local media have been engaged. Following a slow start, this has been supplemented by an additional Facebook campaign. Currently, 7 offers have been made with a further 24 candidates at interview. Additional open days are planned in January 2017. There is also a targeted campaign for 100 HCAs to be recruited by December 2016. To date, 87 offers have been made and 48 interviews booked.

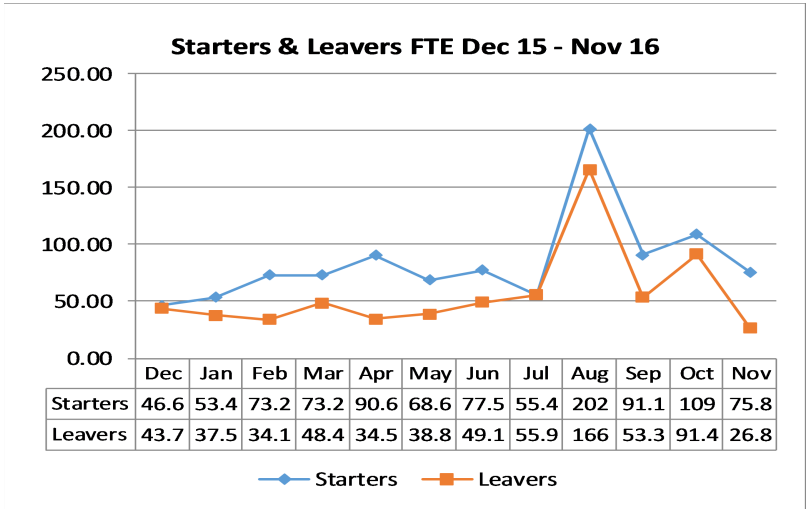
A recruitment mapping process meeting was held on the 24th November with key stakeholders. This highlighted key pinch points within the process. A second planning event is scheduled on the 20th December to finalise the process and look at next steps.

As part of the Financial Recovery Plan, a Vacancy Control Panel has been set up and embedded into the recruitment process. All vacancies, with the exception of HCAs and Band 5 clinical posts, require sign off by the panel that meets on a weekly basis. Posts without sufficient justification for the vacancy being advertised are returned to the originator for further information. The recruitment process is not slowed down by the Panel as long as all relevant information has been submitted and sign off has been agreed prior to the vacancy reaching the panel.

The Trust annual turnover rate decreased in November, down by 0.34% to 9.53%, which equates to 516.14 fte leavers in the last year.

4. Turnover


Turnover trend Dec 15 - Nov 16
12.50
12.00
11.50
11.00
10.50
10.00
9.50
%
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Turnover 11.97 11.79 11.28 10.62 10.25 10.00 10.03 10.02 9.76 9.66 9.87 9.53

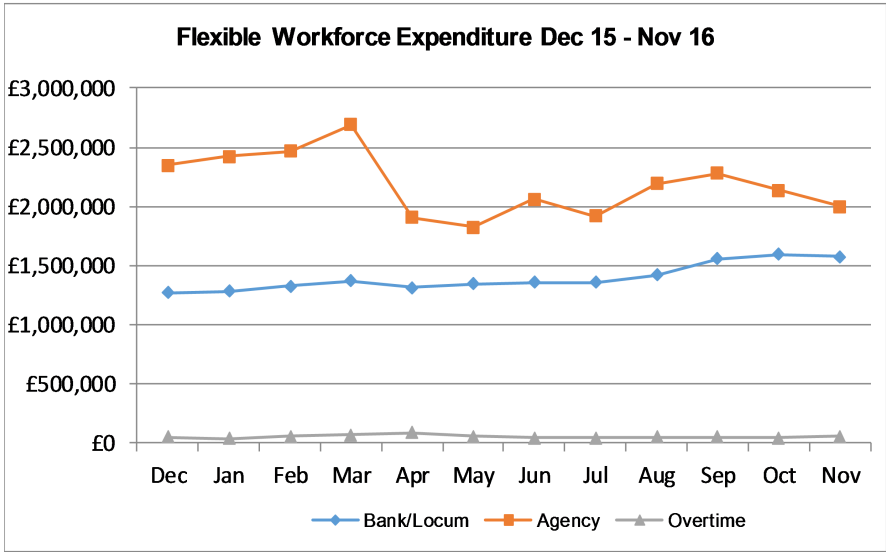

Starters & Leavers FTE Dec 15 - Nov 16
250.00
200.00
150.00
100.00
50.00
0.00
Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov
Starters 46.6 53.4 73.2 73.2 90.6 68.6 77.5 55.4 202 91.1 109 75.8
Leavers 43.7 37.5 34.1 48.4 34.5 38.8 49.1 55.9 166 53.3 91.4 26.8
Starters
Leavers

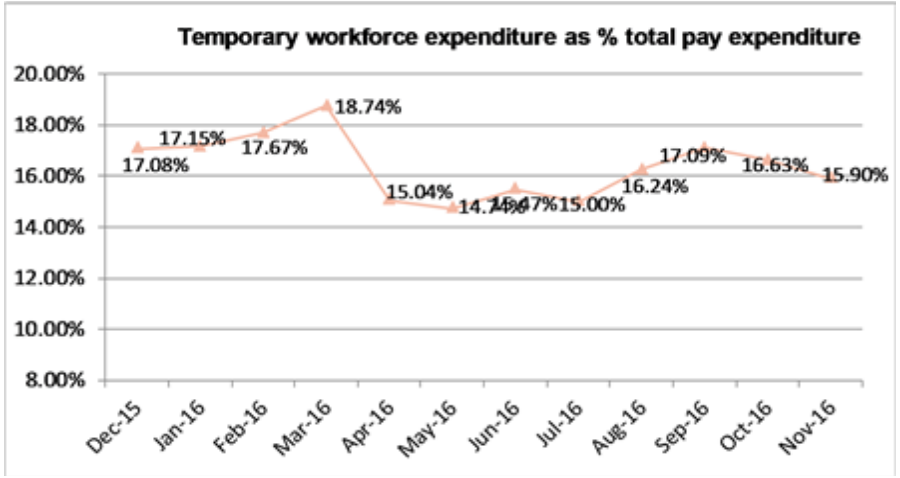
5. Workforce Expenditure

Budgeted establishment increased by 44.31 ftes. Increases include an agreed variation to contract to correct Health Visiting workforce numbers and new nurse ambulance turnaround posts in Urgent Care. Following increases in the establishment and sustained recruitment, substantive workforce numbers have continued to increase, as illustrated in the new Substantive Workforce chart above (the drop in Oct – Nov 2015 was the transfer of High Weald, Lewes & Havens staff).

Temporary workforce expenditure has reduced by £150K compared to October. Bank expenditure decreased by £20K, agency expenditure decreased by £137K, whilst overtime increased by £7K.

The reductions in agency include correction for previous over accrual of medical agency in Diagnostics Anaesthetics & Surgery, reduction in Hospital Director agency (there was a one off payment, in October, in respect of previous Strategy work undertaken by Jayne Phoenix), success in filling housekeeping vacancies, a reduction in Saturday working in Eastbourne Hospital Services due to lower sickness and less machine downtime, and reductions in agency usage in Contracting and Procurement. This was despite an increase in specialling on Surgical wards this month.





6. Absence

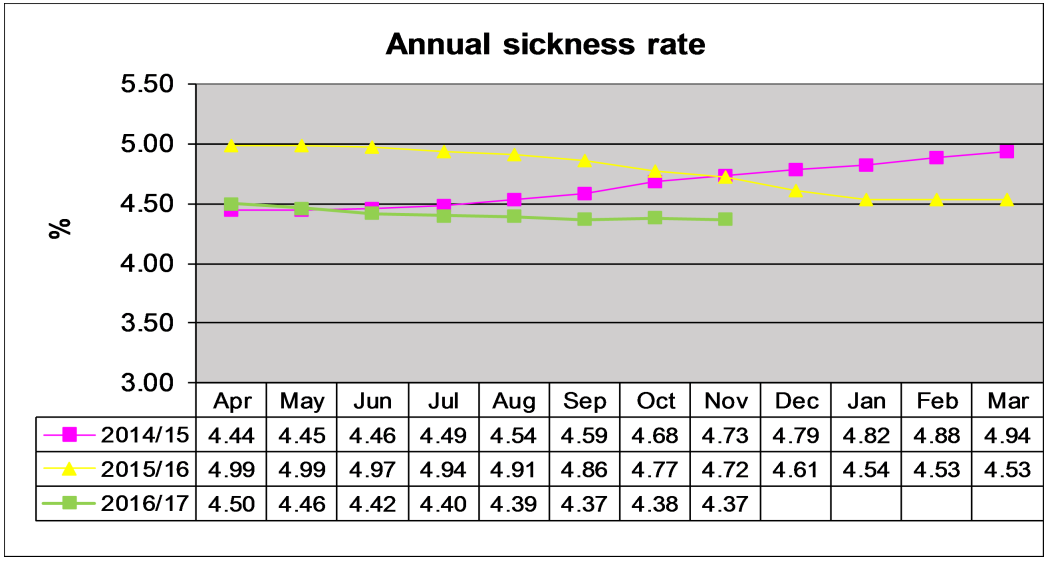
Monthly Sickness	2015	2016
March	4.77%	4.79%
April	4.65%	4.18%
May	4.24%	3.94%
June	4.30%	3.77%
July	4.21%	4.08%
August	4.26%	4.10%
September	4.36%	4.01%
October	4.51%	4.68%
November	4.6%	4.47%

Monthly sickness has reduced this month by 0.21% to 4.47%. This is below the November rate for the previous two years and the annual sickness rate has now dropped back down again to 4.37% after last month's blip.

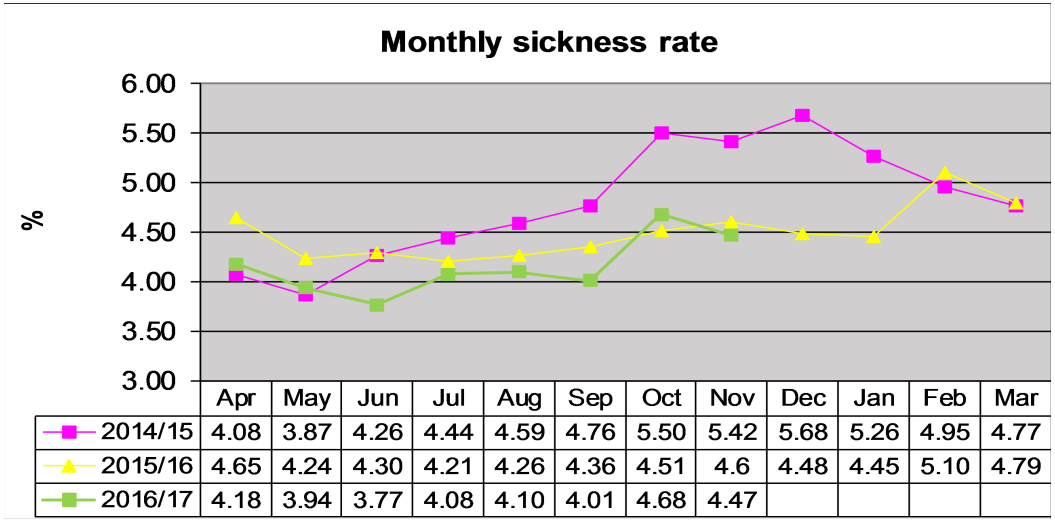
Monthly sickness was highest in Urgent Care, at 6.32%, Estates & Facilities at 5.13% and Out of Hospital at 4.85%.

HR teams continue to work with managers to ensure plans are in place to manage sickness and review meetings are held where required under the Attendance Management policy. There has been recent success in resolving a number of long term sickness cases.

7943 fte days were lost to sickness in November, a reduction of 609 fte days from October. The highest stated reasons remain musculoskeletal (other than back injury) at 1192 fte days lost, down 73 fte days since last month, and anxiety/stress/depression/other psychiatric illness at 999 fte days lost, down by 44 fte days. These two reasons account for 15% and 12.6% of total monthly sickness, respectively.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	4.44	4.45	4.46	4.49	4.54	4.59	4.68	4.73	4.79	4.82	4.88	4.94
2015/16	4.99	4.99	4.97	4.94	4.91	4.86	4.77	4.72	4.61	4.54	4.53	4.53
2016/17	4.50	4.46	4.42	4.40	4.39	4.37	4.38	4.37				



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	4.08	3.87	4.26	4.44	4.59	4.76	5.50	5.42	5.68	5.26	4.95	4.77
2015/16	4.65	4.24	4.30	4.21	4.26	4.36	4.51	4.6	4.48	4.45	5.10	4.79
2016/17	4.18	3.94	3.77	4.08	4.10	4.01	4.68	4.47				

East Sussex Healthcare NHS
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7. Mandatory Training

Mandatory training course	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	6 month trend
Induction %	94.38	94.50	93.73	94.09	92.54	92.05	
Fire %	87.62	86.91	85.51	86.28	86.13	86.27	
Moving & Handling %	89.91	90.58	90.09	90.99	90.12	89.75	
Infection Control %	89.24	88.97	87.95	89.01	88.92	88.63	
Info Gov %	84.51	83.86	83.64	84.79	84.23	84.96	
Health & Safety %	87.95	88.05	87.75	88.42	88.83	88.96	
Mental Capacity Act %	94.13	94.09	93.83	94.45	94.68	95.27	
Depriv of Liberties %	95.04	95.68	95.64	95.64	95.97	96.61	
Safeguard Vuln Adults	83.10	83.82	83.06	83.90	84.71	85.86	
Safeguard Child Level 2	82.93	82.35	82.43	83.32	83.40	83.43	

Clinical Unit	Fire training	Man handling training	Induction	Infection Control training	Info Gov training	Health & Safety	Mental Capacity Act training	Depriv of Liberties training	Safeguard Vulnerable Adults	Safeguard Children Level 2	Safeguard Children Level 3	Appraisal compliance
Urgent Care	79.90%	85.78%	90.91%	81.86%	74.51%	80.88%	91.95%	87.78%	83.91%	85.06%	55.93%	75.79%
Medicine Division	87.45%	88.24%	91.81%	87.80%	79.46%	86.83%	93.16%	95.83%	84.36%	81.60%	n/a	77.75%
Out of Hospital Care Division	89.30%	93.87%	96.03%	93.15%	85.88%	88.47%	97.44%	99.71%	86.92%	82.56%	n/a	82.59%
Diagnostics Anaesthetics & Surgery	85.96%	90.35%	91.21%	87.71%	86.18%	91.39%	95.64%	96.46%	85.61%	83.50%	n/a	80.34%
Womens Childrens & Sexual Health Division	82.68%	86.45%	96.30%	84.79%	78.01%	88.55%	95.55%	95.05%	86.62%	86.64%	85.60%	76.52%
Estates & Facilites	82.14%	83.04%	83.61%	88.39%	89.14%	90.18%	n/a	n/a	n/a	n/a	n/a	77.18%
Corporate	89.11%	94.00%	90.91%	91.05%	92.17%	88.59%	99.03%	100.00%	94.12%	85.71%	100.00%	85.42%
TRUST	**86.27%**	**89.75%**	**92.05%**	**88.63%**	**84.96%**	**88.96%**	**95.27%**	**96.61%**	**85.86%**	**83.43%**	**82.59%**	**79.21%**

Compliance rates for most subjects continue to improve. There has been an issue with Moving & Handling as the team is currently not fully staffed and, therefore, they have been unable to provide as much additional or ad hoc training in recent months. Efforts to target improvements in Information Governance and Safeguarding training are bearing fruit.

The appraisal rate fell by a further 2.40% to below 80% for the first time since October 2015 and is below the rate for this time last year. The issue continues to be an inability to keep pace with renewals as they become due. There are a further 325 appraisals due for renewal in December.

(Green =85%+, Amber = 75-85% Red = <75%).

8. Engagement

A number of events involving staff in the development of their services are currently underway. Radiology Services are holding stakeholder events looking at developing a robust Radiology Strategy. Two events specifically aimed at staff generated lots of positive input into the Strategy.

Clinical Administration are halfway through their leadership programme which is aimed at developing a community of leaders within the service that engage and involve their staff in the further development of these services. Feedback from participants has been very positive

Other areas continue to try to improve engagement in their area, for example, Pharmacy are doing the 12 days of Christmas where they are sharing the achievements of staff within their service.

The annual national staff survey is now closed. Although we are waiting final confirmation of our response rate this currently stands at 46%, which is a 6% increase on last year. We are waiting to hear how this compares with other Trusts.

The staff wellbeing team are currently advertising Health Checks for staff aged between 40-70 which will start in January 2017. The department is also continuing to run a number of interventions linked to wellbeing including; emotional reliance training , Pilates and Healthy Weights. The team continue to visit different departments to look how they can support staff in the workplace.

As part of their transformation programme the Occupational Health Service is currently undergoing a lean process to improve their administrative processes. Various stakeholders/service users have put forward their suggestions for improvement and a number of quick wins will be introduced in the New Year.

42% of frontline staff have received the flu jab. The Trust is working towards a 60% target by the end of January 2017.

The Kent, Surrey and Sussex Leadership awards are currently seeking nominations. The staff engagement team have advertised this to all wards and departments

Activity

ACTIVITY

1. Activity overview

East Sussex Healthcare NHS
NHS Trust

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
Primary Referrals	M	8195	8549	9363	9169	9249	9046	9550	8855	9157	9188	8955	9231	8493	8.7%	73231	70923	3.2%	
Cons to Cons Referrals	M	1224	1278	1279	1293	1405	1422	2004	1649	1450	1504	1432	1466	1471	-0.3%	12332	12254	0.6%	
First OP Activity	M	10659	10297	11110	10992	10701	10880	11911	10798	11783	12092	12907	13728	11525	19.1%	94800	91677	3.3%	
Subsequent OP Activity	M	24470	24750	25649	25841	25408	25679	26902	24145	25778	26394	25113	27384	26429	3.6%	206803	204606	1.1%	
New:FU Ratio	M	2.3	2.4	2.3	2.4	2.4	2.4	2.3	2.2	2.2	2.2	1.9	2.0	2.3	-0.3	2.2	2.2	0.0	
Elective IP Activity	M	567	511	604	627	596	697	656	715	649	670	682	710	621	14.3%	5375	5578	-3.8%	
Elective DC Activity	M	3535	3629	3802	3781	3519	3836	4119	4033	4195	4204	3914	4060	3821	6.3%	31880	30480	4.4%	
Non-Elective Activity	M	3828	3800	3920	4077	4038	3772	3791	3879	3801	3664	3721	3785	3641	4.0%	30451	31390	-3.1%	
A&E Attendances	M	8612	8731	8571	9398	8715	9573	9240	10144	9711	9470	9397	8989	8476	6.1%	75239	71564	4.9%	
Admissions Via A&E	M	2407	2446	2357	2433	2357	2398	2363	2409	2302	2215	2380	2414	2286	5.6%	18838	18362	2.5%	
Ambulance Conveyances	M	3060	3110	2879	3084	2848	3068	2996	3133	3092	3051	3138	3163	2889	9.5%	24489	23237	5.1%	
Average LOS Elective	M	3.2	2.7	3.0	3.0	2.7	3.4	3.0	3.1	2.4	3.1	2.7	2.5	3.0	-0.5	2.87	3.00	-0.1	
Average LOS Non-Elective	M	6.2	5.7	5.9	6.0	6.1	5.8	5.5	5.6	5.9	6.1	6.1	5.9	5.7	0.2	5.88	5.46	0.4	

Community

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
Community Nursing Referrals	M	3577	3975	3765	3840	3900	3770	3962	3996	3975	4104	4159	4180	3391	23.3%	32046	23319	27.2%	
Community Nursing Total Contacts	M	34110	34211	32705	34518	33652	35504	36020	33718	34999	32863	33543	33425	32545	2.7%	273724	272625	0.4%	
Community Nursing Face to Face Contacts	M	19114	18852	18388	19538	19124	20066	19517	19058	19684	18740	19421	19240	18470	4.2%	154850	157439	-1.7%	
% Patient Facing Time	60.0%	56.0%	55.1%	56.2%	56.6%	56.8%	56.5%	54.2%	56.5%	56.2%	57.0%	57.9%	57.6%	56.8%	0.8%	56.6%	57.5%	-0.9%	
Community Nursing ALOS	42.0	27.3	26.9	26.0	24.0	22.1	20.1	16.9	15.6	14.4	12.2	8.2	4.9	26.7	-21.8	14.13	32.29	-18.2	
SALT WL <13 Weeks %	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	0	86.7%	100.0%	-0.13258	
Podiatry WL <13 Weeks %	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	0	86.5%	100.0%	-0.13541	
Dietetics WL <13 Weeks %	85.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	0	87.2%	100.0%	-0.12802	
MSK WL <13 Weeks %	85.0%	98.0%	96.4%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100%	0	99.1%	100.0%	-0.0094	
SALT Total WL	M	107	110	115	117	146	160	0	176	202	182	149	130	116	14	1145	241	904	
Podiatry WL Total WL	M	652	715	729	749	841	830	0	998	842	942	633	418	665	-247	5504	1359	4145	
Dietetics WL Total WL	M	249	246	195	146	73	32	0	43	65	54	30	64	269	-205	361	564	-203	
MSK WL Total WL	M	1068	1089	1143	211	101	101	0	1922	1922	105	1641	1265	400	865	7057	690	6367	
IP ALOS (including Irvine Stroke Unit)	M	30.0	27.5	32.5	31.1	30.6	33.3	25.8	30.9	36.0	28.5	27.0	26.9	30.7	-3.8	29.92	24.79	5.1	
IP Activity (including Irvine Stroke Unit)	M	121	88	72	89	92	97	85	85	85	81	84	93	119	-21.8%	702	1180	-68.1%	

East Sussex Healthcare NHS
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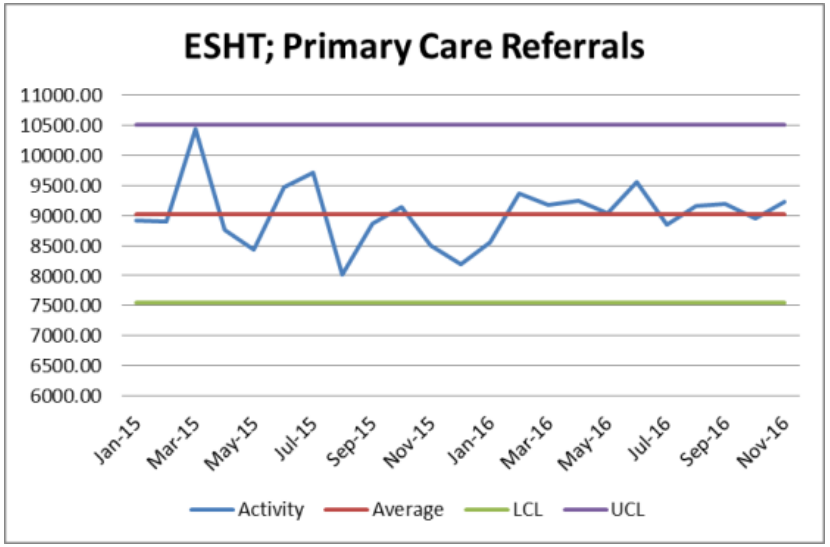
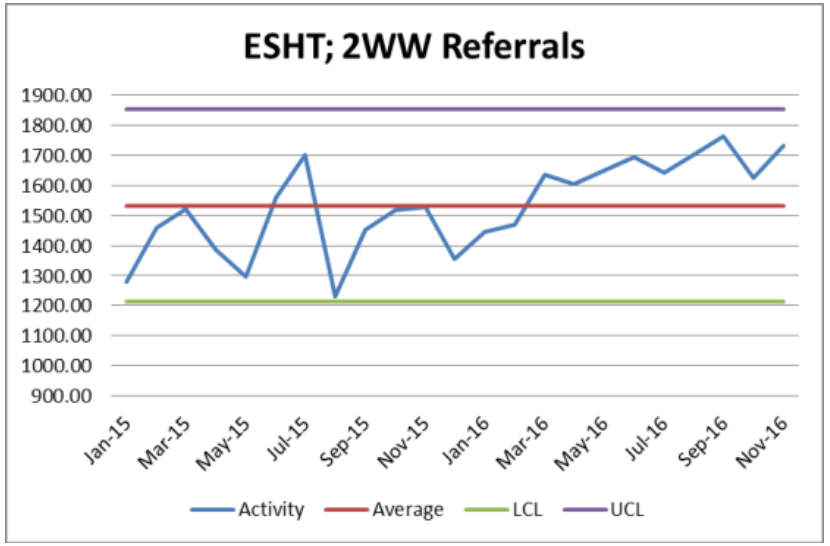
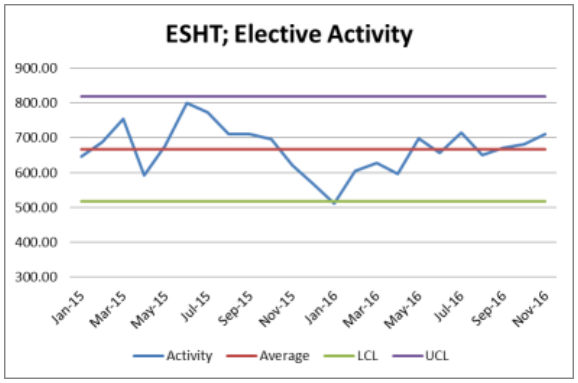
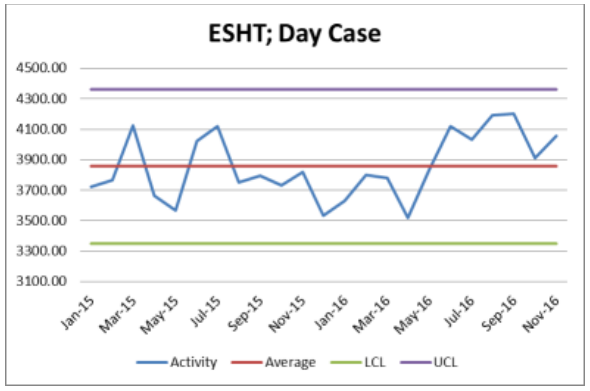
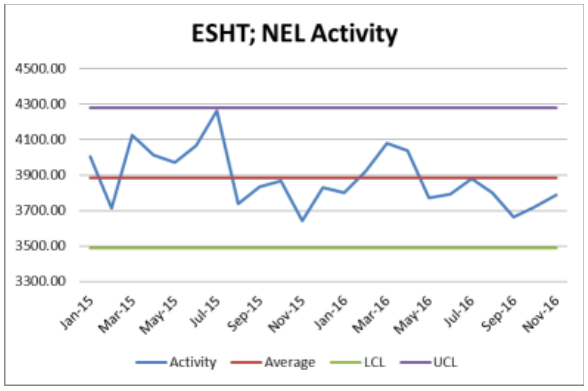










Community

East Sussex Healthcare NHS
NHS Trust

Community overview:

Intermediate Care:

Escalation beds maintained within BIU and Rye. Average length of stay decreased for all units apart from Firwood which has seen an increase in October from 26 to 30.53 this has been due to limited availability of packages of care. Flow out of units remains challenging we continue to work with partner organisations to improve flow into and out of units. Continue to work with commissioners on longer term strategy for Intermediate care.

Joint Community Rehabilitation Teams:

Remains challenged for meeting targets on response rates. Working with commissioners on capacity demand and agreement for funding of locums at point when fully established.

Community Nursing:

Referrals rates continue to increase with a 1.4% increase from September. Overall 218% above baseline target. Otherwise targets being maintained or improving with data accuracy and reporting initiatives. Hurst modelling for safe staffing – analysis being analysed.

Community AHPs:

Continue to maintain 13 week waiting time target.

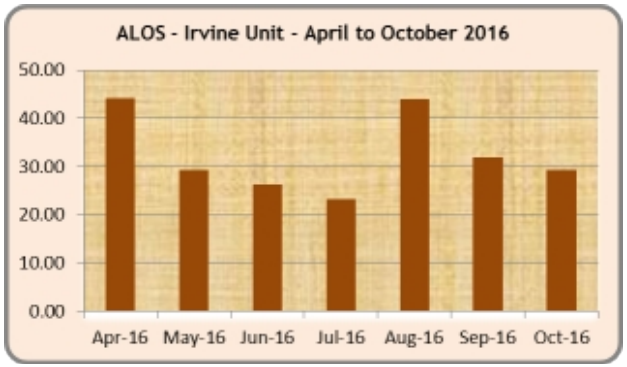
Acute AHPs:

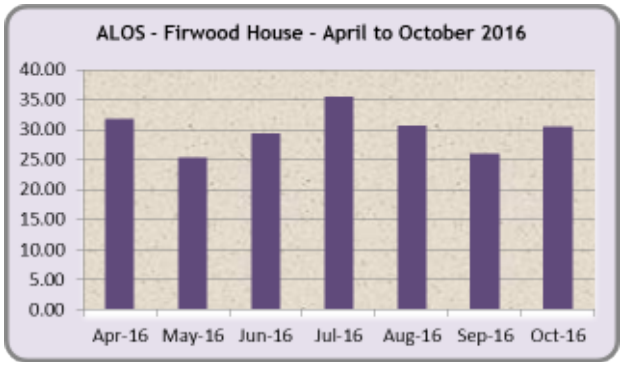
Ongoing challenges to consistently improve and maintain performance, AHP improvement plan in place and benchmarking staffing establishment against national guidance, in process of developing Bcase.

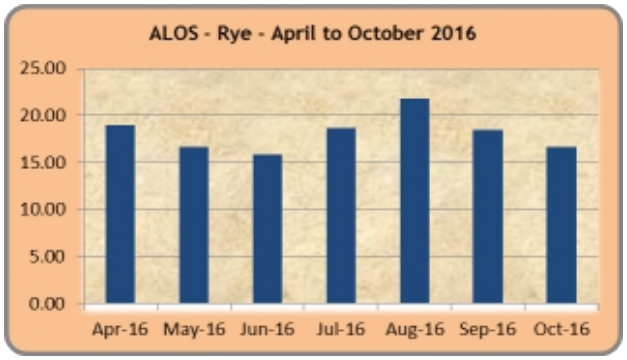
HIT increase in conversion rated for DGH and slight reduction for Conquest. Recruiting to the enhanced HIT hours and working with commissioning, running 7 day service till 6pm.

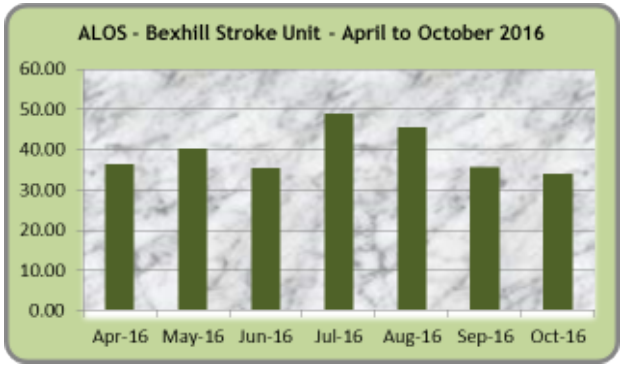
Intermediate Care

Total in Month Length of Stay (Days)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Irvine Unit	44.20	29.43	26.36	23.32	43.93	31.84	29.23
Firwood House	31.88	25.41	29.47	35.47	30.76	26.00	30.53
Rye Memorial Care Centre	18.96	16.63	15.88	18.70	21.76	18.52	16.63
Bexhill Stroke Unit	36.44	40.33	35.50	49.00	45.46	35.60	34.06
Total YTD ALOS (average excludes Bexhill Stroke Unit)	**31.83**	**23.52**	**23.86**	**25.83**	**32.15**	**25.46**	**27.61**



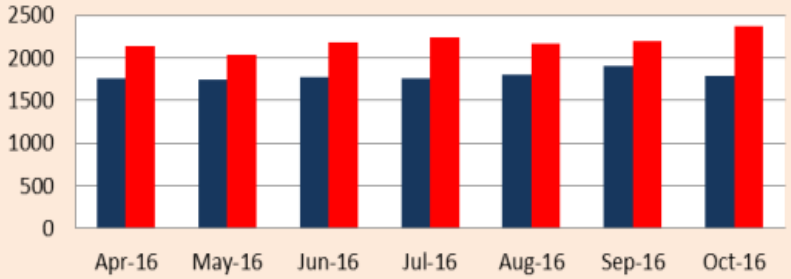






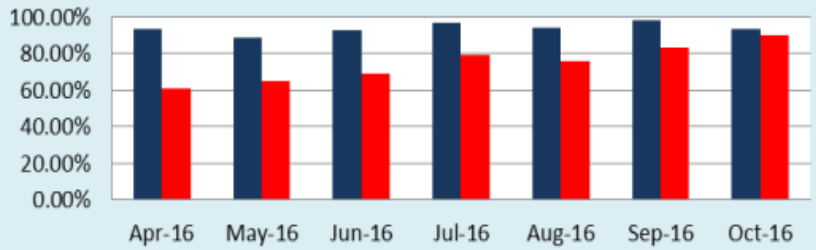
Community Nursing:

Community Nursing - Total New Referrals



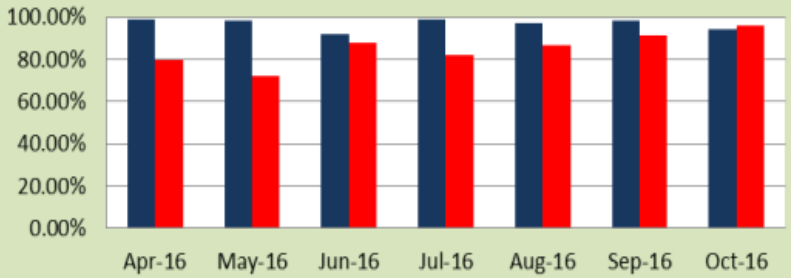
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
EHS	1758	1739	1781	1757	1807	1910	1787
HAR	2142	2031	2182	2240	2169	2195	2366

Community Nursing - Percentage of Rapid Response Referrals contacted within 2 hours



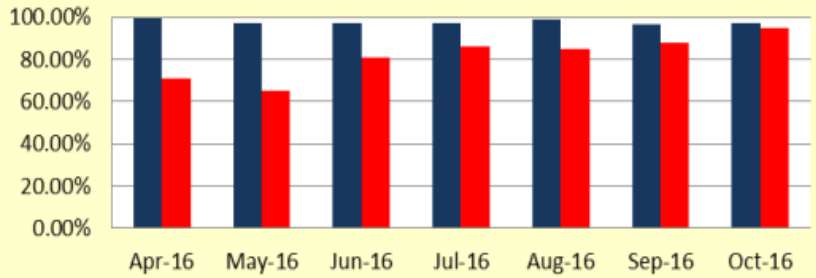
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
EHS	93.83%	88.81%	92.57%	96.72%	94.44%	97.93%	93.72%
HAR	60.78%	65.09%	68.97%	79.38%	75.81%	82.99%	90.15%

Community Nursing - Percentage of Urgent Referrals seen on the same day



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
EHS	99.06%	98.18%	92.04%	99.05%	97.46%	98.52%	94.52%
HAR	79.82%	72.00%	87.80%	81.82%	86.96%	91.25%	96.25%

Community Nursing - Percentage of 24 Hour Referrals seen within 24 Hours



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
EHS	99.42%	97.07%	97.46%	97.11%	98.90%	96.73%	97.09%
HAR	71.13%	65.02%	81.12%	86.16%	85.14%	88.16%	94.70%

Acute Stroke (SSNAP)

Domain 4 – Specialist Assessments: 89% swallow screened within 4 hours – this has increased steadily over the last few months due to the training increase the number of nurses with this competency. Formal swallow screen within 4 hours maintained improvement at 100% in month with 79% for the SSNAP quarter - reduction due to reduction in SLT staffing).

Domain 5 – OT: Slight reduction in number of minutes of therapy delivered and slight reduction in the frequency patients can be seen within month, however improvement maintained with average of 40 minute contacts on 49% of days within SSNAP quarter.

Domain 6 – Physio: Slight reduction in % number of days of therapy delivered, with minutes staying constant within month with an average of 30 minute contacts on 68% of days maintained within the SSNAP quarter.

Domain 7 – SLT: Reduction in % number of days of therapy delivered with a reduction in the minutes of therapy delivered in month and in SSNAP quarter. However number of minutes increased within SSNAP quarter to medium of 30 minutes per contact.

Domain 8 – MDT Working: 72 hour target improved/ maintained by Physio, OT and SLT both in month and within SSNAP quarter. Rehab goals within 5 days remains at 100% within month with a very slight dip to 96% within SSNAP quarter.

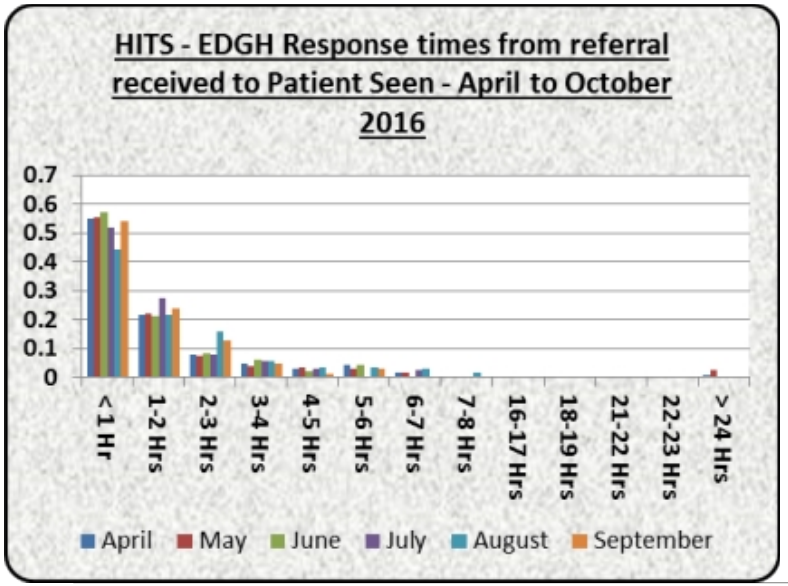
Domain 9 – Standards by discharge: Improvement in SSNAP quarter for screening by dietitian if appropriate and improvement in continence, mood and cognition screening.

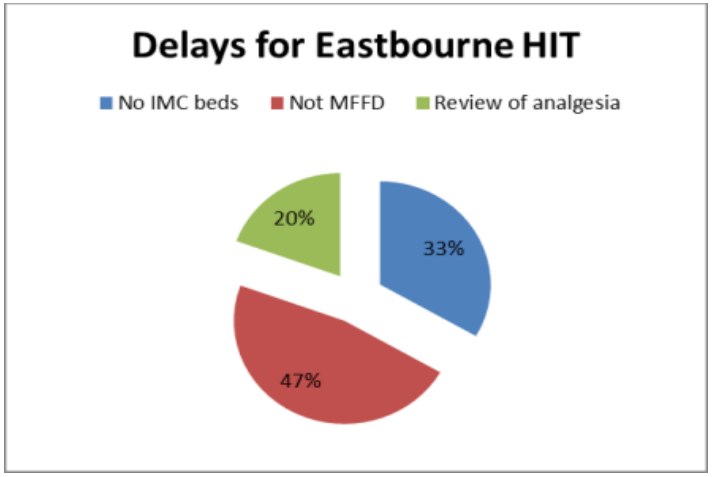
Domain 10 – Discharge process: 100% for all measured monthly, however slight reduction in quarterly SSNAP figures for joint health and social care plan and ESD.

HIT DGH:

Eastbourne DGH							
	April	May	June	July	August	September	October
Total patients seen	245	246	215	247	251	258	222
Total discharged	147	180	154	186	165	162	156
Conversion rate	60%	73%	71%	75%	66%	63%	70.27%

- The Eastbourne team have seen 222 patients this month. The team continue to see patients proactively before they are medically fit for discharge.
- The longest delays were due to patients becoming medically unwell during their assessment, patients waiting for an intermediate care bed and patients who need review of their analgesia for their assessment.
- Both teams have continued with their 7 days service and are working until 6pm Monday – Friday to support discharges from the gateway areas.

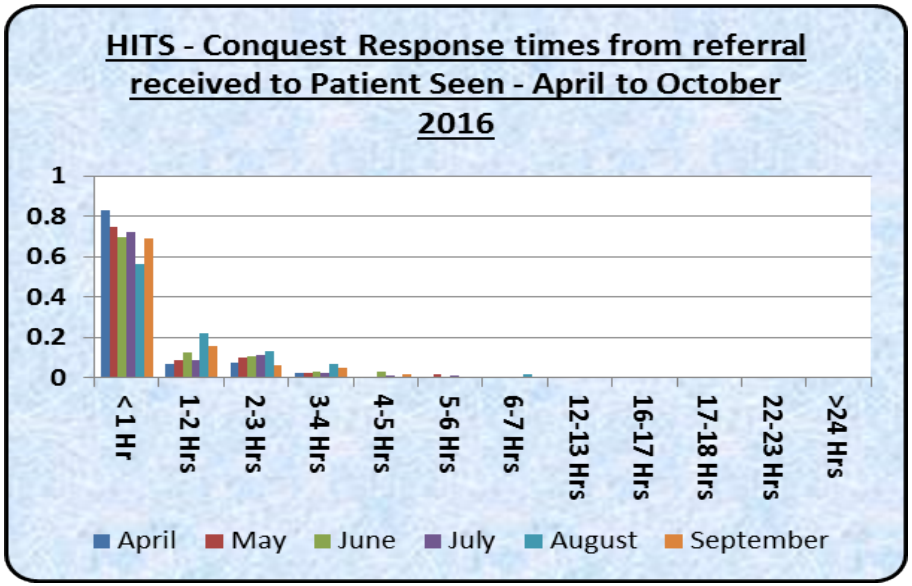


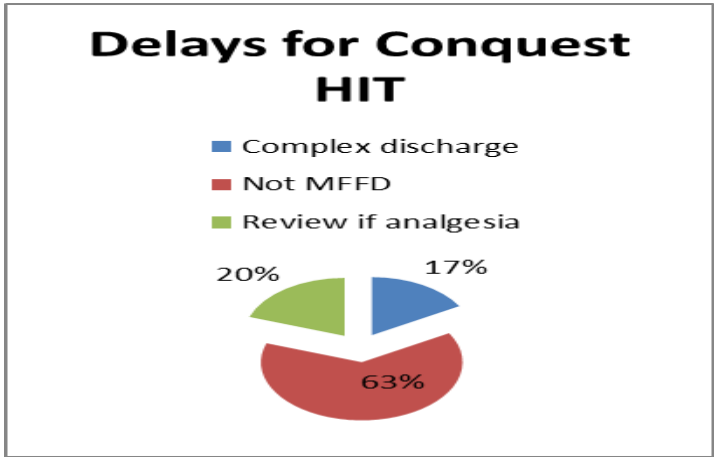


HIT Conquest:

Conquest	April	May	June	July	August	September	October
Total patients seen	134	113	110	134	119	149	144
Total discharged	97	83	77	98	79	96	82
Conversion rate	72%	73%	70%	73%	66%	64%	56.94%

- The Conquest team have seen 144 patients this month.
- The team have noted a that 42 patients have become medically unwell during their assessment.
- Feedback from the team indicate that there are delays for patients who are waiting their pain relief, this will be discussed in the next A&E meeting.
- The team have started to work proactively, they are seeking out patients who are not deemed medically fit for discharge and starting their assessments.
- Delays for discharge include patients who become medically unwell, patients who need a review of their analgesia and those who were admitted for complex discharge planning.





East Sussex Healthcare NHS
NHS Trust

Pharmacy Department Performance Dashboard Month 7		Latest Score	Previous Score	Plan by April 2017	Good Practice Target / Trend
SAFE	% Dispensing errors reported (via DatixWeb)	0.01%	0.02%	0.02%	↓
	Dispensing errors prevented (near misses)	96	136		↓
	Number of pharmacy risk register entries	6	6		
	Risk register entries > 15 related to pharmacy	1	2	0	↓
	Risk register entries > 6 months not at target rating	2	2	0	↓
CARING	Complaints	0	0	1	↓
	Plaudits	0	0	0	↑
	Patient Helpline Enquiries	27	24	10	↑
RESPONSIVE	% Medicines rec. in 24hrs (MST)	70.6%	74.3%	75.0%	↑
	Dispensing turnaraound times (minutes)	58		60	↓
	Medicines information enquiries at level 2+	40.9%	40.4%	50.0%	↑
EFFECTIVE	% Inpatient issues dispensed at discharge	11.7%	7.3%	10.0%	↓
	% Medicines unavailable (drug chart audit)	1.1%	0.6%	2.0%	↓
WELL-LED	% CD audit activity in date	83.0%	100.0%	90.0%	↑
	% SSHM audit activity (audits completed)	25.0%	100.0%	Mid cycle	
	% Mandatory training / appraisal compliance	90.3%		90.0%	↑
RESOURCES	Number of days stockholding	18.5	18.0	20.0	↓
	Medicine waste per month (£)	£20,933	£15,169	£2,500	↓
	% of Outsourced Chemotherapy	33.1%	36.1%	25.0%	↑

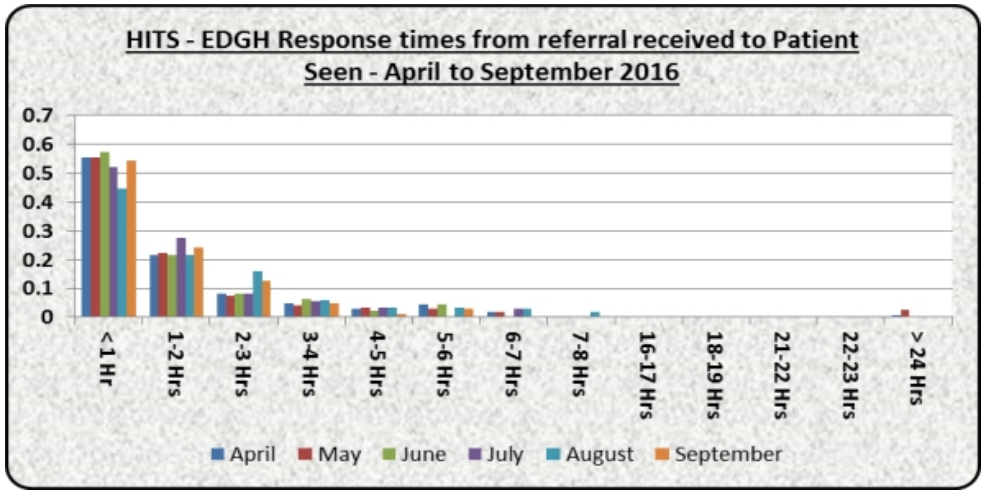
HIT DGH:

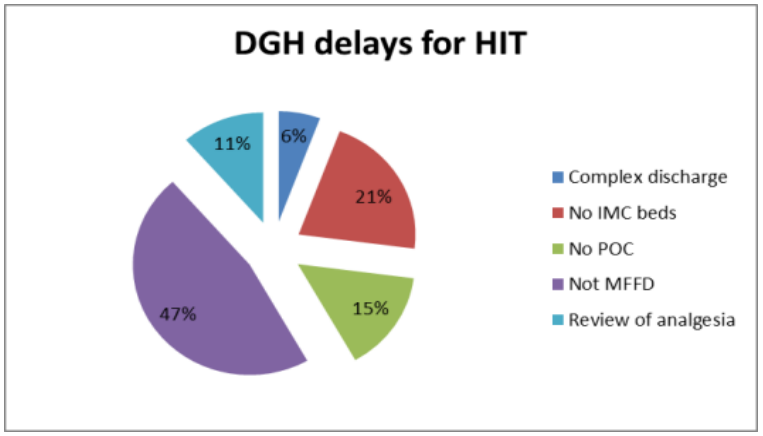
Eastbourne DGH						
	April	May	June	July	August	September
Total patients seen	245	246	215	247	251	258
Total discharged	147	180	154	186	165	162
Conversion rate	60%	73%	71%	75%	66%	63%

- Small increase in referral numbers at EDGH.
- Increasing referral numbers directly from A&E – team are proactively sourcing referrals
- Low number of patients admitted for complex discharge planning
- **DELAYS** due to:
- Transfer to intermediate care beds, no POC availability or patients who are not medically ready to leave hospital.
- Staffing has been challenged due to a high sickness rate within the service.

Response Data

- 78% of patients referred to HIT are assessed within 2 hours of referral
- 96% of patients are assessed by HIT within 4 hours of referral.

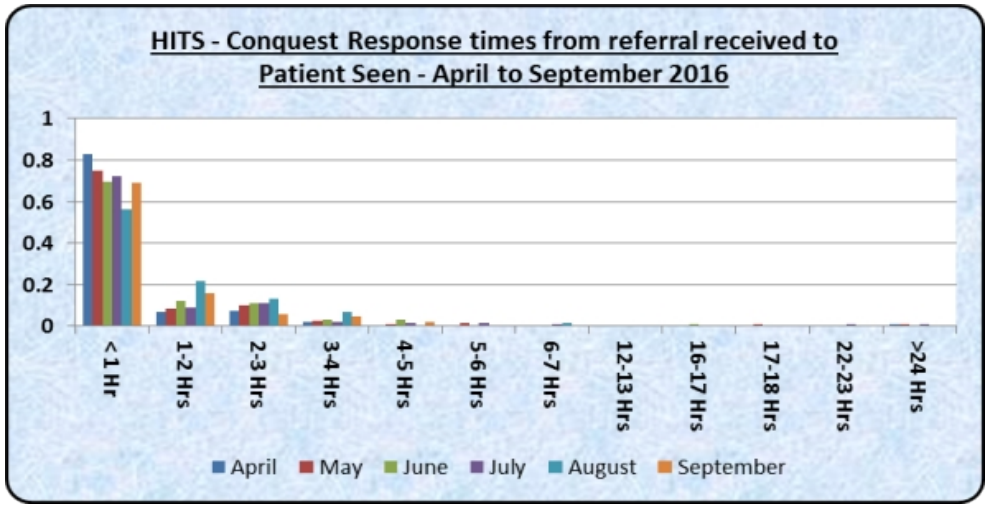




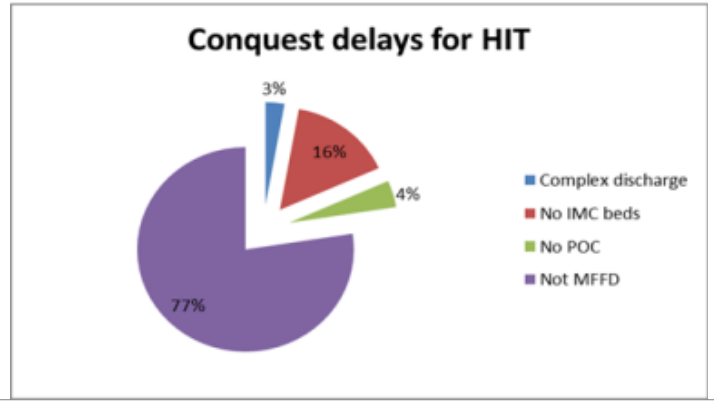
HIT Conquest:

Conquest						
	April	May	June	July	August	September
Total patients seen	134	113	110	134	119	149
Total discharged	97	83	77	98	79	96
Conversion rate	72%	73%	70%	73%	66%	64%

- September has been one of the busiest months for the Conquest team in 2016.
- Team have managed a higher caseload with absence within in the team.
- **DELAYS:** Patients who are waiting analgesia before their HIT assessment - shared in a A&E meeting.
- multiple contacts patients
- patients who become medically unwell during their assessment.
- **ACTION**: CQ team redistributing referral criteria. The Conquest team continue to assess over 50% of their patients in less than one hour of receiving a referral.



- Difference in team activity data across both sites .
- streamlining of the services cross-site.
- **ACTION**: Peer support for CQ to embed proactive approach.



2020 Metrics

2020 METRICS

East Sussex Healthcare NHS
NHS Trust

2020 Metrics: Safety & Quality

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	This Yr	Last Yr	Var	
Total patients safety incidents reported	M	924	916	956	978	1053	1078	1012	1499	1799	1787	1396	1107	880	20.5%	10731	7094	33.9%	
Total Non-ESHT patients safety incidents reported	M	73	122	110	84	319	243	148	168	145	164	136	117	104	12.5%	1440	932	35.3%	
Falls Assessment Compliance	M					92.2%	93.9%	89.6%	91.4%	92.5%	85.2%	90.3%	85.6%			90.5%			
Pressure Ulcer Assessment Compliance	M					93.4%	86.0%	87.5%	92.0%	86.7%	94.0%	91.2%	95.8%			90.5%			
No of MRSA cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	-4	
No of CDI cases	4	3	4	3	5	2	7	7	2	6	3	4	2	5	-3	33	33	0	
No of MSSA cases	0	1	0	2	1	2	0	2	1	0	4	1	1	0	1	11	3	8	
Mixed sex accomodation breaches	0	3	27	29	0	0	0	0	0	0	0	0	0	16	-16	0	71	-71	
No of complaints reported	R	42	41	56	55	75	55	58	46	56	53	53	36	47	-30.6%	432	509	-17.8%	
All ward moves	M	2308	2254	2316	2331	2304	2345	2265	2314	2304	2282	2217	2206	2377	-7.8%	18237	18329	-0.5%	
Night ward moves	M	475	462	461	512	470	435	409	416	445	399	373	410	411	-0.2%	3357	3555	-5.9%	
Crude Mortality Rate	M	2.0%	2.1%	1.8%	2.3%	2.0%	1.7%	1.5%	1.4%	1.4%	1.4%	1.9%	1.5%	1.9%	-0.4%	1.6%	1.7%	-0.1%	
HSMR (CHKS)	100	100	104	110	102	106	97	112	100	98									
SHMI (CHKS)	100	100	71	83	77	80	75	85	72	74	64								

These metrics are planned to support the delivery of the Trust's 2020 strategy, which is available on the Trust website.

East Sussex Healthcare NHS
NHS Trust

2020 Metrics: Access & Delivery

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
A&E Performance (4 hour wait)	95.0%	85.6%	84.2%	84.8%	79.0%	83.9%	85.0%	83.2%	82.6%	79.5%	80.5%	78.1%	82.4%	88.4%	-6.0%	81.9%	90.5%	-8.6%	
A&E 12 Hour trolley waits	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	3	1	2	
A&E Unplanned re-attendance	5.0%	3.0%	3.0%	3.4%	3.0%	3.3%	3.3%	2.8%	3.0%	2.9%	3.0%	3.1%	3.0%	2.9%	0.0%	3.1%	3.1%	0.0%	
A&E Time to Initial Assessment (% Ambulance conveyances within 15 minutes)	M	95.0%	92.2%	92.1%	88.5%	94.3%	93.1%	90.7%	91.8%	90.1%	90.6%	89.6%	92.1%	96.0%	-3.9%	91.5%	95.9%	-4.4%	
A&E Time to Treatment (% within 60 Minutes)	M	49.6%	52.4%	48.1%	42.0%	47.0%	40.1%	36.6%	36.7%	36.7%	38.8%	39.5%	43.5%	53.9%	-10.3%	39.8%	50.4%	-10.6%	
A&E Left before seen	5.0%	1.6%	2.1%	2.6%	2.7%	2.1%	2.2%	1.3%	1.4%	1.4%	1.2%	1.2%	1.5%	1.3%	0.2%	1.5%	1.8%	-0.3%	
Non Elective Conversion Rate	M	27.5%	27.5%	26.8%	24.8%	26.5%	24.6%	25.1%	23.5%	23.4%	23.1%	24.8%	26.5%	26.7%	-0.1%				
A&E Cubicle Waiters (average number per day)	M	50	51	51	51	48	51	50	51	52	53	46	47	49	-2	57	58	-1	
Zero Length of Stay NEL admissions	R	600	564	631	555	656	610	594	562	521	403	519	502	601	-19.7%	4367	5703	30.6%	
% Zero LOS NEL Ambulatory admissions	M	40.7%	40.8%	41.4%	37.9%	43.4%	40.5%	39.5%	38.4%	36.9%	31.4%	37.6%	35.3%	41.6%	-15.3%	38.0%	43.8%	-5.8%	
Total Non Elective Beddays	M	23146	25732	24170	25700	23644	22663	21629	21928	22984	22663	22876	22542	22360	0.8%	180929	174690	3.4%	
RTT Incomplete (%patients waiting over 18 weeks)	92.0%	92.1%	92.1%	92.2%	90.5%	90.2%	90.7%	89.5%	88.5%	87.5%	86.7%	85.7%	85.6%	92.8%	-7.2%	88.0%	93.7%	-5.7%	
RTT 52 Week waiters	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Diagnostic performance (% patients waiting over 6 weeks)	1.0%	2.0%	3.8%	2.4%	6.7%	2.9%	2.7%	2.6%	2.2%	3.0%	2.5%	0.9%	1.6%	1.0%	0.7%	97.7%	98.3%	-0.6%	
Cancer 2WW standard	93.0%	91.9%	92.5%	94.9%	96.9%	96.0%	95.6%	96.5%	97.1%	97.3%	97.1%	97.2%		[illegible]	[illegible]	96.7%	90.5%	6.2%	
Cancer 2WW standard (Breast Symptoms)	93.0%	90.0%	99.1%	93.0%	90.0%	93.2%	98.5%	96.9%	95.8%	95.8%	96.9%	97.2%		[illegible]	[illegible]	96.4%	88.1%	8.3%	
Cancer 31 Day standard	96.0%	98.3%	96.9%	98.8%	99.3%	98.5%	99.4%	98.3%	97.7%	99.1%	98.8%	98.7%		[illegible]	[illegible]	98.7%	97.4%	1.3%	
Cancer 31 Day subsequent drug treatment	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		[illegible]	[illegible]	100.0%	100.0%	0.0%	
Cancer 31 Day subsequent surgery	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%		[illegible]	[illegible]	98.8%	100.0%	-1.2%	
Cancer 62 day urgent referral standard	85.0%	80.6%	73.0%	70.5%	79.4%	67.6%	68.3%	82.3%	75.3%	79.5%	72.6%	82.5%		[illegible]	[illegible]	75.8%	74.8%	1.0%	
Cancer 62 day screening standard	90.0%	60.0%	33.3%	100.0%	42.9%	100.0%	66.7%	62.5%	100.0%	88.9%	85.7%	91.7%		[illegible]	[illegible]	84.4%	81.3%	3.1%	
Delayed Transfer of Care	3.5%	7.5%	7.5%	10.8%	9.4%	5.3%	5.7%	7.0%	7.7%	8.0%	9.7%	9.7%	7.6%	7.9%	-0.3%	7.6%	6.9%	0.6%	
Outpatient appointment cancellations < 6 weeks	R	41	21	21	18	14	29	47	34	37	30	41	44	29	34.1%	276	270	2.2%	
Outpatient appointment cancellations > 6 weeks	R	1287	1064	1134	1554	1126	1018	1263	1411	1502	1275	1245	1233	977	20.8%	10073	9748	3.2%	

East Sussex Healthcare NHS
NHS Trust

2020 Metrics: Leadership &Culture

Indicator Description	Target	Previous Months											Current Month			YTD			Trend
		Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Nov-15	Var	Yr	Last Yr	Var	
Trust Turnover rate	10.0%	14.1%	11.8%	11.3%	10.6%	10.3%	10.0%	10.0%	10.0%	9.8%	9.7%	9.9%	9.5%	12.1%	-2.5%	9.9%	12.3%	-2.4%	
Temporary costs and overtime as a % of total paybill	10.0%	17.1%	17.2%	17.7%	18.7%	15.0%	14.7%	15.5%	15.0%	16.2%	17.1%	16.6%	15.9%	17.3%	-1.4%	15.8%	16.5%	-0.8%	
Proportion of staff with up to date annual appraisal	85.0%	81.8%	83.2%	85.3%	87.3%	88.5%	89.8%	88.1%	86.3%	87.0%	83.2%	81.7%	79.3%	81.8%	-2.5%	85.4%	76.3%	9.2%	
Admissions Via A&E	M	2407	2446	2357	2433	2357	2398	2363	2409	2302	2215	2380	2416	2286	5.4%	18840	18362	2.5%	

2020 progress is reviewed on a regular basis by the Trust Board and the Improvement Committee


WHAT
MATTERS
TO YOU
MATTERS
TO US
ALL

Financial Special Measures Update

Meeting information:			
Date of Meeting:	24 January 2017	Agenda Item:	12J
Meeting:	Trust Board	Reporting Officer:	Jonathan Reid

Purpose of paper: (Please tick)			
Assurance	☐	Decision	☒

Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒

Other stakeholders please state: ……

Have any risks been identified ☒ *(Please highlight these in the narrative below)*	On the risk register?

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

January update on the Financial Special Measures, programme and the Financial Recovery Plan. The report covers the progress on project documentation, reporting and grip and control measures as well as highlighting the confidence in deliverability and the risks to delivering the operational deficit of £41.7m.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Finance and Investment Committee – 25th January

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to note the progress on the financial recovery plan, and the importance of Month 9 for establishing the full year forecast. The Board is asked to agree that the Finance and Investment Committee, following review by the Executive Directors, form a view on the full year forecast position once the M9 (December 2016) financial position is finalised.

East Sussex Healthcare NHS
NHS Trust

EAST SUSSEX HEALTHCARE NHS TRUST

FINANCIAL SPECIAL MEASURES PROGRESS UPDATE

24 January 2017
Jonathan Reid
Director of Finance

Overview

- Programme Overview
- Project Initiation Document Overview
- Progress Report
- Confidence in Deliverability
- Grip & Control Measures
- PMO Support and Programme Governance
- Managing and Delivering Month 9
- Identified Risks to Outturn Position
- Summary of Risks
- Next Steps

Programme Overview

The Trust was placed into Financial Special Measures(FSM) on 28th October 2016. This process ensures continued focus and support on improving the financial position without adverse impact on the quality of services. The Trust developed a Financial Recovery Plan to address an identified £16m of risk to delivery at Month 6, and this plan was – and remains – based on the operational plans of the Trust to improve patient flow and ensure continued and improved delivery of access targets. Delivery of the financial recovery plan, includes the following actions:

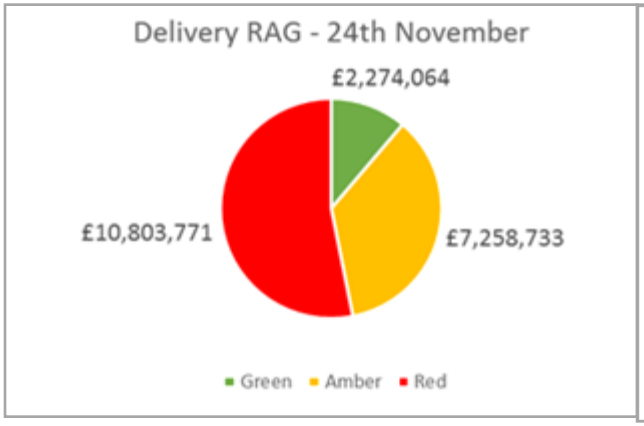
- accelerating 'Grip and Control' measures that include Vacancy Control Panel, Non-Pay Group, Waiting List Initiative controls, agency controls and greater compliance with policies around the use of additional clinical staff and rostering;
- progressing Cultural Change – building on the existing work to improve organisational and individual understanding of the financial position, and the financial consequences of clinical and operational decisions;
- strengthening the already robust financial governance and reporting arrangements
- developing, by 31/12/16, £20m of projects supported by PIDs, and delivering £16m of savings by 31/3/2017; and
- implementing strengthened programme and project management arrangements, including a refreshed Programme Management Office, new governance arrangements and weekly PMO meetings review with the key workstreams.

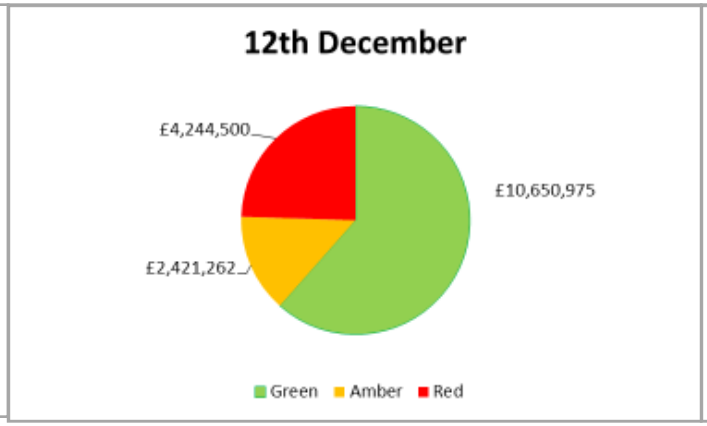
The Trust had a formal FSM review on 29th November with the next formal FSM review on 6th February 2017. A 'soft review' was held on 5th January 2017. The Trust has regular formal and informal support from the FSM team, and in particular from the FSM Improvement Director, Richard Boys-Jones.

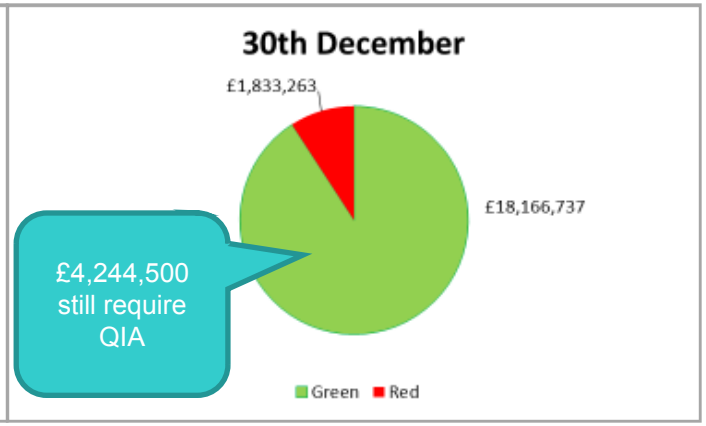
Progress – Developing the Programme

East Sussex Healthcare NHS Trust

As part of the Trust initial response to FSM, the Trust committed to develop schemes, supported by PID's, of £20m by 30th December. By 30th December, the Trust had developed £18.2m of agreed PIDs, with a number still working through the QIA process. The Trust continues to develop the pipeline of schemes, but is focusing on delivery.







	Complete - signed off			Complete - awaiting sign off			Not started			Grand Total		
	Number of PID's	Number of Schemes	Scheme Value	Number of PID's	Number of Schemes	Scheme Value	Number of PID's	Number of Schemes	Scheme Value	Number of PID's	Number of Schemes	Scheme Value
Data Quality & Clinical Networks	5	6	2,011,575							5	6	2,011,575
Elective Pathways	6	14	2,283,506							6	14	2,283,506
Non-pay	1	15	569,732							1	15	569,732
Patient Flow	5	6	1,312,216							5	6	1,312,216
Clinical Services	2	4	2,455,000							2	4	2,455,000
IM&T	1	1	300,000							1	1	300,000
Income & Technical	2	9	6,200,000							2	9	6,200,000
Workforce - Medical	1	6	813,852							1	6	813,852
Workforce – Non-clinical and other clinical	2	9	1,741,689							2	9	1,741,689
Workforce - Nursing	1	5	479,167							1	5	479,167
Pipeline									1,833,263	0	0	1,833,263
	26	**75**	**18,166,737**	**0**	**0**	**0**	**0**	**0**	**1,833,263**	**26**	**75**	**20,000,000**

East Sussex Healthcare NHS
NHS Trust

Showing the Impact of the Financial Recovery Plan

High Level Position

	M7 YTD	M8	M9	M10	M11	M12	Total
FOT m7	(28,479)	(4,132)	(3,730)	(3,630)	(3,630)	(3,830)	(47,431)
STF	(2,600)	(1,300)	(1,300)	(1,300)	(1,300)	(2,600)	(10,400)
FOT m7	(31,079)	(5,432)	(5,030)	(4,930)	(4,930)	(6,430)	(57,831)
FRP		982	2,999	3,429	3,653	4,934	16,130
Revised operational deficit plan		**(4,450)**	**(2,031)**	**(1,501)**	**(1,277)**	**(1,496)**	**(41,701)**

	M7 YTD	M8	M9	M10	M11	M12	Total
Pay	(156,293)	(22,567)	(22,478)	(22,511)	(22,543)	(22,544)	(268,935)
Non-Pay	(88,175)	(13,136)	(12,671)	(12,551)	(12,549)	(12,937)	(152,019)
Income	22,514	3,001	2,938	2,942	2,941	2,941	37,276
Contract Income	190,875	27,270	27,181	27,191	27,221	26,110	325,847
FOT m7	**(31,079)**	**(5,432)**	**(5,030)**	**(4,930)**	**(4,930)**	**(6,430)**	**(57,830)**
		5,432					

	M7 YTD	M8	M9	M10	M11	M12	Total
Pay	-	22	273	456	456	538	1,746
Non-Pay	-	100	921	930	996	1,396	4,343
Income	19	29	205	205	205	205	867
Contract Income	113	832	1,600	1,838	1,996	2,796	9,174
FRP	**132**	**982**	**2,999**	**3,429**	**3,653**	**4,934**	**16,130**

	M7 YTD	M8	M9	M10	M11	M12	Total
Pay	(156,293)	(22,545)	(22,204)	(22,055)	(22,086)	(22,006)	(267,189)
Non-Pay	(88,175)	(13,036)	(11,750)	(11,621)	(11,553)	(11,541)	(147,676)
Income	22,533	3,030	3,143	3,147	3,146	3,146	38,144
Contract Income	190,988	28,102	28,781	29,028	29,216	28,905	335,021
Revised operational deficit plan	**(30,947)**	**(4,449)**	**(2,031)**	**(1,501)**	**(1,277)**	**(1,495)**	**(41,701)**

Actual/Forecast	**(30,947)**	**(4,449)**	**(2,031)**	**(1,501)**	**(1,277)**	**(1,495)**	**(41,701)**

This shows an initial forecast of £57.8m deficit (£16.1m above the initial plan for the Trust). The forecast excludes sustainability and transformation funding (STF) of £10.4m. The recovery plan and the impact are also shown, leading to delivery of the £41.7m planned deficit. The Trust set an initial deficit plan of £48m - £41.7m would represent a £6m improvement on 2015/16. It would also trigger a £7.28m STF payment to the Trust.

FRP Income Impact for 2016/17

East Sussex Healthcare NHS Trust

INCOME

	M7 YTD	M8	M9	M10	M11	M12	Total
Income	22,514	3,001	2,938	2,942	2,941	2,941	37,276
Contract Income	190,875	27,270	27,181	27,191	27,221	26,110	325,847
Income	**213,389**	**30,271**	**30,119**	**30,132**	**30,162**	**29,051**	**363,123**
FRP							
Data Quality & Clinical Networks	-	-	101	101	101	101	404
Elective Pathways	19	29	29	29	29	29	163
Technical - Investment Recovery CF	-	-	-	-	-	-	-
Technical - Provider to Provider	-	-	75	75	75	75	300
Other Income	**19**	**29**	**205**	**205**	**205**	**205**	**867**
	-						
Data Quality & Clinical Networks	37	140	680	680	805	805	3,148
Elective Pathways	76	92	209	418	451	451	1,698
Income Winter	-	300	300	300	300	300	1,500
Income General Growth	-	300	300	300	300	300	1,500
Clinical WIP	-	-	-	-	-	800	800
Patient Flow	-	-	116	154	154	154	577
Contract Income	**113**	**832**	**1,606**	**1,852**	**2,010**	**2,810**	**9,224**
FRP	**132**	**861**	**1,810**	**2,057**	**2,215**	**3,015**	**10,091**
Post FRP							
Income	22,533	**3,030**	**3,143**	**3,147**	**3,146**	**3,146**	**38,144**
Contract Income	190,988	**28,102**	**28,787**	**29,043**	**29,231**	**28,920**	**335,071**
Revised operational deficit plan	**213,521**	**31,132**	**31,929**	**32,189**	**32,377**	**32,066**	**373,214**
Actual/Forecast Income	22,514	3,657	3,143	3,147	3,146	3,146	**38,752**
Actual/Forecast Contract Income	190,875	28,125	28,787	29,043	29,231	28,920	**334,980**
Total Actual/Forecast Income	**213,389**	**31,781**	**31,929**	**32,189**	**32,377**	**32,066**	**373,732**
Variance		**649**	**-**	**-**	**-**	**-**	**334,980**

The Trust has a detailed month-by-month plan of the actions it needs to take to ensure full recovery of income for all activity undertaken. In addition, as the Trust delivers an improvement in system and organisational flow over the remaining four months of the financial year, the level of overall activity will rise. The Trust, however, recognises that local health economy resource is constrained and as a result is working closely with CCG colleagues to ensure health economy financial balance to the fullest extent possible.

FRP - Affordable Pay and Non-Pay for 2016/17

East Sussex Healthcare NHS
NHS Trust

PAY

	M7 YTD	M8	M9	M10	M11	M12	Total
Pay	**(156,293)**	**(22,567)**	**(22,478)**	**(22,511)**	**(22,543)**	**(22,544)**	**(268,935)**
FRP							
Technical	-	-	-	-	-	-	-
Workforce - Medical	-	-	151	221	221	221	814
Workforce – Non-clinical and other clinical	-	22	22	70	70	70	252
Workforce - Nursing	-	-	50	115	115	197	478
Patient Flow	-	-	51	51	51	51	202
FRP	**-**	**22**	**273**	**456**	**456**	**538**	**1,746**
Post FRP							
Revised operational deficit plan	**(156,293)**	**(22,545)**	**(22,204)**	**(22,055)**	**(22,086)**	**(22,006)**	**(267,189)**
Actual/Forecast Pay	**(156,293)**	**(22,797)**	**(22,204)**	**(22,055)**	**(22,086)**	**(22,006)**	**(267,441)**
Variance	**-**	**(252)**	**-**	**-**	**-**	**-**	**(252)**

NON-PAY

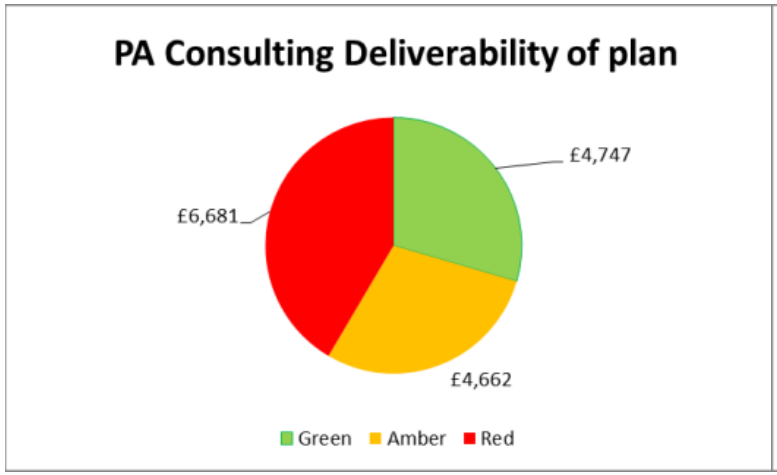
	M7 YTD	M8	M9	M10	M11	M12	Total
Non-Pay	**(88,175)**	**(13,136)**	**(12,671)**	**(12,551)**	**(12,549)**	**(12,937)**	**(152,019)**
FRP							
Elective Pathways	-	-	186	195	261	261	904
Non-pay	-	-	145	145	145	145	581
Technical - Investment Recovery CF	-	-	125	125	125	125	500
Technical - Review of Balance Sheet	-	-	-	-	-	200	200
Technical - Appropriate Capitalisation	-	-	125	125	125	125	500
Technical - Revaluation	-	-	-	-	-	200	200
Technical - Contract negotiations	-	60	60	60	60	60	300
Technical - Clinical Standardisation	-	40	40	40	40	40	200
Patient Flow	-	-	239	239	239	239	957
FRP		**100**	**921**	**930**	**996**	**1,396**	**4,343**
Post FRP							
Revised operational deficit plan	**(88,175)**	**(13,036)**	**(11,750)**	**(11,621)**	**(11,553)**	**(11,541)**	**(147,676)**
Actual/Forecast Non-Pay	**(88,175)**	**(13,279)**	**(11,750)**	**(11,621)**	**(11,553)**	**(11,541)**	**(147,919)**
Variance	**-**	**(243)**	**-**	**-**	**-**	**-**	**(243)**

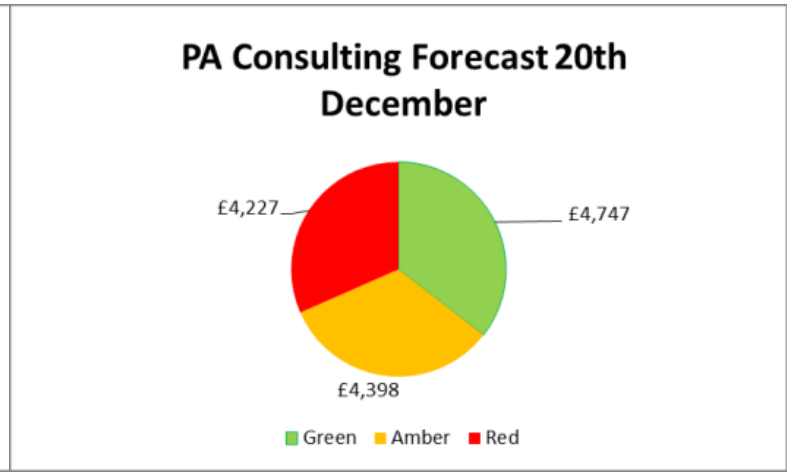
These tables show the impact of the FRP on the Trust's pay and non-pay budgets, noting the need to maintain clinical safety and operational delivery. The main drivers of pay and non-pay improvements are improved grip and control, and specific actions agreed through the Temporary Workforce Board.

Confidence in deliverability

East Sussex Healthcare NHS Trust

The graphs show the deliverability RAG rating, there are 3 graphs as there has been 3 separate assessments. This is a continually changing position that is being monitored closely. A further update will be provided at the January FilC.





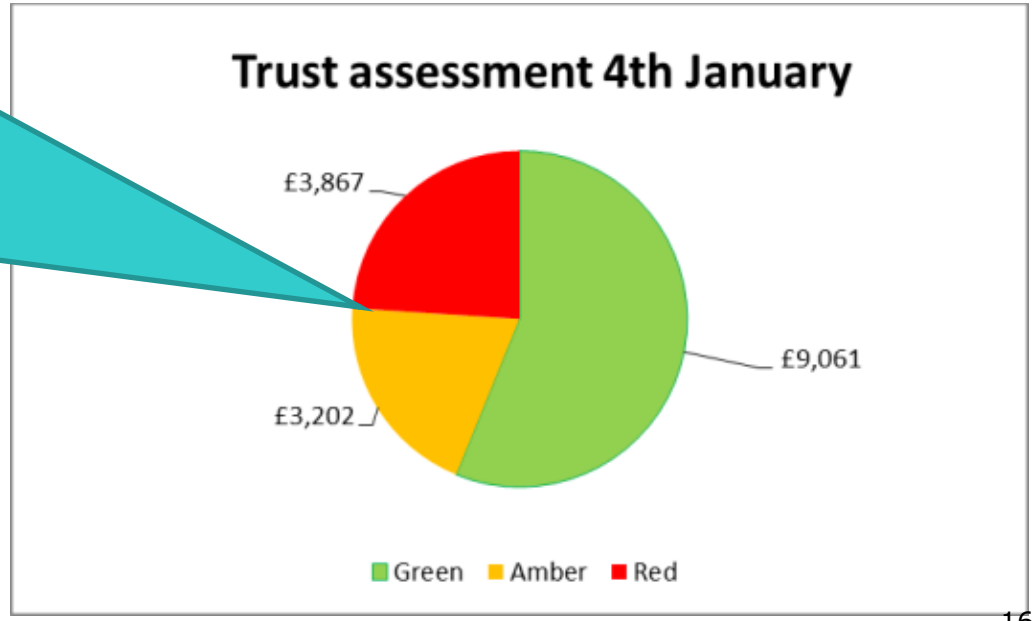
The high risks schemes include :

Red

- Income Generic Growth
- Clinical Services Contribution
- ITU Income

Amber

- Theatre Utilisation
- LOS Reductions
- Admissions Avoidance
- DTOC Reductions
- Non-Pay stretch
- T&O Escalations
- Outpatients – delivery of sessions in line with JP Operational Structure



Grip & Control

The Trust has put into place the following grip and control measures:

- Vacancy Control Panel
- Non-Pay group
- Standardised WLI rates and internal Locum rates as well as strengthened the approval processes
- Mandated medical agency via Direct Engagement
- Revision of policies including HealthRoster and Specialling

Self Assurance is ongoing - but there are 2 main groups that meet:

- Vacancy Control Panel

  Meeting every week 7/8 meetings have taken place since 10th November, minimum of 2 attendees at every meeting, with the maximum of 5 attendees.

  183 posts reviewed, 155 posts approved, 28 in progress/with questions asked

- Non-Pay Group

  Meeting twice weekly and have taken place since 9th November, with the maximum of 8 attendees, £2.5m of expenditure has been reviewed, with £0.7m being approved, £0.1m declined and the balance requiring further justification.

Weaknesses that have been identified as part of the grip and control measures:

- Redundancy & Early Retirements

  Issue – requirement for strengthened information sharing and communication

  Action – DoF and HRD to agree refreshed process.

- Escalation Beds

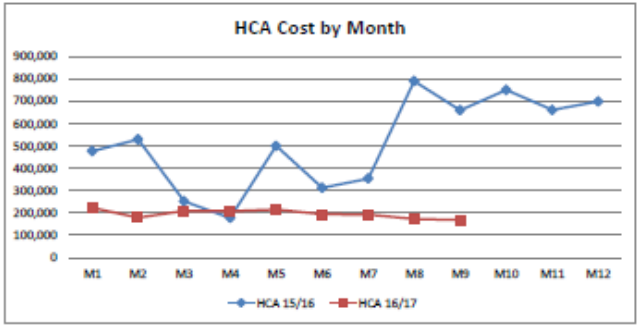
  Issue - financial impact was not fully captured during escalation decisions

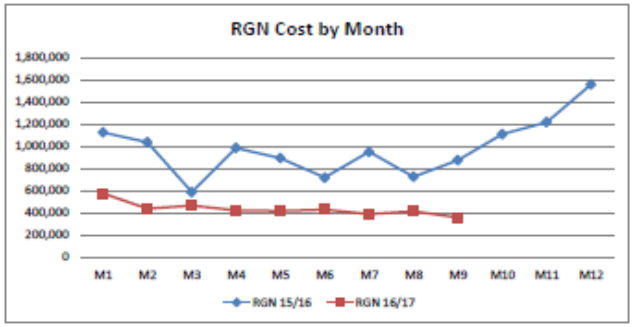
  Action – agreeing bed baseline with CCGs and DoF to develop an internal approval process

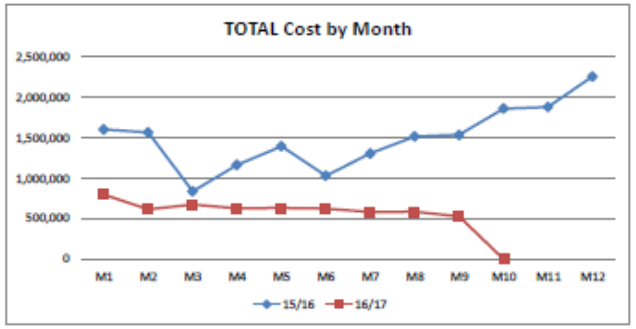
Grip & Control – Nurse Agency

East Sussex Healthcare NHS Trust

The graphs and data below demonstrate that the nurse agency expenditure is reducing as part of the grip and control measures. Further work is required on medical agency spend.







BREAKING GLASS

CU	Shifts	Variance £
Urgent Care	6	122
Surgery, Anaes & Diagnostics	12	297
Out of Hospital Care	7	460
Women Children & Sexual Health	2	31
Medicine	10	483
Total	37	1,393
Total Shifts	310	78,765
Total Breaking Glass	37	9,418
%	12%	12%

4 Week Trend : Breaking Glass by shift	Shifts	Variance
wc 05/12/16	565	
wc 12/12/16	570	5
wc 19/12/16	459	-111
wc 26/12/16	310	-149

WARD	Shifts	Variance £
JCR High Weald Lewes & Havens	4	242
Pevensey Ward EDGH	3	238
Therapy Acute Team Conquest	3	218
Seaford 4	4	162
Emergency Department Edgh	5	104
Endoscopy Conquest	1	87
MAU Edgh	2	55
Folkington Low Acuity Ward Edgh	2	43
Radiology Edgh	3	42
Seaford 2 Escalation Ward	1	42
Hailsham 4 Urology EDGH	2	36
Frank Shaw / Delivery Conquest	2	31
Benson Ward CQ	1	22
Emergency Department Cq	1	18
Hailsham 2	1	18
Hailsham 3 EDGH	1	18
Berwick Ward EDGH	1	18

SHIFT REQUEST REASONS

Reason	Shifts	Total Cost
Estab Vacancies	130	34,660
Additional Capacity	88	23,327
Special	52	10,243
Sickness - Short Notice	40	10,535
Infection	0	0

4 Week Trend

	Shifts	Cost	Variance
wc 05/12/16	565	140,492	
wc 12/12/16	570	144,383	3,891
wc 19/12/16	459	106,877	-37,506
wc 26/12/16	310	78,765	-28,112

East Sussex Healthcare NHS
NHS Trust

Support for Financial Efficiency PMO

The Trust is actively recruiting to the Financial Efficiency PMO roles that have been agreed by the Board - however there is a lead in time for this. In order to ensure that progress continues at pace the Trust is proposing the following package of support:

- A scaled down external support team, consisting of 3/4 people to support the delivery of the schemes, a business case has been submitted to NHSI/Finance & Investment Committee to review the detail,
- External senior programme support from an individual that has previously worked at a Trust in FSM, this individual would cost half of what the current external support team would charge for the same resource. This individual has significant experience as a PMO Programme Manager,
- One day a week of another experienced individual who has had significant success with data quality and coding,
- A substantive appointment has been made to the Head of Procurement post and the Trust is currently recruiting a substantive Head of Contracting
- Identify resources internally that can be diverted to work of the efficiency programme.

Managing Month 9

Month 9 is a critical month for the Trust and a full reforecast of the numbers is required in addition the following actions are required to secure the FRP:

- Full Closedown
- Detailed review of accruals
- Agree balances with CCG's
- Formal Contract Letter
- Calculation of Clinical Work in Progress
- Stock Calibration

This table shows the initial deliverability RAG rating for the schemes due to deliver in December. Half of the value is medium and high risk of not delivering.

Scheme	Dec FRP
Clinical Services Contribution	541
Income - Generic Growth	300
ITU Income	51
Theatres utilisation	268
DTOC reduction	113
Non-Pay Stretch	100
Patient Flow improvement - LOS reduction	89
Non-Pay	31
Operational structure	22
Income - Winter	300
Theatres utilisation	135
Appropriate Capitalisation	125
Investment Recovery (CF)	125
Non-Pay	114
Agency rates - Direct Engagement	108
DTOC income	101
Provider to Provider SLAs	75
Outpatients - Uncaptured OPPROCs activity	70
A&E Coding	61
Inpatient Coding	42
Internal Locum - rate reduction	38
BPT Heart Failure	37
Agency volume - eRoster	35
A&E Missing DTA Income	21
Outpatients - Paediatric & Gynae	20
Ante & Post-natal attendances	19
Interventional Radiology - High Cost Devices	16
Agency volume - Specialing	15
NCA - Radiology	10
Breast MRI	6
Outpatients - Late recorded activity	6
Agency Volume - WLI reduction	5
Total	**2,999**

Risks to Outturn Position

- The Trust needs to deliver the FRP of £16.1m to achieve the operational deficit plan of £41.7m.
- From the table in the previous slide, there is currently £1.5m of risk of delivering the December FRP. Whilst some of these higher risk schemes will deliver in future months, the FRP value that needs to be delivered increases each month as is shown on slide 5.
- Assuming the £1.5m is not delivered in December and this continued to the end of the financial year, the Trust would end up with a operational deficit of £47.7m, which would be £6m behind plan.
- This would be an extremely challenging position for the Trust to be in, so everything possible needs to be done to ensure the FRP is delivered in full.
- Further risks to delivering the financial position are shown on slide 13.
- It is recommended that the Finance & Investment Committee receive a report from the Executive Directors on the forecast position once the December numbers are finalised – with escalation to the Trust Board as appropriate. .

Summary of risks

Risk	Mitigating actions
Capacity to deliver Plan	• Mobilisation of financial efficiency PMO • Robust programme management • Weekly progress check via PMO Delivery Meeting • Established Financial Improvement and Sustainability Programme Board to oversee delivery of the FRP • Rapid shift to divisional ownership of the Plan • Targeted external delivery support
Delivery of Plan in full	• Continued and rapid development of the pipeline to mitigate risk • Robust programme management to ensure early escalation of blocks and slippage against plan
Impact of winter	• Establish effective internal tracking and reporting mechanisms and escalation processes to drive action • Clear activity plan setting out daily targets, linked to the FRP
System-wide affordability of the plan	• Ongoing dialogue with CCG to negotiate / agree income position • Pipeline with a focus on cost reduction

Next Steps

- It is recommended that the Finance & Investment Committee form a view on the forecast position once the December financial position is finalised.
- Executive Directors through PMO will continue to monitor and support delivery throughout January. Pipeline to continue to be developed throughout January.
- NHS Improvement to observe a number of Trust meetings during January 2017, to include:
  - financial PMO meetings
  - grip and control meetings
  - Finance & Investment Committee
  - Financial Improvement & Sustainability Board
  - Urgent Care Board
- Informal review meeting week ending 27 January 2017
- Formal FSM review on 6 February 2017

Annual Plan and Budget 2017-18

Meeting information:			
Date of Meeting:	24th January 2016	Agenda Item:	13K
Meeting:	Trust Board	Reporting Officer:	Jonathan Reid

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)

Key stakeholders:		Compliance with:	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSi/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒

Other stakeholders please state: .....

Have any risks been identified ☒ *(Please highlight these in the narrative below)*	On the risk register?

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

This paper sets out the latest iteration of the operational plan for 2017/18 and 2018/19 for the Trust. It is an initial plan, and subject to iteration as the Board and the Trust agree with Clinical Leaders the detail of Clinical Unit and Divisional priorities over the period to March 2017.

The plan reflects national planning requirements, set out by NHS Improvement, and local circumstances, and is written within the context of the ESHT 2020 Strategic Plan. The Trust's operational plan aligns with the Sussex and East Surrey Sustainability and Transformation Plan (STP) and, as this develops, the plan will be refreshed. Central to the plan is the delivery of the East Sussex Better Together Programme.

The financial plan is likely to require further development and amendment, in the move towards a finalised plan by March 2017 – and the outworking of the Financial Recovery Plan and East Sussex Better Together will have implications for the operational plan. The Trust Board has previously agreed the control total for 2017/18 and 2018/19, noting both the level of risk in the current financial position and the opportunities that have been highlighted by the Financial Special Measures regime.

There are risks to delivery of the operational and financial plan and these will be kept under review. The final iteration of the plan will be developed and presented to Trust Board in March 2017.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

This plan has been reviewed in detail by the Trust's Financial Improvement & Sustainability Committee on 20th of December 2016, and the Finance & Investment Committee on 21st of December 2016.

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to consider the main components of the draft plan. The Board is asked to agree that individual sub-Committees consider and develop their components of the plan over the period to March 2017.

East Sussex Healthcare NHS Trust

Initial Operational Plan 2017/18 and 2018/19

23 December 2016

Introduction

This paper sets out the latest iteration of the operational plan for 2017/18 and 2018/19 for East Sussex Healthcare NHS Trust. The plan is an initial iteration, and will be developed through dialogue with Clinical Leaders and Committees over the period to March 2017, aimed at finalisation – a separate paper to the Trust Board describes the detail of the internal planning process, and the ongoing work within East Sussex Better Together to finalise a system plan.

The draft plan reflects national planning requirements, set out by NHS Improvement and NHS England, and local circumstances. Specifically, the plan reflects the priorities described within ESHT 2020 and the East Sussex Better Together Programme – and the Sussex and East Surrey Sustainability and Transformation Plan. As these strategic plans are finalised over the remainder of 2016/17, the Trust plan will be refreshed to ensure full alignment.

The Trust has developed a Financial Recovery Plan through the Financial Special Measures programme. This plan has been reviewed in detail by the Trust's Financial Improvement & Sustainability Committee on 20th of December 2016, and the Finance & Investment Committee on 21st of December 2016. As required by NHSI, the Trust presented its Financial Recovery Plan on 29th November 2016 and this was approved by NHSI, following approval by the Trust Board . The Trust is to present progress to NHSI at the end of January 2017. The financial plan is likely to require further development and amendment at this point, in the move towards a finalised plan by March 2017.

The Trust Board has agreed the control total for 2017/18 and 2018/19, noting both the level of risk in the current financial position and the opportunities that have been highlighted by the Financial Special Measures regime.

Strategic Context

The Trust is working in close partnership with partners across East Sussex as a key member of East Sussex Better Together. Whilst organisations within East Sussex Better Together maintain their own statutory status and organisational form, the partners are moving at pace towards an integrated care delivery model, and an accountable care organisation approach. As a result, plans are being developed at a system level to address the operational and financial challenges faced by East Sussex.

The East Sussex Better Together integrated Strategic Investment Plan outlines the combined health and social care spending profile up to 2021. The aim is to change the system by increasing investments in primary and community based services and through rationalising shared budgets.

The next step is to develop the joint commissioning of services across the breadth health and social care within a single process. The development of an Integrated Strategic Planning and Investment Framework will align the strategic, planning and delivery functions where appropriate and where this helps us to fully deliver the move to a system of accountable care.

For East Sussex Healthcare, the key organisational priorities for the Trust are articulated in ESHT 2020, which sets out the forward strategy for the Trust in the context of East Sussex Better Together. The ESHT 2020 strategic objectives for the Trust are:

- Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients.
- All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.
- We will work closely with commissioners, local authorities, and other partners to prevent ill health and to plan and deliver services that meet the needs of our local population in conjunction with other care services.
- We will operate efficiently and effectively, diagnosing and treating patients in timely fashion to optimise their health.
- We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.

Activity Planning for 2017/18 and 2018/19

The table below sets out, at a high level, the main components of the acute activity plan for the next two years – with further work to do on the community components of the plan. This will be subject to significant change as the detail of the plans within East Sussex Better Together is jointly agreed and reflected in Trust activity plans.

	2016/17 FOT Spells	2017/18 Plan Spells	2018/19 Plan Spells
Total non-elective admissions (Specific Acute)	38,348	37,054	37,480
Total elective admissions spells (ordinary admissions and day cases) (Specific Acute)	48,843	52,623	48,427
Consultant led first outpatient attendances (Specific Acute)	122,810	129,177	118,242
Consultant led follow up outpatient attendances (Specific Acute)	204,035	203,717	205,984
Total A&E attendances excluding planned follow ups	114,387	114,476	115,759
Total	528,423	537,047	525,892

The initial plan for 2017/18 and 2018/19 submission is underpinned by the methodology outlined below and has been developed and agreed with local commissioners:

Baseline

- Baselines set using month 6 forecasted outturn for 2016/17, using seasonal modeling.
- East Sussex County Council growth assumptions have been assessed to identify likely demographic growth for 2017/19 and an indicative figure of 1.1% per year has been used to represent this and other growth factors

Demand and Capacity

In collaboration with joint commissioners and as a key part of the planning process, the Trust used the national IMAS Elective Flow model for demand and capacity modeling.

Each specialty (split further by sub-specialty and site where required) underwent a demand and capacity review to identify:

- Requirement – activity required to maintain a steady state.
- Capacity required to meet the above against proposed capacity available for

2017-19 separately identifying core and additional.
- Milestones within pathways and wait time targets
- Maximum waiting list sizes required to support delivery of waiting time targets
- Backlog - number of patients over sustainable waiting list size
- How the requirement on the service compares to baseline activity level

Activity plans within the contract have been set to align with the capacity that the Trust has currently has available. The gaps identified as a result of this work between demand and capacity to meet the required standards are being assessed and reviewed in collaboration with the local commissioners to establish requirements for third party support/provision and the release of additional capacity based on demand management schemes and other remedial actions.

Local Initiatives

The Trust has taken part in a number of detailed discussions with commissioners around the potential impact of East Sussex Better Together (ESBT). At this point the Trust is assuming partial impact of these initiatives until changes in demand begin to be realised. This will mitigate against the risk of the Trust prematurely reducing capacity. However, the Trust is committed to jointly developing the schemes within ESBT as the only way to ensure financial sustainability at the pace required for the whole system.

Improvement Trajectories

- RTT trajectories have been modelled in conjunction with commissioners and currently forecast achievement in December. This is to realistically reflect the levels of activity required to reduce waiting lists to a sustainable size that enables achievement of the standard. There remains an element of risk attached to the delivery of this standard based on the need to outsource the level of activity required above that which is identified in the trusts capacity and demand modelling.
- A&E remains an area of significant challenge for the Trust and whilst striving to achieve the 95% remains the goal for the Trust, it is recognised that this will require significant focus and support. The trajectory for this therefore reflects the ongoing challenges. The Trust has an embedded action plan to improve the position which focuses on key areas within the ED. This is being managed and monitored through the Improvement Programme and the Urgent Care Board and is reflected in our STF trajectories.

Bed requirement

The Trust has assessed the variation in demand for beds. This has included reviewing requirement on beds for the following:

- Core beds, modelling 85th percentile of variation in demand through April to October
- Winter resilience increasing bed stock, modelling at 95th percentile variation in demand through November to February. We consider this allows the flexibility to meet the requirement for the 85% occupancy bed rate suggested for the winter period.

A series of system actions required to support the Trust in delivering resilience over winter have been agreed, and this process will be repeated into the next two years.

Quality Planning

Approach to Quality Governance

The Trust is committed to delivering good quality care and experience for our patients and providing our staff with the opportunity to help shape and be part of key improvement priorities. The Lead Executive for Quality Improvement is the Director of Nursing.

The Trust has developed a 2020 strategy outlining the priorities required to become a good to outstanding rated organisation by 2020. This will be achieved through 5 key areas which are quality and safety, leadership and culture, clinical strategy, access and operational delivery and financial control and capital development. The Trust Risk and Quality Delivery Strategy outlines the complete governance structure to deliver this detailing the close and crucial links between corporate and operational delivery functions. Each Group under the Safety and Quality Structure will have a work plan for the year with clear outcome measures set and tracked by the Patient Safety and Quality Group. These set the direction and priority of work required for each group to improve quality. The 2016/17 work plan is detailed within the strategy.

CQC risks/ risks associated with quality special measures; the trust was re-inspected in October 2016 and is expecting the draft report in January 2017. Initial feedback from this identified end of life care and the emergency care pathway including patient flow as requiring further improvements. The specific concerns raised from the 2015 inspection that resulted in the trust rated as inadequate overall and subsequently placed in special measures have been addressed. Mortality was also a concern to the trust and therefore a specific mortality improvement project was established and is continuing that is showing signs of improvement in trust mortality figures. The more complex concerns that were raised from the initial CQC report around leadership and culture are still progressing and improving. The trust board has changed significantly from the 2015 inspection resulting in organisational structure changes with ongoing staff engagement to help address the culture issues. The results of the recent staff survey and the CQC inspection will provide further insight into progress and areas for improvement that will be addressed and reported through the appropriate groups and committees.

The Trust will share improvement programmes and schemes through the following:

- Quality Account – This document will describe the main quality account priorities for the year ahead and will provide a report on the achievements to the previous year priorities. This will also include the Sign up to Safety Campaign initiatives. Progress on these priorities is reported during the year to the Patient Safety and Quality Group. Clinical outcomes from various specialties will also be reported within this document.
- Commissioning for Quality and Innovation (CQUINs) – These are improvement schemes agreed with the Lead Clinical Commissioning Group that are linked to achievement payments. There is a CQUIN manager in place for the Trust reporting to the Associate Director of Knowledge Management. The schemes and progress towards them are reported to the Patient Safety and Quality Group.
- Reports to Trust Board, Quality and Safety Committee and other senior Groups – Comprehensive reports submitted to these committees and groups will include regular tracking of metrics such as the Integrated Performance Dashboard (includes the Quality Floor to Board Dashboard) and specific measure to track progress on work plans for the key groups. Reports are produced covering all aspects of quality to these groups.
- The Divisions/Clinical Units receive a Monthly Governance Report that details all aspects of governance such as risks, incident, mortality, complaints, inquests, patient experience from the

previous month. A summary triangulating this information is provided within the main document to enable the department to see the key issues and to use as the escalation/summary to the Integrated Performance Reviews for each Division/Clinical Unit. The Divisions each have an Integrated Performance Meeting on a monthly basis chaired by the Chief Executive to review progress on quality, performance and strategy including improvement work.

- The floor to Board dashboard provides progress to the quality measures reviewed at Trust and then ward level to ensure each ward can track how they are performing on safety and patient experience.

There will be an Improvement Hub that will consist of a core team of improvement experts utilising other expert teams within the organisation. The work load for this team and prioritisation of projects/improvement work will be guided by the Improvement Sub Committee to ensure there is control and awareness of all the improvement programmes and projects within the Trust. Prioritisation for these projects/improvement schemes can be achieved through a simple assessment of the risk and level of impact on quality care and positive financial return. Support to these schemes will also be provided through the Project Management Office and the Listening into Action Programme Team coordinated through the Improvement Sub Committee. The improvement hub will also offer opportunities to staff that will support a culture of continuous improvement within the organisation through coaching, training in specific improvement techniques and secondment opportunities.

Summary of the quality improvement plan (including compliance with national quality priorities)

The Trust Quality Strategy supports the 2020 strategy and details further how the main aims to become outstanding by 2020 will be achieved. Specific areas are detailed below:

- National audits are managed through the Clinical Effectiveness Group with actions identified from the audits and national recommendations tracked for progress and completion.
- Seven day standards and progress to achieving these are managed by a task group and tracked through the Clinical effectiveness group.
    - The trust is committed to achieving the cqc standards in particular achieving the four priority standards by 2020 which have recently been audited with the following overall findings:
        - Consultant review of emergency admissions within 14 hours is relatively good however the time of the consultation needs to be recorded for all episodes in order to demonstrate compliance within 14 hours;
        - Diagnostics and interventions – access to consultant requested diagnostics is good. CT and microbiology access good throughout the week but echocardiography, ultrasound and interventional endoscopy could be improved at weekends;
        - Ongoing review – Recording and undertaking twice daily reviews by consultants in surgical and medical assessment units, acute medical unit and coronary care unit requires improvement. Once daily reviews in non-acute areas for the first 5 days of admission requires improvement.
    - To achieve the target the trust is conducting 6 monthly compliance audits to monitor progress and identify areas requiring further work. There is a 7 day standard oversight group to deal with the identified issues that reports progress to the trust Clinical Effectiveness Group. This process will enable the trust to drive forward progress to achieving the standards.

- Safe staffing – reported to workforce and development with links to the Patient safety and Quality Group to identify concerns through triangulation. Electronic rostering system in place to ensure compliance and recording data nationally.
- Care hours per patient day is achieved through the purchased safe care model aligned to E-rostering to ensure the care hours per patient are evaluated and monitored.
- Actions from better birth review is included within the maternity strategy.
- Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action is part of the mortality project and tracked through the Clinical Outcomes Group. The serious incident process is integrated within the organisation and specific reviews undertaken to ensure actions embedded and effective. Mortality review compliance recorded on database and reported monthly to the Clinical Outcomes Group.
- Anti-microbial resistance – Group in place to deliver this reporting to the Medicines Optimisation Group.
- Infection prevention and control - reduction trajectories in healthcare infections identified and agreed with commissioners. Reduction actions and improvements managed by the infection prevention and control group.
- Falls – Reduction trajectories set for each year and reported internally to Patient Safety and quality Group. Also identified priority in Sign up to Safety and the Quality Account
- Sepsis – A continuing CQUIN but also a Quality Account Priority and mortality driver. A Sepsis group in place reporting to Clinical Outcomes Group.
- Pressure ulcers – Sign up to Safety initiative with reduction trajectories.
- End of life care – Quality Account priority and part of the mortality project.
- Patient experience – A Patient Experience Steering Group in place with four patient representatives as members. Clear actions in place including feedback from complaints process and comprehensive feedback questionnaires collected as part of the FFT process.
- National CQUINs – CQUIN lead in place. Close liaison with CCGs and progress to delivery reported to the Patient Safety and Quality Group.

Summary of Quality Impact Assessment Process

A robust process is now in place to assess the impact of all CIPs and other change schemes identified by the Clinical Divisions and Corporate Functions on the quality and safety of services. The QIA assesses quality risks in relation to the following three quality and safety domains:

- Patient safety
- Clinical effectiveness
- Patient experience.

The assessments are undertaken at the initial period of development and only those requiring major change will be reviewed by a panel comprising the Medical Director and the Director of Nursing and recommendations are made to Finance Improvement Group. Any quality concerns are also raised and discussed at the Patient Safety and Quality Group. The Finance and Investment Committee will make the final decision to approve or reject plans. A record is kept of these decisions for audit and assurance purposes.

As plans are implemented the panel is responsible for monitoring the outcome and alerting the Patient Safety and Quality Group about any reduction in quality or safety. This may include identifying a new

measure/addition to a specific group work plan to ensure the change is measured and closely monitored to ensure a positive effect on patient care. The Integrated Performance Reviews chaired by the Chief Executive will also provide a useful monitoring process on known change schemes/ service initiatives.

Summary of Triangulation of Quality with Workforce and Finance

As detailed in the Risk and Quality Delivery Strategy the Quality and Safety programme forms one of the five key areas the trust is focussing on. Each of these key areas has a committee structure that details how the governance will work and align with all areas to ensure where safety concerns identified they will be shared with finance and workforce. Quality embraces the three domains of patient safety, clinical effectiveness and patient experience. Quality reports are structured around this along with the quality and safety committee structure.

This will enable the Trust to improve quality and clinical outcomes by ensuring that safe patient care is our highest priority whilst ensuring that we use our resources efficiently and effectively for the benefit of patients and their care and ensure our services are clinically, operationally and financially sustainable. Through this reporting structure the Trust reviews a variety of data sets and this data is triangulated from different sources to get a more complete picture, such as:

- patient stories
- surveys (both local and national)
- complaints, PALS and patient experience feedback
- performance
- national and local audit
- incidents, inquest and claims data and analysis
- reviews peer and external
- benchmarking
- clinical outcomes such as Stroke data

As a result of considering this data service development plans can be developed which acknowledge where the improvements need to be changed or built into services. Immediate actions can also be taken where there is an identified risk to patient safety.

The three sub board committees of Quality and Safety, Finance and Investment, and People and Organisational Development ensure the triangulation of safety, workforce and finance is an on-going process and not a specific function that occurs on an annual or six monthly basis.

Approach to Workforce Planning

Workforce Strategy

The workforce strategy and plan reflect the current and planned strategic developments at ESHT in line with:

- East Sussex Better Together (ESBT) – Transforming Community Services;
- Sustainable Transformation Plans (Sussex and East Surrey) (STP)
- ESHT Quality Improvement Plans.
- ESHT 2020 (our vision for becoming a high performing organisation by 2020)

The STP for Sussex and East Surrey is being led by the CEO of SaSH. We are actively involved in this process and we are working closely with our local authority and CCG colleagues in East Sussex to demonstrate that our East Sussex Better Together (ESBT) programme which focuses on developing an integrated service model alongside provider efficiencies and reducing the cost base of the Acute Hospitals, will be the key principles on which we will focus our combined efforts to deliver financial sustainability. To this end, we have been recruiting staff who will work across the sectors in areas such as the Integrated Locality Teams. We are also working closely with Primary Care to improve resilience, for example, through initiatives such as Portfolio G.P.s working across primary and secondary care. Place based care is also a key objective.

The CCGs, the Trust and Local Authority are working through how an Accountable Care Organisation (ACO) might be the model that best supports system wide planning and delivery. The ACO model will provide a significant opportunity for the Trust and it will align with our own ambition to deliver end to end integrated care. The Trust is already working closely with these partner organisations to look at recruiting joint posts, e.g. the Trust is recruiting 100 HCAs to support the move of delayed transfers of care out of the acute sector and work is ongoing to recruit GPs to work in joint posts in both primary and secondary care organisations. Other shared roles are also being developed.

Within the Trust, it is envisaged that each clinical division will develop speciality level clinical strategies that will articulate a five year ambition which will then become a five year delivery plan that will be refreshed each year as part of the annual planning cycle. As plans emerge from this work, ESHT will refine its workforce strategy and plan to meet the deliverables outlined. This work will be taken forward in conjunction with partners through the following mechanisms:

- ESBT Strategic Workforce Planning Group – This is a CCG led group with representation from Providers and Local Authorities in East Sussex;

- STP Workforce Group – Yet to be formed.

- Community Education Provider Network – This is currently being established by the CCGs and will follow the same footprint of the ESBT Strategic Workforce Planning Group. This network will address the education and learning needs of our future workforce and will include representatives from local Higher Education Institutes.

Currently, workforce planning at ESHT is aligned with the annual Business Planning process. The Workforce Development team will support Clinical Divisions to develop their annual business plans and identify areas for workforce development. Education funding is also made available to Clinical Units to support these developments.

Workforce Cost Improvement Programmes are focused on reducing temporary workforce usage, particularly agency usage, there are also likely to be reductions in back office administrative and support staff with better use of resources. Further schemes will be developed through the Clinical Division business plans

A Workforce Planning Group has been established and has representation from all staff groups across the organisation. The purpose of the workforce planning group is to address the needs of the organisation in relation to workforce planning. This includes reviewing vacancy and turnover levels, reviewing current staffing levels in all staff groups and areas, and identifying initiatives such as new roles, skill mixing etc., to support effective workforce planning. Examples of new roles developed during 2015/2016 include the Band 1 Clinical Orderly role which supports bed space and patient equipment cleaning on the ward, and upskilling Dental Nurses to become Orthodontic Therapists (via a Kings College training programme).

Progress has been made in a number of areas towards seven day working, for example Radiology and Endoscopy and there are plans for this to be further rolled out across the Trust.

In relation to new roles generally, the Clinical Education team also supports non-medical areas to review their workforce and identify areas where education support can be given to skill mixing and development of alternative roles. This team supports the development of Band 4 roles with an associated education pathway and there are a number of examples of these roles being taken forward in the organisation. One area of focus for the future will be Theatres where it is recognised that there is a need to develop greater use of skill mixing due to ongoing shortages of Scrub Nurses and ODPs.

Once the business planning process is complete, the key workforce developments and initiatives are extracted from the business plans and will be monitored through the Workforce Planning Group.

The Workforce Planning Group reports to the newly established People and OD Committee which is a sub-committee of the Board.

Draft workforce plans are signed off by the HR Director. Final draft submissions are then signed off by the Director of Finance.

Quality Impact Assessments for all CIPs are approved and monitored through the QIA group led by the Director of Nursing and Director of Finance.

At ESHT we also work very closely with our local LETB – Health Education Kent, Surrey, and Sussex. We submit five year plans in June each year and attend regular summits with HEKSS where workforce supply and demand across the region is regularly reviewed. We fully engage in the annual education commissioning process and tailor our education commissions to meet our local needs. An example of this is an increase in our commissions for Advanced Nurse Practitioners from September 2016 to support the developments of East Sussex Better Together.

Workforce Productivity

We have now fully implemented our electronic rostering system (Health Roster) for all clinical staff and support areas, with the sole exception of medical staff. Medical rotas are all completed using DRS4 and with the implementation of the new Junior Doctor contract, there is the opportunity for greater synergy between Health Roster and DRS4.

ESHT is currently participating in the Nursing Workforce Collaborative group which is a sub-group of the Lord Carter efficiency programme. Our area of focus is ward efficiency and in particular efficient use of Health Roster and the role out of the Safe Care module. Through doing this work we have identified some inefficiencies, e.g. staffing templates needing review, timeliness of sending vacant shifts to Temporary Workforce etc. Further communications around efficient use of Health Roster have therefore been developed and sent to all roster co-ordinators.

In order to focus on our high agency spend, an Agency Reduction Group has been established that meets weekly. General Managers attend this meeting to update on their weekly agency spend. Finance, HR, and Health Roster support is provided to managers to help them address their agency spend and seek to reduce this. One initial area of focus for the Agency Reduction Group is ensuring that all nursing agency staff are only booked through Health Roster.

To that end, we are also promoting the internal bank. The Trust has invested in the Temporary Workforce Services team and the recruitment process has doubled, whilst clinical rates have increased to match substantive rates. Weekly pay has also been reintroduced to encourage bank working. We are also looking at the possibility of a regional bank across the STP. Where possible, we are also looking to make locum medical posts substantive.

Workforce Forecast

The Trust is forecasting a 2.8% increase in total workforce in 2017/18 with investment in permanent staff for East Sussex Better Together and continued recruitment of nursing staff, including overseas recruitment, to reduce vacancies. We will also be recruiting additional apprentices. This will enable further reductions in temporary workforce, reducing costs. In 2018/19 we are forecasting, currently, that total workforce will reduce by 0.7%, despite further investment in the workforce for ESBT, this is largely due to reductions in temporary workforce, which will keep the Trust well within its annual agency control total of £15.7 million.

Approach to Financial Planning

Financial forecasts and modelling

The forecast outturn for 2016/17 is a deficit of £31.3m. We have a number of actions to reduce spend as part of ESHT's Financial Special measures recovery plan.

Reducing the level of deficit currently faced by ESHT will be a major challenge, and will require £16.1m CIP in 2017/18 to deliver the control total. The key initiatives that underlie the plan are as follows:

- Implementation of agency controls, using the national ceiling and rate caps as an upper limit guide.
- Potentially growing non patient related income from commercial opportunities
- Non-pay savings from procurement initiatives

As part of the Financial Special Measures regime, and through and the development of the Financial Recovery Plan, the Trust has detailed project plans to deliver the operational control total. There are a number of plans on temporary workforce including moving to direct engagement, strengthening policies on specialing, rostering, waiting list initiatives and standardising recruitment. Releasing further efficiencies from the Lord Carter productivity work programme will also be a key component of delivery.
The Trust's assumptions around patient income are as follows:

- National & Local tariffs have been uplifted by 0.1%.
- Demographic growth consistent with previous LTFM modelling and commissioner intentions (see activity section)
- Non-demographic growth reflecting demands on particular specialties
- New investment in community services of £12m in total to deliver ESBT
- Full year effect of known service changes and investments, notably the loss of Diabetes tender to Sussex Community Trust.

- Ensuring the RTT incomplete targets are met and in a sustainable position
- Full risk exposure to contractual fines and penalties but none planned

Cost assumptions are consistent with national guidelines and local circumstances, as follows:

- Wage award at 1%
- Incremental uplifts at 0.5%
- CNST premium will be £1.3m higher
- A general contingency of 0.5% or £2m set aside
- Other non-pay inflation assumed to be in-line with national assumptions but assessed on a line by line basis
- Delivery of control total and receipt of STF fund.
    - The Financial Recovery Plan supports the delivery of the Operational Control Total, some of the projects will help both financial and operational performance.
- Agency spend within ceiling levels

The bridge between 2016/17 and 2018/19 is shown below:

December update	Note	£000s 1617	£000s 1718
Adjusted Deficit 16/17		**(31,300)**	**(26,522)**
Add back non recurrent	**1**	(87)	986
Underlying 16/17		**(31,387)**	**(25,536)**
Cost pressures including apprenticeship levy, jnr doctors	**2**	(3,310)	(738)
Growth	**3**	(253)	(228)
Non pay inflation (inc CNST, rates & drugs)	**4**	(3,327)	(2,110)
Pay inflation costs	**5**	(4,060)	(3,804)
Tariff changes (inc non contract income uplift)	**6**	1,972	773
STF	**7**	(403)	-
Efficiency programme 2017/18	**8**	16,079	15,558
FYE of pathology MsC	**9**	500	-
Better Care Fund	**10**	-	-
CQUIN income / investment	**11**	661	(129)
Investment in IT systems	**12**	(993)	
Contingency	**13**	(2,000)	-
Closing Adjusted Deficit		**(26,522)**	**(16,214)**
Control Total		**(26,522)**	**(16,214)**

Notes:

1. Non recurrent changes including; Prior year benefit/ savings
2. Cost pressures include provision for £1m apprenticeship levy, £0.3m leasing costs, £0.2m CEA awards, £0.5m junior doctors contract, £1.3m FYE of the quality improvement programme.
3. Impact of delivering additional activity, based on demographic growth @ 1.1% & assumed RTT outsourced at tariff
4. Non pay inflation of £3.3m (CNST £1.3m, drugs £0.5m, rates £0.5m and other non-pay £1m)
5. The plan assumes pay inflation Wage award 1.0%, incremental drift 0.5%,
6. Inflationary uplift; includes £1.2m impact of HRG 4 and inflationary uplift on other income
7. Sustainability and Transformation Fund 2017/18 at £9.91m
8. CIP programme of £16.1m is assumed to be through general efficiency opportunities, including those arising from the Lord Carter programme.
9. FYE of non-recurrent spend linked to implementation of the pathology Managed service contract
10. Better Care Fund reflects £10m FYE of investment in community services offset by income. This also assumes £4m QIPP reduction in acute activity and reduction in non-pay costs of outsourcing activity.
11. CQUIN income anticipated 2017/18
12. £1m investment in IT systems (GS1, EDM, System One and VitalPac)
13. £2m contingency assumed non recurrent 2017/18

ESHT has provided a robust financial and workforce plan that takes account of:

- Staff turnover rates by grade
- Recruitment processes currently in place including oversees recruitment
- Reduction of agency usage as permanent staff are recruited
- Planned medical changes across specialties including retirements and new medical models
- Planned investments in community services.
- CIP efficiency programme - the workforce submission includes the impact of the CIPs.

Efficiency savings for 2017/18 and 2018/19

In setting the efficiency target, plans are based on key themes where opportunities have been identified. The Trust is now in the phase of developing these opportunities into robust plans with project owners and clear milestones.

The themes are listed below and these will be allocated across the Divisions once the plans are fully developed.

Type £'000s	2017/18 CIP	2018/19 CIP
Changes to Pathways	5,331	4,600
Non contract income	459	500
Pay	4,707	4,460
Non pay	5,583	5,829
Total	**16,079**	**15,389**

FYE of 17/18 CIP		**169**

Lord Carter's provider operational productivity work programme

Productivity and performance in all clinical and non-clinical areas is the area where most focus is required in the short term. The trust has excellent benchmarking and other detailed comparative information to help identify productivity opportunities at a granular level, required to support actionable efficiency plans. Deep dive analysis and service level costing are both areas of excellence in the Trust, and resources have been identified to support clinical units develop and implement plans to exploit the potential gains.

Lord Carter work streams are fundamental to all areas of service improvement and we recognise their contribution particularly in areas of productivity with short term tactical gains and longer term strategic gains included in our plans.

Our focus on the strategic Lord Carter themes and our work with partner organisations form part of a comprehensive response to the challenges we face as we reach for 2020 objectives and beyond.

A Lord Carter review group has been formed and progress on each work stream is discussed. Any subsequent actions will be agreed and escalated if appropriate to the Financial Improvement & Sustainability Committee. A work stream matrix is actively maintained to ensure that all progress is up to date.

The Trust has been accepted as an early implementer for the Costing Transformation Programme and will submit its Acute PLICs collection in the summer of 2017. There is a good dialogue between the NHSI Costing team and the Trust.

Agency rules

The Trust is planning agency spend below the agency ceiling of £15.743m. 2017/18 shows a planned agency spend of 5.4% of total pay costs at £13.6m, which is a £7.8m reduction on 2016/17 levels and a further reduction in 2018/19 to £8.1m. This is as a result of a number of actions as part of the temporary workforce controls put in pace as highlighted below;-

To enable the Trust to achieve this target the following actions and assumption are made:

- To continue on-going recruitment drives to fill hard to recruit positions currently filled by agency
- To continue to develop the utilisation of the medical agency direct engagement model implemented in 2016/17.
- To continue to expand bank staff numbers, their access to on-line shift booking information and flexibility around pay arrangements
- To continue working with agencies to ensure compliance with capped rates
- To continue with the vacancy review panel (implemented during 2016/17) to ensure no essential posts remain vacant and are not covered by agency

Procurement

ESHT has developed its procurement strategy in line with final recommendations made by Lord Carter including roll out of 'Procurement Transformation Plan'. In the interim, ESHT will continue to strengthen its internal controls and governance guidelines, which will allow procurement to further influence the Trust non-pay spend and deliver additional savings. During 2017/18 the Trust will focus on delivering savings through multiple strategic initiatives including Managed Pathology Service, Enterprise Printing and Medical Equipment Maintenance. The Trust will also standardise products available through e-catalogue to minimise variation and ensure that the prices being paid for the top 100 items benchmark with prices paid nationally. The Trust will ensure that all DH and NHS Supply Chain led initiatives including core list are fully implemented. This will enable the Trust to benefit from nationally negotiated prices for clinical, office and medical equipment items.

We have recruited and offered positions to three Category Managers, which will allow the release of interim staff and increase the operational efficiency of the department. We have also recruited two Assistant Buyers and one part-time Assistant Buyer who are now in post. The department is beginning to centralise some of the satellite buying and is planning to increase this aspect as resource permits.

Capital Planning and Cash

The Trust has a five year strategic investment plan which sets out capital requirements for the next five years. The totals by year are:

Year	£000's
2017/18	24,694
2018/19	27,772
2019/20	24,243
2020/21	17,984
2021/22	20,630
Total	**115,323**

The capital plan for 2017/18 is as per below.

Capital Spend 2017/18	£000's	Source
Medical Equipment	2,035	Internal
Information Systems	3,209	Internal
Estates	4,900	Internal
Minor Capital	750	Internal
Donated	1,000	Internal
Quality Improvement Business Case	5,000	Loan
Estates Strategy	7,000	Loan
Other schemes	800	Internal
TOTALS	**24,694**	

The Trust has an agreed Estates/Quality Improvement strategy, approved by the Board. It has made assumptions on priorities and a spend profile that matches projected availability of capital resources. Retail opportunities at both hospitals designed to maximise commercial income will also support the efficiency programme of the Trust. The value for this year is shown above with an assumption that this will be funded through a capital loan (yet to be applied for).

The Trust is also developing a fully integrated estates strategy which is due to commence in 2017/18. The value for this year is shown above with an assumption that this will be funded through a capital loan (yet to be applied for).
Capital planning assumptions

- Depreciation to fund the routine capital programme
- Minor capital scheme value drops to £750k.
- Donated income to remain at £1.0m

Statement of Financial Position and Cash Planning Assumptions

Cashflow	£000's
Cash and Cash Equivalents at the start of the period 2017/18	2,100
Net Cash Outflow from Operating Activities	(20,107)
Net Cash used in operations	(15,989)
Net cash used in investing activities	(24,166)
Loans received from DH	46,624
Loans repaid to DH - Capital Investment Loans Repayment of Principal	(1,026)
Donated Income	1,000
Interest Paid	(2,282)
PDC Dividend	(4,161)
Cash and Cash Equivalents at the end of the period 2017/18	2,100

The recent financial performance of the Trust has resulted in a near continuous position of reduced liquidity and declining BPPC performance. In 2016/17 the Trust set a deficit budget which was to be supported by a £31.3m working capital facility.

During 2016/17 the Trust was placed in special measures, currently the Trust is finalising a financial recovery plan which should deliver the original planned deficit of £31.3m. The work undertaken by the Trust in addressing its previously poor conversion of debtor invoices to cash has helped moderate the pressure on creditors. At the time of submitting this plan, the Trust is in discussions with NHSI around additional cash support above the £31.3m facility. The Trust Board has approved additional financing of up to £5.8m for the remainder of the current financial year. This is applied for to NHSI on a monthly basis. The Trust plan for 2017/18 is for a deficit of £26.552m.

The Trust is anticipating that it will be able to draw on a working capital facility which matches this deficit and includes the equivalent cash for deferring the employers tax and national insurance from March 2017 (to be paid in April) but the financial performance over the rest of 2016/17 could result in a significant risk to its on-going liquidity in to 2017/18.

Key Assumptions made in the 2017/18 planning return for cash:

- The cash facility for 2016/17 to be increased to c£37m
- The cash support facility for 2017/18 is a revenue support loan, with no repayment of principle until 2020

- Continuing planned reduction in receivables (the Trust is aligned to achieving the 5% aged debt KPI) to help fund reduction in payables during 2017/18
- Cash support facility for 2017/18:
    - Facility to be drawn to meet planned deficit values by month
    - Facility to be converted to a revenue support loan in March 2018
    - Interest charged on monthly outstanding balance

Making the Link to the local Sustainability and Transformation Plan

The ESHT operational plan aligns with the STP plan and supports the delivery of £530m of net savings across the STP footprint by 2020/21.

ESHT is part of the Sussex and East Surrey STP footprint and we have been actively involved, along with 22 partner health and social care organisations, in developing the plan. We recognise that the STP network is one of the key vehicles for achieving change at scale and pace, and to ensure the delivery of the aspirations of the Five Year Forward View (including the GP and Mental Health 5YFV) and very specifically to achieve;

Acute networking and pathways - we have a good track record for networking in our STP patch around a range of specialist and tertiary services including vascular, stroke, cancer and others.

- Robust tertiary provision

- Transformation with organisations that span the whole footprint such as SPFT.

Working across the STP footprint we will target STP wide efficiencies and we will have the ability to quickly disseminate our learning which will speed up transformation and enable us to make very clear improvements in the health and wellbeing gap, the care and quality gap and the finance and efficiency gap. We are already in discussion with other Acute Trusts about elective collaboration and networked DGH provision that will allow us to optimise our resources as a Trust and as a system.

The key principles of our STP are:

- The full engagement of local populations to support us in delivering the best outcomes with available resources.
- Led by place based integrated care in our three places to be responsive to the range of needs of our population
- Focused on prevention and proactive care through multidisciplinary locality teams supported by a shift in investment towards primary care and Community
- Supported by a provider sector that collaborates to network services, share workforce and balance capacity across the system
- Move at pace, and support local organisations to go as fast as they can recognising the different starting points of each of the three places.

Whole system: acute recovery plan

- Capacity review: making the best use of existing beds
- Community beds: new community beds (primary care and community led in partnership with BSUH and ESHT)

- Elective redesign: share resources to improve efficiency
- Discharge delays: reduce blockages in the care system to free up capacity to care for those who need it most
- Networked hospital care: working together on cancer, stroke, pathology and imaging, and to deliver seven day services

The Trust is working in partnership with providers across Sussex and East Surrey to maximise the benefits of a co-ordinated approach. Examples of which are as follows:

- Unified agency day rates
- Reviewing key clinical pathways and securing agreement on a standardised approach, resulting in both financial and quality improvements
- The Trust is committed to rationalising its back office functions.
- Working together on a joint shared approach to Pathology. The joint venture will provide a platform to develop and deliver a Sussex wide Pathology service:
  - at the cutting edge of diagnosis
  - providing added medical value to service users
  - providing added value to patients

East Sussex Better Together

Central to the delivery of clinically and financially sustainable healthcare across East Sussex is the East Sussex Better Together programme. 2017/18 will mark the first year of operational as a shadow Accountable Care Organisation, with a shared leadership team and jointly agreed plans for the system.

The Trust, East Sussex County Council and the two local CCGs have agreed to work together to develop an indicative activity plan for 2017/18-2019 which reflects anticipated activity levels on a monthly basis over the contract period. This work is ongoing, and supported by all parties, as well as national regulators.

The Trust, the Commissioners and East Sussex County Council have developed a shared financial plan for 2017-19 through the East Sussex Better Together programme. The most recent iteration of the plan is included as an appendix to the Trust's contract for the next two years. All parties are committed to working within ESBT, and recognise the importance of balancing the statutory and regulatory requirements of individual organisations within an accountable care organisation model – with the overall aim of ensuring that the objectives of ESBT are met. Within ESBT, the financial plan describes a trajectory to move to financial balance over a five year period, including the return to balance of the Trust, the protection of social care funding and expenditure within allocation limits by the Commissioners.

A governance structure has been agreed between the parties to support the implementation of East Sussex Better Together, which includes the formation of a commissioning body and a governing body which has responsibility for the delivery of health and social care services within an agreed financial envelope. The individual members of ESBT have agreed to delegate responsibility for delivery to this governing body whilst maintaining their individual statutory and regulatory responsibilities during the move towards a formal accountable care organisation. In particular, the parties will work together to support each organisation within ESBT to deliver their own control totals, and will work collaboratively to ensure that the system delivers on the shared financial plan. As the accountable care organisation moves into shadow operation, the governing body will work with the commissioning body to agree the financial envelope for 2017-19 and the deliverables, with

financial flows between partners within the existing contractual framework, as amended by any risk share or governing agreement between the parties.

The impact of the ESBT financial plan as currently written delivers investment of £15m to ESCC – or more properly to East Sussex as a whole through the Better Care Fund - and delivers financial balance for commissioners, but would deliver a net reduction in income and activity of £46m in 2017/18 and £39m in 2018/19 to the Trust. On this basis, the Trust and therefore ESBT would be unable to deliver its statutory and regulatory requirements for control totals.

The parties to the Trust/CCG contract, and ESCC, are committed to the development of a financial and activity plan which delivers both the requirements of ESBT and the statutory and regulatory requirements of all organisations. Accordingly, the parties have approached NHS England and NHS Improvement for support to develop an agreed financial plan which enables this outcome. The Trust's long-term financial model – based on an earlier version of the ESBT financial model - assumes a lower level of QIPP savings, and a series of additional accountable care organisation efficiencies and, through the STP process, a series of acute service pathway realignments, which would support delivery of the delivery of the Trust's and the CCGs control total on an annual basis.

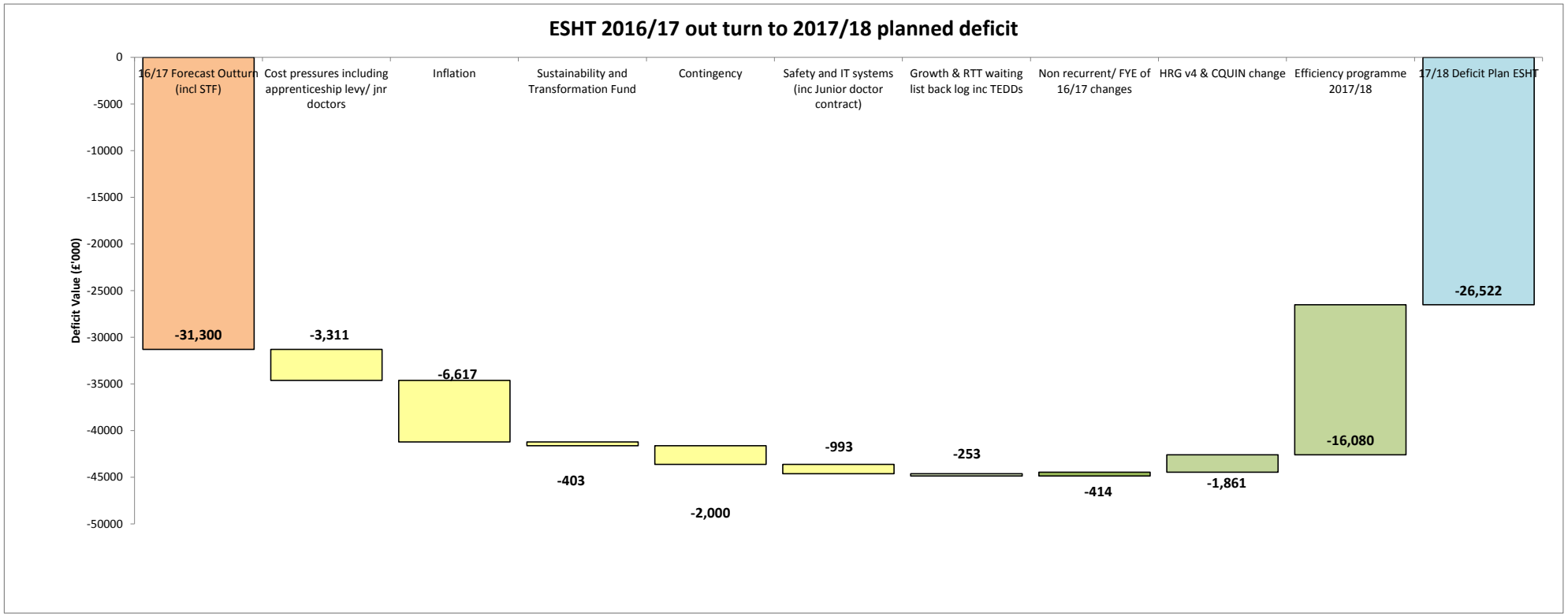
In the period to the development of an agreed indicative activity plan, and during the development of a shared financial plan to ensure delivery of system and individual control totals, the Trust has reflected in its financial plans the full activity levels required to deliver the Trust's control total. This does not include delivery of the QIPP plans, other than those for QIPP schemes already in operation. The Trust will continue to work within ESBT to develop a financial plan which delivers on statutory and regulatory requirements for each of the organisations within the health and social care system.

Next Steps

This is the Trust's first draft plan for the next two years – there is more work to do, by the Board and across the organisation, to finalise the plan by March 2017. The plan reflects our understanding of the national financial framework and our work to reduce the financial challenge faced by the organisation – as well as our commitment to work within both the STP and East Sussex Better Together. Over the next three months, detailed work will continue with clinical and operational leaders within and outside the organisation to agree clinical unit, divisional and system plans which sit within and support the overarching operational plan for the Trust – the final version of the plan will be presented to Trust Board in March 2017.

Jonathan Reid

Director of Finance, East Sussex Healthcare NHS Trust


ESHT 2016/17 out turn to 2017/18 planned deficit
Deficit Value (£'000)
0
-5000
-10000
-15000
-20000
-25000
-30000
-35000
-40000
-45000
-50000
16/17 Forecast Outturn (incl STF)
Cost pressures including apprenticeship levy/ jnr doctors
Inflation
Sustainability and Transformation Fund
Contingency
Safety and IT systems (inc Junior doctor contract)
Growth & RTT waiting list back log inc TEDDs
Non recurrent/ FYE of 16/17 changes
HRG v4 & CQUIN change
Efficiency programme 2017/18
17/18 Deficit Plan ESHT
-31,300
-3,311
-6,617
-403
-2,000
-993
-253
-414
-1,861
-16,080
-26,522

Business Planning Process 2017 - 2019

Meeting information:			
Date of Meeting: 24 January 2017		Agenda Item: 14L	
Meeting:	Trust Board	Reporting Officer: Catherine Ashton, Director of Strategy, Innovation and Planning	

Purpose of paper: (Please tick)			
Assurance	☒	Decision	☐

Has this paper considered: (Please tick)			
Key stakeholders:		**Compliance with:**	
Patients	☒	Equality, diversity and human rights	☒
Staff	☒	Regulation (CQC, NHSI/CCG)	☒
		Legal frameworks (NHS Constitution/HSE)	☒
Other stakeholders please state:			
Have any risks been identified ☐ *(Please highlight these in the narrative below)*		On the risk register? n/a	

Executive Summary:

1. ANALYSIS OF KEY DISCUSSION POINTS, RISKS & ISSUES RAISED BY THE REPORT

To set out the approach and timetable for the business planning process.
The paper includes details of the key planning assumptions, service changes, process, external and internal engagement, timetable, governance and risks. It highlights the need to ensure that the plans align with Trust objectives and the emerging work on the East Sussex Better Together Programme (ESBT) and the Accountable Care Model (ACO).

Summary Risks:

- The potential impact of the ESBT financial plan could result in the Trust and therefore ESBT being unable to deliver its statutory and regulatory requirements for control totals. The Trust, the CCGs and East Sussex County Council are committed to the development of a financial and activity plan which delivers both the requirements of ESBT and the statutory and regulatory requirements of all organisations.
- Decisions affecting major areas of service which have not yet been formalised.
- Insufficient engagement from divisional leads and their teams with the business planning process. The strategy, planning and finance teams are actively supporting the process to mitigate this risk.

2. REVIEW BY OTHER COMMITTEES (PLEASE STATE NAME AND DATE)

Finance and Investment Committee - 25 January 2017

3. RECOMMENDATIONS (WHAT ARE YOU SEEKING FROM THE BOARD/COMMITTEE)

The Board is asked to:

1. Note the process and the dates that have been designated for updates and decisions.
2. To approve the Operational Plan that was submitted to NHSI on the 23 December 2016.

East Sussex Healthcare NHS Trust

Business Planning Process for 2017/18 and 2018/19

1. Introduction

In accordance with the NHS Operational Planning and Contracting Guidance (NHS England and NHS Improvement, 2016) the Trust is required to produce a two year operational plan for 2017/18 and 2018/19. The overall requirement is to implement the Five Year Forward View in order to drive improvements in health and care, restore and maintain financial balance, to deliver core access and quality standards and the expectation is that CCG and provider plans will be aligned. The timescales for developing and submitting the plans to NHS England (NHSE) and NHS Improvement (NHSI) have been brought forward this year which has been a challenge for the Trust. There is a need to ensure that the operational plan that was submitted to NHSI on the 23 December 2016 aligns with the emerging work on the East Sussex Better Together (ESBT) programme and the Accountable Care Organisational (ACO) model. This paper sets out the framework for developing the plan, the engagement with divisions and the accompanying timetable.

2. Key Planning Assumptions

NHSE and NHSI published the NHS Operational Planning and Contracting guidance in September 2016. This guidance details the requirement for 2 year plans, the changes to support Sustainability and Transformation Plans (STPs), the 'financial reset' and reconfirmed the nine national priorities that were described in 2016/17 and the need for these and local priorities to be delivered within the financial resources available.

In summary, ESHT's operational plan is required to:

- provide for a reasonable and realistic level of activity and to demonstrate the capacity to meet this
- provide adequate assurance on the robustness of workforce plans and the approach to quality
- be stretching from a financial perspective: planning to deliver (or exceed) the financial control total agreed with NHS Improvement, thus qualifying for receipt of the Sustainability and Transformation Fund (STF); taking full advantage of efficiency opportunities (including those identified by the Carter review and the agency rules)
- demonstrate improvement in the delivery of core access and NHS Constitution standards (or, if applicable, performance improvement trajectories)
- contain affordable, value-for-money capital plans that are consistent with the clinical strategy and clearly demonstrate the delivery of safe, productive services

- be aligned with commissioner plans, and underpinned by contracts that balance risk appropriately
- be consistent with and reflect the strategic intent of STPs, including the specific service changes, quality improvements and increased productivity and efficiency identified in the STPs, and with the system control total for the STP area
- be internally consistent between activity, workforce and finance plans.

(Technical Guidance for NHS Planning 2017/18 and 2018.19 Annex F, NHSI, 2016)

NHS England's Commissioning Intentions for Prescribed Specialised Services have been published and are available on their website (https://www.england.nhs.uk/wp-content/uploads/2015/12/spec-comm-intent.pdf) and the main East Sussex Clinical Commissioning Groups (CCGs) publish their commissioning intentions annually and are usually available on their respective websites.

2.1 Activity Assumptions

- Baseline set using month 6 forecast outturn for 2016/17 and an indicative figure of 1.1% per year for demographic and other growth factors.
- Activity plans have been set to align with Trust capacity. The gaps identified following the demand and capacity modelling are being assessed and reviewed in collaboration with the clinical units and commissioners.
- Assumption that East Sussex Better Together (ESBT) will have limited impact until changes in demand begin to be realised. This will mitigate against the risk of the Trust prematurely reducing capacity. However, the Trust is committed to jointly developing the schemes within ESBT as the only way to ensure financial sustainability at the pace required for the whole system.
- RTT trajectories forecast delivery in December 2017, however there is an element of risk attached to the delivery of this standard based on the need to outsource activity that cannot be delivered within the Trust's capacity.
- A&E continues to be an area of significant challenge and is being monitored through the improvement programme and Urgent care board.
- Core beds have been modelled at 85th percentile of variation in demand through April to October and winter resilience bed stock modelling at 95th percentile variation in demand through November to February.

2.2 Workforce Assumptions

- 2.8% increase in total workforce in 2017/18 with investment in permanent staff for ESBT, continued recruitment of nursing staff, including overseas recruitment to reduce vacancies and apprentices. This will enable reductions in temporary workforce.
- In 2018/19 the total workforce will reduce by 0.7% despite further investment in the workforce for ESBT, this is largely due to reductions in temporary workforce which will keep the Trust within the annual agency control total of £15.7million.
- A commitment to develop new roles within health and social care and to optimise skill mix in all services.

2.3 Finance Assumptions – Income

- National & Local tariffs have been uplifted by 0.1%.
- Demographic growth consistent with previous LTFM modelling and commissioner intentions (see activity section)
- Non-demographic growth reflecting demands on particular specialties
- New investment in community services of £12m in total to deliver ESBT
- Full year effect of known service changes and investments, notably the loss of Diabetes tender to Sussex Community Trust.
- Ensuring the RTT incomplete targets are met and in a sustainable position
- Full risk exposure to contractual fines and penalties but none planned

2.4 Finance Assumptions - Expenditure

- Pay award at 1% and incremental uplifts at 0.5%
- CNST premium at £1.3m higher
- A general contingency of 0.5% (£2m) set aside
- Other non-pay inflation assumed to be in-line with national assumptions but assessed on a line by line basis
- Delivery of control total and receipt of STF fund.
    - The Financial Recovery Plan supports the delivery of the Operational Control Total, some of the projects will help both financial and operational performance.

- Agency spend within ceiling levels

2.5 Capital Planning Assumptions

- Depreciation to fund the routine capital programme
- Minor capital scheme value drops to £750k
- Donated income to remain at £1.0m

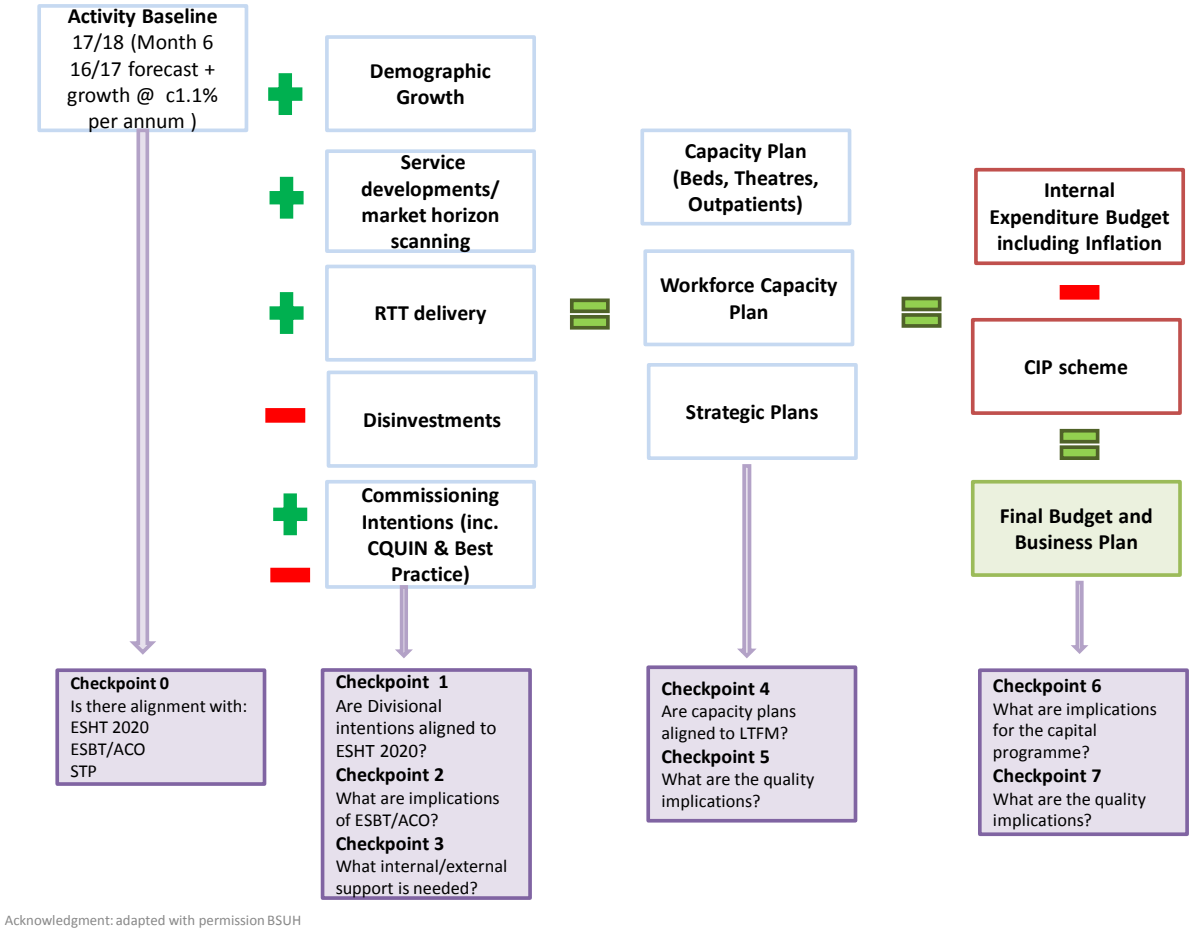
3. Other Known Service Changes following Procurement exercises

The following changes will need to be modelled into plans for 2017/18:

- Continued impact of the MSK service in Eastbourne, Hailsham and Seaford being managed by Sussex MSK Partnership
- Outcome of decision on the Hastings and Rother MSK service bid (either way)
- Review and implementation of changes to Adult audiology services (including AQP)
- Impact of ESBT schemes

The financial risks are being calculated on all of the above.

4. Process



Acknowledgment: adapted with permission BSUH

There are some key activities which need to be undertaken as part of the business planning process:

4.1 Establish the baseline/outturn position for all clinical units and corporate departments

4.2 Agree planning assumptions which are consistent across all work streams

4.3 Complete templates and collate information at clinical unit and corporate level to cover:

a) Improvements arising from the Quality Improvement Plan

b) Efficiency reviews to include Lord Carter, EBITDA statements, SLR data, NHS Right Care Programme packs and specialty deep dive review packs where these have been completed

c) External drivers, e.g. Junior Doctor contracts, Consultant contracts, Agency cap, recruitment issues and 7/7 working

d) Contracting and commissioning plans e.g. Provider intentions, CCG intentions, ESBT

e) Activity and quality targets

f) Finance and Cost Improvement Programme in accordance with Financial Special measures

g) Workforce projections

h) Estates and Capital

4.4 Forecast baseline position to create plan for 2017/18 and 2018/19, including demand and capacity plans

4.5 Review and test for consistency and moderate

4.6 Impact assess the quality of the plan

4.7 Identify risks/mitigations.

5. External and Internal Engagement

There is a programme of organisational engagement in place with support from the strategy, planning and finance teams in close communication with the divisions. The business planning process was launched to the divisions on the 23 December 2016). Much of the work required for business planning is already in progress as part of the improvement and financial sustainability plans which are in accordance with the Trust's strategic objectives and have been developed in collaboration with the clinical units. The planning team will ensure that other developments proposed are consistent with the Trust's overall strategy.

Alongside the business planning process the strategy team have begun working with clinical specialities to develop their 5 years clinical strategies which will be consistent with ESHT 2020, the plans for an Accountable Care Organisation (ACO) within East Sussex Better Together (ESBT) and the Sustainability Transformation Plans (STP). Due to the timescales, this long term strategy development will continue into the beginning of the next financial year and will be incorporated into the current and future business planning process as the strategies are developed.

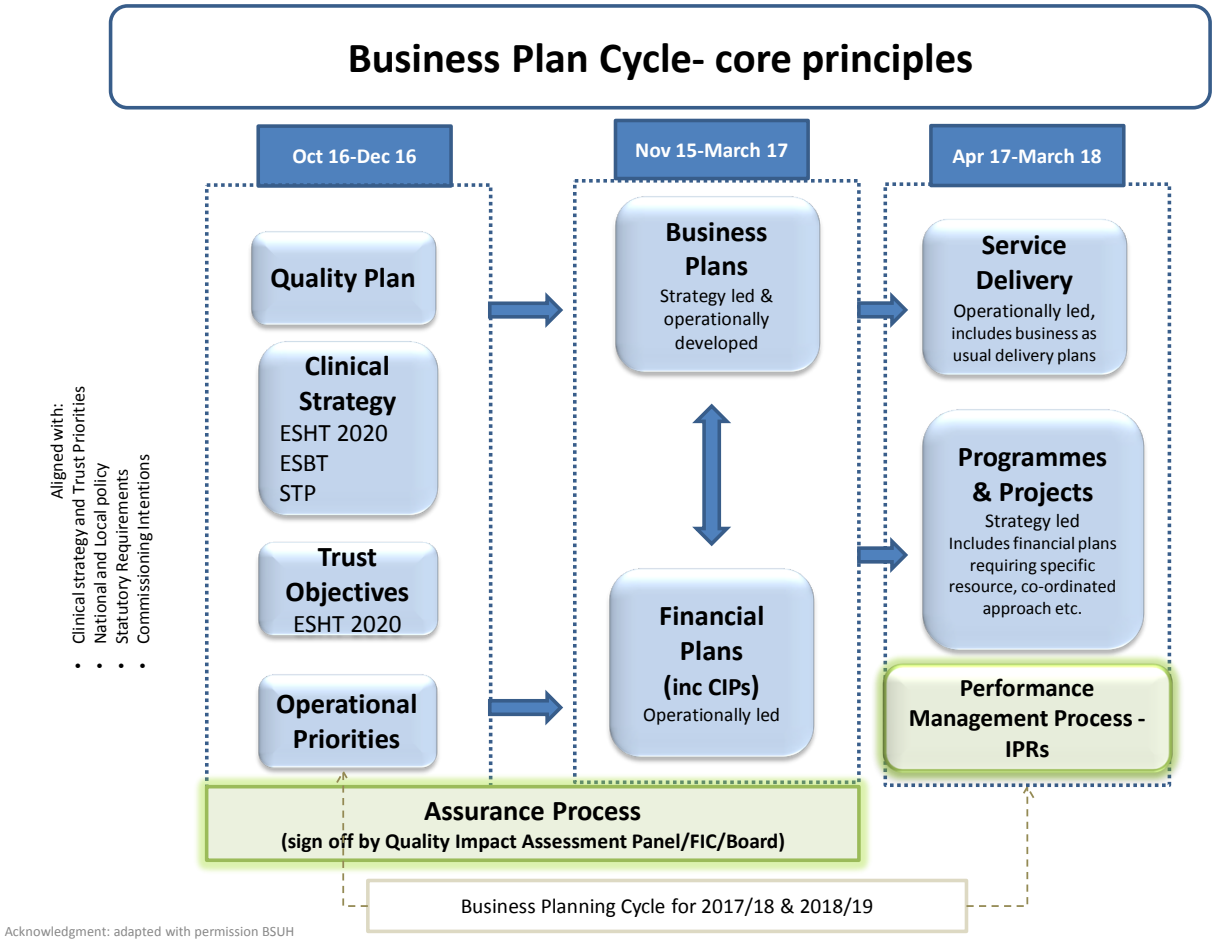
This is an iterative process and initial plans will be refined as additional division and speciality information becomes available.

The divisions are expected to engage their staff on development of their plans and a communications plan will ensure that all staff are updated throughout the process. The strategy, planning and finance teams are actively supporting the process to mitigate this risk.

There is an explicit link between the business planning process and the ongoing work to drive cost efficiencies through the organisation . Outcomes from the Lord Carter/ Model Hospital programme will be linked to this process to ensure that we are developing business plans that reflect robust financial challenge

The business planning process will also reflect the review of the ESHT 2020 Statement to ensure that we are continuing to meeting the key objectives of the organisation.

6. Timetable



Acknowledgment: adapted with permission BSUH

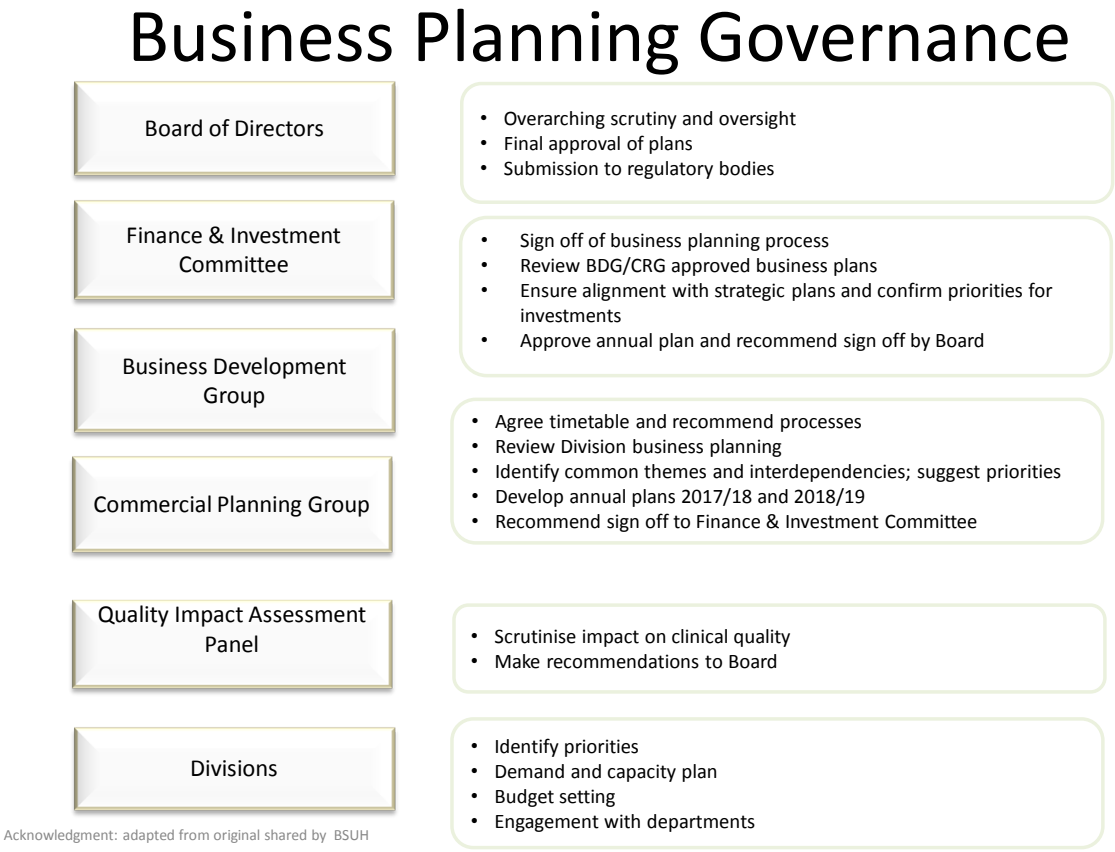
Business Planning Timelines

Target
Complete

Task ID	Tasks	Sep-16				Oct-16				Nov-16				Dec-16				Jan-17				Feb-17				Mar-17				Apr-17					
		wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8	wk9	wk10	wk11	wk12	wk13	wk14	wk15	wk16	wk17	wk18	wk19	wk20	wk21	wk22	wk23	wk24	wk25	wk26	wk27	wk28	wk29	wk30	wk31	wk32	wk33	wk34
		05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	02-Jan	09-Jan	16-Jan	23-Jan	30-Jan	06-Feb	13-Feb	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr	10-Apr	17-Apr	18-Apr
1	**Business Planning 2017/18 & 2018/19**																																		
1.1	NHS Operational Planning & Contracting Guidance published																																		
1.2	CCG & NHSE commisioning Intentions published																																		
1.3	Initial Operational Plan completion for 2017/18 & 2018/19 and submission to NHSI by 24/11/16																																		
1.4	Planning activity and Income assumptions determined																																		
1.5	Finance & Investment Committee sign off of Financial Recovery Plan and initial operational plan																																		
1.6	Second Operational Plan completion & submission to NHSI by 23/12/16																																		
1.7	Receipt of notification of CCG Allocations																																		
1.8	Launch of Business Planning Process to Divisions																																		
1.9	Contracts signed with CCGs																																		
1.10	Strategy, Planning & Finance teams supporting divisions with development of plans																																		
1.11	Divisions commence sign off of activity levels and first cut of budgets																																		
1.12	Board sign off of 2nd Operational Plan for 2017/18 & 2018/19 submitted to NHSI on 23/12/16 and key risks and issues																																		
1.13	Finance & Investment Committe - business planning update																																		
1.14	QIA Panels for sign off of division and corporate plans for 2017/18 & 2018/19																																		
1.15	Divisions to present draft business plans for 2017/18 at IPRs																																		
1.16	Finance & Investment Committee update on first cut of divisional business plans																																		
1.17	Divisions present final plans for Executive challleng and divisional sign off of plans & budgets for 2017/18																																		
1.18	Finance & Investment Committee sign off of final business and financial plans																																		
1.19	Board approval of 2017/18 business plans and budgets.																																		
1.2	Implementation and review at IPRs																																		

7. Governance

The governance of the business planning process will be as follows:



8. Risks

- The impact of the ESBT financial plan as currently written delivers investment of £15m to East Sussex County Council (ESCC), and delivers financial balance for commissioners, but would deliver a net reduction in income and activity of £46m in 2017/18 and £39m in 2018/19 to ESHT. The Trust, the CCGs and ESCC are committed to the development of a financial and activity plan which delivers both the requirements of ESBT and the statutory and regulatory requirements of all organisations. Accordingly, the parties have approached NHS England and NHS Improvement to develop an agreed financial plan which enables this outcome.
- Decisions affecting major areas of service which have not yet been formalised and therefore no adjustment has been made.

- Insufficient engagement from divisional leads and their teams with the business planning process. The strategy, planning and finance teams are actively supporting the process to mitigate this risk.

8. Recommendation

The Board is asked to:

3. Note the process and the dates that have been designated for updates and decisions.
4. To approve the Operational Plan that was submitted to NHSE and NHSI on the 23 December 2016.

Catherine Ashton
Director of Strategy, Innovation and Planning
4 January 2017

Jonathan Reid
Finance Director

EAST SUSSEX HEALTHCARE NHS TRUST

FINANCE & INVESTMENT COMMITTEE

Minutes of the Finance & Investment Committee held on Wednesday 30 November 2016 at 9.30am– 11.30am, in Committee Room, Conquest

Present
Mr Barry Nealon, Non-Executive Director (Chair)
Mr Jonathan Reid, Director of Finance
Mrs Joe Chadwick-Bell, Chief Operating Officer
Mr David Clayton-Smith, Trust Chairman

In attendance
Mr Philip Astell, Deputy Director of Finance
Mrs Lynette Wells, Director of Corporate Affairs
Miss Chris Kyprianou, PA to Director of Finance, (minutes)

116/16	**Welcome and Apologies** Mr Nealon welcomed members to the Finance & Investment Committee. Apologies were received from Jackie Churchward-Cardiff, Mike Stevens and Adrian Bull.	**Action**
117/16	**Minutes of Meeting of 26 October 2016** The minutes of the meeting held on 26 October 2016 were agreed as an accurate record.	
118/16	**Minutes of Extra-ordinary Meeting of 23 November 2016** It was noted that the minutes of the extra-ordinary meeting held on 23 November 2016 were still in draft. It was agreed that these would be circulated to the Committee for scrutiny and would be brought back to the December Finance & Investment Committee for final approval.	
119/16	**Matters Arising** (i) Replacement CT Scanner It was noted that this item will come back to the December Finance & Investment Committee Meeting. (ii) Integrated Performance Report The Integrated Performance Report had highlighted there were staff shortages and planned sickness episodes in complaints which was likely to have an impact on response times. It was noted that this	

	item was being progressed through the Quality and Safety Committee and that a new and improved process had been introduced which should service to improve the resilience of the service. At the previous meeting, the Committee were pleased to note that there had been significant improvements on mortality. Mr Reid confirmed that the comments from the Committee had been passed on to Dr Walker. (iii) Delivery of the Financial Plan Mr Nealon confirmed that the Committee reviewed the revised Financial Recovery Plan at the Extra-ordinary Finance & Investment Committee which was took place on 23 November 2016. (iv) Sussex and East Surrey STP and East Sussex Better Together It was noted that Surrey and East Surrey STP went live on 25 November 2016. It was noted that this was not fully integrated with the CCG plan and this was currently being worked on.	
120/16	**Integrated Performance Report – Month 7** Mr Reid presented the Integrated Performance Report for month 7. The report highlighted that there were four key performance areas which had agreed trajectories in place for performance over the 2016/17 financial year. These are: A&E (4 hours), RTT (18 week incomplete), Diagnostics (6 weeks), Cancer (62 days). The Trust failed to reach the trajectory for all four areas in October (September for cancer as this is reported one month in arrears), although for Diagnostics this was marginal and the constitutional standard was delivered.	

October	A&E	RTT	Diagnostics	Cancer
Trajectory	90.10 %	92.30%	0.84%	72.6%
Actual	78%	85.7%	0.88%	81.8%

On behalf of Mrs Churchward-Cardiff who was unable to attend today's meeting, Mr Nealon queried what the NHSI response was to the plan in those areas where the Trust performance was deteriorating. Mr Reid explained that, on the performance side, the NHS Improvement team were disappointed at the lack of progress; However they acknowledged that there were plans in place at that the Trust was working really hard to achieve the target.

Mrs Chadwick-Bell reported that there had been some improvement in A&E in recent weeks and a 4% - 5% improvement was expected

	for next month. This was being monitored on a daily basis. Mrs Chadwick-Bell gave an update on the RTT position and explained some of the measures that had been put place to help improve the RTT performance. It was reported that the waiting list had grown, and the Trust was working with NHS Improvement, as a pilot, to try and validate the waiting list. This was expected to improve the RTT position. Mr Clayton-Smith provided the Committee with a brief update on his recent meeting with Anne Eden at NHS Improvement. It was noted that NHS Improvement were pleased to hear that the financial plan was very much linked to the operational plan. Mr Reid provided an overview of the financial section of the Integrated Performance Report which had been streamlined this month and the indicators were clearly summarised on a single page. It was noted that the Trust's financial plan, agreed with NHS Improvement, had a £31.3m deficit control total, adjusted from the original plan of £48m through an increase in the efficiency challenge of £6m and additional funding from the Department of Health of £10.4m. Financial performance in month 7 was £0.9m worse than plan, although this could almost entirely be attributed to a shortfall in the month on Sustainability and Transformation Funding (STF). The shortfall on this funding source to date was £3.5m, which contributes to the £5.9m cumulative adverse position against plan. Other key drivers for the adverse variance were as previously reported; the non-delivery of agency cost reductions, increased costs for the treatment of urgent and planned care patients above plan, and a shortfall in the delivery of cost improvement scheme savings. The Trust was developing a Financial Recovery Plan as part of Financial Special Measures, with support from NHS Improvement and PA Consulting, and was forecasting delivery of the full year planned deficit of £31.3m. Stronger financial controls have been introduced as part of this programme. Cash flow remains challenging and an application via NHSI for an additional working capital facility was being considered. It was noted that the capital programme was broadly on track, although there remained an 'over planning' amount that needed to be addressed through careful prioritisation of spend for the rest of the year. Mr Nealon said he would like some clear information in the next report which tracks where the Trust was on income, pay costs, non pay costs, overall operating costs and cash, against the trajectory. Mr Reid explained that a Project Initiation Document (PID) had been	**JR**

	developed by PA Consulting for all the schemes identified in the Financial Recovery Plan. These were currently being developed and were due to be signed off by the end of the week and then agreement would be reached at the CU level on what the control total would be between now and the end of the year. **Action** **The Committee noted the Trust's performance report and financial performance for month 7.**	
121/16	**Financial Recovery Plan** Mr Reid presented the Financial Recovery Plan for the delivery of the 2016/17 control total which was presented and agreed by NHS Improvement on 29 November 2016. The Trust entered financial special measures on 28 October 2016, and had made strong progress on the development of a robust and clearly articulated financial recovery plan, with the support of NHS Improvement and PA Consulting. The Trust Board approved the delegation of approval of the Financial Recovery Plan to the Finance and Investment Committee on 15 November 2016 and a draft version of this was reviewed at the extra-ordinary Finance & Investment Committee on 23 November 2016. Mr Reid reported that the Trust had agreed with NHS Improvement that the PIDs (discussed above) would be agreed by the end of next week, and that there would also be a QIA review next week of all the existing schemes. The finance team and PA consulting were working with operational leads to ensure that the pipeline of schemes is developed more fully and valued, by 31 December 2016. Mr Reid reported that NHS Improvement were supportive of the work that PA Consulting were undertaking. Their focus was being redirected to supporting the PID process and PMO. Mr Nealon wished to record that Mr Stevens, Mrs Churchward-Cardiff and himself, were all in agreement that the quality of the document that was finally submitted to NHS Improvement was excellent compared to the earlier draft version. Mr Reid reported that this was a collaborative effort. Mr Clayton-Smith reported that NHS Improvement were very encouraged and acknowledged that a lot of work had been done. They said it was good to be working with a new management team and they were very pleased that the Trust Board were signed up to the plan. There would be a further meeting with NHS Improvement in January 2017.	

	It was noted that progress on the plan will be tracked on a weekly basis by the Executive Team and on a monthly basis by the Finance & Investment Committee. The Financial Recovery Plan will be formally ratified by the Trust Board in December with a summary of performance against the first month of implementation. **Action** **The Committee noted and approved the Financial Recovery Plan.**	**JR** **JR**
122/16	**Contracts and Income – Monthly Report** Mr Reid gave a brief update on the contract position and ongoing dialogue that was taking place with the CCG, and highlighted the key contract risks. **Action** **The Committee noted the update on the contract position.**	
123/16	**Cash flow – Monthly Report** Mr Astell presented the Committee with an overview of the cash flow position for the Trust. It was noted that there were significant pressures on the Trust's cash flow now and in the foreseeable future. Mr Astell highlighted the options being developed to ensure that the cash position of the Trust was managed, including discussions with NHS Improvement to secure access to cash and the management of working capital. The detailed cashflow forecast indicated that if the financial position of the Trust did not improve creditor balances would continue to rise until they reach unsustainable levels. The Committee noted that the Trust continues to proactively manage cash flow, noted the key risks and mitigations that are being pursued. Arrangements were in place to ensure that payments to key suppliers and staff were maintained, while managing the pressure from suppliers generally. **Action** **The Committee noted the ongoing management of cash and capital within the Trust.**	
124/16	**Approval of Loan Facility 2016/17** The Committee noted that the Trust had started the year with an agreed cash facility of £31.3m which was equal to the planned deficit.	

	Mr Astell presented a paper setting out the utilisation of that facility and options of agreeing a new facility for the remainder of the financial year. It was noted that discussions were ongoing with NHS Improvement with a view to securing a further injection of financing to meet its current outstanding creditor balance issues. If these discussions were successful, the Trust would need to gain further authorisation from the Committee. The Committee had been given delegated authority by the Board to review and approve additional cash facilities. The Committee was asked to review 2 options for enabling the Trust to access additional cash above the original agreed facility value. 1) Approve the amount that meets the deficit plan - £5.8m 2) Approve the amount that provides capacity to address outstanding creditors until year-end, subject to agreement with NHSI - £20m The Committee agreed to option 1) to apply for £5.8m, the amount that meets the deficit plan. It was agreed that this would be formally ratified by the Trust Board in Private in December. **Action** **The Committee approved option 1.**	**JR**
125/16	**Draft Operational Plan 2017/18 and 2018/19** Mr Reid presented the first draft operational plan for 2017/18 and 2018/19 which was submitted to NHS Improvement on 24 November 2016. This had been submitted in accordance with the national timetable. Assumptions had been made based on the best information available with an overriding requirement that the planned deficits for the two years met the control totals set by NHS Improvement, which had already been approved by the Trust Board. The final plan for the next two years will need to be submitted before the end of December. The Committee noted that there were a number of significant factors that would influence changes between the initial and final plans. The primary factor was the development of a Financial Recovery Plan as part of Financial Special Measures. Associated with that was the emerging clarity on the impact of East Sussex Better Together on the Trust's planning assumptions. The Trust's operational plan will also need to align with the Sussex	

	and East Surrey Sustainability and Transformation Plan (STP). The Committee noted that there were numerous risks to delivery of financial plans and these will be kept under review as the planning assumptions are developed as part of the final plan submission. Mitigations against the risks will also be developed. **Action** **The Committee note the first draft operational plan for 2017/18 and 2018/19 submitted to NHS Improvement**	
126/16	**Budget Setting** Mr Reid presented a paper outlining the process for Budget Setting and Business/Operational Planning for 2017/18. It was noted that as part of the ESHT 2020, the Trust will develop a new approach to agreeing baseline budgets during the 2017/18 planning process. Mr Reid highlighted the overarching budget setting principles that would be applied. Although this will be led by finance, it was noted that detailed service planning would need to be led by Clinical Unit leads, including appropriate clinical input. Clinical and operational engagement ensures the schemes are realistic, owned by the project leads and, as such, are more likely to be successful. The Committee noted the possible risks and challenging timescales for clinical division teams, knowledge management and finance teams. **Action** **The Committee noted the approach to budget setting 2017/18 and the governance arrangements to sign off the plan and proposed timescales**	
127/16	**Sussex and East Surrey STP and East Sussex Better Together** Mr Reid provided the Committee with a brief update on the STP and East Sussex Better together. Mr Reid noted that STP plans were being considered by the Trust Board and continued to develop. **Action:** **The Committee noted the ongoing developments.**	
128/16	**Draft minutes of the Financial Improvement and Sustainability Committee held on 25 October 2016** The Committee received a copy of the draft minutes of the first	

	meeting of the Financial Improvement and Sustainability Committee which took place on 25 October 2016, for information. Mr Reid explained that this was a monthly extended Executive Team meeting with particular focus on the Financial Recovery Plan. This gave the Committee assurance that there was an appropriate attention given to the recovery plan. **Action** **The Committee noted the draft minutes of the Financial Improvement and Sustainability Committee.**	
129/16	**Draft Procurement Transformation Plan** The Committee noted that a key requirement of the Lord Carter report was that every trust should have a local Procurement Transformation Plan in place which highlights the key changes required to deliver the targets. Mr Reid presented a draft Procurement Transformation Plan (PTP) in line with instructions from the NHSI Financial Efficiency Directorate. It was noted that the procurement service in East Sussex Healthcare scores well against the metrics (in general), noting the intention is for all Trusts to do better. The Committee noted the 3 key areas of focus 1) The transition of the Procurement Team from a transactional based function to a more strategic, proactive department; 2) The development and ratification of a procurement strategy based on NHS standards, Lord Carter's recommendations and the Trust's objectives, and to embed that across the organisation; 3) Communication with the rest of the Trust. Whilst the Procurement Team have good relationships with our primary stakeholders, we need to develop the way we communicate with the rest of the Trust. The overall aim was to achieve NHS Standards level 1 by October 2017 and level 2 by October 2018. It was noted that recruitment for a permanent Head of Procurement is currently being underway and that this would provide a level of stability and continuity within the team to drive forward the necessary changes and deliver the transformation. **Action** **The Committee approved the draft Procurement Transformation Plan.**	

130/16	**Commercial Strategy and Market Developments** The Committee received an update on the tenders position and business cases approved as at 21 November 2016: The position on the following PQQ/tenders were noted: • Non invasive Ventilation Service AQP- qualification confirmed on the 20th October pending mobilisation, contract award, and satisfying standard contracting conditions. The Contracting team from Hastings & Rother CCG, led by Graham Griffiths will work with the Trust regarding mobilisation. • Direct Access Adult Hearing Services AQP- confirmed as an Accredited Provider subject to gaining IQIP accreditation. • Elective Care Services AQP - confirmed as an Accredited Provider. • Non-Obstetric Ultrasound AQP - confirmed as an Accredited Provider. • Hastings and Rother CCG MSK Service – ITT published 16 September 2016. The Trust submitted their bid as prime contractor, contracting with a number of sub-contractors on 21 October. Mr Nealon asked if there was a further update on the MSK tender. Mr Reid reported that a number of clarification questions had been received over the last few weeks and that the Trust had been invited to attend a clarification/presentation session with the CCG on 5 December 2016. Mr Reid reported that the joint work on the development of the Commercial Strategy was still on the agenda and it was planned to have this available by the end of the financial year. **Action** **The Committee noted the update on Commercial Strategy and Market Developments.**	
131/16	**Track4Safety - GS1 barcoding and Pan European Public Procurement Online (PEPPOL) Standards - Outline Business Case** Mr Reid presented the Committee with an overview on where the Trust was with regard to Track4Safety – GS1 barcoding and Pan European Public Procurement (PEPPOL) Standards. It was reported that there was a national bidding process to get the money which was due to open in January 2017. The Trust had received signals that it would be a good potential candidate for the first round as it was already doing some of the work throughout the Trust.	

	The Finance and Investment Committee recognised the progress that had been made on the Outline Business Case and also on the work around the assumptions. The Committee also noted that there was a change in spec and that this was a much more refined model. The Committee was being asked to approve the Outline Business Case, further committing to the adoption of the standards within East Sussex Healthcare, and to support the application for early release of funding for resources to build the detailed business case required for the projects within the programme. The Committee agreed that this should be an operational decision made at Executive level. It was agreed that final iteration of the business case will be brought back to the Finance & Investment Committee for approval in due course. The Trust Board had already supported the business case in principle. Mr Astell queried whether the business case would need to go to NHS Improvement for approval as it was above the £1m level of delegated authority. Mr Reid confirmed that the level of delegated authority had been lifted to £15m as of 28 November 2016 and therefore this did not require NHSI approval. It was agreed that the Trust Board would need to sign off the final Business Case. **Action** **The Committee supported the Outline Business Case subject to the development of a final Business Case and acknowledged the change in the scope that was presented.**	**JR**
132/16	**Revised Terms of Reference** The Committee noted that one of the recommendations from the recent Capsticks governance review of Committees was to add a specific clause in the Terms of Reference of the Finance & Investment Committee about the link with the Audit Committee and the Quality and Safety Committee. The Committee confirmed they were happy for with the following addition to the Terms of Reference: *"The Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Finance and Investment Committee's own scope of work; in particular this will include the Audit Committee and the Quality and Standards Committee".* It was also agreed that the Director of Corporate Affairs would be added to the membership of the Committee.	

	Mr Astell suggested another minor change which Mrs Wells would review before the revised terms of reference are presented to the December Trust Board. **Action** **The Committee reviewed and approved the revised Terms of Reference.**	**LW**
133/16	**2016/17 Revised Work Programme** The Committee reviewed the revised work programme. Discussion took place on ways that the Board could seek assurance about the direct dialogue with operational delivery and the Finance & Investment committee seeking assurance on the assumptions of the plan and how this could be built into the Committees. Mr Nealon said he would like some engagement in this process as this gives the Non Executive Directors a greater assurance of the process. It was agreed that this would be discussed at Executive Level. The following changes were agreed to the Work Programme The December 2016 meeting would focus on : Integrated Performance Report – month 8 Finance Recovery Plan EBITDA Quarterly Report Reference Costs RCI Major Programmes across the Trust (IM&T update and Improvement Programmes & Project update - to be combined into one update) The following items would move from December 2016 to March 2017: Cardiology deep dive – Progress against action plan Community rebasing project update It was agreed that draft budgets would be added to the work programme for January 2017. **Action** **The Committee noted the changes to the Work Programme.**	**JR**
134/16	**Date of Next Meeting** The next meeting will take place on Wednesday 21 December 2016 at 9am – 11am, in St Mary's Board Room, Eastbourne DGH.	

EAST SUSSEX HEALTHCARE NHS TRUST

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

Minutes of the People and Organisational Development (POD) Committee meeting held on
Thursday 15th September 2016, 10.00am – 12.00pm
Room 1, Education Centre, Conquest v/c to Princess Alice Room, EDGH

Present: Mrs Miranda Kavanagh, Non-Executive Director (MK) – Chair
Mrs Jackie Churchward-Cardiff, Non-Executive Director (JCC)
Ms Monica Green, Director of HR (MG)
Mrs Kim Novis, Equality & Human Rights Lead (KN)
Mrs Moira Tenney, Deputy Director of HR (MT)
Dr David Walker, Medical Director (DW)
Mrs Lynette Wells, Company Secretary (LW)

In attendance: Mrs Lorraine Mason, Head of Staff Engagement & Wellbeing (LM)
Miss Sarah Gilbert, PA to Director of HR (SG) - Minutes
Mrs Mel Adams, Pharmacy Governance Manager (MA) - Observer

No.	Item	Action
1)	**Welcome, introductions and apologies for absence** The Chair welcomed all members to the meeting and introductions were made. The Chair welcomed Mel Adams (MA) who was in attendance as an observer. Apologies for absence were received from: Mrs Pauline Butterworth, Acting Chief Operating Officer (PB) Mrs Edel Cousins, Asst. Director of HR – Workforce Development (EC) Dr Sally Herne, Improvement Director (SH) Mrs Jan Humber, Staff Side Chair (JH) Mrs Alice Webster, Director of Nursing (AW) Mr Jamal Zaidi, Associate Medical Director – Workforce (JZ)	
2)	**2.1 Minutes of the last meeting held on 1 June 2016** The minutes were reviewed and agreed as an accurate reflection of the meeting. **2.2 Matters Arising and review of Action Tracker:** The Action Tracker reviewed and the following updates noted: Healthroster – MG outlined some upcoming changes around the introduction of Safecare safer staffing module and use of a Cloud. EC/PB to provide a further update at the next meeting. Rating to be changed to "Amber". Business planning – MT outlined a business planning/workforce summit being arranged for all Clinical Units on 21 November 2016	**EC/PB**

which would focus on developing workforce plans for each CU, including recruitment and new roles. Rating to be changed to "amber".

Nurse Associate role – MT advised this role was on hold across Sussex at present as the curriculum was not yet ready and the Job Description had not been finalised. EC to be asked to provide a further update at the next meeting. **EC**

All completed actions to be marked "green" and updated action tracker would be circulated with the minutes of the meeting. **SG**

3) Feedback from sub-groups of HR Senior Leaders Meeting:

3.1 – Staff Engagement Ops Group
LM provided an update. She advised the group is currently being refreshed to include OD as well as staff engagement.

LM outlined the ESHT Vine champions' initiative launched last month which aims to improve communication with staff. Over 300 champions were now in place and would be communicating and reinforcing key messages such as the "Theme of the week" to staff via their informal and formal network channels.

ESHT Mentor of the year awards were held last night which recognised and celebrated nursing and preceptorship amongst nurses and AHPs across the Trust.

3.2 – Education Steering Group
MG presented a written paper and outlined key points of note. A recent appointment had been made of an Education Business Manager to integrate education, working in conjunction with HEE.

Education funding reduction continues to be of concern. Changes to funding for nurse training and AHPs are also planned and further detail will be available shortly. EC to provide an update at the next meeting. **EC**

The Doctors' Assistant role was agreed at Senior Leaders Forum earlier this week and the role would assist doctors with basic admin tasks.

The Trust is now required to employ around 100 apprentices per year and marketing has been undertaken to encourage recruitment and employment of these within the Trust, as well as offering this as a training programme for existing staff. EC to provide further information around apprenticeships for the December meeting. **EC**

SG to circulate the terms of reference for each of the sub-groups reporting into the Committee with the minutes of the meeting. **SG**

3.3 – Workforce Resourcing Group
MT advised this group was previously the Workforce Planning Group. The terms of reference had been refreshed and the launch of this group would start with the Workforce Summit planned for 21 November 2016, to be attended by CU leads, general managers and heads of nursing.

The group would also be looking at new roles including Doctors' Assistants and also Matrons' Assistants which are currently being recruited. A paper was also approved at the Senior Leaders Forum meeting earlier this week regarding the introduction of an Associate Consultant role, similar to the disestablished Associate Specialist role, which would aim to bridge the gap between specialist and consultant level and encourage retention of staff. This role would be introduced in A&E and other hard to fill areas.

MT outlined work being undertaken to recruit to vacancies. 100+ bank HCAs would be recruited shortly to help with winter pressures. Open days for Estates and facilities are being held to recruit further staff. Approximately 60 EU nurses have been recruited this year, along with 37 nurses from the Philippines, with further overseas recruitment planned for later in the year. A number of head-hunter firms had also been engaged to assist with recruitment for hard to fill consultant medical vacancies.

DW raised an issue of medical locum requests being escalated to the Medical Director for sign-off. The Committee considered this and felt the locum sign-off process warranted review to consider whether some decision-making responsibility could be made at Clinical Unit level. DW agreed to discuss with the Director of Finance. **DW**

3.4 – HR Quality & Standards Group
MG outlined this was an internal HR group whose remit is to regularly review the workforce related items on the Board Assurance Framework, HR risk register, Trust wide workforce risks and Datix incidents relating to staffing. JCC commented that she felt it would be appropriate for the Committee to have assurance that the Trust has the right HR setup in place. The Committee agreed it would be useful to regularly review HR metrics. MG agreed to provide a paper detailing relevant HR metrics at the December meeting. **MG**

4) **4.1 - Staff Survey Action Plan**
LM provided an update on progress and key actions for the three priorities identified from the staff survey results:

<u>Communications/Feedback</u>

- Workshops/training for communications skills undertaken and were well received.
- Back to essentials programme being developed for all staff to outline the Trust's expectations of managers.
- Communications toolkit being implemented.

Bullying & Harassment

- Speak up guardian appointment
- Embedding values workshops
- Professional and Cultural Transformation Programme (PACT) being developed for all staff.

Health & Wellbeing

- Dedicated team in place, currently undertaking a survey amongst staff to identify what they see as important.
- CQUIN target and response plan in place.
- Staff health checks being implemented for staff over 40.
- Recruitment of Specialist physiotherapist to department to help support staff with MSK problems.
- Schwartz Rounds – evaluation now available and to be shared at a future meeting.

In addition, Clinical Unit action plans have been developed and "You Said We Did" feedback is being shared within Clinical Units. LM agreed to share the overarching CU action plan with the minutes of the meeting. **LM**

4.2 - Pulse Surveys

Regular pulse surveys had been introduced to all staff to measure certain aspects of staff survey key findings since the 2015 staff survey to see if there has been any change. It was noted that the latest results show an improvement in communications between senior managers and staff.

The latest results vary greatly across the Clinical Units with Cardiovascular noted to be an area of concern. DW commented staff engagement over the Trust has improved, however, many admin teams still do not feel working lives have improved day to day as yet and there is further work to be done. The Committee noted the culture of an organisation would take time to change. LM highlighted work being undertaken by the Staff Engagement Team with leaders and managers in areas with perceived low staff engagement to provide support to staff, listen to concerns and take forward actions.

4.3 - 2016 Staff Survey

The national 2016 Staff Survey would be launched in October 2016. The Chair asked what measures the Trust would be undertaking to encourage more staff to complete the survey. LM advised an intensive communication campaign would be undertaken, and has already started engaging with CUs to promote this to their staff, and consider providing protected time. There are also plans to incentivise filling in the survey with prizes available. MG reiterated the need for Trust Board and senior management to encourage staff to complete the survey. **ALL**

5) Organisational Development Strategy Outline

LM outlined the key points of the draft Organisational Development (OD) Strategy, which would feed into the overarching ESHT 2020 improvement plan. It was noted there would be a number of strategies developed to support the OD strategy covering recruitment, education and health & wellbeing.

JCC raised the need for the strategy to include a priority around empowering managers and staff to make decisions and also providing staff with tools they would need to make changes. The Chair commented that STP and ESBT external strategies also need to be mentioned in the strategy. LM agreed to make the suggested amendments to the strategy. **LM**

The Chair agreed to present the OD Strategy at a future Board Seminar. It was agreed that progress with the OD Strategy would be reviewed at the first Committee meeting in 2017. **MK SG**

6) Workforce Strategy and Plan

MG outlined further revisions had been made to the Workforce Strategy and this had now been approved at Trust Board. DW commented that although the number of doctors has increased in the strategy, the number of AHPs had decreased. MG agreed to provide further information around AHP numbers as part of a deep dive at the next meeting. **MG**

It was highlighted that the Workforce Race Equality Standard (WRES) needed to be mentioned in the Workforce Strategy and MG agreed to feed this back to EC. **MG/EC**

JCC noted short term sickness had improved over the last year and MG confirmed this had been supported by work undertaken in HR. JCC asked how long term sickness is supported. MT agreed further detail around HR support for managers in relation to long term sickness would be provided at the next meeting. **MT**

It was agreed the Workforce Strategy would be reviewed at the first Committee meeting in 2017. **SG**

7) Update on new contract for Junior Doctors

MT provided an update. The first doctors in the Trust to be on the new contract start on 5th October in Obs & Gynae and the rotas have been finalised. The next implementation would be in December when all FY1s and FY2s would be on the new contract. The rotas were being updated to ensure compliance with the terms of the new contract. MT outlined costings involved with implementing the contract and advised that this would be added to the Risk Register in terms of its potential impact on finance, quality and safety. **MT**

A temporary guardian of safe working has been appointed with the

interviews for the substantive post later in the year. MT reported issues with the software to implement rotas and for exception reporting and that work was ongoing with finance and IT to implement a solution. Operational briefings for managers in the Trust would be undertaken to ensure full awareness of the impact of the new contract. The next junior doctors strike is planned for the weekdays between 5th until 11th October.

MT raised whether the 7 day working group ought to be re-established as this was part of the rationale behind the implementation of the new Junior Doctors contract by the Government. MG and DW agreed to raise this at the Executive Directors' Meeting. **MG/DW**

8) Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES)

KN provided an outline of the EDS2 report and highlighted the equal pay audit which had identified a pay gap between male and female staff across some of the higher graded staff groups in the Trust, particularly doctors. MG commented that this may be due to the length of time in post of staff in certain staff groups and also impacted by female doctors returning from maternity leave that may not want to undertake on-call, rather than a gender pay divide. KN agreed to undertake further analysis of this for bands 8c and above and provide an update at the next meeting. **KN**

KN provided some background to the WRES report which required the percentage of BME staff at the Trust within bands 1-9 broken down by clinical and non-clinical roles. It was noted that several bands were underrepresented, particularly non-clinical bands 4-6. KN advised a BME engagement group was being set up and an action plan would be developed by the group to look at what can be done to encourage more BME recruitment and appointments.

JCC queried about BME applicant shortlisting outcomes and appointments. MT advised this is being looked at and will provide a more detailed breakdown in conjunction with KN at the next meeting. **MT/KN**

9) Items for Information:

9.1 - HR Incident Report

The report was not yet available, however MT advised this would be circulated at the end of September to the Committee. MT outlined a reduction in the number of cases reported to HR in the last 6 months when compared to the previous 6 months before that. A new HR case management system was currently being procured which would provide reporting functionality. **MT**

9.2 - Workforce Report

The Committee noted the report.

10) Any other business

No items were raised.

11) The next meeting of the Committee will take place on:

Thursday 15th December 2016 from 10.00am – 12.00 pm in Sara Hampson Room, Post Grad, EDGH video conferenced to Committee Room, Conquest

2017 dates to be published in October 2016.